



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

Department Name:
 Department Org Key #:
 Payroll #:

Central Services
 various
 various

2023 Budget - Salary Increase

Abolished Positions		Dept	Salary	FICA	Medicare	Health Ins	Life Ins	GMERS	LTD	Total
Carpenter FMC29ST003	4123		32,389.00	2,008.12	469.64	8,600.00	180.00	2,461.56	76.11	46,184.44
Bldg Maintenance Worker	4123		29,798.00	1,847.48	432.07	8,600.00	180.00	2,264.65	70.03	43,192.22
FMC29FH004										
Total			62,187.00	3,855.59	901.71	17,200.00	360.00	4,726.21	146.14	89,376.66

Positions		Dept	Salary	7% Salary Increase	New Salary Amt.	Add'l Fica	Add'l MED	Health Ins	Life Ins	Add'l GMERS	Add'l LTD	Total
Allen Smith	move		39,902.50	-	39,902.50	2,473.96	578.59	12,978.00	180.00	3,032.59	93.77	59,239.40
Darrell Walker	4123		36,022.59	2,521.58	38,544.17	156.34	36.56	-	-	191.64	5.93	2,912.05
Eric Bell	4123		41,233.24	2,886.33	44,119.57	178.95	41.85	-	-	219.36	6.78	3,333.27
John Mathis	6700		51,510.94	3,605.77	55,116.71	223.56	52.28	-	-	274.04	8.47	4,164.12
Alvin Beard	6700		24,071.48	1,685.00	25,756.48	104.47	24.43	-	-	128.06	3.96	1,945.93
Janie Heath	6700		24,071.48	1,685.00	25,756.48	104.47	24.43	-	-	128.06	3.96	1,945.93
Helen Ruffin	4141		25,034.34	1,752.40	26,786.74	108.65	25.41	-	-	133.18	4.12	2,023.76
James Pyron	4141		24,071.48	1,685.00	25,756.48	104.47	24.43	-	-	128.06	3.96	1,945.93
Angia Smith	4141		24,071.48	1,685.00	25,756.48	104.47	24.43	-	-	128.06	3.96	1,945.93
Odessa Barnes	4143		24,071.48	1,685.00	25,756.48	104.47	24.43	-	-	128.06	3.96	1,945.93
Doris Moore	4144		24,071.48	1,685.00	25,756.48	104.47	24.43	-	-	128.06	3.96	1,945.93
Mona Givens	4144		23,715.74	1,660.10	25,375.84	102.93	24.07	-	-	126.17	3.90	1,917.17
William Middleton	4144		25,515.76	1,786.10	27,301.86	110.74	25.90	-	-	135.74	4.20	2,062.68
Totals			387,363.99	24,322.30	411,686.29	3,981.94	931.26	12,978.00	180.00	4,881.09	150.93	87,328.02

Abolished Positions 89,376.66
 New Position (39,239.40)
 Increases (28,088.61)
 Balance 2,048.64



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Vacant Position

EMP I.D.: N/A

DEPT #: 4123

Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Address: _____

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4123	4123
Job Title	Carpenter	Carpenter
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	12	12
PCN	FMC29ST003	FMC29ST003
Daily Hours	7.5	7.5
Hourly Rate	\$16.61	\$16.61
Bi-Weekly Salary	\$1,245.73	\$1,245.73
Annual Salary	\$32,389.00	\$32,389.00
Supplemental Pay	N/A	N/A
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.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIFF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: ☐ YES ☐ NO

Proper Notice Given: ☐ YES ☐ NO

Eligible for Re-Hire? ☐ YES ☐ NO

If Not Eligible for Re-Hire – Complete Part 3 and Review Eligibility Guidelines

VAC BAL: _____ COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (if no, must give explanation 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: FCA47IJ001, Facilities Maintenance Supervisor, currently occupied by Mr. Allen Smith, employee ID 18376. Funding verification from Finance attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Katie Cornelius</u>	Contact Phone #: <u>706-312-4152</u>	Date Of Request: <u>09/29/2023</u>
Department Director Signature: <u>[Signature]</u>		Concurrence Date: <u>10/2/23</u>
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: _____

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective 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: _____	City ADM/Date: _____



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Vacant Position

EMP I.D.: N/A

DEPT #: 4123

Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Address: _____

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4123	4123
Job Title	Building Maintenance Worker	Building Maintenance Worker
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	10	10
PCN	FMC29FH004	FMC29FH004
Daily Hours	7.5	7.5
Hourly Rate	\$16.21	\$16.21
Bi-Weekly Salary	\$1,215.58	\$1,215.58
Annual Salary	\$31,605.00	\$31,605.00
Supplemental Pay	N/A	N/A
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016420	101016420
	Position to be abolished.	Position to be abolished.

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired: _____	
Last Day Worked: _____	
Separation Date: _____	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines	
VAC BAL:	COMP BAL:

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (if no, must give explanation 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: FCA471J001, 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

This Request was Processed By: Katie Cornelius	Contact Phone #: 706-312-4152	Date Of Request: 9/29/2023
Department Director Signature: _____		Concurrence Date: 10/2/23
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: _____

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____	Effective 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: _____	City ADM/Date: _____



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: **Darrell Walker**

EMP I.D.: **04338**

DEPT #: **4123**

Proposed Effective Date: **10/14/2023**

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Address: _____

Office Phone #: () -

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4123	4123
Job Title	Painter	Painter
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	11	11
PCN	FMC59MQ001	FMC59MQ001
Daily Hours	7.5	7.5
Hourly Rate	\$18.47	\$19.76
Bi-Weekly Salary	\$1,385.48	\$1,482.47
Annual Salary	\$36,022.59	\$38,544.17
Supplemental Pay		
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016420	101016420

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired: _____	
Last Day Worked: _____	
Separation Date: _____	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines	
VAC BAL: _____	COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (if no, must give explanation for request)

Funding verification from Finance and justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius	Contact Phone #: 706-312-4152	Date Of Request: 09/27/2023
Department Director Signature:		Concurrence Date: 10/2/23
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: _____

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective 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: _____	City ADM/Date: _____



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Eric Bell EMP I.D.: 13981 DEPT #: 4123 Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Address: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Employee Signature (required for personal information changes): _____ Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4123	4123
Job Title	Facilities Maintenance Supervisor	Facilities Maintenance Supervisor
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	15	15
PCN	FMC471J003	FMC471J003
Daily Hours	7.5	7.5
Hourly Rate	\$21.15	\$22.63
Bi-Weekly Salary	\$1,585.89	\$1,696.91
Annual Salary	\$41,233.24	\$44,119.57
Supplemental Pay		
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016420	101016420

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- ☐ VQ 01 Resignation
☐ VQ 02 Failure to Report to Work/AWOL
☐ VQ 03 Lay-Off/RIF
☐ VQ 04 Death
☐ VQ 05 Loss of Job Requirements
☐ VQ 06 Termination
☐ VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: ☐ YES ☐ NO

Proper Notice Given: ☐ YES ☐ NO

Eligible for Re-Hire? ☐ YES ☐ NO

If Not Eligible for Re-Hire – Complete Part 3 and Review Eligibility Guidelines

VAC BAL: _____ COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Funding verification from Finance and justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Katie Cornelius</u>	Contact Phone #: <u>706-312-4152</u>	Date Of Request: <u>09/27/2023</u>
Department Director Signature: <u>[Signature]</u>		Concurrence Date: <u>10/2/23</u>
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: _____

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective 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: _____	City ADM/Date: _____



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: John Mathis

EMP I.D.: 00969

DEPT #: 6700

Proposed Effective Date: 10/14/2023

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 & 3

1. <input type="checkbox"/> Name/Phone/Add	2. <input type="checkbox"/> Reclassification	3. <input type="checkbox"/> Position Abolishment	4. <input type="checkbox"/> Transfer	5. <input type="checkbox"/> Promotion	6. <input type="checkbox"/> Demotion	7. <input type="checkbox"/> Interim Appointment
8. <input type="checkbox"/> Suspension	9. <input type="checkbox"/> New Position	10. <input type="checkbox"/> Work Hours	11. <input checked="" type="checkbox"/> Rate of Pay	12. <input type="checkbox"/> Budget #	13. <input type="checkbox"/> Separation	14. <input type="checkbox"/> Other:

PART 2: PREPARATION FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Address: _____

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	6700	6700
Job Title	Facilities Maintenance Manager	Facilities Maintenance Manager
FLSA Status (E or NE)	E	E
Pay Class	200	200
Salary Grade	20	20
PCN	FMR47GX001	FMR47GX001
Daily Hours	7.5	7.5
Hourly Rate	\$26.42	\$28.26
Bi-Weekly Salary	\$1,981.19	\$2,119.87
Annual Salary	\$51,510.94	\$55,116.71
Supplemental Pay		
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016215	101016215

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired: _____	
Last Day Worked: _____	
Separation Date: _____	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines	
VAC BAL: _____	COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Funding verification from Finance and justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius	Contact Phone #: 706-312-4152	Date Of Request: 09/27/2023
Department Director Signature:		Concurrence Date: 10/2/23
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:

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS ☐ Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective 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:	City ADM/Date:



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Alvin Beard EMP I.D.: 06169 DEPT #: 6700 Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____ Home Phone #: () -
Cell Phone #: () -
Address: _____ Office Phone #: () -
Employee Signature (required for personal information changes): _____ Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	6700	6700
Job Title	Custodian	Custodian
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	4	4
PCN	FMR38LP002	FMR38LP002
Daily Hours	7.5	7.5
Hourly Rate	\$12.34	\$13.20
Bi-Weekly Salary	\$925.83	\$990.63
Annual Salary	\$24,071.48	\$25,756.48
Supplemental Pay	\$3.37 hourly supplement	\$3.37 hourly supplement
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016215	101016215

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

☐ VQ 01 Resignation
☐ VQ 02 Failure to Report to Work/AWOL
☐ VQ 03 Lay-Off/RIF
☐ VQ 04 Death
☐ VQ 05 Loss of Job Requirements
☐ VQ 06 Termination
☐ VQ 07 Retirement

Date Hired: _____
Last Day Worked: _____
Separation Date: _____
Terminated 3 days ADM Given: ☐ YES ☐ NO
Proper Notice Given: ☐ YES ☐ NO
Eligible for Re-Hire? ☐ YES ☐ NO
If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines
VAC BAL: _____ COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (if no, must give explanation for request)

Funding verification from Finance and Justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius Contact Phone #: 706-312-4152 Date Of Request: 09/27/2023

Department Director Signature: _____ Concurrence Date: 10/2/23

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: _____

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective 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:	City ADM/Date:



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Janie Heath

EMP I.D.: 14324

DEPT #: 6700

Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____ Home Phone #: () -
Cell Phone #: () -
Office Phone #: () -

Address: _____

Employee Signature (required for personal information changes): _____ Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	6700	6700
Job Title	Custodian	Custodian
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	4	4
PCN	FMR38LP001	FMR38LP001
Daily Hours	7.5	7.5
Hourly Rate	\$12.34	\$13.20
Bi-Weekly Salary	\$925.83	\$990.63
Annual Salary	\$24,071.48	\$25,756.48
Supplemental Pay	\$3.37 hourly supplement	\$3.37 hourly supplement
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016215	101016215

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

☐ VQ 01 Resignation
☐ VQ 02 Failure to Report to Work/AWOL
☐ VQ 03 Lay-Off/RIF
☐ VQ 04 Death
☐ VQ 05 Loss of Job Requirements
☐ VQ 06 Termination
☐ VQ 07 Retirement

Date Hired: _____
Last Day Worked: _____
Separation Date: _____
Terminated 3 days ADM Given: ☐ YES ☐ NO
Proper Notice Given: ☐ YES ☐ NO
Eligible for Re-Hire? ☐ YES ☐ NO
If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines
VAC BAL: _____ COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (if no, must give explanation for request)

Funding verification from Finance and justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius Contact Phone #: 706-312-4152 Date Of Request: 09/27/2023

Department Director Signature: _____ Concurrence Date: 10/2/23

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: _____

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective 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:	City ADM/Date:



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Helen Ruffin

EMP I.D.: 09288

DEPT #: 4141

Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Address: _____

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4141	4141
Job Title	Custodian	Custodian
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	4	4
PCN	FMM38LP001	FMM38LP001
Daily Hours	7.5	7.5
Hourly Rate	\$12.84	\$13.74
Bi-Weekly Salary	\$962.86	\$1,030.26
Annual Salary	\$25,034.34	\$26,786.74
Supplemental Pay	\$2.90 hourly supplement	\$2.90 hourly supplement
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016211	101016211

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired: _____	
Last Day Worked: _____	
Separation Date: _____	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Not Eligible for Re-Hire -- Complete Part 3 and Review Eligibility Guidelines	
VAC BAL: _____	COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Funding verification from Finance and justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius

Contact Phone #: 706-312-4152

Date Of Request: 09/27/2023

Department Director Signature: _____

Concurrence Date: 10/2/23

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: _____

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____

Effective 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: _____

City ADM/Date: _____



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: James Pylon

EMP I.D.: 16707

DEPT #: 4141

Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Address: _____

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4141	4141
Job Title	Custodian	Custodian
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	4	4
PCN	FMM38LP002	FMM38LP002
Daily Hours	7.5	7.5
Hourly Rate	\$12.34	\$13.20
Bi-Weekly Salary	\$925.83	\$990.63
Annual Salary	\$24,071.48	\$25,756.48
Supplemental Pay	\$3.37 hourly supplement	\$3.37 hourly supplement
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016211	101016211

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- ☐ VQ 01 Resignation
☐ VQ 02 Failure to Report to Work/AWOL
☐ VQ 03 Lay-Off/RIF
☐ VQ 04 Death
☐ VQ 05 Loss of Job Requirements
☐ VQ 06 Termination
☐ VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: ☐ YES ☐ NO

Proper Notice Given: ☐ YES ☐ NO

Eligible for Re-Hire? ☐ YES ☐ NO

If Not Eligible for Re-Hire -- Complete Part 3 and Review Eligibility Guidelines

VAC BAL: _____ COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Funding verification from Finance and justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius	Contact Phone #: 706-312-4152	Date Of Request: 09/27/2023
Department Director Signature:		Concurrence Date: 01/31/23
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: _____

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective 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: _____	City ADM/Date: _____



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Anglia Smith

EMP I.D.: 17845

DEPT #: 4141

Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change:

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Address:

Employee Signature (required for personal information changes):

Date:

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4141	4141
Job Title	Custodian	Custodian
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	4	4
PCN	FMM38LP003	FMM38LP003
Daily Hours	7.5	7.5
Hourly Rate	\$12.34	\$13.20
Bi-Weekly Salary	\$925.83	\$990.63
Annual Salary	\$24,071.48	\$25,756.48
Supplemental Pay	\$3.37 hourly supplement	\$3.37 hourly supplement
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016211	101016211

Employee Replaced (Name & I.D.):

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired:	
Last Day Worked:	
Separation Date:	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines	
VAC BAL:	COMP BAL:

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Funding verification from Finance and justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius	Contact Phone #: 706-312-4152	Date Of Request: 09/27/2023
Department Director Signature:		Concurrence Date: 10/2/20
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:

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): Effective 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:	City ADM/Date:



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Odessa Barnes

EMP I.D.: 17768

DEPT #: 4143

Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Address: _____

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4143	4143
Job Title	Custodian	Custodian
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	4	4
PCN	FPD38LP001	FPD38LP001
Daily Hours	7.5	7.5
Hourly Rate	\$12.34	\$13.20
Bi-Weekly Salary	\$925.83	\$990.63
Annual Salary	\$24,071.48	\$25,756.48
Supplemental Pay	\$3.36 hourly supplement	\$3.36 hourly supplement
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016218	101016218

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- ☐ VQ 01 Resignation
☐ VQ 02 Failure to Report to Work/AWOL
☐ VQ 03 Lay-Off/RIF
☐ VQ 04 Death
☐ VQ 05 Loss of Job Requirements
☐ VQ 06 Termination
☐ VQ 07 Retirement

Date Hired: _____

Last Day Worked: _____

Separation Date: _____

Terminated 3 days ADM Given: ☐ YES ☐ NO

Proper Notice Given: ☐ YES ☐ NO

Eligible for Re-Hire? ☐ YES ☐ NO

If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines

VAC BAL: _____ COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Funding verification from Finance and justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius	Contact Phone #: 706-312-4152	Date Of Request: 09/27/2023
Department Director Signature:		Concurrence Date: 10/2/23
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:

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective 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:	City ADM/Date:



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Doris Moore

EMP I.D.: 00931

DEPT #: 4144

Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change:

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Address:

Employee Signature (required for personal information changes):

Date:

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4144	4144
Job Title	Custodian	Custodian
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	4	4
PCN	FMS38LP001	FMS38LP001
Daily Hours	7.5	7.5
Hourly Rate	\$12.34	\$13.20
Bi-Weekly Salary	\$925.83	\$990.63
Annual Salary	\$24,071.48	\$25,756.48
Supplemental Pay	\$3.37 hourly supplement	\$3.37 hourly supplement
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016216	101016216

Employee Replaced (Name & I.D.):

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired:	
Last Day Worked:	
Separation Date:	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines	
VAC BAL:	COMP BAL:

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Funding verification from Finance and justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius	Contact Phone #: 706-312-4152	Date Of Request: 09/27/2023
Department Director Signature:		Concurrence Date: 10/2/23
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:

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): Effective 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:	City ADM/Date:



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: Mona Givens

EMP I.D.: 19248

DEPT #: 4144

Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change: _____

Home Phone #: () -

Cell Phone #: () -

Address: _____

Office Phone #: () -

Employee Signature (required for personal information changes): _____

Date: _____

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4144	4144
Job Title	Custodian	Custodian
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	4	4
PCN	FMS38LP003	FMS38LP003
Daily Hours	7.5	7.5
Hourly Rate	\$12.16	\$13.01
Bi-Weekly Salary	\$912.14	\$975.99
Annual Salary	\$23,715.74	\$25,375.84
Supplemental Pay	\$3.54 hourly supplement	\$3.54 hourly supplement
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016216	101016216

Employee Replaced (Name & I.D.): _____

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:	
<input type="checkbox"/>	VQ 01 Resignation
<input type="checkbox"/>	VQ 02 Failure to Report to Work/AWOL
<input type="checkbox"/>	VQ 03 Lay-Off/RIF
<input type="checkbox"/>	VQ 04 Death
<input type="checkbox"/>	VQ 05 Loss of Job Requirements
<input type="checkbox"/>	VQ 06 Termination
<input type="checkbox"/>	VQ 07 Retirement
Date Hired: _____	
Last Day Worked: _____	
Separation Date: _____	
Terminated 3 days ADM Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proper Notice Given: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligible for Re-Hire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines	
VAC BAL: _____	COMP BAL: _____

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (if no, must give explanation for request)

Funding verification from Finance and justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: <u>Katie Cornelius</u>	Contact Phone #: <u>706-312-4152</u>	Date Of Request: <u>09/27/2023</u>
Department Director Signature: _____		Concurrence Date: <u>10/2/23</u>
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: _____

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): _____ Effective 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: _____	City ADM/Date: _____



The City of Augusta
Human Resources Department

HR-1 FORM

Request for Personnel Action (RPA)

Employee Name: William Middleton

EMP I.D.: 00925

DEPT #: 4144

Proposed Effective Date: 10/14/2023

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 & 3

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 FOR PERSONNEL ACTION

A. PERSONAL INFORMATION

Name Change:

Home Phone #: () -

Cell Phone #: () -

Office Phone #: () -

Address:

Employee Signature (required for personal information changes):

Date:

B. POSITION INFORMATION

	CHANGE FROM	CHANGE TO
Dept #	4144	4144
Job Title	Custodian	Custodian
FLSA Status (E or NE)	NE	NE
Pay Class	100	100
Salary Grade	4	4
PCN	FMS38LP002	FMS38LP002
Daily Hours	7.5	7.5
Hourly Rate	\$13.09	\$14.00
Bi-Weekly Salary	\$981.38	\$1,050.07
Annual Salary	\$25,515.76	\$27,301.86
Supplemental Pay	\$2.67 hourly supplement	\$2.67 hourly supplement
Safety Sensitive (Y or N)	Y	Y
GL Account number:	101016216	101016216

Employee Replaced (Name & I.D.):

C. SEPARATION INFORMATION

SEPARATION FROM SERVICE REASON:

- ☐ VQ 01 Resignation
☐ VQ 02 Failure to Report to Work/AWOL
☐ VQ 03 Lay-Off/RIF
☐ VQ 04 Death
☐ VQ 05 Loss of Job Requirements
☐ VQ 06 Termination
☐ VQ 07 Retirement

Date Hired:

Last Day Worked:

Separation Date:

Terminated 3 days ADM Given: ☐ YES ☐ NO

Proper Notice Given: ☐ YES ☐ NO

Eligible for Re-Hire? ☐ YES ☐ NO

If Not Eligible for Re-Hire - Complete Part 3 and Review Eligibility Guidelines

VAC BAL: COMP BAL:

PART 3: EXPLANATION FOR REQUEST

See Attached Documentation? ☒ YES ☐ NO (If no, must give explanation for request)

Funding verification from Finance and Justification memorandum is attached.

PART 4: DEPARTMENT APPROVAL

This Request was Processed By: Katie Cornelius	Contact Phone #: 706-312-4152	Date Of Request: 09/27/2023
Department Director Signature:		Concurrence Date: 10/2/20
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:

If a transfer between departments, both director signatures required***

BELOW IS FOR HUMAN RESOURCES ONLY

Distributed necessary copies to: ☐ PAYROLL ☐ BENEFITS Verified: ☐ Employee Information ☐ Position Information ☐ Separation Information

Received on (date): Effective 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:	City ADM/Date: