

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



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

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

Increases Balance

Abolished Positions New Position

89,376.66 (59,239.40) (28,088.61) **2,048.64**

2023 Budget - Salary Increase

Central Services
various
various

Department Name:
Department Org Key #:
Payroll #:

| 1.000 | FMC29FH004 | Bldg Maintenance Worker | Carpenter FMC29ST003 | Abolished Positions |
|-----------|------------|-------------------------|----------------------|---------------------|
| | 4123 | A : | 4123 | Dept |
| 02,167.00 | 23,796.00 | 30,300,00 | UU 081 CE | Salary |
| 3,855.59 | 1,847.48 | 2,006.12 | 2 000 12 | FICA |
| 901.71 | 432.07 | 469.64 | 150.51 | Medicare |
| 17,200.00 | 8,600.00 | 8,600.00 | | Health Ins |
| 360.00 | 180.00 | 180.00 | 18 | Tife Inc |
| 4,726.21 | 2,264.65 | 2,461.56 | Contractor | OMERC |
| 146.14 | 70.03 | 76.11 | LID | TTD |
| 89,376.66 | 43,192.22 | 46,184.44 | I OTAL | |

| Totals | AN SHIPPING INCOME. | William Middle | Mone Civere | Doris Moore | Odessa Rames | Anglia Smith | James Pyron | Helen Ruffin | Janie Heath | Alvin Beard | John Manns | Tohn Mark: | Fric Ball | Darrell Walker | Allen Smith | Positions |
|------------|---------------------|----------------|-------------|-------------|--------------|--------------|-------------|--------------|-------------|-------------|------------|------------|-----------|----------------|--------------|--|
| | 4144 | # # | 111 | 4144 | 4141 | 4141 | 4141 | 4141 | 6700 | 6700 | 6700 | C214 | 4173 | 4123 | move | Dept |
| 387,363.99 | 25,515.76 | 23,/13./4 | 24,071.48 | 24,071.46 | 24,071.46 | 24,071.40 | 24 071 40 | 25 034 34 | 24.071.48 | 24,071.48 | 51,510.94 | 41,233.24 | 200000 | 36,022 \$9 | 39,902.50 | Salary |
| 24,322.30 | 1,786.10 | 1,660.10 | 1,085,00 | 1,585,00 | 1,685.00 | 1,685.00 | 1,/32.40 | 1 762 40 | 1 685 00 | 1.685.00 | 3,605.77 | 2,886.33 | 2,021.00 | 3 1 1 2 5 | | 7% Salary Increase |
| 411,686.29 | 27,301.86 | 25,375.84 | 25,756.48 | 25,756.48 | 25,756.48 | 25,756.48 | 25,/85./4 | 20,730.40 | 25 756 40 | 25 756 48 | 55,116.71 | 44,119.57 | 30,344.17 | 20 544 17 | U\$ CUO 02 | New Salary Amt. |
| 3,981.94 | 110.74 | 102.93 | 104.47 | 104.47 | 104.47 | 104.47 | 108.65 | 104.4/ | 101.47 | 104 47 | 223,56 | 178.95 | 100.34 | 2,473.90 | 2 472 04 | Add'l Fica |
| 931.26 | 25.90 | 24.07 | 24.43 | 24.43 | 24.43 | 24.43 | 25.41 | 24.43 | 04.43 | 24 42 | 52.28 | 41.85 | 36.56 | 3/6.39 | | Add'I MED |
| 12,978.00 | • | , | | | , | 8 | • | | , | | * | | | 12,978.00 | TO COLUMN | Hosith Inc |
| 180.00 | 1 | b | | , | ı | 1 | | , | ı | | 1 | 1 | | 180,00 | CHII SHPT | i i i |
| 4,881.09 | 135.74 | 126 17 | 128.06 | 128.06 | 128.06 | 128.06 | 133,18 | 128.06 | 128.06 | 274.04 | 274.04 | 21936 | 191.64 | 3,032.59 | COUNTY I DOW | Addition of the last of the la |
| 150.93 | 4 30 | 3 00 | 3.96 | 3.96 | 3.96 | 3.96 | 4.12 | 3.96 | 3.96 | 5.47 | 0 0 | 6 79 | 5.93 | 93.77 | AGG'I LID | |
| 87,328.02 | 1,717.17 | 101717 | 1 045 03 | 1,945,93 | 1,945,93 | 1.945.93 | 2.023.76 | 1,945.93 | 1,945.93 | 4,104.12 | 17.00040 | 2 222 27 | 201205 | 59,239,40 | Total | 1 |



| Employee Name: Vacant Po | MP I.D.: N/A | P.I.D.: N/A DEPT #: 4123 | | | | Proposed Effective Date: 10/14/2023 | | | | |
|---|---------------------------------|---|--------------------------|----------------------|----------------|-------------------------------------|-------------|--|--------------------------|--|
| PART I: TYPE OF REQUEST | ▶#1: mast fill out Part 2-4 | ONLY | 22-12: must fill out the | 2-R & Dart 3 | #13 | was till a | ur Door 7.7 | N.D. | To MILL CHANGE OF STREET | |
| 1. Name/Phone/Add 2. R | | | | | | | | | iterim Appointment | |
| | ew Position 10. Work | | 11. Rate of Pay | | | | | | | |
| | | 10410 | The Contray | 12 L Budget # | 13, | ☐ 2cbara | tion 14. | . LJ 0 | tner: | |
| PART 2 PREPARATION FOR A. PERSONAL INFORMATI | ON | | | | Home P | hone #: (| , | | | |
| Name Change: | | | | | | ne #: (|) | | | |
| Address: | | | | | Office P | hone #: (|) | - | | |
| Employee Signature (required for pen | sonal information changes): | | | | | | | - | | |
| B. POSITION INFORMATIO | | | | | | | | Date: | | |
| B. TOSITION INFORMATIC | CHANGE FROM | | CHANGE TO | | C. SEI | ARATIO | | The state of the s | I SERVICE REASON: | |
| Dept# | 4123 | | 4123 | | | VQ 01 I | | | SERVICE REASON: | |
| Job Title | Carpenter | | Carpenter | | | | | | to Work/AWOL | |
| FLSA Status (E or NE) | NE | | NE NE | | 5 | VQ 03 I | | | IS A SHOULD THE | |
| Pay Class | 100 | | 100 | | | VQ 04 I | | | | |
| Salary Grade | 12 | | 12 | | | VQ 05 I | | b Regu | irements | |
| PCN | FMC29ST003 | | FMC29ST003 | | | VQ 06 1 | | | | |
| Daily Hours | 7.5 | | 7.5 | | | VQ 07 F | | | | |
| Hourly Rate | \$16.61 | | \$16.61 | | Date I | lired: | | | | |
| Bi-Weekly Salary \$1,245.73 \$1,245.73 Last Day Worked: | | | | | | | | | | |
| Annual Salary | \$32,389.00 | | \$32,389.00 | .00 Separation Date: | | | | | | |
| Supplemental Pay | N/A | N/A N/A Terminated 3 days ADM Given: ☐ YES ☐ NO | | | | | | | | |
| Safety Sensitive (Y or N) | | | | | | | | | | |
| GL Account number: | 101016420 | | 101016420 | | | le for Re-H | | | | |
| | Position to be abolished | | Position to be abolis | had | If Not | Eligible fo | r Re-Hire | | plete Part 3 and Review | |
| Employee Replaced (Name & | I,D.): | | | | VAC I | ility Guidel | | OMP B | AT. | |
| | | | | | TAC I | JAL. | |)WII 191 | AL. | |
| PART 3: EXPLANATION FOR | | See Att | ached Documentati | on? X YE | s [| NO (| if no, mu | st give | explanation for request) | |
| Vacant position is not need | led due to current opera | tional struct | ure and will be abo | lished to suppo | ort the | salary o | f the pos | sition o | department transfer | |
| for PCN: FCA47IJ001, Fa | cilities Maintenance Sup | ervisor, cur | rently occupied by | Mr. Allen Smit | h, em | ployee ID | 18376. | Fundi | ing verification | |
| from Finance attached. | | | | | | | | | | |
| PART 4: DEPARTMENT APP | ROVAL | | | | | | | | | |
| This Request was Processed By: | Katie Cornelius | | Contact Phone #: 70 | 06-312-4152 | _ | | Date Of | f Remie | est: 09/29/2023 | |
| Department Director Signature: | 200 | 1 | 0 | | | | Concur | | 211 | |
| Department Director Signature (2 | (): | | | | | | Concur | rence D | Pate: | |
| Administrator Signature (only rec | uired for incligibility for reh | re): | | | | | Concur | rence D | Pate: | |
| General Counsel Signature (only | | | | | | | Concum | rence D | ate: | |
| if a transfer between departmen | | - | | | | | | | | |
| | BE | LOW IS FO | OR HUMAN RESC | OURCES ONL | YIII ! | | | | | |
| Distributed necessary copies to | PAYROLL | BENEFITS | Verified: Em | ployee Informatio | n [| Position 1 | Informatio | on [| Separation Information | |
| Received on (date): | Effectiv | e on the PP b | egin/end date of: | | | Process | sed By/Da | ate: | | |
| EMP MGR/Date: | | HR MGR/D | ate: | | | HR Com | np/Date: | | | |
| EMP RELATIONS/Date: HR DIR/Date: | | | | | City ADM/Date: | | | | | |



| Name Procession Processio | Employee Name: Vacant | Position | EMP I.D.: N/A DEP | T#: 4123 | Proposed Effective Date: 10/14/2023 | | | | | | |
|---|------------------------------------|-----------------------------------|--|-------------------------------------|--|--|--|--|--|--|--|
| Section Sect | PART I TYPE OF REQUES | ST▶#I: must fill out Part 2-A (| N(V ▶#2-12: more culture to the 2 B of the | W W | , 180 | | | | | | |
| Sapersion 9. New Position 10. Work Hours 11. Rate of Pay 12. Budget # 13. Separation 14. Other | 1. Name/Phone/Add 2. | Reclassification 3. Position | Abolishment 4 Transfer | 1101 | 3: must fill out Part 2-C &Part 3 ···▶#14: fill out Part 2 | | | | | | |
| A. FERSONAL INFORMATION Rote Piece #. (| | | | romotion | 6. Demotion 7. Interim Appointment | | | | | | |
| A. PERSONAL INFORMATION Home Plane P. () - | | | II. Kale of Pay 12. | ludget # 1. | 3. Separation 14. Other: | | | | | | |
| Cell Proce #: () Address College Cell Proce #: () Address College Cell Proce #: () Address Cell Proces Ce | A. PERSONAL INFORMA | TION | | | | | | | | | |
| Address: Date: Date: | Name Change: | | | | | | | | | | |
| Employee Signature (required for personal Information changes): | Address: | | | | | | | | | | |
| B. POSITION INFORMATION CHANGE FROM CHANGE TO Dot # 4123 4123 4123 4123 4123 4123 4123 4123 | Employee Signature (required for p | ersonal information changes). | | | | | | | | | |
| CHANGE FROM Dept # 4123 | | | | | Date: | | | | | | |
| Dept # 4123 | TOSTION INFORMATI | | CHANGE TO | C. SE | | | | | | | |
| Job Title Building Maintenance Worker Building Maintenance Worker FLSA Status (E or NE) NE NE NE NE VQ 02 Failure to Report to Work/AWOL | Dent # | | | | SEPARATION FROM SERVICE REASON: | | | | | | |
| FLSA Status (E or NE) NE | | | | | | | | | | | |
| Pay Class 160 100 100 | | | | | VQ 02 Failure to Report to Work/AWOL | | | | | | |
| Salary Grade 10 10 10 10 VQ 64 Death PCN FMC29FH004 FMC29FH004 FMC29FH004 VQ 06 Termination Daily Hours 7.5 7.5 7.5 Date Hind: Bi-Weckly Salary \$1,215.58 \$1,215.58 S1,215.58 Annual Salary \$31,605.00 \$31,605.00 S31,605.00 Safety Sensitive (Y or N) Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | VQ 03 Lay-Off/RIF | | | | | | |
| PCN FMC2FH004 FMC29FH004 | | | | | VQ 04 Death | | | | | | |
| Daily Hours 7.5 7.5 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | | VQ 05 Loss of Job Requirements | | | | | | |
| Hourly Rate \$16.21 S16.21 Date Hired: Bi-Weekly Salary \$1,215.58 \$1,215.58 S1,215.58 S1,215 | | | | | VQ 06 Termination | | | | | | |
| Bi-Weckly Salary S1,215.58 S1,215.58 S1,215.58 S1,215.58 Supplemental Pay N/A N/A N/A N/A Safety Sensitive (Y or N) Y Y GL Account number: 101016420 Position to be abolished. Employee Replaced (Name & L.D.): WACE BAL: COMP BAL: COMP BAL: WACE BAL: COMP BAL: WACE BAL: COMP BAL: WACE BAL: COMP BAL: WACE BAL: COMP BAL: COMP BAL: WACE BAL: COM | | | 7.5 | | VQ 07 Retirement | | | | | | |
| Annual Salary \$31,605,00 \$31,605,00 S31,605,00 Supplemental Pay N/A | | | \$16.21 | Date | Hired: | | | | | | |
| Supplemental Pay N/A N/A N/A N/A N/A Safety Sensitive (Y or N) Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Last Day Worked: | | | | | | | | | | |
| Safety Sensitive (Y or N) Y Y GL Account number: 101016420 101016420 Position to be abolished. Position to be abolished. Employee Replaced (Name & I.D.): **TAKE 3. EXPLANATION FOR REQUEST** Yea Cant position is not needed due to current operational structure and will be abolished to support the salary of the position department transfer or PCN: FCA471J001, Facilities Maintenance Supervisor, currently occupied by Mr. Allen Smith, employee ID 18376. Remaining funds from socition will be utilized to support salary increases for current employees. Funding verification from Finance and justification attached. **ART 4. DEPARTMENT APPROVAL** Is Request was Processed By: Katle Cornelius Contact Phone #: 706-312-4152 Date Of Request: 9/29/2023 partment Director Signature (2): Concurrence Date: Concurrence Date: Transfer between departments, both director signatures required*** BELOW IS FOR HUMAN RESOURCES ONLY** ### BELOW IS FOR HUMAN RESOURCES ONLY** #### APPROVAL: Seffective on the PP begin/end date of: Processed By/Date: ##### APPROVAL: #### APPROVAL: Concurrence Date: | | | \$31,605.00 | Separation Date: | | | | | | | |
| GL Account number: 101016420 101016420 Position to be abolished. Position to be abolished. Position to be abolished. Employee Replaced (Name & L.D.): ARE SENTANTION FOR REQUEST Vacant position is not needed due to current operational structure and will be abolished to support the salary of the position department transfer for PCN: FCA47LJ001, Facilities Maintenance Supervisor, currently occupied by Mr. Allen Smith, employee ID 18376. Remaining funds from position will be utilized to support salary increases for current employees. Funding verification from Finance and justification attached. ARE 3- DEFARIMENT APPROVAL is Request was Processed By: Katle Cornellus Contact Phone #: 706-312-4152 Concurrence Date: Concurren | | | N/A | Terminated 3 days ADM Given: YES NO | | | | | | | |
| Position to be abolished. If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines VAC BAL: COMP BAL: VAC BAL: COMP BAL: VAC BAL: VAC BAL: COMP BAL: VAC BAL: COMP BAL: VAC BAL: VAC BAL: COMP BAL: VAC BAL: VAC BAL: COMP BAL: VAC | | | Y | | | | | | | | |
| Employee Replaced (Name & LD.): See Attached Documentation? YES NO (If no, must give explanation for request VAC BAL: COMP BAL: VAC BAL: VAC BAL: COMP BAL: VAC BAL: COMP BAL: VAC BAL: COMP BAL: VAC BAL: COMP BAL: VAC BAL: COMP BAL: VAC BAL: COMP BAL: VAC | GL Account number: | 101016420 | 101016420 | | | | | | | | |
| VAC BAL: COMP BAL: VAC BAL: COMP BAL: VAC BAL: V | Emala B. I. A. I. | | Position to be abolished. | If No | Eligible for Re-Hire - Complete Part 3 and Paviery | | | | | | |
| Vacant position is not needed due to current operational structure and will be abolished to support the salary of the position department transfer for PCN: FCA47IJ001, Facilities Maintenance Supervisor, currently occupied by Mr. Allen Smith, employee ID 18376. Remaining funds from position will be utilized to support salary increases for current employees. Funding verification from Finance and Justification attached. PART 4: DEPARTMENT APPROVAL Dis Request was Processed By: Katie Cornelius Contact Phone #: 706-312-4152 Date Of Request: 9/29/2023 Concurrence Date: Concurrence Date: Concurrence Date: Concurrence Date: Litransfer between departments, both director signatures required*** BELOW IS FOR HUMAN RESOURCES ONLY Istributed necessary copies to: PAYROLL BENEFITS Verified: Effective on the PP begin/end date of: Processed By/Date: HR MGR/Date: | Employee Replaced (Name & | I.D.); | | | | | | | | | |
| Vacant position is not needed due to current operational structure and will be abolished to support the salary of the position department transfer for PCN: FCA47IJ001, Facilities Maintenance Supervisor, currently occupied by Mr. Allen Smith, employee ID 18376. Remaining funds from position will be utilized to support salary increases for current employees. Funding verification from Finance and Justification attached. PART 4: DEPARTMENT APPROVAL Dis Request was Processed By: Katie Cornelius Contact Phone #: 706-312-4152 Date Of Request: 9/29/2023 Concurrence Date: Concurrence Date: Concurrence Date: Concurrence Date: Litransfer between departments, both director signatures required*** BELOW IS FOR HUMAN RESOURCES ONLY Istributed necessary copies to: PAYROLL BENEFITS Verified: Effective on the PP begin/end date of: Processed By/Date: HR MGR/Date: | PART EXPLANATION FO | D BLAVEST | | | | | | | | | |
| Tor PCN: FCA47IJ001, Facilities Maintenance Supervisor, currently occupied by Mr. Allen Smith, employee ID 18376. Remaining funds from position will be utilized to support salary increases for current employees. Funding verification from Finance and Justification attached. ARI 4: DEPARTMENT APPROVAL. ARIS POPER TOR TOR TOR TOR TOR TOR TOR TOR TOR TO | Vacant position is not nee | ded due to overent operation | See Attached Documentation? | YES | NO (if no, must give explanation for request) | | | | | | |
| position will be utilized to support salary increases for current employees. Funding verification from Finance and Justification attached. PART 4: DEPARTMENT APPROVAL its Request was Processed By: Katle Cornelius contact Phone #: 706-312-4152 Date Of Request: 9/29/2023 Concurrence Date: Concurrence Date: Concurrence Date: Ininistrator Signature (only required for ineligibility for rehire): Concurrence Date: Concurrence Date: It ransfer between departments, both director signatures required*** BELOW IS FOR HUMAN RESOURCES ONLY BENEFITS Verified: Employee Information Processed By/Date: MP MGR/Date: HR MGR/Date: MP RELATIONS/Date: HR Comp/Date: MP RELATIONS/Date: MP RELATIONS/Date: HR Comp/Date: MP RELATIONS/Date: MP AGR/Date: MP RELATIONS/Date: MP RELATIONS/Date: MP RELATIONS/Date: MP RELATIONS/Date: MP RELATIONS/Date: MP AGR/Date: MP RELATIONS/Date: MP RELATIONS/Date: MP AGR/Date: MP AG | or PCN- ECA/711001 E- | aca due to current operation | as structure and will be abolished to a | upport th | a railonu of the moulding it. | | | | | | |
| ART 4 DEPARTMENT APPROVAL sis Request was Processed By: Katle Cornelius spartment Director Signature: spartment Director Signature (2): concurrence Date: spartment Director Signature (only required for ineligibility for rehire): stransfer between departments, both director signatures required*** BELOW IS FOR HUMAN RESOURCES ONLY stributed necessary copies to: PAYROLL BENEFITS BENEFITS Verified: Employee Information Processed By/Date: AP MGR/Date: HR MGR/Date: HR MGR/Date: HR MGR/Date: HR MGR/Date: HR Comp/Date: HR Comp/Date: | or v Citt L CV4/1900T' E8 | icilities Maintenance Superv | SOL Currently occupied by Mr. Allen | C-stall - | alas ID space a | | | | | | |
| Date Of Request: 9/29/2023 partment Director Signature: concurrence Date: Concurrence | osition will be utilized to | support salary increases for | current employees. Funding verificat | ion from I | Finance and justification attached. | | | | | | |
| partment Director Signature: Concurrence Date: Co | ART 4: DEPARTMENT APP | ROVAL. | | | | | | | | | |
| concurrence Date: Concurrence D | is Request was Processed By: | Katie Cornelius | Contact Phone #: 706-312-415 | 2 | Day OSB | | | | | | |
| concurrence Date: Concurrence D | partment Director Signature: | 1) | | | | | | | | | |
| Iministrator Signature (only required for ineligibility for rehire): Concurrence Date: Concurrence Date: Concurrence Date: It ransfer between departments, both director signatures required*** BELOW IS FOR HUMAN RESOURCES ONLY Istributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information Ceived on (date): Processed By/Date: MP MGR/Date: HR MGR/Date: HR MGR/Date: HR MGR/Date: HR Comp/Date: | partment Director Signature (2 | 2): | | | 14/0-102 | | | | | | |
| meral Counsel Signature (only required for ineligibility for rehire): Concurrence Date: transfer between departments, both director signatures required*** BELOW IS FOR HUMAN RESOURCES ONLY istributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information ceived on (date): Effective on the PP begin/end date of: Processed By/Date: MP MGR/Date: HR MGR/Date: HR MGR/Date: HR Comp/Date: | | | | | Concurrence Date: | | | | | | |
| BELOW IS FOR HUMAN RESOURCES ONLY BETITIONS/Date: HR MGR/Date: HR DIP/Date: Concurrence Date: Position Information Separation Information Processed By/Date: HR MGR/Date: HR MGR/Date: HR Comp/Date: | | | | | Concurrence Date: | | | | | | |
| BELOW IS FOR HUMAN RESOURCES ONLY Istributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information ceived on (date): Processed By/Date: MP MGR/Date: HR MGR/Date: HR Comp/Date: | transfer between departmen | 16s, both director signatures man | 5): | | Concurrence Date: | | | | | | |
| Istributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information Ceived on (date): Processed By/Date: MP MGR/Date: HR MGR/Date: HR Comp/Date: | | | | ONLY | | | | | | | |
| MP MGR/Date: HR MGR/Date: HR Comp/Date: HR Comp/Date: | istributed necessary copies to | | | | Decision Information | | | | | | |
| MP MGR/Date: HR MGR/Date: HR Comp/Date: HR Comp/Date: | ceived on (date): | | | MACHOII | No. | | | | | | |
| MP RELATIONS/Date: HR Comp/Date: | MP MGP/Data: | | | | Dy Date. | | | | | | |
| VIF RELATIONS/Date: HR DIR/Date: City ADM/Date: | | | | | HR Comp/Date: | | | | | | |
| | VIF KELATIONS/Date: | HR | DIR/Date: | | City ADM/Date: | | | | | | |



| Employee Name: Darrell W | alker | EMP I.D.: 04338 | DEPT #: 4123 Proposed Effective Date: 10/14/2023 | | | | | | | |
|--|--|-----------------|--|------------------|---|-----------------|----------------------------------|--|--|--|
| PART I TYPE OF REOLEST | M. I . man of the control of | SA 2001 S | 112 12 | _ | | | | | | |
| 1. Name/Phone/Add 2. Re | ologoification 3 7 P | SWONLY | #2-12: must fill out Par | 12-B & Part 3 | ►#13: must | fill out Part 2 | C &Part 3 ►#14: (iii) out Part 2 | | | |
| 8. Suspension 9. Ne | ew Position 10. Wor | Sition Abolishm | | | on 6. 🔲 I | Demotion | 7. Interim Appointment | | | |
| | | | 11. Rate of Pay | 12. Budget # | 13. 🔲 S | Separation 1 | 4. Other: | | | |
| PART 2: PREPARATION FOR A. PERSONAL INFORMATIO | PERSONNEL ACTION | | | | | | | | | |
| Name Change: | | | | | Home Phone # | | | | | |
| | | | | | Cell Phone #: | | | | | |
| Address: | | | | | Office Phone | #: () | • | | | |
| Employee Signature (required for person | onal information changes): | | | | | | Date: | | | |
| B. POSITION INFORMATION | N | | | | CEDADA | TION INFO | | | | |
| | CHANGE FROM | Desire In | CHANGE TO | | | TION INFO | FROM SERVICE REASON: | | | |
| Dept # | 4123 | | 4123 | | | 01 Resignati | | | | |
| Job Title | Painter | | Painter | | | | Report to Work/AWOL | | | |
| FLSA Status (E or NE) | NE | | NE | | <u> </u> | 03 Lay-Off/ | | | | |
| Pay Class | 100 | | 100 | | | 04 Death | NII - | | | |
| Salary Grade | 11 | | 11 | | | | ob Requirements | | | |
| PCN | FMC59MQ001 | | FMC59MQ001 | | | 06 Terminati | | | | |
| Daily Hours | 7.5 | | 7.5 | | | 7 Retiremen | | | | |
| Hourly Rate | \$18.47 | | \$19.76 | | Date Hired: | | | | | |
| Bi-Weekly Salary | \$1,385.48 | | \$1,482.47 | | Last Day Worked: | | | | | |
| Annual Salary | \$36,022.59 | | \$38,544.17 | - 0 | Separation Date: | | | | | |
| Supplemental Pay | | | | | Terminated 3 days ADM Given: ☐ YES ☐ NO | | | | | |
| Safety Sensitive (Y or N) | Y | | Y | | Proper Notice Given: YES NO | | | | | |
| GL Account number: | 101016420 | | 101016420 | | | | YES NO | | | |
| | | | | I | f Not Eligibi | le for Re-Hire | - Complete Part 3 and Review | | | |
| Employee Replaced (Name & I.I | D.): | | | | Eligibility Gu | uidelines | | | | |
| ana and an | | | | | AC BAL: | CC | OMP BAL: | | | |
| PART 3. EXPLANATION FOR F | REQUEST | See Att | ached Documentatio | n? X YES | □ NO |) (if no mu | st give explanation for request) | | | |
| runding verification | n from Finance and ju | stification m | emorandum is attac | hed. | | , (ii iio, iiiu | st give explanation for request) | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| PART 4: DEPARTMENT APPRO | | | | | - | | | | | |
| his Request was Processed By: Ka | atie Cornelius | | Contact Phone #: 706 | -312-4152 | | Date Of | CD | | | |
| Pepartment Director Signature: | 120 | / | | | | | Request: 09/27/2023 | | | |
| epartment Director Signature (2): | 7 | | | | | Concur | rence Date: 0/2/33 | | | |
| dministrator Signature (only require | red for inclinibility for make | nina). | | | | Concur | rence Date: | | | |
| | eneral Counsel Signature (only required for ineligibility for rehire): | | | | | | rence Date: | | | |
| a transfer between departments, | both director signature | rehire): | | | | Concurr | ence Date: | | | |
| | | | R HUMAN RESO | IDCEC ON | | | | | | |
| Notehutad management | f-mg | | MICHAIN RESU | DRCES ONLY | | | | | | |
| Distributed necessary copies to: | PAYROLL | BENEFITS | Verified: Empl | oyee Information | Positio | on Informatio | n Separation Information | | | |
| eccived on (date): | Effectiv | e on the PP be | gin/end date of: | | | cessed By/Da | | | | |
| MP MGR/Date: | | | | | | | | | | |
| MP RELATIONS/Date: | | HR MGR/Da | | | HR C | Comp/Date: | | | | |
| HR DIR/Date: | | | | | City ADM/Date: | | | | | |



| Employee Name: Eric Bell EMP I.D.: 13981 DEPT #: 4123 | | | | | | Pro | posed Effec | ctive Date: 10/14/2023 | |
|---|--------------------------------------|-------------|--|-------------|------------------|---------------|-----------------|-----------------------------|--|
| PART 1 TYPE OF REQUES | ST ►#1: must fill out Part 2-A (| ONLY▶# | 22-12: most fill out that 2-1 | (& Part 3 | > #13: | amust full or | n Pain 2-6 & Pa | un\$▶#14: uffour Part 2.x3 | |
| 8 | Reclassification 3. Positio | | | | | | | Interim Appointment | |
| | New Position 10. Work He | | 11. 🛛 Rate of Pay 12. | | | | | | |
| | | | In garage of the Asia | Dauge. | 154 | ocpara | 14. | Outa. | |
| PART 2: PREPARATION F A. PERSONAL INFORMA | | | | | Home Pl | none #: (| + | | |
| Name Change: | | | | | | ne #: (| , | | |
| Address: | | | | | Office P | none #: (|) | • | |
| Employee Signature (required for p | ersonal information changes); | | | | | | Date | : | |
| B. POSITION INFORMAT | ION | | | | C SEE | AR ATIO | N INFORMA | | |
| | CHANGE FROM | | CHANGE TO | | C. SEI | | | M SERVICE REASON: | |
| Dept # | 4123 | | 4123 | | | VQ 01 F | Resignation | | |
| Job Title | Facilities Maintenance Super | visor Fac | cilities Maintenance Supe | ervisor | | | | ort to Work/AWOL | |
| FLSA Status (E or NE) | NE | | NE | | | | ay-Off/RIF | | |
| Pay Class | 100 | | 100 | 8 | | VQ 04 I | | | |
| Salary Grade | 15 | | 15 | 8 | 1 | | oss of Job Re | quirements | |
| PCN | FMC47IJ003 | | FMC47IJ003 | | | | ermination | | |
| Daily Hours | 7.5 | | 7.5 | 5 | | VQ 07 F | Retirement | | |
| Hourly Rate | \$21.15 | | \$22.63 | | Date I | lired: | | | |
| Bi-Weekly Salary \$1,585.89 \$1,696.91 Last Day Worked: | | | | | | | | | |
| Annual Salary \$41,233.24 \$44,119.57 Separation Date: | | | | | | | | | |
| Supplemental Pay | | | | | | | | | |
| Safety Sensitive (Y or N) | Y | | Y | | | | ven: YES | | |
| GL Account number: | 101016420 | | 101016420 | | | | ire? YES | | |
| | | | | | | | | omplete Part 3 and Review | |
| Employee Replaced (Name of | 6. 1 Th \. | | | | | ility Guidel | | | |
| Employee Replaced (Name a | & 1.D.): | | | | VAC | BAL: | COMP | BAL: | |
| PART 3: EXPLANATION F Funding verific PART 4: DEPARTMENT AI | cation from Finance and jus | | ached Documentation? nemorandum is attach | | ES [|] NO (| if no, must gi | ve explanation for request) | |
| This Request was Processed B | y: Katie Cornelius | | Contact Phone #: 706-3 | 312-4152 | | | Date Of Rec | uest: 09/27/2023 | |
| Department Director Signature | 201 | - | ı | | | | Concurrence | | |
| Department Director Signature | (2): | | | | | | Concurrence | 21003 | |
| Administrator Signature (only | required for ineligibility for rehir | e): | | | | | Concurrence | Date: | |
| | ly required for ineligibility for re | ,. | | | | | Concurrence | Date: | |
| f a transfer between départm | ents, both director signatures i | • | OR HUMAN RESOU | RCES OF | NLY= | | | | |
| Distributed necessary copies | to: PAYROLL B | ENEFITS | Verified: Employ | yee Informa | tion [| Position : | Information | Separation Information | |
| Received on (date): | Effective | on the PP b | egin/end date of: | | | Process | sed By/Date: | | |
| EMP MGR/Date: | | HR MGR/D | ate: | | | HR Con | np/Date: | | |
| EMP RELATIONS/Date: HR DIR/Date: | | | | | | City AD | M/Date: | | |



| Employee Name: John M | athis | EN | 1P I.D.: 00969 DEP | Γ#: 6 | 700 | Pr | oposed Effective Date: 10/14/2023 | | | |
|---|--|---------------|------------------------------------|-------|--------------|-----------------|--|--|--|--|
| PART 1: TYPE OF REQUES | ST>#1: must fill out Part 24A | ONLY | 2-12 · monetalitzan Dang, it versa | | ► #12 | Sauting Part of | of Part 2-C & Part 3 ▶#14: fill out Part 2 & | | | |
| I. Name/Phone/Add 2. | Reclassification 3. Positi | on Aholishmer | | | | | tion 7. Interim Appointment | | | |
| | New Position 10. Work F | | | | | | | | | |
| | | louis | 11. A Rate of Pay 12. B | uaget | # 13. | Separa | tion 14. Uther: | | | |
| PART 2 PREPARATION FO A. PERSONAL INFORMA' | OR PERSONNEL ACTION TION | | | 7 | Home P | none #: (|) - | | | |
| Name Change: | | | | | | ne #: (|) - | | | |
| Address: | | | | | Office P | hone #: (|) - | | | |
| Employee Signature (required for p | ersonal information changes): | | | | _ | | Date: | | | |
| B. POSITION INFORMAT | | | | - | CCE | ADATIO | | | | |
| | CHANGE FROM | | CHANGE TO | | C. SEI | | N INFORMATION RATION FROM SERVICE REASON: | | | |
| Dept# | 6700 | | 6700 | T | | | Resignation | | | |
| Job Title | Facilities Maintenance Mar | nager Fa | cilities Maintenance Manager | | | | Failure to Report to Work/AWOL | | | |
| FLSA Status (E or NE) | E | | C | | | | ay-Off/RIF | | | |
| Pay Class | 200 | | 200 | | | VQ 04 I | | | | |
| Salary Grade | 20 | | 20 | | | VQ 05 L | oss of Job Requirements | | | |
| PCN | FMR47GX001 | | FMR47GX001 | | | | ermination | | | |
| Daily Hours | 7.5 | | 7.5 | | | VQ 07 F | Retirement | | | |
| Hourly Rate | \$26.42 | | \$28.26 | | | | | | | |
| Bi-Weekly Salary \$1,981.19 \$2,119.87 Last Day Worked: | | | | | | | | | | |
| Annual Salary \$51,510.94 \$55,116.71 Separation Date: | | | | | | | | | | |
| Supplemental Pay Terminated 3 days ADM Given: Terminated 3 days ADM Given: YES NO | | | | | | | | | | |
| Safety Sensitive (Y or N) | | | | | | | | | | |
| GL Account number: | 101016215 | | 101016215 | | Eligib | e for Re-H | ire? YES NO | | | |
| | | | | | If Not | Eligible for | r Re-Hire - Complete Part 3 and Review | | | |
| Employee Replaced (Name & | % 1.D.): | | | | VACI | | COMP BAL: | | | |
| 0.102.3 | | | | _ | _ | | | | | |
| PART 3: EXPLANATION FO | OR REQUEST ation from Finance and Jus | See Atta | iched Documentation? | YI | ES _ | NO (| if no, must give explanation for request) | | | |
| randing verific | ation from Finance and Ju- | stification m | iemorandum is attached. | | | | | | | |
| | | | | | | | | | | |
| DART A. DEDARDADATA | NEW POST OF A STATE OF | | | | | | | | | |
| PART 4: DEPARTMENT AF | | | | 1 | | | | | | |
| This Request was Processed By | | | Contact Phone #: 706-312-41 | 52 | | | Date Of Request: 09/27/2023 | | | |
| Department Director Signature: | | en | | | | | Concurrence Date: 10/2/23 | | | |
| Department Director Signature | | 80 | | | | | Concurrence Date: | | | |
| Administrator Signature (only t | equired for ineligibility for rehi | re): | | | | | Concurrence Date: | | | |
| | y required for ineligibility for re | | | | | | Concurrence Date: | | | |
| f a transfer between departments, both director signatures required*** | | | | | | | | | | |
| | mmmmm BEI | OW IS FO | R HUMAN RESOURCES | ON | LY | | | | | |
| Distributed necessary copies | to: PAYROLL I | BENEFITS | Verified: Employee Info | rmati | on [| Position 1 | Information Separation Information | | | |
| Received on (date): | Effective | on the PP be | egin/end date of: | | | Process | sed By/Date: | | | |
| EMP MGR/Date: | | HR MGR/Da | ite: | | | HR Com | n/Date: | | | |
| EMP RELATIONS/Date: | | HR DIR/Dat | | | | City AD | | | | |
| IN DIV DAW. | | | | | | City AD. | VI Dav. | | | |



| Employee Name: Alvin Bea | MP I.D.: 06169 | DEPT #: 6700 |) P | roposed Effe | ctive Date: 10/14/2023 | | | | | |
|--|---------------------------------|---------------|-------------------------|--------------------|--------------------------|-----------------|------------------------------|--|--|--|
| PART I: TYPE OF REQUEST | >#1: must fill out Part 2 | VONLY | 2-12: must till out the | 7-R & Bin 3 > # | Domisi dil | of Part 7 C VI | No. 114 months in the second | | | |
| 1. Name/Phone/Add 2. R | eclassification 3. Posit | ion Abolishme | nt 4. Transfer | 5. Promotion | 6 Dem | otion 7 | Interim Appointment | | | |
| | ew Position 10. Work | | 11. 🛛 Rate of Pay | | | | | | | |
| PART 2: PREPARATION FO | R PERSONNEL ACTION | | | | | | | | | |
| A. PERSONAL INFORMATI | ION | | | Hon | e Phone #: (|) | | | | |
| Name Change: | | | | | Phone #: (|) | - | | | |
| Address: | | | | Offi | ce Phone #: (|) | • | | | |
| Employee Signature (required for per | sonal information changes): | | | | | Dat | e: | | | |
| B. POSITION INFORMATIO |)N | | | C. 8 | SEPARATIO | N INFORMA | TION | | | |
| | CHANGE FROM | | CHANGE TO | | SEPA | RATION FRO | OM SERVICE REASON: | | | |
| Dept # | 6700 | | 6700 | | VQ 01 | Resignation | | | | |
| Job Title | Custodian | | Custodian | | VQ 02 | Failure to Repo | ort to Work/AWOL | | | |
| FLSA Status (E or NE) | NE | | NE | | VQ 03 | Lay-Off/RIF | | | | |
| Pay Class | 100 | | 100 | | VQ 04 | Death | | | | |
| Salary Grade | 4 | | 4 | | VQ 05 | Loss of Job Re | quirements | | | |
| PCN | FMR38LP002 | | FMR38LP002 | | VQ 06 | Termination | | | | |
| Daily Hours | 7.5 | | 7.5 | | VQ 07 | Retirement | | | | |
| Hourly Rate | | | | | | | | | | |
| Bi-Weekly Salary \$925.83 \$990.63 Last Day Worked: | | | | | | | | | | |
| Annual Salary \$24,071.48 \$25,756,48 Separation Date: | | | | | | | | | | |
| Supplemental Pay \$3.37 hourly supplement \$3.37 hourly supplement Terminated 3 days ADM Given: YES NO | | | | | | | | | | |
| Safety Sensitive (Y or N) | | | | | | | | | | |
| GL Account number: | 101016215 | | 101016215 | Eli | gible for Re-l | Hire? YES | □ NO | | | |
| | | | | If | lot Eligible fo | or Re-Hire - Co | omplete Part 3 and Review | | | |
| Employee Replaced (Name & | I.D.): | | | | gibility Guide C BAL: | COMP | RAI. | | | |
| | | | | *** | C DILL. | COMI | DAL. | | | |
| PART 3: EXPLANATION FOR | | See Att | ached Documentati | on? X YES | □ NO | (if no, must gi | ve explanation for request) | | | |
| Funding verification | from Finance and justif | ication men | orandum is attach | ed. | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| PART 4: DEPARTMENT APP | ROVAL | | | | | | | | | |
| This Request was Processed By: | Katie Cornelius | | Contact Phone #: 70 | 6-312-4152 | | Date Of Rec | uest: 09/27/2023 | | | |
| Department Director Signature: | 10 | /- | | | | Concurrence | | | | |
| Department Director Signature (2 |): | | | | | Concurrence | 140123 | | | |
| Administrator Signature (only req | uired for ineligibility for reh | ire): | | | | Concurrence | Date: | | | |
| General Counsel Signature (only | | | | | | Concurrence | Date: | | | |
| f a transfer between departmen | - | _ | | | | | | | | |
| | BE BE BE | LOW IS FO | R HUMAN RESC | URCES ONLY | | | | | | |
| Distributed necessary copies to | PAYROLL | BENEFITS | Verified: Em | ployee Information | Position | Information | Separation Information | | | |
| Received on (date): | Effectiv | e on the PP b | egin/end date of: | | Proces | ssed By/Date: | | | | |
| EMP MGR/Date: | | HR MGR/Da | nte: | | HR Cor | np/Date: | | | | |
| EMP RELATIONS/Date: HR DIR/Date: | | | | | City AI | OM/Date: | | | | |



| Employee Name: Janie He | ath | E | MP I.D.: 14324 | DEPT# | ÷: 6700 | Pro | posed Effective Date: 10/14/2023 | | |
|--|------------------------|----------------|----------------------|--|-------------------|-------------------------------|--|--|--|
| PART I TYPE OF REOLES | | AVINT V | un 10. | N PERSONAL SI | | | | | |
| 1. Name/Phone/Add 2. R | edessification 2 D. D. | SONEY | 22-12: must fill our | | | | (Part 2-C & Part 3 → ►#14; fill out Part 2-2 | | |
| | | | | | otion 6. | Demoti | on 7. Interim Appointment | | |
| | lew Position 10. Work | Hours | 11. X Rate of | Pay 12. L Budg | get # 13. | Separati | ion 14. Other: | | |
| PART 2: PREPARATION FO A. PERSONAL INFORMAT | R PERSONNEL ACTION | | | | 3-71 | | | | |
| Name Change: | ION | | | | | hone #: (| | | |
| | | | | | | ne #: (hone #: (|) - } - | | |
| Address: | | | | | | | | | |
| Employee Signature (required for per | | | | | | | Date: | | |
| B. POSITION INFORMATION | | | | | C. SEI | PARATION | INFORMATION | | |
| David # | CHANGE FROM | F-91 VE | CHANGE | то | | SEPAR | ATION FROM SERVICE REASON: | | |
| Dept # Job Title | 6700 | | 6700 | | | VQ 01 R | esignation | | |
| FLSA Status (E or NE) | Custodian | | Custodia | RD . | | VQ 02 Fa | ailure to Report to Work/AWOL | | |
| | NE | | NE | | | VQ 03 La | ay-Off/RIF | | |
| Pay Class | 100 | | 100 | | | VQ 04 D | eath | | |
| Salary Grade | 4 | | 4 | | | | oss of Job Requirements | | |
| PCN | FMR38LP001 | | FMR38LP | 001 | | VQ 06 Te | ermination | | |
| Daily Hours | 7.5 | | 7.5 | | | VQ 07 Re | etirement | | |
| Hourly Rate | \$12.34 | | \$13.20 | | Date l | lired: | | | |
| Bi-Weekly Salary \$925.83 \$990.63 Last Day Worked: | | | | | | | | | |
| Annual Salary \$24,071.48 \$25,756.48 Separation Date: | | | | | | | | | |
| Supplemental Pay | \$3.37 hourly suppleme | ent | \$3.37 hourly sup | 3.37 hourly supplement Terminated 3 days ADM Given: YES NO | | | | | |
| Safety Sensitive (Y or N) | Y | | Y | | Proper | Notice Give | en: YES NO | | |
| GL Account number: | 101016215 | | 10101621 | 5 | | | re? YES NO | | |
| | | | | | If Not Eligibi | Eligible for lity Guidelin | Re-Hire Complete Part 3 and Review | | |
| Employee Replaced (Name & | I.D.): | | | | VAC | | COMP BAL: | | |
| PART 3: EXPLANATION FOR | REQUEST | Son Att | ached Documen | tation? | VEC [| 1 200 | | | |
| | ion from Finance and j | ustification n | nemorandum is | attached. | YES _ | J NO (if | no, must give explanation for request) | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PART 4: DEPARTMENT APP | ROVAL | | | | | | | | |
| This Request was Processed By: | Katle Cornelius | | Contact Phone # | 706-312-4152 | | | 2007 | | |
| Department Director Signature: | W d | / | Conduct Hone w. | . 700-312-4132 | | | Date Of Request: 09/27/2023 | | |
| Department Director Signature (2 | | 1- | | | | | Concurrence Date: 10/2/23 | | |
| Administrator Signature (only rec | | | | | | | Concurrence Date: | | |
| General Counsel Signature (only | | | | | | | Concurrence Date: | | |
| f a transfer between departmen | | | | | | | Concurrence Date: | | |
| | | - | R HUMAN RE | ESOURCES OF | NLY I | | | | |
| Distributed necessary copies to | : PAYROLL | BENEFITS | Verified: | Employee Informa | ation [| Position In | formation D Samuel - L.C. | | |
| Received on (date): | | | egin/end date of: | J SALOSIE | | | formation Separation Information d By/Date: | | |
| EMD MGD/D | | T | | | | | | | |
| EMP MGR/Date: | | HR MGR/Da | | | | HR Comp | /Date: | | |
| EMP RELATIONS/Date: | | HR DIR/Date | e: | | | City ADM | /Date: | | |



| Employee Name: Helen Ruffin | | EM | EMP I.D.: 09288 DEPT #: 4141 | | Pr | Proposed Effective Date: 10/14/2023 | | | | |
|---|----------------------------------|---------------------|------------------------------|-----------------------|-------------------------------------|-------------------------------------|------------|-----------|--------------------------|--|
| PART I: TYPE OF REQUES | I ▶#1: must fill out Part 2-A | ONLY># | 2-12: must fitt ei | ii Part 2-B.X. Part 3 | > #1 | 3 · | out Date 2 | (r. W1854 | 2 No. 14 and 16 18 12 | |
| I. Name/Phone/Add 2. F | Reclassification 3. Positi | on Abolishmen | t 4. Transfe | | | | | | nterim Appointment | |
| | New Position 10. Work I | | | | | | | | | |
| PART 2: PREPARATION FO | | | THE ESTATE OF | 114y 12 Dud | get# 1. | s Separa | ation 1 | 4. [] 0 | mer: | |
| A. PERSONAL INFORMAT | | | | | Home | Phone #: (|) | | | |
| Name Change: | | | Cell Phone | | | | | - | | |
| Address: | | | | | Office | Phone #: (|) | - | | |
| Employee Signature (required for per | rsonal information changes): | | | | | | | Date: | | |
| B. POSITION INFORMATION | ON | | | | C. SI | PARATIO | N INFO | | | |
| | CHANGE FROM | | CHANGI | ETO | | | | | SERVICE REASON: | |
| Dept # | 4141 | | 4141 | | | VQ 01 | Resignat | tion | | |
| Job Title | Custodian | | Custod | ian | | VQ 02 | Failure t | o Report | to Work/AWOL | |
| FLSA Status (E or NE) | NE | | NE | | | VQ 03 | Lay-Off | /RIF | | |
| Pay Class | 100 | | 100 | | | VQ 04 | Death | | | |
| Salary Grade | 4 | | 4 | | | VQ 05 | Loss of . | Job Requ | irements | |
| PCN | FMM38LP001 | | FMM38L | P001 | | VQ 06 | Termina | tion | | |
| Daily Hours | 7.5 | | 7.5 | | | VQ 07 | Retireme | ent | | |
| Hourly Rate | \$12.84 | \$13.74 Date Hired: | | | | | | | | |
| Bi-Weekly Salary | \$962.86 | | \$1,030. | 26 | Last Day Worked: | | | | | |
| Annual Salary | \$25,034.34 | | \$26,786 | .74 | Separation Date: | | | | | |
| Supplemental Pay | \$2.90 hourly supplement | ıt | \$2.90 hourly su | pplement | Terminated 3 days ADM Given: YES NO | | | | | |
| Safety Sensitive (Y or N) | Y | | Y | | Prop | er Notice Gi | iven: | YES [| NO | |
| GL Account number: | 101016211 | | 1010162 | 11 | Eligi | ble for Re-H | lire? | YES [| NO | |
| | | | | | | | | re – Com | plete Part 3 and Review | |
| Employee Replaced (Name & | I.D.): | | | | | bility Guide BAL: | | СОМР В | ΔΙ: | |
| | | | | | | | | , OMIT DI | 710. | |
| PART 3: EXPLANATION FO | | See Atta | iched Docume | ntation? | YES [|] NO | (if no, m | ust give | explanation for request) | |
| Funding verifica | tion from Finance and ju | stification m | iemorandum i | s attached. | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| PART 4. DEPARTMENT APP | PROVAL | | | | | | | | | |
| This Request was Processed By: | Katie Cornelius | | Contact Phone | #: 706-312-4152 | | | Date | Of Reque | est: 09/27/2023 | |
| Department Director Signature: | 120 | 1- | | | | | _ | urrence D | | |
| Department Director Signature (| 2): | | | | | | Concu | urrence D | Date: | |
| Administrator Signature (only re | | | Conci | urrence D | Date: | | | | | |
| General Counsel Signature (only | required for ineligibility for r | ehire): | | | | | Conci | urrence D | Date: | |
| f a transfer between departme | nts, both director signatures | required*** | | | | | 1 | | | |
| | BEI | LOW IS FO | R HUMAN R | ESOURCES (| NLY | | W W | | | |
| Distributed necessary copies t | e: PAYROLL 1 | BENEFITS | Verified: | Employee Inform | nation [| Position | Informa | tion [| Separation Information | |
| Received on (date): | Effective | on the PP be | gin/end date of: | | | Proces | sed By/l | Date: | | |
| EMP MGR/Date: | | HR MGR/Da | ite: | | | HR Con | np/Date: | | | |
| EMP RELATIONS/Date: HR DIR/Date: City ADM/Date: | | | | | | | | | | |



| Employee Name: James Pyr | MP I.D.: 16707 | DEPT #: 4 | 141 | Propo | sed Effective Date: 10/14/2023 | | | |
|--|-------------------------------------|----------------|-----------------------------|--------------------|--------------------------------|-----------------|---|--|
| PART I TYPE OF REQUEST | ▶#1: must fill out Part 2- | AONEY | #2-12: must fill out Par | 240 X Bart 3 | ▶ #13- | moderations 0 | on 2-C &Part 3 ► #14: (ill out Part 2 & 3 | |
| 1. Name/Phone/Add 2. R | eclassification 3. Posi | tion Abolishme | ent 4. Transfer | | | | 7. Interim Appointment | |
| | lew Position 10. Work | | 11. Rate of Pay | | | | | |
| PART 2: PREPARATION FO | P PERSONNEL ACTION | | | La budgetii | 1 101 | L. beparation | 14. Coller. | |
| A. PERSONAL INFORMAT | ION | | | | Home Pl | none #: (|) . | |
| Name Change: | | | | | | ne #: (|) - | |
| Address: | | | | | Office Pl | none #: (|) - | |
| Employee Signature (required for per | sonal information changes): | | | | | | Date: | |
| B. POSITION INFORMATIO | | | | | C CER | A D A THOUSAN | | |
| | CHANGE FROM | 100 | CHANGE TO | | C. SEP | | FORMATION TON FROM SERVICE REASON: | |
| Dept # | 4141 | | 4141 | | | VQ 01 Resig | | |
| Job Title | Custodian | | Custodian | | | | re to Report to Work/AWOL | |
| FLSA Status (E or NE) | NE | | NE | | <u> </u> | VQ 03 Lay- | | |
| Pay Class | 100 | | 100 | | <u> </u> | VQ 04 Deat | | |
| Salary Grade | 4 | | 4 | | 급 | | of Job Requirements | |
| PCN | FMM38LP002 | | FMM38LP002 | | - | VO 06 Term | | |
| Daily Hours | 7.5 | | 7.5 | | 급 | VQ 07 Retir | | |
| Hourly Rate | \$12.34 | | \$13.20 | | _ | | SIRGIC | |
| Bi-Weekly Salary \$925.83 \$990.63 Last Day Worked: | | | | | | | | |
| Annual Salary | tion Date: | | | | | | | |
| Supplemental Pay \$3.37 hourly supplement \$3.37 hourly supplement \$3.37 hourly supplement Terminated 3 days ADM Given: YES NO | | | | | | | | |
| Safety Sensitive (Y or N) | 1 cimilated 3 days | | | | | | | |
| GL Account number: | 101016211 | | 101016211 | | | | YES NO | |
| | | | | | | | Hire Complete Part 3 and Review | |
| Employee Replaced (Name & | ID). | | | | Eligibi | lity Guidelines | Compress and accorder | |
| and property of the property o | 1.0.). | | | | VAC E | BAL: | COMP BAL: | |
| PART 3: EXPLANATION FOR Funding verification | REQUEST tion from Finance and ju | See Att | ached Documentation is atta | on? X YE | cs [| NO (if no | , must give explanation for request) | |
| PART 4: DEPARTMENT APP | ROVAL | | | | | | | |
| This Request was Processed By: | Katie Cornelius | | Contact Phone #: 70 | 6-312-4152 | | Do | te Of Request: 09/27/2023 | |
| Department Director Signature: | 1 | | | | | | ncurrence Date: 10/2/20 | |
| Department Director Signature (2 |): | 1 | | | | | ncurrence Date: | |
| Administrator Signature (only req | uired for ineligibility for reh | ire): | | | | | ncurrence Date: | |
| General Counsel Signature (only | required for ineligibility for a | ehire): | - | | | | ncurrence Date: | |
| f a transfer between departmen | | | | | | 100 | icultaice Date: | |
| 医腹膜鞘髓盆腹壁 部1 | BE | LOW IS FO | OR HUMAN RESO | URCES ONL | Y■ ■ | | | |
| Distributed necessary copies to | : PAYROLL | BENEFITS | Verified: Emp | oloyee Information | n 🔲 | Position Infor | nation Separation Information | |
| Received on (date): | Effectiv | e on the PP be | egin/end date of: | | | Processed B | 4 | |
| EMP MGR/Date: | | HR MGR/Da | ate: | | | HR Comp/Da | te: | |
| EMP RELATIONS/Date: HR DIR/Date: | | | | | | City ADM/D | | |



| Employee Name: Anglia S | mith | 10 | MP 1.D.: 17845 | DEPT #: | 4141 | Pr | oposed Efi | fective Date: 10/14/2023 |
|--|-----------------------------------|--|------------------------|---------------------------------------|----------------|---------------------------|---------------------------------------|--------------------------------|
| PART L TYPE OF REQUES | T▶#I most fill our bar 2- | YONLY | 82.12: man fill and fr | ar 3 D. E. D. ar T | N #13 | · CONTROL OF THE PARTY OF | Water and the land to | Part 3 ►#14: fill out Part 2 & |
| 1. Name/Phone/Add 2. | Reclassification 3 Posi | tion Abolishme | nt 4 M Tonneson | | | | | |
| | New Position 10. Work | | | | otion 6. | Demo | tion 7. L | Interim Appointment |
| PART 2: PREPARATION FO | | | | 141 Land Dadge | λπ IS | верага | uon 14. <u>L</u> | _ Other: |
| A. PERSONAL INFORMAT | TION | | | L. Harris | Home P | hone #: (| , , , , , , , , , , , , , , , , , , , | |
| Name Change: | | | | | Cell Pho | • |) | |
| Address: | | | | | Office F | Thone #: (|) | • |
| Employee Signature (required for po | ersonal Information changes): | | | | | | |) |
| B. POSITION INFORMATI | | | | | G 071 | | | Date: |
| En de despris | CHANGE FROM | Pilot En | CHANGE TO | | C. SE | The second second | N INFORM | ATION ROM SERVICE REASON: |
| Dept# | 4141 | | 4141 | | | | Resignation | OM SERVICE REASON: |
| Job Title | Custodian | | Custodian | | | | | port to Work/AWOL |
| FLSA Status (E or NE) | NE | | NE | | | | ay-Off/RIF | porto Wolariwoc |
| Pay Class | 100 | | 100 | | | VQ 04 I | | |
| Salary Grade | 4 | | 4 | - | | | | Requirements |
| PCN | FMM38LP003 | | FMM38LP00 | 3 | | | ermination | 1 |
| Daily Hours | 7.5 | | 7.5 | | | | etirement | |
| Hourly Rate | \$12,34 | | \$13.20 | | Date 1 | | | |
| Bi-Weekly Salary \$925.83 \$990.63 Last Day Worked: | | | | | | | | |
| Annual Salary \$24,071.48 \$25,756.48 Separation Date: | | | | | | | | |
| Supplemental Pay | \$3.37 hourly suppleme | hourly supplement \$3.37 hourly supplement Terminated 3 days ADM Given: YES NO | | | | | | |
| Safety Sensitive (Y or N) | | | | | | | | |
| GL Account number: | 101016211 | | 101016211 | | | | ire? YE | |
| | | | | | If Not | Eligible for | Re-Hire - C | Complete Part 3 and Review |
| Employee Replaced (Name & | I.D.): | | | | VAC | ility Guidel | | P BAL: |
| | | | | , , , , , , , , , , , , , , , , , , , | 1710 | DITE. | COM | P BAL: |
| PART 3: EXPLANATION FO | | See Atta | ached Documentat | ion? 🛛 Y | ES [| NO (| f no, must g | give explanation for request) |
| Funding verifica | tion from Finance and j | stification n | nemorandum is att | ached. | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PART 4: DEPARTMENT API | PROVAL | | | | | | | |
| This Request was Processed By: | Katie Cornelius | | Contact Phone #: 7 | 06-312-4152 | | | Date Of Re | equest: 09/27/2023 |
| Department Director Signature: | 201 | 1 | | | | | Concurrence | |
| Department Director Signature (| 2): | | | | | | | 10/2/03 |
| Administrator Signature (only re | squired for incligibility for reh | ire): | | | | | Concurrence | |
| General Counsel Signature (only | | | | | | _ | Concurrence | |
| f a transfer between departme | | | | | | | Concurrence | e Date: |
| | | _ | R HUMAN RES | OURCES ON | LYMI | | | |
| Distributed necessary copies t | o: PAYROLL | BENEFITS | Verlfied: En | nployee Informat | ion [| Position I | nformation | Separation Information |
| Received on (date): | | | gin/end date of: | | | | ed By/Date: | - Sebaration information |
| EMP MGR/Date: | | HR MGR/Da | to: | | | | | |
| EMP RELATIONS/Date: | | | | | | HR Com | | |
| EMP RELATIONS/Date: HR DIR/Date: | | | | | City ADM/Date: | | | |



| Employee Name: Odessa Barnes | | EN | AP I.D.: 17768 | DEPT #: | DEPT #: 4143 Pr | | | ective Date: 10/14/2023 | | |
|--|-----------------------------|---------------------------|---------------------------------------|------------------|---|--------------------------------|------------------------|----------------------------------|--|--|
| PART I TYPE OF REQUEST | >#1: most fill out Part 2-A | ÖNLŸ▶# | 7-12: most fill out the | 11 2 31 A Part 3 | #11 | · manual Gill as | or Daniel Street | lant 3 ▶#14: fill out Part 2 & 3 | | |
| 1. Name/Phone/Add 2. R | | | | | | | | Interim Appointment | | |
| | | | 11. Rate of Pay | | | | | | | |
| | | 10015 | 11. A Rate of Pay | 12. L Budge | t# 13. | ☐ Separa | tion 14 | Other: | | |
| PART 2: PREPARATION FO A. PERSONAL INFORMAT | | | | | Uama Di | hame #1 (| | | | |
| Name Change: | | | | | Home Phone #: () - Cell Phone #: () - | | | | | |
| Address: | | Office Phone #: () - | | | | | | | | |
| Employee Signature (required for per | sonal information changes); | | | | | | De | ite: | | |
| B. POSITION INFORMATION | | C. SEPARATION INFORMATION | | | | | | | | |
| | CHANGE FROM | | CHANGE TO | 27 A 2 | C. SEI | | | OM SERVICE REASON: | | |
| Dept # | 4143 | | 4143 | | | | Resignation | ON DERVICE REVISOR. | | |
| Job Title | Custodian | | Custodian | | | | | ort to Work/AWOL | | |
| FLSA Status (E or NE) | NE | | NE | | | | ay-Off/RIF | | | |
| Pay Class | 100 | | 100 | | | VQ 04 Death | | | | |
| Salary Grade | 4 | | 4 | | | VQ 05 Loss of Job Requirements | | | | |
| PCN | FPD38LP001 | | FPD38LP001 | | | VO 06 Termination | | | | |
| Daily Hours | 7.5 | | 7.5 | | | VO 07 Retirement | | | | |
| Hourly Rate | \$12.34 | | \$13.20 | | Date Hired: | | | | | |
| Bi-Weekly Salary | \$925.83 | | \$990.63 | | Last Day Worked: | | | | | |
| Annual Salary | \$24,071.48 | | \$25,756.48 | | Separation Date: | | | | | |
| Supplemental Pay | \$3.36 hourly supplement | nt | \$3.36 hourly supple | ement | Terminated 3 days ADM Given: YES NO | | | | | |
| Safety Sensitive (Y or N) | Y | | Y | | Proper Notice Given: YES NO | | | | | |
| GL Account number: | 101016218 | | 101016218 | | Eligible for Re-Hire? YES NO | | | | | |
| | | | | | If Not | Eligible for | r Re-Hire C | Complete Part 3 and Review | | |
| Employee Replaced (Name & I.D.): | | | | | | lity Guidel | | | | |
| | | | | | | VAC BAL: COMP BAL: | | | | |
| PART 3: EXPLANATION FO Funding verification from PART 4: DEPARTMENT API | om Finance and justifica | See Atta | ached Documentat andum is attached | ion? 🛛 Y | ES [| NO (| if no, must gi | ive explanation for request) | | |
| This Request was Processed By: Katie Cornelius Contact Phone #: 706-312-415 | | | | | | | Date Of Re | quest: 09/27/2023 | | |
| Department Director Signature: | | | | | | | Concurrence Date: 10/2 | | | |
| Department Director Signature (2): | | | | | | | Concurrence Date: | | | |
| Administrator Signature (only required for ineligibility for rehire): | | | | | | | e Date: | | | |
| General Counsel Signature (only required for ineligibility for rehire): | | | | | Concurrence Date: | | | e Date: | | |
| f a transfer between departmen | BEI | - | R HUMAN RES | OURCES ON | ILY = 1 | • • • | | | | |
| Distributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information | | | | | | | | | | |
| Received on (date): | Effectiv | e on the PP be | egin/end date of: | | | Process | sed By/Date:_ | | | |
| EMP MGR/Date: HR MGR/Date: | | | | | | HR Com | p/Date: | | | |
| EMP RELATIONS/Date: HR DIR/Date: | | | | | | City AD | M/Date: | | | |



| Employee Name: Doris Moore | | | EMP I.D.: 00931 DEPT #: 4144 | | | Proposed Effective Date: 10/14/2023 | | | |
|---|--|-------------------|------------------------------|--------------|-----------------------------|-------------------------------------|--|--|--|
| PART 1- TYPE OF REQUES | T▶#1: must fill out Part 2- | VONEY >#2- | 12: mass milyanguna | 2 h v 10 a 2 | N #17 | | 2 W 2 5 W 2 W 3 A B 1 A B 2 W 3 A | | |
| PART 1 TYPE OF REQUEST>#1: must fill out Part 2-A ONLY>#2-12: must fill out Part 2-B & Part 3>#13: must fill out Part 2-C & Part 3>#14: fill out Part 2-X 1. Name/Phone/Add 2. ☐ Reclassification 3. ☐ Position Abolishment 4. ☐ Transfer 5. ☐ Promotion 6. ☐ Demotion 7. ☐ Interim Appointment | | | | | | | | | |
| 8. Suspension 9. New Position 10. Work Hours 11. Rate of Pay 12. Budget # 13. Separation 14. Other: | | | | | | | | | |
| PART 2: PREPARATION FO | | | | Dudge | 15 | эсрага | adon 14. 🔲 Other: | | |
| A. PERSONAL INFORMAT | | | | | Home P | hone #: (|) - | | |
| Name Change: | | | | | | thone #: () - | | | |
| Address: | | | | | Office P | hone #: (|) - | | |
| Employee Signature (required for pe | ersonal information changes): | | | | | | Date; | | |
| B. POSITION INFORMATI | ON | | | | CSE | DABATIO | | | |
| | CHANGE FROM | V = 1 - 41 - 15 | CHANGE TO | ALC: E | C. SE | | N INFORMATION RATION FROM SERVICE REASON: | | |
| Dept# | 4144 | | 4144 | | | | Resignation | | |
| Job Title | Custodian | | Custodian | | | | Failure to Report to Work/AWOL | | |
| FLSA Status (E or NE) | NE | | NE | | | | Lay-Off/RIF | | |
| Pay Class | 100 | | 100 | | | VQ 04 | | | |
| Salary Grade | 4 | | 4 | | | | Loss of Job Requirements | | |
| PCN | FMS38LP001 | | FMS38LP001 | - 1 | | | Termination | | |
| Daily Hours | 7.5 | | 7.5 | | | VO 07 I | Retirement | | |
| Hourly Rate | \$12.34 | | \$13.20 | | Date I | lired: | | | |
| Bi-Weekly Salary | Date Hired: | | | | | Dav Worker | d: | | |
| Annual Salary | Annual Salary | | | | | ation Date: | | | |
| Supplemental Pay | \$3.37 hourly suppleme | | | | | | ys ADM Given: YES NO | | |
| Safety Sensitive (Y or N) | Y | | Y | | Proper Notice Given: YES NO | | | | |
| GL Account number: | 101016216 | | 101016216 | | | ole for Re-Hire? YES NO | | | |
| Tr. | | | | | | Eligible fo | r Re-Hire - Complete Part 3 and Review | | |
| Employee Deployed (Name P. I.B.). | | | | | | ility Guide | | | |
| VAC BAL: COMP BAL: | | | | | | | | | |
| PART 3: EXPLANATION FO | | See Attach | ed Documentatio | n? 🛛 Y | ES [|] NO (| (if no, must give explanation for request) | | |
| Funding verification fr | om Finance and justifica | tion memorand | lum is attached. | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PART 4: DEPARTMENT APP | PROVAL | | | | | | | | |
| This Request was Processed By: | Katie Cornelius | C | ontact Phone #: 700 | -312-4152 | | | Date Of Request: 09/27/2023 | | |
| Department Director Signature: | | | | | | | Concurrence Date: 10/2/2 | | |
| Department Director Signature (2): | | | | | | Concurrence Date: | | | |
| Administrator Signature (only required for ineligibility for rehire): | | | | | | | Concurrence Date: | | |
| General Counsel Signature (only required for ineligibility for rehire): | | | | | | | Concurrence Date: | | |
| f a transfer between departme | f a transfer between departments, both director signatures required*** | | | | | | | | |
| | BE BE BE | LOW IS FOR | HUMAN RESO | URCES ON | LY | | | | |
| Distributed necessary copies to: PAYROLL BENEFITS Verified: Employee Information Position Information Separation Information | | | | | | | | | |
| Received on (date): | Effectiv | e on the PP begin | /end date of: | | | Process | sed By/Date: | | |
| EMP MGR/Date: | | HR MGR/Date: | | | | HR Com | nn/Date: | | |
| EMP RELATIONS/Date: HR DIR/Date: | | | | | HR Comp/Date: | | | | |
| AND PART PROPERTY. | | | | | City ADM/Date: | | | | |



| Employee Name: Mona Givens | | | EMP I.D.: 19248 DEPT #: 4144 | | | Prop | Proposed Effective Date: 10/14/2023 | | |
|---|-----------------------------|------------------------------|--------------------------------|---|---|-------------------------------------|-------------------------------------|-----------------------|--|
| PART I: TYPE OF REQUES | I▶#1: must fill out Part ≥- | A ONEV | 27-12: montesti and properties | 200700000000000000000000000000000000000 | 411 | unioni nere con | VIDEOUS S | Washington or an and | |
| 1. Name/Phone/Add 2. F | Reclassification 3. Posi | tion Abolishme | | | | | | | |
| | New Position 10. Work | | | Promot | ion e | Demotion | 7. Interi | m Appointment | |
| | | Houis | 11. Kate of Pay 12, | ☐ Budget | # 13 | . Separation | 14. U Other | T | |
| PART 2: PREPARATION FO A. PERSONAL INFORMAT | TON | | | | | | | | |
| Name Change: | | | | | | Phone #: (one #: (|) - | | |
| Address: | | | | | | one #: (Phone #: (|) - | | |
| (| | | | | | | | | |
| Employee Signature (required for pe | | | | | | | Date: | | |
| B. POSITION INFORMATION | | C. SEPARATION INFORMATION | | | | | | | |
| Dept# | CHANGE FROM | | CHANGE TO | | | | | ERVICE REASON: | |
| Job Title | Custodian | | 4144 | | | VQ 01 Res | | | |
| FLSA Status (E or NE) | NE | _ | Custodian | _ | | | Work/AWOL | | |
| Pay Class | 100 | | NE | _ | | VQ 03 Lay | | | |
| Salary Grade | 4 | _ | 100 | | | VQ 04 Dea | | | |
| PCN | FMS38LP003 | | 4 | | | VQ 05 Loss of Job Requirements | | | |
| Daily Hours | 7.5 | | FMS38LP003 | _ | | VQ 06 Terr | | | |
| Hourly Rate | \$12.16 | | 7.5 | _ | | VQ 07 Retirement | | | |
| Bi-Weekly Salary | | | \$13.01 | _ | - | e Hired: | | | |
| Annual Salary | \$912.14 | | \$975.99 | _ | Last Day Worked: | | | | |
| Supplemental Pay | \$23,715.74 | | \$25,375.84 | _ | Separation Date: | | | | |
| Safety Sensitive (Y or N) | \$3.54 hourly suppleme | nt | \$3.54 hourly supplement | | Terminated 3 days ADM Given: YES NO | | | | |
| GL Account number: | Y | | Y | | | Proper Notice Given: YES NO | | | |
| GE Account number; | 101016216 | | 101016216 | | Eligible for Re-Hire? YES NO If Not Eligible for Re-Hire – Complete Part 3 and Review | | | | |
| | | | | | | Eligible for Re fility Guideline | :-Hire – Complet | e Part 3 and Review | |
| Employee Replaced (Name & I.D.): | | | | | | BAL: | COMP BAL: | | |
| PART 3: EXPLANATION FO | D DESCRETE | | | | | | | | |
| | om Finance and justifica | See Atta | ched Documentation? | XI XI | ES _ | NO (if n | o, must give exp | lanation for request) | |
| - with the section to | om rmance and Justinica | tion memori | indum is attached. | | | | | | |
| | | | | | | | | | |
| DADT & DEBARTA | NAME OF TAXABLE PARTY. | | | | | | | | |
| PART 4: DEPARTMENT APP | | | | | | | | | |
| This Request was Processed By: | Katie Cornelius | | Contact Phone #: 706-31 | 2-4152 | | D | ate Of Request: (| 09/27/2023 | |
| Department Director Signature: | 1 | _/_ | | | | | oncurrence Date: | | |
| Department Director Signature (2): | | | | | | | oncurrence Date: | 14/03 | |
| Administrator Signature (only required for ineligibility for rehire): | | | | | | Concurrence Date: | | | |
| General Counsel Signature (only required for ineligibility for rehire): | | | | | | | | | |
| a transfer between departmen | | | | | | C | oncurrence Date: | | |
| | | | R HUMAN RESOUR | CES ON | Y | | | | |
| Distributed necessary copies to | PAYROLL | BENEFITS | Verified: Employe | e Information | on I | Position Info | mation Te | mounties Info | |
| Received on (date): | | | | Validati | VI. | a voidon dito | mation [] Se | eparation Information | |
| uate); | e on the PP be | on the PP begin/end date of: | | | Processed By/Date: | | | | |
| EMP MGR/Date: | | | HR MGR/Date: | | | HR Comp/Date: | | | |
| EMP RELATIONS/Date: | | HR DIR/Date | R DIR/Date: | | | City ADM/Date: | | | |
| | | | | | | Was I BENTAL MARKET | | | |



| Employee Name: William l | MP I.D.: 00925 | osed Effective Date: 10/14/ | 2023 | | | | | | | | |
|---|------------------------------|-----------------------------|-------------------------------|----------------|-------------------------------------|---|-----------------------------------|-----------|--|--|--|
| PART L TYPE OF REQUES | Γ▶#1: must fill out Part 2- | A ONLY | #2-12: must fill out Part 2-B | A Part I | >#13 | · remot till out li | art 2-C &Part 3 - ▶#14: fill o | NIEWIN W. | | | |
| 1. Name/Phone/Add 2. F | Reclassification 3. Posi | tion Abolishme | | | | | 7. Interim Appointment | | | | |
| | New Position 10. Work | | | Budget # | 12 | Demotion Comments | 7. Interim Appointment | _ | | | |
| PART 2: PREPARATION FO | | | 110 23 10000 01 127 120 | Duaget # | 13. | Separation | 14. Uther: | | | | |
| A. PERSONAL INFORMAT | TON | | | | V D | | | | | | |
| Name Change: | | | | | | Home Phone #: () - Cell Phone #: () - | | | | | |
| Address: | | | | | | | | | | | |
| Employee Signature (required for per | rsonal information changes). | | | | | | | - | | | |
| B. POSITION INFORMATION | | | | | | | | | | | |
| | CHANGE FROM | | CHANGE TO | | C. SEI | | NFORMATION TION FROM SERVICE REAS | 0)1. | | | |
| Dept # | 4144 | | 4144 | | | VQ 01 Resi | | JN; | | | |
| Job Title | Custodian | | Custodian | | | | ire to Report to Work/AWOL | - | | | |
| FLSA Status (E or NE) | NE | | NE | | <u> </u> | VQ 03 Lay- | | | | | |
| Pay Class | 100 | | 100 | | | VQ 04 Deat | | | | | |
| Salary Grade | 4 | | 4 | | - | VQ 05 Loss | | | | | |
| PCN | FMS38LP002 | | FMS38LP002 | - 3 | _ | VQ 06 Term | _ | | | | |
| Daily Hours | 7.5 | | 7.5 | | _ | VQ 07 Retir | | | | | |
| Hourly Rate | \$13.09 | | \$14.00 | | | te Hired: | | | | | |
| Bi-Weekly Salary | \$981.38 | | \$1,050.07 | | | ay Worked: | | | | | |
| Annual Salary | \$25,515.76 | | \$27,301.86 | | | tion Date: | | - | | | |
| Supplemental Pay | \$2.67 hourly suppleme | nt | \$2.67 hourly supplement | | Terminated 3 days ADM Given: YES NO | | | | | | |
| Safety Sensitive (Y or N) | Y | | Y | | Proper Notice Given: YES NO | | | | | | |
| GL Account number: | 101016216 | | 101016216 | | Eligible for Re-Hire? YES NO | | | | | | |
| | | | | | | | -Hire - Complete Part 3 and Re | view | | | |
| Employee Replaced (Name & I.D.): | | | | | | lity Guidelines | | | | | |
| VAC BAL: COMP BAL: | | | | | | | | | | | |
| PART 3 EXPLANATION FO | | See Att | ached Documentation? | X YE | sГ | NO of m | o, must give explanation for re | | | | |
| Funding verification from | om Finance and justifica | tion memora | ındum is attached. | | | 2 (| y man groo expiritation for te | questy | | | |
| | | | , | | | | | | | | |
| | | | | | _ | | | - | | | |
| PART 4: DEPARTMENT APP | ROVAL | | | | | | | | | | |
| This Request was Processed By: | Katie Cornelius | | Contact Phone #: 706-31 | 2-4152 | | Ds | ate Of Request: 09/27/2023 | | | | |
| Department Director Signature: | 1201 | 1 -/ | | | | | encurrence Date: 10/5/5 | | | | |
| Department Director Signature (2): | | | | | | | 1-10/08 | | | | |
| Administrator Signature (only required for ineligibility for rehire): | | | | | | | ncurrence Date: | | | | |
| | | | | | | Concurrence Date: | | | | | |
| General Counsel Signature (only required for ineligibility for rehire): f a transfer between departments, both director signatures required*** | | | | | | Co | ncurrence Date: | | | | |
| | | - | R HUMAN RESOUR | CES ONL | YM I | | | | | | |
| Distributed necessary copies to | | BENEFITS | | e Information | | Position Inf | motion Dominion | | | | |
| Separation information | | | | | | | | | | | |
| Received on (date): Effective on the | | | e PP begin/end date of: | | | Processed By/Date: | | | | | |
| EMP MGR/Date: | te: | HR C | | | omp/Date: | | | | | | |
| EMP RELATIONS/Date: HR DIR/Date: | | | | | City ADM/Date: | | | | | | |
| | | | | City ADM/Date: | | | | | | | |