

Central Services Department

Ron Lampkin, Interim Director 2760 Peach Orchard Road Augusta GA 30906 (706) 828-7174 Phone

MEMORANDUM

TO:

Anita Rookard, Director, Human Resources

FROM:

Ron Lampkin, Interim Director, Central Services Department

DATE:

June 30, 2023

SUBJECT: Exceptional Circumstances Adjustments - Retention

As per the City of Augusta's Personnel, Policy & Procedures Manual Section 500.106 - Exceptional Circumstances Adjustments, Central Services would like to pursue retention increases to several employees within the Facilities Maintenance division.

Our department has abolished one of our vacant positions to assist in funding the retention of current employees. Despite the increases offered through the retention bonus and retention plans I and II, Central Services has been facing significant turnover rates due to staff transfers to nearby City departments like the Airport, Transit, and Utilities, and external companies.

In addition, for an extended period without receiving additional pay, several Central Services personnel have taken on the duties of various vacant positions within our department.

As an example of an internal transfers during the previous year, two Electricians, one Building Maintenance Worker, one Building Maintenance Technician, one Plumber, and one Groundskeeper have transferred to one of the previously named departments within the City. Along with internal transfers, over the past two years we have experienced external company turnovers of two Building Maintenance Workers, one Building Maintenance Technician, two Grounds Maintenance Supervisors, and one Groundskeeper for a total of 11 employees.

Due to the above-mentioned transfers and separations, our department has been operating under a lean structure. At this moment, if any of our department's current employees were to separate or transfer, it will provoke a critical situation within our department. Potential vacancies would have a direct impact to all facilities that fall under Central Services' responsibility, to include:

- All Parks & Recreation facilities
- Richmond County Sheriff's Office locations
- Board of Elections locations
- Utilities facilities
- Housing & Community
 Development
- Engineering

- Records Retention facilities
- Mosquito Control
- Planning and Development
 - Tag Offices
- Department of Driver's Services
- Municipal Building Campus
- Sheriff's Administration
- 911 Building



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Subsequently, HVAC, Electrical, and Plumbing related requests would have to be contracted out to a vendor to provide the required services. This would not only have a financial impact to the department and the City's budgets, but also the department's response times to service requests.

We offer these increases to the listed personnel to ensure their retention within their current positions in Central Services.

Your approval with this request is greatly appreciated.

RL/mcrr



Employee Name: Vacant	Position	E	MP I.D.: N/A	DEPT#	: 4123	Pro	posed Effective Date	: 5/27/2023
PART I TYPE OF REQUE	ST ►#1: must fill out Part 2-A (ONLY > #	2-12: must fill out Part	2-B & Part 3	> #13	· must fill our	Part 3. C. S. Dar 3 - M	l folimantesses v
1. Name/Phone/Add 2.	Reclassification 3. Position	n Abolishmen	at 4. Transfer				on 7. Interim App	
	New Position 10. Work Ho			12. Budg	et # 13.	Separati	on 14. \square Other:	Ontinent
	OR PERSONNEL ACTION				101	C) cohmun	74. C Outc.	
A. PERSONAL INFORMA	TION				Home P	hone #: () -	
Name Change:					Cell Pho	me #: () -	
Address:					Office P	hone #: () -	
Employee Signature (required for p	personal information changes):						Date:	
B. POSITION INFORMAT	TION				C SE	PARATION	INFORMATION	-1
	CHANGE FROM		CHANGE TO	THE REAL PROPERTY.	C. Digi		ATION FROM SERVICE	E REASON:
Dept #	4123		4123			VQ 01 Re	THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.	
Job Title	Building Maintenance Techn	ician Bu	ilding Maintenance T	echnician			ilure to Report to Work/	AWOL
FLSA Status (E or NE)	NE		NE			VQ 03 La		
Pay Class	100		100			VQ 04 De		
Salary Grade	12		12				ss of Job Requirements	
PCN	FMC29EW002		FMC29EW002			VQ 06 Te		
Daily Hours	7.5		7.5			VQ 07 Re		
Hourly Rate	S		\$		Date l			
Bi-Weekly Salary	S		\$		Last E	Day Worked:		
Annual Salary	S		S		Separation Date:			
Supplemental Pay	N/A		N/A		Terminated 3 days ADM Given: YES NO			
Safety Sensitive (Y or N)	Y		Y		Proper Notice Given: YES NO			
GL Account number:	101016420		101016420		- 2		e? YES NO	
	Position to be abolished.		Position to be abolish	red.	If Not		Re-Hire - Complete Part	3 and Review
Employee Replaced (Name	& I.D.);				VAC		COMP BAL:	
PART 3: EXPLANATION F Vacant position is PART 4: DEPARTMENT AI	not needed due to current o	See Atta	ached Documentation structure and budg	on?	YES have bee	NO (if	no, must give explanat ed.	ion for request)
This Request was Processed By	y: Katie Cornelius		Contact Phone #: 70	6-312-4152		—т	Date Of Request: 5/5/2	112
Department Director Signature		/_		0.012.4102			Concurrence Date:	1-6
Department Director Signature	(2):						Concurrence Date: 5 /	5/2-3
Administrator Signature (only	required for ineligibility for rehire	e):				-	Concurrence Date:	
General Counsel Signature (on	ly required for ineligibility for reh	nire):					Concurrence Date:	
f a transfer between departm	ents, both director signatures r	-					Concurrence Date.	
			R HUMAN RESO	UKCES O	NLY			
Distributed necessary copies	to: PAYROLL BI	ENEFITS	Verified: Emp	oloyee Inform	ation [Position In:	formation Separat	ion Information
Received on (date):	Effective of	on the PP be	gin/end date of:			Processe	i By/Date:	
EMP MGR/Date:		HR MGR/Da	te:			HR Comp	Date	
EMP RELATIONS/Date:		HR DIR/Date				HR Comp/Date: City ADM/Date:		
	are equipment o			City ADM/Date:				



				TOTAL (LLI ZX				
Employee Name: Arlene I	New		EMP I.D.: 00861	DEPT #	: 4123	Proposed E	Effective Date: 05/27/23		
PART I: TYPE OF REQUES	T ▶#1: must	fill out Part 2-A ONLY	>#2-12·mm+#1				&Part 3>#14: fill out Part		
Name/Phone/Add 2.	Reclassification	3. Position Abol	shment 4 Transfer	elo & Part 3	▶#1.	I must fill out Part 2-C	&Part 3▶#14: fill out Part		
3. Suspension 9.	New Position	10. Work Hours		5. Prom	otion 6	Demotion 7.	☐ Interim Appointment		
PART 2: PREPARATION FO			II. Kate of Pay	12. Budg	et# 13	Separation 14.	Other:		
a. PERSONAL INFORMA	TION	L ACHON							
Name Change:						Phone #: ()	•		
Address:				_		one #: () Phone #: ()	•		
imployee Signature (required for pe	ersonal information	1 changes):							
B. POSITION INFORMATI		changes).					Date:		
		NGE FROM	CHANGE TO		C. SE	PARATION INFORM			
Dept#		4123	4123		No.		ROM SERVICE REASON:		
Job Title	Administra	ntive Assistant II	Administrative Assista			VQ 01 Resignation			
FLSA Status (E or NE)		NE NE		nt II			eport to Work/AWOL		
Pay Class		100	NE 100			VQ 03 Lay-Off/RII	7		
Salary Grade		10	100			VQ 04 Death			
PCN	FMC	C21SF001	FMC21SF001			VQ 05 Loss of Job			
Daily Hours		7.5	7.5			VQ 06 Termination			
Hourly Rate	\$	517.70	\$19.47			VQ 07 Retirement			
Bi-Weekly Salary	\$1.	327.78	\$1,460.56			Date Hired:			
Annual Salary		1,522.29	\$37,974.52			Day Worked:			
Supplemental Pay		N/A	N/A			ation Date:			
Safety Sensitive (Y or N)		N	N N			nated 3 days ADM Giv			
GL Account number:	1010	016420	101016420	_		Notice Given: YE			
	101016420 Eligible for Re-Hire? YES NO If Not Eligible for Re-Hire – Complete Part								
nployee Replaced (Name &	I D):				Eligibi	lity Guidelines	Complete Part 3 and Review		
	IIDI).				VAC	BAL: COM	P BAL:		
ART 3: EXPLANATION FOR	R REQUEST	Son	Attached December 1			1			
Salary justification	memo and fu	nding verification for	Attached Documentation om Finance attached.	? 🛛 Y	ES _	NO (if no, must	give explanation for request)		
RT 4: DEPARTMENT APP	ROVAL								
Request was Processed By:									
artment Director Signature:	Trade Corner	us	Contact Phone #: 706-3	112-4152		Date Of R	equest: 4/21/2023		
	2	Type	P			Concurren	ce Date: 5/1/22		
intractor Signature (2						Concurrent	11/00		
inistrator Signature (only req						Concurrence			
neral Counsel Signature (only required for ineligibility for rehire): transfer between departments, both director signatures required***						Concurrence			
B B B B B B B	ts, both directo					00110111011	Date.		
			FOR HUMAN RESOUI	RCES ON	LYM				
ributed necessary copies to	PAYR	OLL BENEFITS	Verified: Employ	ee Informati	on 🗍	Position Information	Demandia V.S.		
ived on (date):		Effective on the Pl	begin/end date of:				Separation Information		
MGR/Date:		,				Processed By/Date:			
RELATIONS/Date:						HR Comp/Date:			
		HR DIR/I							



Employee Name: Timoth	y Howard	EMP I.D.: 20911	DEPT #: 4141 Proposed Effective Date: 05/27/2023
PART 1: TYPE OF REQUE:	ST▶#1: must fill out Part 2-	A ONLY▶#2-12: mass fill than	2-B & Part 3 ▶ #13: must fill out Part 2-C & Part 3 ▶ #14: fill out Part
1. Name/Phone/Add 2.	Reclassification 3. Posi	tion Abolishment 4. Transfer	2-B & Part 3 #13: most fill out Part 2-C & Part 3 #14: fill out Part
_	New Position 10. Work		- I morning
		11. A Rate of Pay	12. Budget # 13. Separation 14. Other:
PART 2: PREPARATION F A. PERSONAL INFORMA	OR PERSONNEL ACTION TION		
Name Change:			Home Phone #: () _ Cell Phone #: () _
Address:			Office Phone #: ()
Employee Signature (required for p	personal information changes):		
B. POSITION INFORMAT			Date:
	CHANGE FROM	CHANGE TO	C, SEPARATION INFORMATION
Dept#	4141	4141	SEPARATION FROM SERVICE REASON: VQ 01 Resignation
Job Title	Facilities Maintenance Ma		
FLSA Status (E or NE)	E	E	Manager VQ 02 Failure to Report to Work/AWOL VQ 03 Lay-Off/RIF
Pay Class	200	200	VQ 04 Death
Salary Grade	20	20	□ VQ 05 Loss of Job Requirements
PCN	FMM47GX001	FMM47GX001	VQ 06 Termination
Daily Hours	7.5	7.5	VQ 07 Retirement
Hourly Rate	\$27.39	\$30.13	Date Hired:
Bi-Weekly Salary	\$2,054,21	\$2,259.63	Last Day Worked:
Annual Salary	\$53,409.40	\$58,750,34	Separation Date:
Supplemental Pay	N/A	N/A	Terminated 3 days ADM Given: YES NO
Safety Sensitive (Y or N)	Y	Y	Proper Notice Given: YES NO
GL Account number:	101016211	101016211	Eligible for Re-Hire? YES NO
			If Not Eligible for Re-Hire – Complete Part 3 and Review
Employee Replaced (Name &	FID).		Eligibility Guidelines
- January (1 manuary	- 110.1/1.		VAC BAL: COMP BAL:
PART 4: DEPARTMENT AP	nmemo and funding verif	See Attached Documentation ication from Finance attached.	on? YES NO (if no, must give explanation for request)
his Request was Processed By		Contact Phone #: 700	5-312-4152 Date Of Request: 4/21/2023
epartment Director Signature:		L-	Concurrence Date: \$ /1/23
Department Director Signature			Concurrence Date:
dministrator Signature (only r			Concurrence Date:
eneral Counsel Signature (only			Concurrence Date:
a transfer between departme		required*** LOW IS FOR HUMAN RESO	
Distributed necessary copies		BENEFITS Verified: Emp	loyee Information Position Information Separation Information
	to: PAYROLL	BENEFITS Verified: Emp	Position Information Senaration Information
		e on the PP begin/end date of:	loyee Information Position Information Separation Information Processed By/Date:
eceived on (date):			and Soperiorion arrowment



Employee Name: Roger K	îmble	EMP I.D.: 17	7233 DEDT #. 41	141		-		
						ffective Date: 05/27/23		
Name/Phone/Add 2	Berland Cart	A ONEY▶#2-12: must				&Part 3 ►#14: fill out Part 2 &		
1. Name/Phone/Add 2. 38. Suspension 9. 39.						Interim Appointment		
	New Position 10. World	Hours 11. 🛛 R	ate of Pay 12. 🔲 Budget #	13.	Separation 14.	Other:		
PART 2: PREPARATION FO	OR PERSONNEL ACTION			-				
A. PERSONAL INFORMAT Name Change:	TION		ŀ	Home Pho	me #: ()	*		
				Cell Phone	, ,	-		
Address:				Office Pho	me #: ()	•		
Employee Signature (required for pe	rsonal information changes):					Date;		
B. POSITION INFORMATI	ON			C. SEPA	RATION INFORM	AATION		
	CHANGE FROM	СНА	NGE TO			ROM SERVICE REASON:		
Dept #	4141		4141		VQ 01 Resignation			
Job Title	Building Maintenance W	orker Building Mai	ntenance Worker			eport to Work/AWOL		
FLSA Status (E or NE)	NE		NE		VQ 03 Lay-Off/RIF			
Pay Class	100		100		VQ 04 Death			
Salary Grade	10		10	0	VQ 05 Loss of Job I	Requirements		
PCN	FMM29FH001	FMM	29FH001	0 1	VQ 06 Termination			
Daily Hours	7.5		7.5		VQ 07 Retirement			
Hourly Rate	\$16.70	\$	18.37	Date Hir	red:			
Bi-Weekly Salary	\$1,252.62	\$1,	377.89 I	Last Day	y Worked:			
Annual Salary	\$32,568.19	\$35.	, 825.01	Separatio	on Date:			
Supplemental Pay	N/A		N/A	Termina	ted 3 days ADM Giv	ren: YES NO		
Safety Sensitive (Y or N)	Y				Notice Given: YE			
GL Account number:	101016211	1010	16211 E	Eligible	for Re-Hire? YE	S NO		
				If Not El	ligible for Re-Hire -	Complete Part 3 and Review		
Employee Replaced (Name &	I.D.):			VAC BA	y Guidelines AL: COM	IP BAL:		
DADT V CON AND AND AND AND AND AND AND AND AND AN					47071	in Ditt.		
PART 3: EXPLANATION FO		See Attached Docu	mentation? X YES	s \square	NO (if no, must	give explanation for request)		
vonification from Ei	id in retention as well as	compensate current em	ployee for his continued	d contr	ibutions to the De	epartment. Funding		
verification from Fig	nance is attached.							
BADE (BED. DEC.								
PART 4: DEPARTMENT APP								
his Request was Processed By:	Katie Cornelius	Contact Pho	one #: 706-312-4152		Date Of Re	equest: 4/21/2023		
epartment Director Signature:	To day	-				ce Date: 5/1/23		
epartment Director Signature (2					Concurren			
dministrator Signature (only rec					Concurrence	ce Date:		
eneral Counsel Signature (only	required for ineligibility for i	rehire):			Concurrence	ce Date:		
a transfer between departmen		required*** LOW IS FOR HUMAN	RESOURCES ONLY	Y =				
Distributed necessary copies to		BENEFITS Verified:	Employee Information					
eceived on (date):		e on the PP begin/end date		P	Osition Information	Separation Information		
10000		.g The wills			Processed By/Date:			
MP MGR/Date:		HR MGR/Date:		F	HR Comp/Date:			
MP RELATIONS/Date:		HR DIR/Date:			City ADM/Date:			



Employee Name: Robert Coler	man	EM	P I.D.: 20090	DEPT #: 4	123	F	ropose	d Effe	ctive	Date: 05/27/23	
PART 1: TYPE OF REQUEST	►#1: must fill out Part 2-A	ONLY▶#.	2-12: must fill out the	n 2-B & Pan 1	▶ #13:	must fill	Out Part?	2.0 &0	list 3	a ▶ #1.4 · miramen	and 2 (6)
. Name/Phone/Add 2. Recli											H1 5: 650
3. Suspension 9. New			11. 🛛 Rate of Pay					14.			_
PART 2: PREPARATION FOR F	ERSONNEL ACTION					Carl Doba	i dello		Ouler.		
A. PERSONAL INFORMATION	EICO ANEL VELIOA				Home Ph	none #:	()	}	•		
Name Change:					Cell Pho	ne #: (`)				
Address:					Office Pi	hone #:	()	•		
Employee Signature (required for person	al information changes):							Date	te:		
B. POSITION INFORMATION					CSEP	PADATI	ON INF				
	CHANGE FROM		CHANGE TO		C. SEI					RVICE REASON	
Dept#	4123		4123				Resigna			102 102 1002	
Job Title	Electrician I		Electrician 1						ort to V	Vork/AWOL	\neg
FLSA Status (E or NE)	NE		NE	1			Lay-Of				\exists
Pay Class	100		100			VQ 04	Death				
Salary Grade	13		13			VQ 05	Loss of	Job Re	quiren	nents	
PCN	FMC45IL001		FMC45IL00			VQ 06	Termina	ation			
Daily Hours	7.5		7.5			VQ 07	Retirem	ient			
Hourly Rate	\$18.33		\$20.16		Date I	lired:					
Bi-Weekly Salary	\$1,374.44		\$1,511.88		Last Day Worked:						
Annual Salary	\$35,735.36		\$39,308.90		Separation Date:						
Supplemental Pay	N/A		N/A		Terminated 3 days ADM Given: YES NO			ES NO			
Safety Sensitive (Y or N)	Y		Y		Proper Notice Given: YES NO						
GL Account number:	101016420		101016420		Eligible for Re-Hire? YES NO If Not Eligible for Re-Hire - Complete Part 3 and Rev						
						Eligible		ire – Co	omplet	e Part 3 and Revi	3W
Employee Replaced (Name & I.D	l.):				VAC I	BAL:		СОМР	BAL:		
PART 3: EXPLANATION FOR F	HEAT THE T					7					
Salary increase to aid			ched Documenta			NO	(if no, r	nust gi	ve exp	lanation for requ	est)
verification from Finar		compensate	current employee	ioi mis continu	eu con	teributio	ons to ti	ie neb	artm	ent. runding	
- Total Carlon II on Final	ec is attached.										
PART 4: DEPARTMENT APPRO	N/ N I						_				
his Request was Processed By: Ke	ine Cornelius		Contact Phone #:	706-312-4152			_			1/21/2023	
Department Director Signature:	Top	- '					Conc	currence	e Date:	5/1/23	
Department Director Signature (2):							Conc	currence	e Date:		
Administrator Signature (only requi	red for ineligibility for rehi	re):					Conc	currence	e Date:		
General Counsel Signature (only rec							Conc	currence	e Date:		\neg
a transfer between departments,		-	D HIIMAN DEC	OUDCES ON	r 100000						
			R HUMAN RES	OURCES UN	U X ■		10	-			
Distributed necessary copies to:	PAYROLL 1	BENEFITS	Verified: E	mployee Informati	on [Positio	n Inform	ation		eparation Informa	tion
Received on (date):	Effective	e on the PP be	gin/end date of:			Proc	essed By	/Date:_			
EMP MGR/Date:		HR MGR/Da	te:			HR Co	omp/Date				
EMP RELATIONS/Date:		HR DIR/Date:				City ADM/Date:					



		2400011011	ASOMICI ACTION (KPA)				
Employee Name: Cicolia:	s Roberson	EMP I.D.: 2	0373 DEPT #	#: 4123	Prop	osed Effe	ctive Date: 05/27/23	
PART 1: TYPE OF REQUE	ST▶#1: must fill out Part 2-A	ONLY▶#2-12: mus	Lill out Part 7. B. S. Dart 7.	41				
1. Name/Phone/Add 2.	Reclassification 3. Positi	on Abolishment 4	Transfer & Cla	#1.	must fill out	/an 2-0 XP.	an 3 ▶#14: fill ger Pa	
	New Position 10. Work F		Rate of Pay 12. Budg	otion 6	Demotio	n 7. 📙	Interim Appointment	
PART 2: PREPARATION F	OR PERSONNEL ACTION	11. 🔼	Kate of Pay 12. Bung	get # 13	Separatio	n 14.	Other:	
A. PERSONAL INFORMA	TION			Home	Phone #: ()		
Name Change:					none #: ()		
Address:				Office	Phone #: ()	•	
Employee Signature (required for p	personal information changes):					Date	e:	
B. POSITION INFORMAT	ION			0.0				
	CHANGE FROM	CH	ANGE TO	C. SE	PARATION I			
Dept #	4123		4123				M SERVICE REASON:	
Job Title	Grounds Maintenance Super	rvisor Grounds Mais	ntenance Supervisor		VQ 01 Res			
FLSA Status (E or NE)	NE NE	Of Other Man					ort to Work/AWOL	
Pay Class	100		NE		VQ 03 Lay			
Salary Grade	13		100		VQ 04 Dea			
PCN			13		VQ 05 Los	s of Job Rec	quirements	
Daily Hours	FMC46GX001	FMC	C46GX001		VQ 06 Ten	nination		
	7.5		7.5		VQ 07 Retirement			
Hourly Rate	\$18.68		320.55	Date	Hired:			
Bi-Weekly Salary	\$1,401.13	- \$1	,541.24	Last Day Worked:				
Annual Salary	\$36,429.25	\$40	0,072.18	Separ	Separation Date:			
Supplemental Pay	N/A		N/A	Terminated 3 days ADM Given: YES NO				
Safety Sensitive (Y or N)	Y		Y	Proper Notice Given: YES NO				
GL Account number:	101016420	101	016420	Eligible for Re-Hire? YES NO				
				If Not		e-Hire - Cor	mplete Part 3 and Review	
Employee Replaced (Name &	₺ 1.D.):			VAC		COMP I	BAL;	
PART 3: EXPLANATION FO	OR REQUEST		5 7					
		See Attached Doc	umentation? 🛛 Ŋ	YES L	NO (if n	o, must giv	e explanation for reque	
verification from F	aid in retention as well as c	ompensate current er	nployee for his contin	ued cor	ntributions to	the Depa	ertment. Funding	
· ormeation if our r	mance is attached.							
PART 4: DEPARTMENT AP	DUAVAI							
his Request was Processed By								
epartment Director Signature:		Contact Ph	ione #: 706-312-4152		D	ate Of Requ	nest: 4/21/2023	
epartment Director Signature					C	oncurrence	Date: 5/1/23	
	cquired for incligibility for rehire	,			Co	oncurrence l	Date:	
	y required for ineligibility for rehire				Co	oncurrence l	Date:	
	ents, both director signatures re				Co	oncurrence l	Date:	
			N RESOURCES ON	ILYM I				
Distributed necessary copies (ENEFITS Verified:	Employee Informat		Docision 7. C	F	7.	
eceived on (date):		on the PP begin/end dat		TOTAL	Processed I		Separation Information	
MP MCD/D-						-312000.		
MP MGR/Date:		HR MGR/Date:			HR Comp/Da	ate:		
MP RELATIONS/Date:			City ADM/D	ate:				



Employee Name: Albert	Livingston	EMP I.D.: 1581	6 DEPT #: 4141	Proposed	d Effective Date: 05/27/23	
PART 1: TYPE OF REQUE	ST >#1: most fill out Par 2:	VONIX >#2 12:	W 47		C &Part 3▶#14: fill out Part 2 &	
I. Name/Phone/Add 2.	Reclassification 3. Posi	tion Abolishment 4. Trans	out Part 2-11 & Part 3 >#	13: must fill out Part 2	C&Part 3 ►#14: fill out Part 2&	
	New Position 10. Work			6. Demotion	7. Interim Appointment	
		Tious II. Kate	of Pay 12. Budget # 1	13. Separation 1	4. Other:	
A. PERSONAL INFORMA	OR PERSONNEL ACTION					
Name Change:				Phone #: ()	**	
Address:				e Phone #: ()		
Employee Signature (required for p	Dersonal information changes).					
B. POSITION INFORMAT					Date:	
STOCK INTORNAL	CHANGE FROM	CHANG	C. SI	EPARATION INFO		
Dept#	4141		The state of the s		N FROM SERVICE REASON:	
Job Title	Facilities Maintenance Sup	ervisor Facinite Mainten		VQ 01 Resignat		
FLSA Status (E or NE)	NE	PACIFIC VIAILEE			Report to Work/AWOL	
Pay Class	100	100		VQ 03 Lay-Off/	RIF	
Salary Grade	15	15		VQ 04 Death	-1. P	
PCN	FMM47IJ001		TIJOOL	VQ 05 Loss of J VQ 06 Terminat		
Daily Hours	7.5	7.5		VQ 00 Terminar		
Hourly Rate	\$20.03	\$22.0		Hired:		
Bi-Weekly Salary	\$1,502.36	\$1,652	Date	Day Worked:		
Annual Salary	\$39,061.41	\$42,967	Zast	aration Date:		
Supplemental Pay	Sumplemental Pay					
Safety Sensitive (Y or N)	Y	Y		er Notice Given:	Given: YES NO	
GL Account number:	101016211	1010162		ible for Re-Hire?		
			If No	ot Eligible for Re-Hire	e - Complete Part 3 and Review	
Employee Replaced (Name &	& I.D.):		Bligi	bility Guidelines		
			VAC	BAL: CI	OMP BAL:	
PART 3. EXPLANATION FO	OR REQUEST	See Attached Docume	ntation? X YES	NO Gine m	ust give explanation for request)	
Salary increase to	ald in retention as well as	compensate current emplo	yee for his continued co	entributions to the	Department. Funding	
verification from F	inance is attached.					
PART 4: DEPARTMENT AP						
his Request was Processed By	: Katie Cornelius	Contact Phone	#: 706-312-4152	Date O	f Request: 4/21/2023	
Department Director Signature:	1 Add				rence Date: 5/, ba	
Pepartment Director Signature					rence Date:	
	equired for ineligibility for rehi				rence Date:	
eneral Counsel Signature (only	y required for ineligibility for re	chire):				
a transfer between departme	ents, both director signatures			Coucur	rence Date:	
		OW IS FOR HUMAN R	ESOURCES ONLY			
Distributed necessary copies (to: PAYROLL I	BENEFITS Verified:	Employee Information	Position Information	on Separation Information	
eceived on (date):	Effective	on the PP begin/end date of:		Processed By/Da		
EMP MGR/Date:		HR MGR/Date:				
EMP RELATIONS/Date:				HR Comp/Date:		
HR DIR/Date:				City ADM/Date:		

Augusta

The City of Augusta Human Resources Department

Employee Name: Maria R	ivera-Rivera	15	MP I.D.: 19487	DEPT#	: 4123	Pr	opose	d Effe	ective Date:	05/27/23
PART 1: TYPE OF REQUES	T▶#1: must fill out Part 2	-A ONLY	#2-12:	MIGN POPE		3 · 60 · 2 ##F	. 0	100 000	5.41	7
1. Name/Phone/Add 2.	Reclassification 3. Pos	ition Abolishme	ent 4. Transfer	5 Drown	otion 6	Pana	ut Paris	z-6 xc1	anii8 == ≥#1	41 fill out Part 2 a
	New Position 10. World		11. Rate of Pay						Interim App	ointment
PART 2: PREPARATION FO	OR PERSONNEL ACTION			Daug	ot# 13	. 🔲 Зерага	lion	14	J Other:	
A. PERSONAL INFORMAT	TION				Home	Phone #: (
Name Change:						one #: (, 1			
Address:					Office	Phone #: ())		
Employee Signature (required for pe	ersonal information changes):						_			
B. POSITION INFORMATION	ON				0.00			_ Da		
	CHANGE FROM	King a	CHANGE TO		C. SE	PARATION				C DELCON.
Dept #	4123		4123			VQ 01 R			OM SERVICI	E REASON:
Job Title	Deputy Director, Facil	ities	Deputy Director, Fac	ilities		_	_		ort to Work/A	WA
FLSA Status (E or NE)	E		E	intro s	H	VQ 02 F			ort to Work/A	WOL
Pay Class	200		200		H	VQ 04 E		/RIF		
Salary Grade	28		28					I-b D		
PCN	FMC41WQ001		FMC41WQ001		H	VQ 03 L			quirements	
Daily Hours	7.5		7.5		H	VQ 00 I				
Hourly Rate	\$45.36		\$49.89		-		etireme	ent		
Bi-Weekly Salary	\$3,401.73		\$3,741,90	_		Hired:				
Annual Salary	\$88,445.01		\$97,289.51			Day Worked				
Supplemental Pay	N/A		N/A		Separation Date:					
Safety Sensitive (Y or N)	Y		Y		Terminated 3 days ADM Given: ☐ YES ☐ NO Proper Notice Given: ☐ YES ☐ NO				NO	
GL Account number:	101016420		101016420		-					
			101010420			le for Re-Hi				and Review
Employee Replaced (Name &	ID).				Eligib	ility Guideli	nes	16 – Ct	implete Part 3	and Keview
Employee Replaced (Name &	I.D.):				VAC	BAL:	C	OMP	BAL:	
PART 3: EXPLANATION FO	R REQUEST memo and funding veri	See Att	ached Documentation Finance attached.	n? X	TES [NO (ii	f no, m	ust giv	ve explanatio	on for request)
PART 4: DEPARTMENT APP	ROVAL									
his Request was Processed By:	Katie Cornelius		Contact Phone #: 706	-312-4152			Date C	of Rem	uest: 4/28/23	
epartment Director Signature:	2 de								Date: 🥌 /	0/22
epartment Director Signature (2							Concu	_		1/25
dministrator Signature (only rec							Concu	rrence	Date:	
eneral Counsel Signature (only	required for ineligibility for	rehire):					Concu	mence	Date:	
a transfer between departmen			R HUMAN RESO	UD CDC ON					D400.	
distributed necessary copies to							題 器			
eceived on (date):		BENEFITS Te on the PP be	Verified: Emp	oyee Informat	ion _	Processe			Separation	n Information
MP MGR/Date:		UD MCDA	40:							
MP RELATIONS/Date:		HR MGR/Date				HR Comp.				
HR DIR/Date:						City ADM	/Date:			



Employee Name: Cedric Ben	ry	E	MP I.D.: 20834	DEPT #: 4123	Pı	roposed Effective Date: 05/27/23
PART I TYPE OF REQUEST	▶#1. must fill out Pur ?	VONIX	32 12. mooduuru valinnassa	NAS CONTRACTOR NA	200 2002	out Part 2-C &Part 3 >#14: (ill out Part
I. Name/Phone/Add 2. Re	alassification 2 Desir	dan 41 11 1				
				5. Promotion	6. Demo	otion 7. Interim Appointment
	w Position 10. Work	Hours	11. X Rate of Pay 1	2. Budget # 1	3. Separ	ation 14. Other:
PART 2: PREPARATION FOR A. PERSONAL INFORMATION	PERSONNEL ACTION					
Name Change:	ON .				Phone #: (•
					hone #: (Phone #: () -
Address:					, , , , , , , , , , , , , , , , , , ,	
Employee Signature (required for person	onal information changes):					Date:
B. POSITION INFORMATION	N			C. S	EPARATIO	N INFORMATION
LEGITARIA DE	CHANGE FROM		CHANGE TO			ARATION FROM SERVICE REASON:
Dept#	4123		4123		VQ 01	Resignation
Job Title	HVAC Technician I		HVAC Technician		VQ 02	Failure to Report to Work/AWOL
FLSA Status (E or NE)	NE		NE			Lay-Off/RIF
Pay Class	100		100		VQ 04	Death
Salary Grade	13		13	0	VQ 05	Loss of Job Requirements
PCN	FMC52MQ002		FMC52MQ002			Termination
Daily Hours	7.5		7.5		_	Retirement
Hourly Rate	\$17.27		\$19.00		Hired:	
Bi-Weekly Salary	\$1,295.54		\$1,425.09	Last	Day Worke	xd:
Annual Salary	\$33,684.00		\$37,052.40		ration Date:	
Supplemental Pay	N/A		N/A			ys ADM Given: YES NO
Safety Sensitive (Y or N)	Y		Y			iven: YES NO
GL Account number:	101016420		101016420			fire? YES NO
				If N	ot Eligible fo	or Re-Hire - Complete Part 3 and Review
Employee Replaced (Name & I.	D).			Elig	bility Guide	elines
- reproject replaced (rame & 1.	D.j.			VAC	BAL:	COMP BAL:
PART 3. EXPLANATION FOR	REQUEST:	See Atte	sched Documentation	? XES	7 NO	
Salary increase to aid	in retention as well as	compensate	current employee for	his continued c	ntribution	(If no, must give explanation for request as to the Department. Funding
verification from Fina						
PART 4: DEPARTMENT APPR	OVAL					
This Request was Processed By: K			G	242.4422		
Department Director Signature:	aue Cornellus		Contact Phone #: 706-	312-4152		Date Of Request: 4/21/2023
Department Director Signature: Department Director Signature (2):	- Any	1				Concurrence Date: 7/12/23
						Concurrence Date:
Administrator Signature (only requ						Concurrence Date:
General Counsel Signature (only re						Concurrence Date:
f a transfer between department		_	D IIIBAAN DEGON	TO CO		
		LOW IS FO	R HUMAN RESOU	RCES ONLY		
Distributed necessary copies to:	PAYROLL	BENEFITS	Verified: Emplo	yee Information	Position	Information Separation Information
Received on (date):	Effectiv	e on the PP be	gin/end date of:		7 Proces	sed By/Date:
						om Dy/Date.
EMP MGR/Date:		HR MGR/Da	te:		HR Con	np/Date:
EMP RELATIONS/Date:			City ADM/Date:			