



BRIAN P. KEMP
GOVERNOR

JAY NEAL
EXECUTIVE DIRECTOR

May 16, 2019

The Honorable Alvin T Wong and Dax E. Lopez
DeKalb DUI Court
556 North McDonough Street, Suite 2240
Decatur, GA 30030

Dear Judges,


Congratulations! I am pleased to inform you that the Council of Accountability Court Judges Funding Committee has awarded a grant to your court, effective July 1, 2019.

Enclosed, you will find the award documentation for this federal-funded grant award. Please pay particularly close attention to the special conditions, as they are the terms and conditions which govern the award. Your completed award package must be returned within forty-five (45) days of receipt to the Criminal Justice Coordinating Council at the following address:

Attn: Ursula Kelley
Criminal Justice Coordinating Council
104 Marietta Street, Suite 440
Atlanta, GA 30303

If you have any questions regarding the execution of the enclosed documents or the administration of your project, please feel free to contact Ursula Kelley, Grant and Program Supervisor at (404) 657-1968 or ursula.kelley@cjcc.ga.gov. I look forward to working with you on this exciting initiative and advancing services for our state's Accountability Courts in a truly meaningful way.

Sincerely,


Laura Thompson
Criminal and Juvenile Justice Program Director



Council of Accountability Court Judges

Chief Judge Brenda S. Weaver
Executive Committee Chair
Appalachian Judicial Circuit

Taylor Jones
Executive Director

May 13, 2019

Dear Accountability Court Judges,

In support of Georgia's accountability courts, a \$4.3 million budget request, over and above last year's appropriation, was recommended as part of the Governor's Budget Report for Amended Fiscal Year 2019 and Fiscal Year 2020. During the 2019-2020 Session of Georgia's General Assembly, the Council of Accountability Court Judges (CACJ) worked to justify the need for the increase in funds for accountability courts. The final version of House Bill 31, as passed by conference committee and approved by both chambers on March 28, 2019, did not include an increase for accountability courts.

The CACJ Funding Committee has the objective of administering all grants and funds on behalf of the Council. As part of this process, the Committee reviews the spending rates of each accountability court awarded grant funds. Per the grant special conditions, courts are required to spend at least 25% of their award each quarter of the state fiscal year to avoid a de-obligation of funds. A court can submit a waiver for good cause to the Committee to explain why the spending threshold may not have been met for a quarter. This process is one that supports the overall budget to help ensure the maximization of state funds. At the end of state fiscal year 2018 and after all final sub-grant expenditure requests (SER) were processed by the Criminal Justice Coordinating Council (CJCC), the accountability courts returned just over \$2 million dollars to the State Treasury, the most we have returned in the history of the program.

CACJ thanks you for submitting a state fiscal year 2020 application for accountability court funds. The Committee reviewed applications from April 25th-26th, 2019 from existing and new implementation courts. Georgia's accountability courts continue to expand in the number of courts, as well as in the amount of participants being served, which made this year's process much more difficult. During review, each court's fiscal year 2018 de-obligation amount, state fiscal year 2019 award amount, and program census were used as part of the basis for state fiscal year 2020 award decisions. Each court, existing and new, is encouraged to maximize their grant funds each quarter. Although a limited amount of funds will be available, the CACJ plans to release a supplemental grant opportunity in September 2019.

If you have questions, please do not hesitate to contact me or Ms. Taylor Jones, CACJ Executive Director, at 404-463-1453.

Sincerely,

Kathlene F. Gosselin, Chief Judge, Northeastern Judicial Circuit
Chair, Funding Committee
Vice-Chair, Council of Accountability Court Judges

OFFICE OF THE GOVERNOR
CRIMINAL JUSTICE COORDINATING COUNCIL

SUBGRANT AWARD

SUBGRANTEE: DeKalb County Government

IMPLEMENTING

AGENCY: DeKalb County Government

PROJECT NAME: Driving Under the Influence

SUBGRANT NUMBER: A20-8-008

FEDERAL FUNDS: \$ 169,158

MATCHING FUNDS: \$ 18,795

TOTAL FUNDS: \$ 187,953

GRANT PERIOD: 07/01/19-06/30/20

This award is made under the Council of Accountability Courts Judges State of Georgia grant program. The purpose of the Accountability Court Grants program is to make grants to local courts and judicial circuits to establish specialty courts or dockets to address offenders arrested for drug charges or mental health issues. This grant program is subject to the administrative rules established by the Criminal Justice Coordinating Council.

This Subgrant shall become effective on the beginning date of the grant period, provided that a properly executed original of this "Subgrant Award" is returned to the Criminal Justice Coordinating Council by June 30, 2019.

AGENCY APPROVAL

SUBGRANTEE APPROVAL



Jay Neal, Director
Criminal Justice Coordinating Council

Signature of Authorized Official Date

Date Executed: 07/01/19

Typed Name & Title of Authorized Official

58-6000814-001

Employer Tax Identification Number (EIN)

INTERNAL USE ONLY

TRANS CD	REFERENCE	ORDER	EFF DATE	TYPE	PAY DATE	INVOICE	CONTRACT #
102	01	1	07/01/19	9		**	A20-8-008
OVERRIDE	ORGAN	CLASS	PROJECT			VENDOR CODE	
2	46	4	01				

ITEM CODE	DESCRIPTION 25 CHARACTERS	EXPENSE ACCT	AMOUNT
1	Driving Under the Influence	624.41	\$ 169,158

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts

SPECIAL CONDITIONS

1. All project costs not exclusively related to activities of the funded accountability court must be approved with a Subgrant Adjustment Request, and only the costs of approved project-related activities will be reimbursable under the Subgrant Award.

Initials AS

2. The subgrantee must submit Subgrant Adjustment Request #1 with the completed award package. The adjustment request must be accompanied by a detailed project budget that itemizes all projected expenditures as approved by the Council of Accountability Court Judges (CACJ) Funding Committee. The project budget and summary will not be established, or officially approved, until the subgrantee receives a written approval notice from the Criminal Justice Coordinating Council. All project costs and project activities must coincide with the approved budget, summary, and implementation plan unless subsequent revisions are approved by the Criminal Justice Coordinating Council.

Initials AS

3. The subgrantee must submit subsequent Subgrant Adjustment Requests to revise the budget, project summary, and implementation plan prior to any substantial changes, but no later than 30 days prior to the end of the subgrant period.

Initials AS

4. The subgrantee agrees that no funds shall be expensed outside of the approved budget. In addition, any funds spent under this subgrant award must be expended by the grant end date and not encumbered.

Initials AS

5. The subgrantee agrees that at least 25% of the awarded funds will be spent in the first quarter, 50% in the second quarter and 75% in the third quarter. If this condition is not met, any unused remaining funds from that quarter will be retained by the Council to be managed by the CACJ Funding Committee.

Initials AS

6. Waivers for the above 25% expenditure requirement may be granted at the committee's discretion for the 1st and 2nd quarters only. If a waiver is granted, the funds held over to the next quarter must be spent in the next quarter.


Initials AS

7. This is a reimbursement grant. Requests for reimbursement must be made on a monthly basis. Subgrant Expenditure Reports are due 15 days after the end of the month.

Initials AS

CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts

8. The subgrantee certifies that state funds will not be used to supplant funds that would otherwise be made available for grant-funded initiatives. State funds must be used to supplement existing funds for program activities and not replace funds appropriated for the same purpose. Potential supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. If there is a potential presence of supplanting, the subgrantee will be required to document that the reduction in non-state resources occurred for reasons other than the receipt or anticipated receipt of state funds.

Initials 


9. Statistical and/or evaluation data describing project performance must be submitted to Council of Accountability Court Judges (CACJ) on a quarterly basis using the prescribed format provided to the Subgrantee. Failure to submit this data on a timely basis will result in the withholding of grant funds on this subgrant and/or any other sub grant administered by CJCC until compliance is achieved. If reports are not received, funds for subsequent quarters may be rescinded.

Initials 


10. The subgrantee certifies that 1) title to all equipment and/or supplies purchased with funds under this subgrant shall vest in the agency that purchased the property; 2) equipment and/or supplies will be maintained in accordance with established local or state procedures as long as the equipment and/or supplies are used for program-related purposes; and 3) once the project concludes and/or equipment is no longer utilized for its grant funded purpose, the Criminal Justice Coordinating Council and the Council of Accountability Court Judges will be informed of the available equipment and determine its future use to assure it is utilized in furtherance of the goals and objectives of the grant program and the State of Georgia.

Initials 

11. If your court uses a CSB/DBHDD enrolled provider for treatment AND your court receives specific contracted funds for mental health and/or addictive disease treatment court services - these funds have been awarded provisionally. Prior to use the court must meet with the CSB/DBHDD enrolled provider to determine what services that are (billable) and are not being provided. These funds should only be applied to services that are not billable by the CSB/DBHDD enrolled provider. The court should work to enter into agreement with the CSB/DBHDD enrolled provider that outlines billable and non-billable services.

Initials 

12. All drug, veteran, mental health, family, and DUI courts must use a validated assessment tool approved by the Council of Accountability Court Judges. All courts are required to use evidence-based treatment modalities.

Initials 

13. Subgrantees must comply with the training requirements as determined by the Council of Accountability Court Judges. All evidence-based training attendees will be required to sign and submit the Evidence-Based Training MOU upon registering for CACJ supported training sessions. The court shall implement the evidence-based treatment within 60 days of the training attendee achieving certification.

Initials 

**CRIMINAL JUSTICE COORDINATING COUNCIL
State of Georgia – Accountability Courts**

14. All evidence-based training attendees that achieve certification are subject to fidelity monitoring by the CACJ Treatment Support Fidelity Specialist and/or by comparable assigned staff. Subgrantees shall provide treatment scheduling documentation to CACJ to support the fidelity visit.

Initials 


15. Subgrantees in receipt of funds to support internally provided, grant supported, evidence-based trainings must comply with the following: notify the CACJ of scheduled training sessions; enter into agreements with qualified evidence-based facilitators; submit an evidence-based MOU for each attendee to the CACJ prior to the start of training session; and provide the CACJ with documentation of each attendee achieved certification.

Initials 

16. Non-compliance with any of the special conditions contained within this document, by the authorized official, project officials and/or employees of this grant, will result in a recommendation to the CACJ Funding Committee that the award be rescinded.

Initials 

17. Subgrantees must follow all accountability court standards as approved by the Council of Accountability Court Judges.

Initials 

Please be advised that failure to comply with any of the Special Conditions will result in material noncompliance with the Subgrant Agreement, thus subjecting the Subgrant Agreement to possible termination by the Criminal Justice Coordinating Council.

Authorized Official Signature **Date**

Print Authorized Official Name **Title**

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT EXPENDITURE REPORT/REQUEST FOR FUNDS # 1
FEDERAL GRANT #

EXPENDITURES FOR THE PERIOD OF _____ THRU _____ FINAL RPT? (Y/N) _____

SUBGRANTEE: DeKalb County Government
 1300 Commerce Drive
 Decatur, GA 30030-3222

PROJECT NAME: DeKalb County DUI Court

PROJECT PERIOD: 07/01/19 to 06/30/20

COMBINED FEDERAL & MATCH EXPENDITURES

	APPROVED BUDGET	PREVIOUSLY APPROVED N/A THIS RPT	EXPENDITURES N/A THIS RPT	REMAINING BALANCE	EXPENDED THIS PERIOD
PERSONNEL	\$ 187,953	\$ 0	\$ 0	\$ 187,953	\$ _____
EQUIPMENT	0	0	0	0	_____
SUPPLIES	0	0	0	0	_____
TRAVEL	0	0	0	0	_____
PRINTING	0	0	0	0	_____
OTHER	0	0	0	0	_____
TOTAL	\$ 187,953	\$ 0	\$ 0	\$ 187,953	\$ []
FEDERAL	169,158	0	0	169,158	_____
MATCH	18,795	0	0	18,795	_____

EARNED PROJECT INCOME FOR THE PERIOD:
 FORFEITED \$ _____ OTHER \$ _____

EARNED PROJECT STATUS INCOME FOR THE PERIOD:
 EXPENDED \$ _____ UNEXPENDED \$ _____

CERTIFICATION: I certify that the above statements are accurate based on official records, that expenditures shown have been made for the purpose of, and in accordance with, applicable grant terms and conditions, and that appropriate supportive documentation relative to all expenditures is attached.

SUBGRANTEE OFFICIAL APPROVAL:

PREPARED BY: _____ OFFICIAL'S SIGNATURE _____ DATE _____

PHONE NUMBER: _____ TYPED NAME & TITLE _____

FOR CRIMINAL JUSTICE COORDINATING COUNCIL USE ONLY

SUBGRANT #: _____ A20-8-008 AMOUNT REQUESTED THIS REPORT: _____
 SUBGRANT AWARD: _____ \$ 169,158* REVIEWED BY (INITIALS & DATE): _____
 REQUESTED TO DATE: _____
 BALANCE: _____ AUTHORIZED BY _____ DATE _____

* Substantiated _____ Advanced _____

FOR ACCOUNTING USE ONLY						DISCOUNT	PO/AUTH	PAY DATE
Tif EI - Partial Order								
Tif ED - Schedule Pay Date								
DEPARTMENT	FUND SOURCE	PROJECT	PROGRAM	CLASS	ACCOUNT	INVOICE	AMOUNT	
4710606000	01	01	0630104	315	707002	A20-8-008E01		

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government
PROJECT NAME: DeKalb County DUI Court

SUBGRANT #: A20-8-008

NATURE OF ADJUSTMENT: _____ REVISED BUDGET Go To SECTION I
 _____ PROJECT PERIOD AND/OR EXTENSION. Go To SECTION II
 _____ PROJECT OFFICIALS/ADDRESSES. . . Go To SECTION III
 _____ PROJECT PERSONNEL. Go To SECTION III
 _____ GOALS AND OBJECTIVES Go To SECTION III
 _____ OTHER. Go To SECTION III

Mark all that apply.

Adjustments of each type shown should be entered in the section indicated.

MUST BE JUSTIFIED AND EXPLAINED THOROUGHLY IN SECTION IV.

SECTION I. REQUEST FOR BUDGET CHANGE - JUSTIFY IN SECTION IV.

	CURRENT APPROVED	REVISIONS +/-	REVISED BUDGET
PERSONNEL	\$ 187,953	_____	_____
EQUIPMENT	0	_____	_____
SUPPLIES	0	_____	_____
TRAVEL	0	_____	_____
PRINTING	0	_____	_____
OTHER	0	_____	_____
TOTAL	\$ 187,953	_____	_____
Federal	\$ 169,158	_____	_____
Match	\$ 18,795	_____	_____

SECTION II. REQUEST FOR CHANGE IN PROJECT PERIOD - JUSTIFY IN SECTION IV.

CURRENT GRANT PERIOD	REQUESTED GRANT PERIOD	FOR EXTENSION,
Start Date: <u>07/01/19</u>	Start Date: _____	# OF MONTHS: _____
End Date: <u>06/30/20</u>	End Date: _____	

NOTE: The maximum extension request cannot exceed 12 months.

SECTION III. REQUESTS FOR REVISIONS TO PROJECT OFFICIALS/ADDRESSES, PROJECT PERSONNEL, GOALS AND OBJECTIVES, AND/OR OTHER NON-BUDGET, NON-PERIOD CHANGES (JUSTIFY IN SECTION IV.)

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT ADJUSTMENT REQUEST
FEDERAL GRANT #

ADJ REQUEST #: 1

REQUEST DATE: _____

SUBGRANTEE: DeKalb County Government
PROJECT NAME: DeKalb County DUI Court

SUBGRANT #: A20-8-008

SECTION IV. JUSTIFICATION OF ALL REQUESTED ADJUSTMENTS, REVISIONS, AND/OR CHANGES

All requested adjustments in Sections I, II & III (page 1) must be justified in detail in this Section. Include item costs, descriptions, equipment lists, detailed explanations, and any other information that would further clarify and support your request for adjustment. Attach additional pages as needed.

SUBMITTED BY:

	Title	Date
--	-------	------

CJCC ROUTING AND APPROVALS:	Approval	Disapproval	Reviewer Signature
Reviewed By: _____	_____	_____	_____
Authorized By: _____	_____	_____	_____

FY'20 Budget Detail Worksheet

Court Name

DeKalb County DUI Court

Budget Worksheet Category	Line Item Approvals	Line Item Totals
Personnel		\$0.00
Contract Services	Counselor 44,440.00 Counselor 5,440.00 Lab Tech/Drug Screener 15,000.00	\$64,880.00
Drug Testing Supplies	Consumables - Gloves 801.00 Confirmation Test 43,199.00	\$44,000.00
Other Costs		\$0.00
Equipment		\$0.00
Training and Travel	CACJ State Conference 3,941.40	\$3,941.40
Transportation	Public Transportation 30,337.00 Private Transportation 26,000.00	\$56,337.00
Total Budget Request Award:		\$169,158.40

Match:

\$18,795.38

CACJ Funding Committee Notes:

Travel reduced to account for carpooling to conference

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY:

PROJECT TITLE:

GRANT NUMBER:

Mr.

Ms.

PROJECT DIRECTOR NAME (Type or Print)

Title and Agency

Official Agency Mailing Address

City

Zip

Daytime Telephone Number

Fax Number

E-Mail Address

Mr.

Ms.

FINANCIAL OFFICER (Type or Print)

Title and Agency

Official Agency Mailing Address

City

Zip

Daytime Telephone Number

Fax Number

E-Mail Address

Mr.

Ms.

AUTHORIZED OFFICIAL (Type or Print)

Title and Agency

Official Agency Mailing Address

City

Zip

Daytime Telephone Number

Fax Number

E-Mail Address

CRIMINAL JUSTICE COORDINATING COUNCIL REIMBURSEMENT SELECTION FORM

SUBGRANT NUMBER: _____

AGENCY NAME: _____

1. SELECT A SCHEDULE FOR SUBMITTING REIMBURSEMENTS (CHECK ONE BOX)

- MONTHLY** (Requests for reimbursement are due 15 days after the end of the month)
- QUARTERLY** (Requests for reimbursement are due 30 days after the end of the quarter)

2. SELECT A PROCESS FOR RECEIVING REIMBURSEMENT PAYMENTS (CHECK ONE BOX)

- ELECTRONIC FUNDS TRANSFER** (Reimbursements will be deposited into the bank account listed below. A voided check must be attached to ensure proper routing of funds.)

BANK NAME: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

AGENCY CONTACT NAME: _____

AGENCY CONTACT
TELEPHONE NUMBER: _____

AGENCY AUTHORIZED
OFFICIAL NAME AND TITLE: _____

AGENCY AUTHORIZED
OFFICIAL SIGNATURE: _____

- CHECK** (Reimbursements will be mailed in the form of a check to the address listed below)

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

ATTENTION: _____

AGENCY AUTHORIZED
OFFICIAL SIGNATURE: _____

For CJCC Use ONLY

CJCC Auditor:	
Phone Number:	
Grant Award Number:	
GBI Entry Initial/Date:	



VENDOR MANAGEMENT FORM (TeamWorks)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: _____ FEI/SSN/EMP ID NUMBER: _____

VENDOR NAME: _____

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT EMAIL: _____

PYMT REMIT EMAIL _____ LOC # _____

PYMT REMIT EMAIL _____ LOC # _____

SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # _____ BANK ACCOUNT # _____

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments

Check here if this account can only be used for a SPECIFIC purpose _____
(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

(Vendor Printed Name)

(Vendor Signature)

(Date)

SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- New Vendor
- Classification Change _____
- Name Change**
- Bank Account Add
- E-Payable
- Add address
- Change of Address: Address # _____
- Bank Account Change
- 1099 Code _____
- FEI/TIN Change**
- Other (provide details in Section 4)
- Bank Account Delete

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change OR a newly completed W-9 form provided by the vendor.

SIC CODES (CHECK ALL THAT APPLY)

- Small Business
- GA Based Business
- Women Owned
- Minority Business Certified
- Minority Business Enterprise
- Hispanic-Latino
- African American
- Native American
- Asian American
- Pacific Islander

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)

By my signature, I certify that all reasonable effort has been made to submit information that is accurate, true, and is associated with the vendor name and Tax ID listed above.

Requestor Name: BEVERLY FORTE Agency BU#: 47100 Date: _____

Signature: Beverly Forte

Email: BEVERLY.FORTE@CJCC.GA.GOV Phone: 404-654-1744 Fax #: 404-654-1711

PERSONNEL ACTION FORM

Date _____
 Effective Date _____
 Location _____

Please check correct category	
<input type="checkbox"/> Regular	<input type="checkbox"/> Grant
<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Temporary	<input type="checkbox"/> Instructor

NAME _____ Employee I.D. _____
(Last) (First) (M.I.)

ADDRESS _____
(#) (Street) (apt) (City) (State) (Zip) (County)

MAILING ADDRESS _____
 (Leave blank if same as above)

ORGANIZATION _____
(Department name) (Project)

DATE OF EMPLOYMENT _____ RE-HIRE DATE _____ DATE OF BIRTH _____ PHONE# _____

Check for change of <input type="checkbox"/> Name/Address/Zip Code <input type="checkbox"/> Telephone/Location <input type="checkbox"/> Organization	Previous _____ New _____
<input type="checkbox"/> Appointment <input type="checkbox"/> Re-hire	POSITION TITLE _____ GRADE _____ ANNUAL & HOURLY PAY RATE _____ PREVIOUSLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> RATE CHANGE <input type="checkbox"/> FUND CHANGE <input type="checkbox"/> TITLE CHANGE <input type="checkbox"/> PROMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> DEMOTION <input type="checkbox"/> PT/TEMP to FULL-TIME	ORG NO. & DEPT. NAME from _____ to _____ POSITION TITLE from _____ to _____ ANNUAL & HOURLY PAY RATE from _____ to _____ EXPLANATION _____ Releasing Dept. Signature _____ (transfers only) <small>(forward to receiving department for approval below)</small>
<input type="checkbox"/> RESIGNATION <input type="checkbox"/> TERMINATION <input type="checkbox"/> DECEASED <input type="checkbox"/> RETIREMENT	POSITION TITLE _____ PENSION VESTED <input type="checkbox"/> YES <input type="checkbox"/> NO ANNUAL & HOURLY PAY RATE _____ AL DUE _____ COMP DUE _____ REASON _____ DID EMPLOYEE GIVE NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO How much notice? _____ WOULD YOU REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain? _____

FOR HUMAN RESOURCES/PAYROLL USE ONLY:

EMPLOYEE# _____	PENSION DATE _____	_____
INCUMBENT _____	REVIEW DATE _____	(DEPARTMENT HEAD)
EEOC FUNCTION _____	EEOC CATEGORY _____	_____
CLASS CODE# _____	OVERTIME _____	(HUMAN RESOURCES DIRECTOR)
PROBATION <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURANCE NOTIFIED _____	_____
LEAVE BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER RETIREMENT _____ FICA/MEDICARE _____	(FINANCE DIRECTOR)