

U.S. Postal Service TM

CERTIFIED MAIL[®] RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

4/3/08

Postmark
Here

Sent To

ROBERT

G CODE

Street,
or PO Box
City, State, ZIP+4[®]

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT

G CODE

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Claudia Goode

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Claudia Goode

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-A

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/09/09

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
GOODE ROBERT D	TRANSPORTATION PUBLIC WORKS	102352	100	20	0110	08-31-02	F49	Y

ABSENTEE CODES	V	ST SICK	R	COMP	P	H	A	OTHER	
	VAC		MAJOR	TIME	PERS	REG	PRIOR	USED	
	HOURS		MEDICAL		HOLIDAY	HOLIDAY	SICK	LVE	BNK CNTR 1.00

FORWARD FROM LAST YEAR	493.67		545.18	96.00					
YEARS ACCRUAL	36.61		32.34	31.00	16.00	24.00			
TOTAL TIME OFF DUTY	1.00			127.00	16.00	24.00			
BALANCE - LAST PAYROLL	529.28		577.52						

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
MON	12-24-07	P 8.00	THU	02-28-08	U 8.00			
TUE	12-25-07	H 8.00	FRI	02-29-08	U 8.00			
WED	12-26-07	U 7.00	MON	03-10-08	U 2.00			
THU	12-27-07	U 4.00	WED	03-12-08	U 2.00			
FRI	12-28-07	U 4.00	THU	03-13-08	U 4.00			
MON	12-31-07	U 6.00	FRI	03-14-08	U 1.00			
TUE	01-01-08	H 8.00						
WED	01-02-08	U 4.00						
THU	01-03-08	U 4.00						
FRI	01-04-08	U 4.00						
MON	01-07-08	E 1.00						
TUE	01-08-08	E 4.00						
THU	01-10-08	E 1.00						
SUN	01-13-08	E 3.00						
MON	01-14-08	E 2.00						
TUE	01-15-08	U 1.00						
WED	01-16-08	E 2.00						
THU	01-17-08	E 1.00						
MON	01-21-08	H 8.00						
FRI	01-25-08	U 1.00						
MON	01-28-08	E 3.00						
WED	01-30-08	E 1.00						
MON	02-04-08	E 2.00						
TUE	02-05-08	E 4.00						
THU	02-07-08	U 3.00						
FRI	02-08-08	E 1.00						
MON	02-11-08	E 2.00						
TUE	02-12-08	E 3.00						
WED	02-13-08	E 1.00						
THU	02-14-08	U 2.00						
FRI	02-15-08	P 8.00						
MON	02-18-08	U 7.00						
TUE	02-19-08	U 7.00						
WED	02-20-08	U 8.00						
THU	02-21-08	U 8.00						
FRI	02-22-08	U 8.00						
MON	02-25-08	U 8.00						
TUE	02-26-08	U 8.00						
WED	02-27-08	U 8.00						

Employee Number 102352

TO ALL EMPLOYEES OF THE CITY OF FORT WORTH:

Under State law, the City must furnish your name, salary, sex, ethnicity, position held, and dates of employment to anyone who requests such information.

Occasionally, an individual, association or corporation will request the City of Fort Worth to furnish additional information such as home address, home telephone number, social security number and information that reveals whether an employee has family members, such as marital status. State law allows the City to refuse to release such information if the employee has signed a statement indicating their preference that such information be withheld.

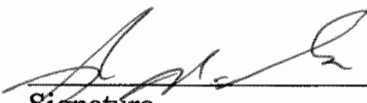
Please make a check mark in the boxes below indicating whether you want the information withheld or released.

IF YOU FAIL TO MARK WHETHER TO RELEASE OR WITHHOLD THE INFORMATION, UNDER STATE LAW, THE CITY MUST RELEASE THE INFORMATION.

I ROBERT D. GUSOE (Please print your name.) request that the City of Fort Worth maintain information that relates to the following:

	Confidential	Release
Home Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Home Telephone Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Security Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Information that reveals whether I have family members	<input checked="" type="checkbox"/>	<input type="checkbox"/>

When I leave the City's service, I want this request to remain in effect. Yes ☒ No ☐


Signature

8/24/02
Date

PYAP14-03

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/08/08

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
GOODE ROBERT D	TRANSPORTATION PUBLIC WORKS	102352	100	20	O110	08-31-02	F49	Y

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
FRI	08-31-07	U 1.00	MON	12-17-07	E 3.00			
MON	09-03-07	H 8.00	TUE	12-18-07	U 3.00			
TUE	09-04-07	E 3.00	THU	12-20-07	E .50			
WED	09-05-07	E 1.00						
THU	09-06-07	E 1.00						
MON	09-10-07	E 1.00						
TUE	09-11-07	E 3.00						
WED	09-12-07	E 1.00						
THU	09-13-07	V 8.00						
MON	09-17-07	E 1.00						
TUE	09-18-07	E 1.00						
WED	09-19-07	E 1.00						
THU	09-20-07	E 1.00						
FRI	09-21-07	E 2.00						
MON	09-24-07	E 2.00						
THU	09-27-07	E 1.00						
FRI	09-28-07	U 4.00						
MON	10-08-07	E 1.00						
TUE	10-09-07	E 2.00						
WED	10-17-07	E 1.00						
THU	10-18-07	E 1.00						
FRI	10-19-07	U 8.00						
MON	10-22-07	E 1.00						
TUE	10-23-07	E 4.00						
WED	10-24-07	E 1.00						
TUE	10-30-07	E 1.00						
TUE	11-06-07	E 3.00						
WED	11-07-07	U 2.00						
FRI	11-16-07	U 2.00						
MON	11-19-07	U 8.00						
TUE	11-20-07	U 8.00						
WED	11-21-07	U 8.00						
THU	11-22-07	H 8.00						
FRI	11-23-07	H 8.00						
SAT	11-24-07	E 3.00						
SUN	11-25-07	E 2.00						
MON	11-26-07	E 3.00						
TUE	11-27-07	E 2.00						
WED	11-28-07	E 1.00						
FRI	11-30-07	E 1.00						
MON	12-03-07	U 8.00						
TUE	12-04-07	U 7.00						
WED	12-05-07	U 6.00						
THU	12-06-07	E 3.00						
FRI	12-07-07	E 1.00						
MON	12-10-07	E 2.50						
TUE	12-11-07	E 3.00						
FRI	12-14-07	E 1.00						

Appendix 2
City of Fort Worth
Electronic Communications Resources Use
Agreement

GOODE ROBERT D

(Printed name)

102352

(Employee number)

By signing below, the User acknowledges the following:

I understand and acknowledge that it is my responsibility to comply with the City of Fort Worth Administrative Regulation D-7, Electronic Communications Use Policy, which establishes the citywide policy for the use of Electronic Communications Systems, Services and Resources. Electronic Communications Resources subject to this Agreement are the property of the City of Fort Worth and are generally to be used for business purposes only. Limited personal use is authorized as set forth in Section 6.2 of Administrative Regulation D-7. All activity may be monitored for any reason deemed necessary by the City. Unauthorized use may result in disciplinary action up to and including termination.

I hereby assume personal responsibility for all Electronic Communications Resources provided and or assigned to me by the City. I agree to relinquish any and all Electronic Communications Resources provided and or assigned to me to my Department Manager or Supervisor upon request of that Manager or Supervisor or at the time of transfer, resignation, retirement, or termination of my employment from the City of Fort Worth.

In the event any City issued Electronic Communications Resource is lost, stolen or damaged, I agree to notify my Manager or Supervisor immediately. I also agree to call the IT Solutions Help Desk **(817) 392-8800** immediately so that the IT Solutions Security Division may take appropriate action to deactivate the Electronic Communications Resource(s). I further agree to cooperate with any departmental or police investigations regarding any loss or damage to an Electronic Communications Resource.

Pursuant to the City of Fort Worth Personnel Rules and Regulations Disciplinary Actions Alternatives Policy, I understand that I may be charged for lost or damaged Electronic Communications Resources, or to recover costs for the replacement and/or repair of an Electronic Communications Resource which is lost and/or damaged due to my negligence, carelessness, and/or abuse. I also understand that I may face additional disciplinary action for violations of this policy.

Accepted / Acknowledged by: _____

(User's Signature)

Date: _____

1/3/08

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/08/08

NAME DEPARTMENT EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP
 GOODE ROBERT D TRANSPORTATION PUBLIC WORKS 102352 100 20 0110 08-31-02 F49 Y

 ABSENTEE CODES V R P H A OTHER
 VAC ST SICK MAJOR COMP PERS H REG PRIOR * USED
 HOURS [REDACTED] MEDICAL TIME HOLIDAY HOLIDAY SICK * LVE BNK CNTR 2.00

 FORWARD FROM LAST YEAR 440.06 [REDACTED] 425.06 26.00 *
 YEARS ACCRUAL 125.61 120.12 189.50 8.00 64.00 *
 TOTAL TIME OFF DUTY 72.00 119.50 8.00 64.00 *
 BALANCE - LAST PAYROLL 493.67 545.18 96.00 *

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
MON	12-25-06	H 8.00	FRI	04-06-07	E 1.00	TUE	06-19-07	E 1.00
TUE	12-26-06	U 8.00	MON	04-09-07	E 1.00	THU	06-21-07	E 1.00
WED	12-27-06	U 1.00	TUE	04-10-07	E 5.50	MON	06-25-07	E 1.00
FRI	12-29-06	U 2.00	WED	04-11-07	U .50	TUE	06-26-07	E 1.00
SUN	12-31-06	E 2.00	MON	04-16-07	E 2.00	WED	06-27-07	E 1.00
MON	01-01-07	H 8.00	TUE	04-17-07	E 1.00	MON	07-02-07	E 1.00
TUE	01-02-07	P 8.00	THU	04-19-07	E 1.00	WED	07-04-07	H 8.00
WED	01-03-07	E 1.00	FRI	04-20-07	V 8.00	THU	07-05-07	U 8.00
TUE	01-09-07	E 3.00	MON	04-23-07	E 3.00	FRI	07-06-07	U 8.00
WED	01-10-07	E 1.00	TUE	04-24-07	E 1.00	MON	07-09-07	E 2.00
MON	01-15-07	H 8.00	WED	04-25-07	E 1.00	TUE	07-10-07	E 4.00
TUE	01-16-07	E 1.00	THU	04-26-07	E 1.00	WED	07-11-07	E 1.00
WED	01-17-07	E 1.00	FRI	04-27-07	U 3.00	THU	07-12-07	E 1.00
WED	01-24-07	S 4.00	MON	04-30-07	E 1.00	FRI	07-13-07	E 2.00
WED	01-31-07	S 2.00	TUE	05-01-07	E 3.50	SUN	07-15-07	E 4.00
THU	02-01-07	S 8.00	THU	05-03-07	E 1.00	MON	07-16-07	E 2.00
FRI	02-02-07	S 2.00	MON	05-07-07	E 1.00	TUE	07-17-07	E 3.00
TUE	02-06-07	U 1.00	TUE	05-08-07	E 3.00	WED	07-18-07	U 4.00
THU	02-08-07	E 3.00	MON	05-14-07	E 1.00	WED	07-25-07	E 1.00
THU	02-15-07	E 2.00	TUE	05-15-07	E 1.00	THU	07-26-07	E 2.00
TUE	02-20-07	E 1.00	WED	05-16-07	S 8.00	MON	07-30-07	E 4.00
WED	02-21-07	E 1.00	THU	05-17-07	S 8.00	TUE	07-31-07	E 4.00
MON	02-26-07	V 2.00	FRI	05-18-07	S 2.00	WED	08-01-07	U 3.00
THU	03-01-07	V 6.00 S 2.00	MON	05-21-07	E 1.00	THU	08-02-07	E 1.00
FRI	03-02-07	V 4.00	TUE	05-22-07	E 1.00	SAT	08-04-07	E 3.00
MON	03-05-07	E 1.00	WED	05-23-07	E 1.00	SUN	08-05-07	E 3.00
TUE	03-06-07	E 4.00	THU	05-24-07	U 4.00	MON	08-06-07	E 3.00
THU	03-08-07	V 3.00	FRI	05-25-07	U 8.00	TUE	08-07-07	E 5.00
FRI	03-09-07	V 3.00	MON	05-28-07	H 8.00	WED	08-08-07	E 4.00
WED	03-14-07	V 8.00	TUE	05-29-07	E 3.00	THU	08-09-07	E 3.00
THU	03-15-07	V 8.00	WED	05-30-07	E 1.00	SAT	08-11-07	E 2.00
MON	03-19-07	E 1.00	THU	05-31-07	E 2.00	SUN	08-12-07	E 2.00
TUE	03-20-07	E 1.00	MON	06-04-07	E 2.00	MON	08-13-07	E 1.00
FRI	03-23-07	V 8.00	TUE	06-05-07	E 3.00	TUE	08-14-07	E 4.00
MON	03-26-07	E 1.00	THU	06-07-07	U 1.00	WED	08-15-07	E 2.00
TUE	03-27-07	E 1.00	TUE	06-12-07	E 3.00	THU	08-16-07	E 2.00
FRI	03-30-07	V 8.00	FRI	06-15-07	E 4.00	MON	08-20-07	U 3.00
WED	04-04-07	V 2.00	SAT	06-16-07	E 5.00	THU	08-23-07	E 3.00
THU	04-05-07	V 2.00	MON	06-18-07	E 2.00	THU	08-30-07	E 3.00

Terminal Leave Pay Calculations

Emp. Name GOODE, ROBERT D.
 Dept#/Name: 20/TPW
 Eff. Date: 3/14/2008

Emp. No. 102352
 Note Code: 918
 Hire Date: 8/31/2002

Earnings Code and Names - Regular Emp.

ERN NO	NAME	RATE/AMT	HOURS	TOT PAY	GROSS
27	Term Sick Leave	70.35	190.60	13,408.71	
28	Term Vacation Leave	70.35	524.05	36,866.92	
33	Personal Holiday	70.35	-	-	Lay Off ONLY
43	Non-Exempt Comp Hours	70.35	-	-	
48	Accrued Holiday	70.35	-	-	
36	ICMA Deferred Comp Deferral	-	-	-	
40	USCM Deferred Comp Deferral	-	-	-	
	Non-Civil Service Sub-Total				50,275.63
25	Tuition Reimbursement Repayment			-	
	Non-Civil Service Total Gross				50,275.63

Earnings Codes and Names - Civil Service

ERN NO	NAME	RATE/AMT	HOURS	TOT PAY	GROSS
03	Civil Service Longevity	-	-	-	
10	EIP	-	-	-	
57	Assignemnt Pay	-	-	-	
60	CIP	-	-	-	
27	Term Sick Leave	-	-	-	
28	Term Vacation Leave	-	-	-	
33	Personal Holiday	-	-	-	Lay Off ONLY
43	Comp Hours	-	-	-	
48	Accrued Holiday	-	-	-	
64	Leave Adjusted Vacation (Hickey)	-	-	-	
36	ICMA Deferred Comp Deferral	-	-	-	
40	USCM Deferred Comp Deferral	-	-	-	
	Civil Service Sub-Total				-
25	Tuition Reimbursement Repayment	-	-	-	
	Civil Service Total Gross				-
	TAXABLE TOTAL GROSS				50,275.63
	TOTAL GROSS				50,275.63

Deductions Codes and Names

DED #	NAME		
02	Federal Tax	12,568.91	
05	Miscellaneous Deduction	-	
07	Safety Shoes		
09	Equipment Owed		
10	Group Insurance Arrears		
11	High Option Life Insurance		
40	Municipal Parking		
	Other (Explain)		
	TOTAL DEDUCTIONS	(12,568.91)	(12,568.91)
	NET PAY		<u>37,706.72</u>

Payroll Use Only

Cal'd by:

Input by:

Personnel Action Request (PAR) – Personnel

PAR code: 918 Reason for change: Voluntary Termination-Another Job

Effective date: 3/14/08

Employee Name

Last: Goode

First: Robert

Middle: D

Employee #: 102352 (Human Resources will assign for new employees)

Work Phone: 817-392-7801

Work Mobile Ph.: 817-992-1346

Work Pager:

Supervisor's Name: Fernando Costa

Supervisor's Employee #: _____

Current Position Information if applicable

Position #: 001 201000 00000 F49 001 Budget (New) Position #: 000384

Key Code: F49

Title: Transportation/Public Works Director

Grade/Step: Y

Anniv. Date: 10/01/08

FAC #: GG01 511010 0201000

Hourly Rate: 70.35 ✓

Department & Locator Code: 20-0110

Work Percentage: 1.00 Hours Per Pay Period: 80.00

Shift: A

New Position Information if applicable

Position #: 20-digit position number

Budget (New) Position #: 6-digit number

Key Code: Classification

Title: Classification Title

Grade/Step: Use salary sched.

Anniv. Date: _____

FAC #: Fund, Account, Center numbers

Hourly Rate: _____

Department & Locator Code: _____

Work Percentage: SELECT

Hours Per Pay Period: SELECT

Shift: SELECT

(S-Key Position ONLY) Shadow Job Key Code: _____ Title: _____

Associated Position(S-key Backfill Vacancy): _____

20-digit position number from PML

Position Type: SELECT

Position End Date (S-key Backfill Vacancy/Project): _____

Position Justification: Provide justification information or attach IOC

Terminations (for departments to complete) Time used in the current pay period ONLY

Type of Leave (earned or used): _____

Hours: _____

Type of Leave (earned or used): _____

Hours: _____

Approval

Signature: Robert M. Robinson

Date: 3/13/08

Title: _____

Completed by: Steven Ayala Date: 3/13/08 Phone: 817-392-7808

Comments: _____

ATTENTION – If employee is Terminating, Promoting/Demoting or Transferring out of Department – Cancel Access to HR Systems and Mobius View Reports for your department by submitting the Request for HR Systems Access form. Failure to cancel access will result in employee retaining system/report access.

HR office use ONLY

Date Received: REC'D MAR 13 2008

Date entered: _____

Filing status: _____

Exemptions: _____

Additional \$: _____

Confidentiality Selections: _____


ENT'D MAR 27 2008

OUT – PROCESSING FORM

Employee Name: Robert D Goode **Date Processed:** 3/13/08
Emp ID #: 102352 **Hire Date:** 8/31/02 **Term Date:** 3/14/08
Key Code: F49 **Title:** T/PW Director **Last Day Worked:** 3/15/08
Department: T/PW **Division:** Business Support
Department Contact: Shelia Hawkins **Phone #:** 817-392-7815

NOTICE: If any City-owned software has been installed on the employee's home computer, it must be removed at termination. Any software disk, documentation, informational booklets, etc. must be returned to the City of Fort Worth prior to the employee's last day of work.

Prior to the issuance of a final check, all employees terminating employment must comply with the requirement of relinquishing all privileges previously granted by the City of Fort Worth. You will be charged for the following items that have not been turned in:

ITEM	AMOUNT
Employee ID Card	\$ _____
<i>\$7.50 for Proximity card, \$3.50 for Identification</i>	
Keys (Office _____ Vehicle _____ Desk _____ Other _____)	\$ _____
<i>\$12.50 for the first lock</i>	
Operator Fuel Key	\$ _____
<i>\$45.00, issued by Equ</i>	
Equipment issued for use	\$ _____
<i>Attach an itemized list of the cost to replace specified equipment, e</i>	
Department-issued Items	\$ _____
<i>List Department-issued items and the cost to replace specified equipment, e</i>	
<div style="display: flex; align-items: center;">  <div> <p style="font-size: 1.2em; font-weight: bold;">ROBERT GOODE</p> <p>DIRECTOR</p> <p>TRANSPORTATION</p> <p>CITY OF FORT WORTH ID 102352</p> <p>ISSUED 08/20/2002</p> </div> </div>	
_____	\$ _____
_____	\$ _____
_____	\$ _____

If applicable, you will also be charged for the following:

City-issued Uniforms \$ _____
Charge 50% of uniform purchase cost if terminated within six months of issue

Tuition Reimbursed \$ _____

Contact HR, Learning Services at 817-392-7767 to determine if the employee has received Tuition Reimbursement, and the amount that the employee must repay.

Per Personnel Rules and Regulations Employees who terminate from the City within 12 months after completing a course for which reimbursement was received must pay back all reimbursements received during the 12-month period. Employees who terminate within 13 to 24 months after completing a course must pay back 50% of all reimbursements received during that period. (Employees who terminate due to layoff, medical disabilities or as a result of occupational injuries or illnesses are not subject to this payback provision.)

TOTAL TO BE DEDUCTED FROM EMPLOYEE FINAL CHECK(S) \$ _____

REC'D MAR 14 2008

***** OVER *****

OUT – PROCESSING FORM

Employee Name: Robert Goode Date Processed: 3/13/08
Emp ID #: 102352 Hire Date: 8/31/02 Term Date: 3/14/08

The amount of \$ _____ (as calculated on the reverse side of this form) is to be deducted from the employee's final paycheck.

Wm J. Roach
Supervisor/Dept HR Coordinator
3/14/2008
Date

[Signature]
Employee Signature (if available)
3/14/08
Date

The above named employee has complied with established out-processing procedures. No City reimbursements and no additional deductions are required.

Wm J. Roach
Supervisor/Dept HR Coordinator
3/14/2008
Date

[Signature]
Employee Signature (if available)
3/14/2008
Date

MAIL FINAL CHECK TO:

Does the employee have access to get fuel?

- ☒ No
☐ Yes – notify Equipment Services at 817-392-5114 or 817-994-6918 to have access cancelled

Does the employee park on City property (surface lot or parking garage)?

- ☐ No
☒ Yes – Notify Transportation Public Works at 817-392-6667 for vacant space

Motor Vehicle and Parking Privileges

<input type="checkbox"/> Rescind Request to Keep Motor Vehicle Home or Off-Site (form 10000-011)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Rescind Private Automobile Use Request	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Relinquish City Parking Tag	<input checked="" type="checkbox"/> N/A

```

SCREEN 1 OF 2                                CITY OF FORT WORTH                                /H09-01
      9000                                AVAILABLE BALANCES
FIND 102352                                PAYGRP 100 DEPT 20 LOCATOR 0110 EMP# 102352
NAME GOODE ROBERT D                        HIRE 08-31-2002 FLSA E    JOB KEY F49    STEP Y
      ACTIVE                                AS OF PP# 06    ENDED 03-14-2008    RATE    70.3500
                                ELIG BROUGHT FWD    ACCRUED                                USED                                AVAILABLE
*TYPE OF LEAVE*    SW    FROM LAST YR    THIS YR                                THIS YR                                BALANCE
V VACATION        0        493.67        31.38        1.00        524.05
  ST SICK LVE/FAM LVE
S SICK            0        .00        .00        .00        .00
F FAMILY ILL      0
R MAJOR MEDICAL   0        545.18        27.72        .00        572.90
G FUNERAL LEAVE   0
U/E COMP TIME     0        96.00        31.00        127.00        .00
U/E NON-EX COMP   0        .00        .00        .00        .00
H/J/K HOLIDAY     0        .00        24.00        24.00        .00
P PERSONAL HOLIDAY 0        .00        16.00        16.00        .00
L LEAVE BANK      1
A PREV SICK       1        .00        .00        .00        .00
  LVE BNK DONATED    1.00
F2 - NAME                                F7 - NEXT SCREEN -> /H09-02
F4 - EMPLOYEE NUMBER                    F8 - CFW MAIN MENU -> PP01
                                         F9 - TERMINATION SCRNS-> /H06-01
                                         F12 - ALL-SCREEN MAIN MENU

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=> _____

**City of Fort Worth
FY 2007/2008 Compensation Plan Implementation**

The following may reflect a salary increase due to the approved Fiscal Year 2007/2008 budget approved by the Fort Worth City Council. The Compensation Plan for FY 2007/2008 will be implemented at the beginning of pay period 21, September 29, 2007.

Exempt employees (Non-Civil Service) will not receive any type of pay increase in FY 2007/2008.

Non-exempt employees (Non-Civil Service) will be eligible for a step increase on their normal anniversary date. No employee will be permitted to exceed the top of the range (step "L").

Sworn Police eligible for a regular step increase will receive the step increase based on their normal anniversary date.

Sworn Fire eligible for a regular step increase will receive the step increase based on their normal anniversary date.

Employee: GOODE ROBERT D 102352

Classification: F49 TRANSPORTATION/PUBLIC WKS DIR

	Rate	Step	Pay Grade
Old Data:	\$ 70.35	Y	309

NOTE: EMP NOT ELIGIBLE FOR INCREASE FY 07/08

Review of AE and F Key Code Employee STSF Accrual Since Policy Change Effective 12/16/2000

Name: Goode, Robert D

EEID: 102352

Dept: 20 Dept Name: Transportation Public Works
 Key: F49 Classification: Transportation Public Works Director
 Hire Date: 8/31/2002
 DAHR: 8/31/2002
 Effective Date in F or AE Key Position: 8/31/2002

Payroll Calendar Year	Beginning Date Payroll Calendar Year	Tenure @ Beginning of Payroll Year	# of PP	Accrual Per PP by Tenure	STSF Accrual Yr TTL	Comment
2001	12/16/2000	0.00	26	N/A		N/A
2002	12/15/2001	0.00	26	2.15	17.20	Hire PP#19-8 PP Accrual
2003	12/14/2002	0.29	26	2.15	55.90	
2004	12/13/2003	1.28	27	2.15	58.05	
2005	12/25/2004	2.32	26	2.15	55.90	
2006	12/24/2005	3.32	26	2.15	55.90	
2007 **	12/23/2006	4.32	26	1.54	50.41	

**PP 01-17 of 2007 accrued @ 2.15, PP 18-26 of 2007 accrued @ 1.54 change due to tenure milestone
 Asterisk references for STSF accrual corrected 12/4/2007 for employee - system process defaulted to 0.00 per PP based on tenure milestone. System ACG does not recognize Key Codes for STSF accruals. F and AE key code employees must be manually adjusted and corrected when reaches tenure milestone.

Name: Goode, Robert D EEID: 102352 Hire Date 8/31/2002 PP Hire PP 19-2002

Employee asterisk reference for Short Term Sick/Family leave (EB18) accrual set as *68 [0.00 hours per PP] when employee completed 5 years of employment and began their 6th year of service. Asterisk reference should have changed to *69 [1.54 hours per PP] effective pay period 18-2007. System processes review employee tenure each pay period and based on milestones in years of service changes asterisk references for leave accruals. The system process does not recognize key codes and defaults F and AE key code employees accrual references to the same reference as all other general employees. Asterisk reference corrected 12/4/2007 and adjustments made to correct STSF accruals for pay periods 18-2007 through 24-2007. STSF accrual for payroll calendar year 2007, pay periods 18 through 24 corrected to 10.78 hours from 0.00 hours. This changed year to date STSF accrual 47.33 hours from 36.55. Vacation and Major Medical Sick Leave accruals references and totals are correct and no adjustment is needed.

Pay Period	Begin	End	Tenure	V Acc Per PP = 4.62	S Acc Per PP = 2.15	MMSL Acc Per PP = 4.62
2007-01	12/23/2006	1/5/2007	4.35	4.62	2.15	4.62
2007-02	1/6/2007	1/19/2007	4.39	4.62	2.15	4.62
2007-03	1/20/2007	2/2/2007	4.43	4.62	2.15	4.62
2007-04	2/3/2007	2/16/2007	4.47	4.62	2.15	4.62
2007-05	2/17/2007	3/2/2007	4.50	4.62	2.15	4.62
2007-06	3/3/2007	3/16/2007	4.54	4.62	2.15	4.62
2007-07	3/17/2007	3/30/2007	4.58	4.62	2.15	4.62
2007-08	3/31/2007	4/13/2007	4.62	4.62	2.15	4.62
2007-09	4/14/2007	4/27/2007	4.66	4.62	2.15	4.62
2007-10	4/28/2007	5/11/2007	4.70	4.62	2.15	4.62
2007-11	5/12/2007	5/25/2007	4.73	4.62	2.15	4.62
2007-12	5/26/2007	6/8/2007	4.77	4.62	2.15	4.62
2007-13	6/9/2007	6/22/2007	4.81	4.62	2.15	4.62
2007-14	6/23/2007	7/6/2007	4.85	4.62	2.15	4.62
2007-15	7/7/2007	7/20/2007	4.89	4.62	2.15	4.62
2007-16	7/21/2007	8/3/2007	4.93	4.62	2.15	4.62
2007-17	8/4/2007	8/17/2007	4.96	4.62	2.15	4.62
2007-18	8/18/2007	8/31/2007	5.00	5.23	1.54	4.62
2007-19	9/1/2007	9/14/2007	5.04	5.23	1.54	4.62
2007-20	9/15/2007	9/28/2007	5.08	5.23	1.54	4.62
2007-21	9/29/2007	10/12/2007	5.12	5.23	1.54	4.62
2007-22	10/13/2007	10/26/2007	5.16	5.23	1.54	4.62
2007-23	10/27/2007	11/9/2007	5.19	5.23	1.54	4.62
2007-24	11/10/2007	11/23/2007	5.23	5.23	1.54	4.62
				115.15	47.33	110.88

mul
12/4/2007

[illegible]

PYAP14-03

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/16/07

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
GOODE ROBERT D	TRANSPORTATION PUBLIC WORKS	102352	100	20	0110	08-31-02	F49	Y

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
THU	08-10-06	E 4.00	WED	12-06-06	E 2.00			
FRI	08-11-06	E 1.00	THU	12-07-06	E 2.00			
MON	08-14-06	E 2.00	SUN	12-10-06	E 5.00			
TUE	08-15-06	E 1.00	MON	12-11-06	E 4.00			
THU	08-17-06	E 4.00	TUE	12-12-06	E 4.00			
TUE	08-22-06	E 1.00	WED	12-13-06	E 2.00			
MON	08-28-06	E 1.00	FRI	12-15-06	U 1.00			
TUE	08-29-06	E 1.00	MON	12-18-06	U 1.00			
WED	08-30-06	U 2.00	TUE	12-19-06	U 4.00			
MON	09-04-06	H 8.00	WED	12-20-06	U 4.00			
TUE	09-05-06	E 3.00	THU	12-21-06	U 8.00			
WED	09-06-06	U 3.00	FRI	12-22-06	U 8.00			
THU	09-07-06	E 2.00						
MON	09-11-06	E 1.00						
TUE	09-19-06	E 1.00						
THU	09-21-06	E 4.00						
MON	09-25-06	U 2.00						
THU	09-28-06	U .50						
FRI	09-29-06	U .50						
FRI	10-06-06	U 4.00						
MON	10-09-06	V 1.00						
TUE	10-10-06	V 1.00						
WED	10-11-06	V 1.00						
FRI	10-13-06	U 1.00						
MON	10-16-06	E 1.00						
TUE	10-17-06	E 1.00						
THU	10-19-06	B 6.00 U 2.00						
FRI	10-20-06	B 6.00 U 2.00						
MON	10-23-06	E 1.00						
TUE	10-24-06	E 1.00						
MON	10-30-06	E 1.00						
TUE	10-31-06	E 1.00						
THU	11-02-06	E 1.00						
MON	11-06-06	E 4.00						
TUE	11-07-06	E 3.00						
WED	11-08-06	U 1.00						
THU	11-09-06	E 1.00						
FRI	11-10-06	U 1.00						
MON	11-13-06	E 4.00						
TUE	11-14-06	E 4.00						
MON	11-20-06	U 8.00						
TUE	11-21-06	U 8.00						
WED	11-22-06	U 8.00						
THU	11-23-06	H 8.00						
FRI	11-24-06	H 8.00						
SUN	12-03-06	E 2.00						
MON	12-04-06	E 4.00						
TUE	12-05-06	E 2.00						

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/09/06

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
GOODE ROBERT D	TRANSPORTATION PUBLIC WORKS	102352	100	20	0110	08-31-02	F49	Y

*****	*****	*****	*****	*****	*****	*****	*****	*****
ABSENTEE CODES	V	R	P	H	A	OTHER		
	VAC	ST SICK	MAJOR	COMP	PERS	REG	PRIOR	USED
	HOURS		MEDICAL	TIME	HOLIDAY	HOLIDAY	SICK	
*****	*****	*****	*****	*****	*****	*****	*****	*****
								CITY BUSIN 5.00
*****	*****	*****	*****	*****	*****	*****	*****	*****
FORWARD FROM LAST YEAR	278.82		281.82	120.00				
YEARS ACCRUAL	120.12		120.12	173.00	8.00	56.00		
TOTAL TIME OFF DUTY	28.00		24.00	200.00	8.00	56.00		
BALANCE - LAST PAYROLL	370.94		377.94	93.00				
*****	*****	*****	*****	*****	*****	*****	*****	*****

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
*****	*****	*****	*****	*****	*****	*****	*****	*****
MON	12-27-04	E 1.00	FRI	03-11-05	E 1.00	WED	06-01-05	U 8.00
WED	12-29-04	U 4.00	MON	03-14-05	E 2.00	THU	06-02-05	U 8.00
THU	12-30-04	U 8.00	TUE	03-15-05	E 2.00	FRI	06-03-05	U 8.00
FRI	12-31-04	H 8.00	WED	03-16-05	E 2.00	MON	06-06-05	E 2.00
MON	01-03-05	E 1.00	THU	03-17-05	P 8.00	TUE	06-07-05	E 4.00
TUE	01-04-05	E 2.00	MON	03-21-05	E 2.00	WED	06-08-05	E 1.00
WED	01-05-05	U 8.00	TUE	03-22-05	E 2.00	MON	06-13-05	E 1.00
THU	01-06-05	U 8.00	WED	03-23-05	E 2.00	TUE	06-14-05	E 4.00
FRI	01-07-05	U 3.00	THU	03-24-05	E 1.00	WED	06-15-05	E 1.00
MON	01-10-05	E 1.00	FRI	03-25-05	E 1.00	THU	06-16-05	E 2.00
TUE	01-11-05	E 3.00	MON	03-28-05	E 1.00	SAT	06-18-05	E 5.00
WED	01-12-05	E 1.00	TUE	03-29-05	U 1.00	MON	06-20-05	E 1.00
THU	01-13-05	E 1.00	WED	03-30-05	E 2.00	TUE	06-21-05	E 2.00
FRI	01-14-05	E 1.00	MON	04-04-05	E 2.00	WED	06-22-05	E 2.00
MON	01-17-05	H 8.00	TUE	04-05-05	E 2.00	THU	06-23-05	E 1.00
TUE	01-18-05	E 2.00	WED	04-06-05	E 2.00	MON	06-27-05	E 2.00
THU	01-20-05	U 3.00	FRI	04-08-05	E 1.00	TUE	06-28-05	E 2.00
TUE	01-25-05	U 2.00	MON	04-11-05	E 1.00	WED	06-29-05	E 2.00
WED	01-26-05	E 1.00	TUE	04-12-05	E 3.00	THU	06-30-05	E 1.00
THU	01-27-05	E 2.00	FRI	04-22-05	U 4.00	MON	07-04-05	H 8.00
TUE	02-01-05	E 2.00	WED	04-27-05	U 2.00	TUE	07-05-05	E 2.00
WED	02-02-05	E 1.00	THU	04-28-05	U 8.00	WED	07-06-05	E 2.00
TUE	02-08-05	E 3.00	FRI	04-29-05	U 8.00	THU	07-07-05	E 2.00
MON	02-14-05	E 1.00	MON	05-02-05	E 1.00	FRI	07-08-05	U 4.00
TUE	02-15-05	E 2.00	WED	05-04-05	E 1.00	MON	07-11-05	E 1.00
WED	02-16-05	E 2.00	THU	05-05-05	U 8.00	TUE	07-12-05	E 1.00
THU	02-17-05	E 2.00	FRI	05-06-05	U 8.00	WED	07-13-05	E 1.00
MON	02-21-05	E 1.00	MON	05-09-05	E 2.00	THU	07-14-05	E 1.00
TUE	02-22-05	E 2.00	TUE	05-10-05	E 4.00	MON	07-18-05	E 1.00
WED	02-23-05	E 2.00	WED	05-11-05	E 2.00	TUE	07-19-05	E 4.00
THU	02-24-05	E 2.00	THU	05-19-05	U 2.00	WED	07-20-05	E 1.00
MON	02-28-05	E 1.00	FRI	05-20-05	U 2.00	THU	07-21-05	E 3.00
TUE	03-01-05	E 5.00	MON	05-23-05	E 1.00	MON	07-25-05	E 3.00
WED	03-02-05	E 2.00	TUE	05-24-05	E 1.00	TUE	07-26-05	E 4.00
THU	03-03-05	E 1.00	WED	05-25-05	E 1.00	WED	07-27-05	E 4.00
MON	03-07-05	E 1.00	THU	05-26-05	U 5.00	THU	07-28-05	E 2.00
TUE	03-08-05	E 3.00	FRI	05-27-05	U 2.00	FRI	07-29-05	E 3.00
WED	03-09-05	E 1.00	MON	05-30-05	H 8.00	MON	08-01-05	U 8.00
THU	03-10-05	E 1.00	TUE	05-31-05	U 8.00	TUE	08-02-05	U 8.00

PYAP14-03

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/09/06

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
GOODE ROBERT D	TRANSPORTATION PUBLIC WORKS	102352	100	20	0110	08-31-02	F49	Y

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
WED	08-03-05		MON	10-24-05	E 2.00			
THU	08-04-05		TUE	10-25-05	E 1.00			
FRI	08-05-05		THU	10-27-05	E 2.00			
MON	08-08-05	V 8.00	WED	11-02-05	E 3.00			
TUE	08-09-05	V 8.00	THU	11-03-05	E 3.00			
WED	08-10-05	V 8.00	FRI	11-04-05	E 1.00			
FRI	08-12-05	E 2.00	MON	11-07-05	E 2.00			
MON	08-15-05	E 2.00	TUE	11-08-05	E 4.00			
TUE	08-16-05	E 2.00	THU	11-10-05	E 3.00			
WED	08-17-05	E 2.00	FRI	11-11-05	E 2.00			
THU	08-18-05	E 1.00	MON	11-14-05	E 3.00			
FRI	08-19-05	V 4.00	WED	11-16-05	E 2.00			
MON	08-22-05	E 2.00	MON	11-21-05	E 1.00			
TUE	08-23-05	E 1.00	TUE	11-22-05	U 8.00			
WED	08-24-05	E 2.00	WED	11-23-05	U 8.00			
THU	08-25-05	E 1.00	THU	11-24-05	H 8.00			
FRI	08-26-05	E 1.00	FRI	11-25-05	H 8.00			
TUE	08-30-05	E 2.00	MON	11-28-05	E 1.00			
WED	08-31-05	E 1.00	TUE	11-29-05	E 2.00			
THU	09-01-05	E 1.00	TUE	12-06-05	E 3.00			
FRI	09-02-05	U 6.00	WED	12-07-05	U 1.00			
MON	09-05-05	H 8.00	THU	12-08-05	U 2.00			
TUE	09-06-05	E 3.00	MON	12-12-05	E 1.00			
WED	09-07-05	E 2.00	TUE	12-13-05	E 3.00			
FRI	09-09-05	E 2.00	WED	12-14-05	E 1.00			
MON	09-12-05	U 1.00	THU	12-15-05	U 3.00			
TUE	09-13-05	E 4.00	FRI	12-16-05	U 3.00			
THU	09-15-05	E 1.00	MON	12-19-05	U 2.00			
FRI	09-16-05	E 1.00	TUE	12-20-05	E 1.00			
MON	09-19-05	E 2.00	WED	12-21-05	U 4.00			
TUE	09-20-05	E 1.00	THU	12-22-05	U 6.00			
WED	09-21-05	B 3.00	FRI	12-23-05	U 8.00			
THU	09-22-05	B 2.00						
FRI	09-23-05	E 1.00						
MON	09-26-05	E 1.00						
TUE	09-27-05	E 1.00						
WED	09-28-05	E 3.00						
FRI	09-30-05	U 4.00						
MON	10-03-05	E 1.00						
TUE	10-04-05	E 3.00						
WED	10-05-05	E 2.00						
TUE	10-11-05	E 3.00						
WED	10-12-05	E 1.00						
MON	10-17-05	E 1.00						
TUE	10-18-05	E 2.00						
WED	10-19-05	E 2.00						
THU	10-20-05	E 1.00						
FRI	10-21-05	U 6.00						

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/12/05

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
GOODE ROBERT D	TRANSPORTATION PUBLIC WORKS	102352	100	20	0110	08-31-02	F49	Y

*****	*****	*****	*****	*****	*****	*****	*****	*****
ABSENTEE CODES	V	R	P	H	A		OTHER	
	VAC	ST SICK	MAJOR	COMP	PERS	REG	PRIOR	USED
	HOURS		MEDICAL	TIME	HOLIDAY	HOLIDAY	SICK	
*****	*****	*****	*****	*****	*****	*****	*****	*****
FORWARD FROM LAST YEAR	154.08		157.08	118.00				
YEARS ACCRUAL	124.74		124.74	217.00	8.00	72.00		
TOTAL TIME OFF DUTY				215.00	8.00	72.00		
BALANCE - LAST PAYROLL	278.82		281.82	120.00				

*****	*****	*****	*****	*****	*****	*****	*****	*****
DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
*****	*****	*****	*****	*****	*****	*****	*****	*****
TUE	12-16-03	E 3.00	TUE	02-24-04	E 1.00	WED	04-28-04	E 1.00
TUE	12-23-03	U 8.00	WED	02-25-04	E 1.00	THU	04-29-04	E 1.00
WED	12-24-03	U 8.00	THU	02-26-04	E 1.00	TUE	05-04-04	E 3.00
THU	12-25-03	H 8.00	MON	03-01-04	E 2.00	WED	05-05-04	E 1.00
FRI	12-26-03	U 8.00	TUE	03-02-04	E 4.00	THU	05-06-04	E 3.00
MON	12-29-03	U 8.00	WED	03-03-04	E 1.00	FRI	05-07-04	E 1.00
TUE	12-30-03	U 8.00	THU	03-04-04	E 2.00	TUE	05-11-04	E 4.00
WED	12-31-03	U 8.00	MON	03-08-04	E 2.00	WED	05-12-04	E 2.00
THU	01-01-04	H 8.00	TUE	03-09-04	E 4.00	MON	05-17-04	E 2.00
FRI	01-02-04	U 8.00	WED	03-10-04	E 2.00	TUE	05-18-04	E 2.00
TUE	01-06-04	E 4.00	THU	03-11-04	E 4.00	WED	05-19-04	E 1.00
WED	01-07-04	E 2.00	MON	03-15-04	E 2.00	THU	05-20-04	U 2.00
MON	01-12-04	E 1.00	TUE	03-16-04	U 8.00	FRI	05-21-04	E 1.00
TUE	01-13-04	E 4.00	WED	03-17-04	E 2.00	MON	05-24-04	E 1.00
WED	01-14-04	E 1.00	THU	03-18-04	U 2.00	TUE	05-25-04	E 1.00
THU	01-15-04	E 4.00	FRI	03-19-04	E 1.00	WED	05-26-04	E 3.00
FRI	01-16-04	E 1.00	MON	03-22-04	E 2.00	MON	05-31-04	H 8.00
MON	01-19-04	H 8.00	TUE	03-23-04	E 2.00	TUE	06-01-04	U 8.00
TUE	01-20-04	E 4.00	WED	03-24-04	E 2.00	WED	06-02-04	U 8.00
WED	01-21-04	E 4.00	THU	03-25-04	U 4.00	THU	06-03-04	U 8.00
FRI	01-23-04	E 1.00	FRI	03-26-04	E 1.00	FRI	06-04-04	U 8.00
MON	01-26-04	E 2.00	MON	03-29-04	E 2.00	MON	06-07-04	E 1.00
TUE	01-27-04	E 1.00	TUE	03-30-04	E 2.00	TUE	06-08-04	E 1.00
WED	01-28-04	E 1.00	WED	03-31-04	E 4.00	WED	06-09-04	E 1.00
THU	01-29-04	E 2.00	THU	04-01-04	E 1.00	MON	06-14-04	E 2.00
FRI	01-30-04	U 5.00	MON	04-05-04	U 4.00	TUE	06-15-04	E 1.00
MON	02-02-04	E 2.00	TUE	04-06-04	E 2.00	WED	06-16-04	E 2.00
TUE	02-03-04	E 3.00	THU	04-08-04	E 2.00	THU	06-17-04	E 2.00
WED	02-04-04	E 2.00	FRI	04-09-04	P 8.00	FRI	06-18-04	U 8.00
THU	02-05-04	E 1.00	MON	04-12-04	E 2.00	MON	06-21-04	E 1.00
MON	02-09-04	E 2.00	TUE	04-13-04	E 3.00	TUE	06-22-04	E 2.00
TUE	02-10-04	E 4.00	WED	04-14-04	E 1.00	WED	06-23-04	E 3.00
WED	02-11-04	E 1.00	THU	04-15-04	E 4.00	THU	06-24-04	E 1.00
THU	02-12-04	E 3.00	MON	04-19-04	E 4.00	FRI	06-25-04	E 2.00
TUE	02-17-04	E 2.00	TUE	04-20-04	E 1.00	MON	06-28-04	E 2.00
WED	02-18-04	U 4.00	WED	04-21-04	E 1.00	TUE	06-29-04	E 2.00
THU	02-19-04	E 2.00	FRI	04-23-04	U 2.00	THU	07-01-04	E 2.00
FRI	02-20-04	E 2.00	MON	04-26-04	E 4.00	FRI	07-02-04	E 1.00
MON	02-23-04	E 1.00	TUE	04-27-04	E 1.00	MON	07-05-04	H 8.00

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/14/04

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
GOODE ROBERT D	TRAN & PUB WRKS	102352	100	20	0110	08-31-02	F49	Y

ABSENTEE CODES	V	R	P	H	A	OTHER			
	VAC	ST SICK	MAJOR	COMP	PERS	REG	PRIOR	SICK	USED
	HOURS		MEDICAL	TIME	HOLIDAY	HOLIDAY			
FORWARD FROM LAST YEAR	33.96		36.96	94.00					
YEARS ACCRUAL	120.12		120.12	231.00	8.00	64.00			
TOTAL TIME OFF DUTY				207.00	8.00	64.00			
BALANCE - LAST PAYROLL	154.08		157.08	118.00					

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
MON	12-16-02	E 3.50	SAT	02-15-03	E 9.00	FRI	04-18-03	U 4.00
TUE	12-17-02	E 2.00	TUE	02-18-03	E 3.00	MON	04-21-03	E 2.00
WED	12-18-02	E 1.00	SUN	02-23-03	E 8.00	TUE	04-22-03	E 6.00
THU	12-19-02	E 1.00	MON	02-24-03	E 3.00	WED	04-23-03	E 1.00
FRI	12-20-02	U 1.00	TUE	02-25-03	E 1.00	THU	04-24-03	E 1.00
TUE	12-24-02	U 4.00	FRI	02-28-03	E 1.00	MON	04-28-03	E 2.00
WED	12-25-02	H 8.00	MON	03-03-03	E 2.00	TUE	04-29-03	E 1.00
THU	12-26-02	U 8.00	TUE	03-04-03	E 3.00	WED	04-30-03	E 2.00
FRI	12-27-02	U 8.00	WED	03-05-03	E 2.00	MON	05-05-03	E 2.00
WED	01-01-03	H 8.00	THU	03-06-03	E 3.00	TUE	05-06-03	E 4.00
MON	01-06-03	E 1.00	FRI	03-07-03	U 4.00	WED	05-07-03	E 1.00
TUE	01-07-03	E 4.00	MON	03-10-03	U 8.00	MON	05-12-03	E 2.00
WED	01-08-03	E 1.00	TUE	03-11-03	U 8.00	TUE	05-13-03	E 6.00
THU	01-09-03	E 1.00	WED	03-12-03	E 2.00	WED	05-14-03	E 1.00
MON	01-13-03	E 1.00	THU	03-13-03	E 3.00	THU	05-15-03	E 1.00
TUE	01-14-03	E 4.00	MON	03-17-03	E 2.00	TUE	05-20-03	U 4.00
WED	01-15-03	E 2.00	TUE	03-18-03	E 7.00	WED	05-21-03	E 3.00
THU	01-16-03	E 1.00	WED	03-19-03	E 2.00	THU	05-22-03	E 3.00
FRI	01-17-03	E 1.00	MON	03-24-03	E 2.00	FRI	05-23-03	P 8.00
MON	01-20-03	H 8.00	TUE	03-25-03	E 2.00	MON	05-26-03	H 8.00
TUE	01-21-03	E 4.50	WED	03-26-03	E 2.00	TUE	05-27-03	E 1.00
WED	01-22-03	E 3.50	THU	03-27-03	E 1.00	WED	05-28-03	E 4.00
THU	01-23-03	E 4.50	FRI	03-28-03	E 1.00	THU	05-29-03	E 1.00
FRI	01-24-03	E 3.00	SAT	03-29-03	E 3.00	TUE	06-03-03	E 5.00
MON	01-27-03	E 2.00	MON	03-31-03	E 1.00	WED	06-04-03	E 2.00
TUE	01-28-03	E 2.00	TUE	04-01-03	E 5.00	THU	06-05-03	E 1.00
WED	01-29-03	E 3.00	WED	04-02-03	E 2.00	TUE	06-10-03	E 4.00
THU	01-30-03	E 2.00	THU	04-03-03	E 2.00	WED	06-11-03	E 4.00
FRI	01-31-03	E 1.00	FRI	04-04-03	E 2.00	MON	06-16-03	E 5.00
SUN	02-02-03	E 4.00	SAT	04-05-03	E 8.00	THU	06-19-03	E 5.00
MON	02-03-03	E 3.00	SUN	04-06-03	E 12.00	SAT	06-21-03	E 4.00
TUE	02-04-03	E 4.00	MON	04-07-03	E 8.00	THU	06-26-03	E 2.00
WED	02-05-03	E 2.00	TUE	04-08-03	E 3.00	MON	06-30-03	U 8.00
SAT	02-08-03	E 6.00	THU	04-10-03	U 8.00	TUE	07-01-03	E 5.00
MON	02-10-03	E 2.00	FRI	04-11-03	U 8.00	WED	07-02-03	E 6.00
TUE	02-11-03	E 6.00	MON	04-14-03	U 8.00	FRI	07-04-03	H 8.00
WED	02-12-03	E 2.00	TUE	04-15-03	U 8.00	WED	07-09-03	E 6.00
THU	02-13-03	E 2.00	WED	04-16-03	U 8.00	MON	07-14-03	E 4.00
FRI	02-14-03	E 1.00	THU	04-17-03	U 8.00	TUE	07-15-03	E 2.00

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
GOODE ROBERT D	TRAN & PUB WRKS	102352	100	20	0110	08-31-02	F49	Y

*****										*****										*****									
DAY	DATE	CODE	AND	HOURS	ABSENT	*	DAY	DATE	CODE	AND	HOURS	ABSENT	*	DAY	DATE	CODE	AND	HOURS	ABSENT	*									

WED	07-16-03	U		4.00			WED	10-08-03	E		1.00																		
MON	07-21-03	E		1.00			THU	10-09-03	E		1.00																		
TUE	07-22-03	E		2.00			MON	10-13-03	E		1.00																		
WED	07-23-03	E		2.00			TUE	10-14-03	E		3.00																		
THU	07-24-03	E		1.00			WED	10-15-03	E		2.00																		
TUE	07-29-03	U		4.00			THU	10-16-03	E		2.00																		
WED	07-30-03	U		8.00			MON	10-20-03	E		2.00																		
THU	07-31-03	U		6.00			TUE	10-21-03	E		2.00																		
FRI	08-01-03	U		8.00			WED	10-22-03	E		2.00																		
MON	08-04-03	U		8.00			THU	10-23-03	E		4.00																		
TUE	08-05-03	U		8.00			FRI	10-24-03	U		4.00																		
WED	08-06-03	U		8.00			MON	10-27-03	U		8.00																		
THU	08-07-03	E		5.00			TUE	10-28-03	E		3.00																		
MON	08-11-03	E		2.00			THU	10-30-03	E		1.00																		
TUE	08-12-03	E		4.00			MON	11-03-03	E		4.00																		
WED	08-13-03	E		2.00			TUE	11-04-03	E		4.00																		
THU	08-14-03	E		2.00			WED	11-05-03	E		2.00																		
FRI	08-15-03	E		1.00			THU	11-06-03	E		3.00																		
MON	08-18-03	E		3.00			MON	11-10-03	U		4.00																		
TUE	08-19-03	E		2.00			TUE	11-11-03	E		4.00																		
WED	08-20-03	E		2.00			MON	11-17-03	E		1.00																		
THU	08-21-03	E		2.00			TUE	11-18-03	E		2.00																		
MON	08-25-03	E		2.00			WED	11-19-03	E		2.00																		
TUE	08-26-03	E		5.00			THU	11-20-03	E		3.00																		
WED	08-27-03	E		5.00			MON	11-24-03	U		8.00																		
THU	08-28-03	E		4.00			TUE	11-25-03	U		8.00																		
MON	09-01-03	H		8.00			WED	11-26-03	U		8.00																		
TUE	09-02-03	E		5.00			THU	11-27-03	H		8.00																		
WED	09-03-03	E		3.00			FRI	11-28-03	H		8.00																		
THU	09-04-03	E		5.00			MON	12-01-03	E		2.00																		
MON	09-08-03	E		4.00			TUE	12-02-03	E		5.00																		
TUE	09-09-03	E		3.00			WED	12-03-03	E		2.00			</															

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/07/03

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
GOODE ROBERT D	TRAN & PUB WRKS	102352	100	20	0110	08-31-02	F49	Y

ABSENTEE CODES	V	S	R	P	H	A	OTHER
PERSONAL	VAC	SICK	MAJOR	PERS	REG	PRIOR	USED
LEAVE	HOURS	HOURS	MEDICAL	HOLIDAY	HOLIDAY	SICK	LVE BNK CNTR
							4.00

FORWARD FROM LAST YEAR			40.00
YEARS ACCRUAL	37.96		36.96
TOTAL TIME OFF DUTY	4.00	4.00	96.00
BALANCE - LAST PAYROLL	33.96		42.00
			24.00
			24.00
			36.96
			94.00

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
MON	09-02-02	H 8.00	WED	10-30-02	E 1.00			
TUE	09-03-02	E 2.50	THU	10-31-02	E 1.00			
WED	09-04-02	E 3.00	FRI	11-01-02	U 1.00			
THU	09-05-02	E 1.00	MON	11-04-02	E 1.00			
MON	09-09-02	E 1.00	TUE	11-05-02	E 7.00			
TUE	09-10-02	E 3.00	WED	11-06-02	E 3.00			
WED	09-11-02	E 2.00	FRI	11-08-02	U 2.00			
THU	09-12-02	E 2.00	MON	11-11-02	E 1.00			
FRI	09-13-02	E 1.00	TUE	11-12-02	E 4.00			
MON	09-16-02	E 2.00	WED	11-13-02	E 4.00			
TUE	09-17-02	E 2.00	MON	11-18-02	E 2.00			
WED	09-18-02	E 2.00	TUE	11-19-02	E 3.00			
THU	09-19-02	E 1.00	WED	11-20-02	E 5.00			
MON	09-23-02	E 2.00	THU	11-21-02	U 2.00			
TUE	09-24-02	E 1.00	FRI	11-22-02	U 1.00			
WED	09-25-02	E 2.00	MON	11-25-02	E 1.00			
THU	09-26-02	E 2.00	THU	11-28-02	H 8.00			
FRI	09-27-02	U .50	FRI	11-29-02	H 8.00			
MON	09-30-02	E 1.50	MON	12-02-02	U 2.00			
TUE	10-01-02	E 5.50	WED	12-04-02	E 2.00			
WED	10-02-02	E 2.00	THU	12-05-02	E 2.00			
THU	10-03-02	E 2.00	MON	12-09-02	U 8.00			
SAT	10-05-02	E 1.00	TUE	12-10-02	U 8.00			
SUN	10-06-02	E 2.00	WED	12-11-02	U 4.00			
MON	10-07-02	E 2.00	FRI	12-13-02	U 8.00			
TUE	10-08-02	E 5.00						
WED	10-09-02	E 2.00						
FRI	10-11-02	U .50						
MON	10-14-02	E 3.00						
TUE	10-15-02	E 4.00						
WED	10-16-02	E 3.00						
FRI	10-18-02	U 4.00						
MON	10-21-02	E 2.00						
TUE	10-22-02	E 1.00						
WED	10-23-02	E 1.00						
THU	10-24-02	E 3.00						
FRI	10-25-02	U 1.00						
MON	10-28-02	E 3.00						
TUE	10-29-02	E 1.00						

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**City of Fort Worth
FY 2006/2007 Compensation Plan Implementation**

The following may reflect a salary increase due to the approved Fiscal Year 2006/2007 Compensation Plan approved by the Fort Worth City Council, September 12, 2006 and effective with pay period 21, September 30, 2006.

Police Civil Service received a 2.5% forecasted (across the board - ATB) and a 4% market increase.

Fire Civil Service received a 2.5% forecasted (across the board - ATB) and a 3.7% market increase.

Non-Civil Service employees received a 2.5% forecasted (across the board - ATB) increase, except where withheld at the request of the department. Select classifications also received a market adjustment passed on to the incumbent employee at a maximum of 5%, except where withheld at the request of the department. Select classifications receiving the market adjustment sometimes resulted in a step change to the employee.

Employee: GOODE ROBERT D 102352

Classification: F49 TRANSPORTATION/PUBLIC WKS DIR

	Rate	Step	Pay Grade
Old Data:	\$ 65.99	Y	309
Adjusted to:	\$ 67.64	Y	309

EMPLOYEE RECEIVED 2.5% ATB FISCAL YR 2006-2007

Dept / Locator

20 0110

**CITY OF FORT WORTH
PERFORMANCE REVIEW DATE SHEET
EXEMPT CLASSIFICATION
FISCAL YEAR 2006 / 2007**

Dept / Div / Sect

20 10 00

CURRENT INFORMATION

Employee Name : GOODE, ROBERT D

ID Number : 102352

Performance Review Due Date : 10/1/2006

FLSA Status : EXEMPT

Hourly Rate : 67.64

Quintile : 3

Pay Grade : 309

Key Code : F49

Classification : TRANSPORTATION/PUBLIC WKS DIR

FISCAL YEAR 2006/2007 ADJUSTMENTS

Hourly Rate & Quintile Prior To FY 2006/2007 Adjustments :

65.99

3

FY 2006/2007 % Market Adjustment Received :

0.00%

FY 2006/2007 Total % Increase Received (Market + Across The Board) :

2.50%

NOTE: EMP ELIGIBLE FOR PERFORMANCE INCREASE

NOTE: EMP RECEIVED 2.5% ATB FISCAL YEAR 2006-2007

FISCAL YEAR 2006/2007 PERFORMANCE REVIEW

CIRCLE ONE	UNSATISFACTORY 1.0 - 1.7	NEEDS IMPROVEMENT 1.8 - 2.4	GOOD SOLID PERFORMER 2.5 - 3.5	SUPERIOR 3.4 - 4.4	DISTINGUISHED 4.5 - 5.0
% Performance Increase Circle one if no Market	0%	0%	2%	4%	4%

New Quintile :

3

New Hourly Rate :

70.35

USE SCREEN B655 TO CALCULATE NEW HOURLY RATE

New Performance Review Due Date :

10/1/2007

[] CHECK HERE IF PRORATED

Effective Date :

9/30/2006

Note / Reason Code :

256

256 Performance Review-Merit Increase 257 Performance Review-Top of Range
258 Performance Review-No Increase 259 Performance Review-Increase Den

Supervisor :

M OTT

If supervisor information is incorrect please note the supervisors name here:

Approved By :

Date :

1.24.06**Supervisor / Department Checklist :**

* Is the Appraisers Summary and Annual Overall Performance Assessment signed and attached to the PRD?

- ☒ YES Verify the PRD form is filled out completely and signed prior to sending to HRIS/Records for processing
☐ NO Attach signed form, verify the PRD form is filled out completely and signed, forward to HRIS/Records

* Is the PRD form filled out completely and signed by the appropriate department personnel?

- ☒ YES Send the PRD to HRIS/Records for processing
☐ NO Complete the PRD form, acquire the appropriate signatures and send to HRIS/Records for processing

* Is the PRD being submitted for processing prior to the effective date?

- ☐ YES Send the PRD to HRIS/Records for processing
☒ NO Complete and attach a back pay form to the PRD and send to HRIS/Records for processing

FOR HUMAN RESOURCES, HRIS/RECORDS OFFICE USE ONLYDATE
RECEIVED

REC'D JAN 24 2007

DATE
INPUTPROCESSED
BY

ENT'D JAN 25 2007

MS



CITY OF FORT WORTH
ROADMAP FOR SUCCESS
F KEY CODE
Department Head

Name: Robert Goode

Title: Director Employee ID#: 102352

Department: Transportation and Public Works

Appraiser: Marc Ott

Purpose: (Check one)

- ☐ Performance Plan - Planning Session _____
☐ Mid-year Assessment - Review Period _____ - _____
☒ Annual Performance Evaluation - Review Period 10/1/2005 – 9/30/2006

INSTRUCTIONS FOR USING THE CITY OF FORT WORTH PERFORMANCE APPRAISAL FORM

THIS FORM IS USED FOR THREE PURPOSES: 1) FOR THE PERFORMANCE PLANNING DISCUSSION AT THE START OF THE YEAR; 2) FOR THE MID-YEAR ASSESSMENT HALFWAY THROUGH THE YEAR; 3) FOR THE FINAL PERFORMANCE APPRAISAL AT THE END OF THE YEAR. THE INSTRUCTIONS FOR EACH PARTICIPANT ARE BELOW:

Instructions for PERFORMANCE PLANNING:	
Before the Meeting: <ol style="list-style-type: none">1. Review the city's mission statement or vision and values and your department's Business Plan.2. Review the organizational and job competencies and determine whether any of them represent development needs.3. Using your department's Business Plan, think about what you consider to be fully successful performance in each area.	
During the Meeting: <ol style="list-style-type: none">4. Discuss expected Business Plan results, the most important competencies, and key job responsibilities.5. Discuss and come to agreement on an individual growth plan, if necessary.	
Instructions for PERFORMANCE ASSESSMENT	
Appraiser Responsibilities	Individual Responsibilities
<ol style="list-style-type: none">1. Review Business Plan results, competencies, critical job responsibilities, and goals.2. Prepare your assessment of the performance over the appraisal period.3. Determine whether any revisions are needed to the Business Plan, the individual's critical goals, competencies, and development plans for the next appraisal period.4. Prepare for the performance review meeting.	<ol style="list-style-type: none">1. Review your department's Business Plan over the year.2. Assess your accomplishments against the plan.3. Consider any revisions that may be needed to your department's Business Plan, critical job responsibilities, goals, and competencies for the next performance appraisal cycle.4. Prepare for the performance review meeting.

I understand the performance expectations (i.e., competencies, critical job responsibilities, and goals) established in accordance with my department's Business Plan for the period beginning 10/01/2005 and ending 9/30/2006.

Signature

10/27/2006
Date

PART 4: APPRAISER'S SUMMARY AND OVERALL PERFORMANCE ASSESSMENT

APPRAISER'S SUMMARY

[Use additional pages if necessary]

OVERALL PERFORMANCE APPRAISAL:

☐ Unsatisfactory (1) ☐ Needs Improvement (2) ☐ Good Solid Performance (3) ☒ Superior (4) ☐ Distinguished (5)

EMPLOYEE'S COMMENTS (OPTIONAL BUT ENCOURAGED)

See additional memo

[Use additional pages if necessary]

MID YEAR

Appraiser Signature: _____

Date: _____

Employee Signature: _____

Date: _____

ANNUAL

Appraiser Signature: _____

Date: 1/4/07

Employee Signature: _____

Date: 1/4/07

Dept/Locator
20 0110

Dept/Div/Section
20 10 00

CITY OF FORT WORTH
FY 2004/2005 PERFORMANCE REVIEW DATA SHEET

Goode, Robert D

In order to process and deliver FY 2005/2006 Performance Reviews the Performance Review Rating for FY 2003/2004 has been carried forward to complete FY 2004/2005 Performance Reviews on employees who were not eligible for performance based increases due to FY 2004/2005 Across The Board and Market Adjustment increases which capped the employee's pay for the FY.

NO PERFORMANCE REVIEW WAS CONDUCTED FOR FY 2004/2005

Employee Name: **Goode, Robert D**

ID #: **102352**

FLSA Status: **Exempt**

Rate: **63.44**

Step/Quintile: **Y 3**

Pay Grade: **309**

Key Code and Classification: **F49 - Transportation/Public Wks Dir**

Anniversary Date: **10/1/2004**

Performance Rating: **5**

New Step: **Y3**

New Rate: **63.44**

New Anniversary Date: **10/1/2005**

Effective Date: **9/18/2004**

Code: **256**

FY 2004/2005 Compensation Plan Package:

Note: Employee Received 5% Market Adjustment

Note: Emp Received 4% Atb Fiscal Year 2004-2005

CORRECTION TO EMPLOYEE ABSENTEE RECORD

To: **Human Resources Dept – HRIS/Records**

Phone: **817-392-7776/7777**

Employee Name: **GOODE, ROBERT**

Emp ID Number: **EEID 102352**

Dept # & Name: **020 # & TPW**

Locator Code: **0110**

Pay Group: **100**

FLSA Status: ☒ **Exempt**
☐ **Non-Exempt**

ENTER INFORMATION TO BE CORRECTED/CHANGED BELOW:

PP # <u>24</u>	Date: <u>11/13/2006</u> [To Be Corrected]	Reported or Input As: <u>Regular 8</u> _____ _____ _____	Change or Correct To: <u>Regular 8</u> <u>E 4</u> _____ _____
PP # <u>24</u>	Date: <u>11/14/2006</u> [To Be Corrected]	Reported or Input As: <u>Regular 8</u> _____ _____ _____	Change or Correct To: <u>Regular 8</u> <u>E4</u> _____ _____
PP # <u>24</u>	Date: <u>11/20/2006</u> [To Be Corrected]	Reported or Input As: <u>Regular 8</u> _____ _____ _____	Change or Correct To: <u>Used 8</u> <i>u</i> _____ _____ _____
PP # <u>24</u>	Date: <u>11/21/2006</u> [To Be Corrected]	Reported or Input As: <u>Regular 8</u> _____ _____ _____	Change or Correct To: <u>Used 8</u> <i>u</i> _____ _____ _____
PP # <u>24</u>	Date: <u>11/22/2006</u> [To Be Corrected]	Reported or Input As: <u>Regular 8</u> _____ _____ _____	Change or Correct To: <u>Used 8</u> <i>u</i> _____ _____ _____
PP # _____	Date: _____ [To Be Corrected]	Reported or Input As: _____ _____ _____ _____	Change or Correct To: _____ _____ _____ _____
PP # _____	Date: _____ [To Be Corrected]	Reported or Input As: _____ _____ _____ _____	Change or Correct To: _____ _____ _____ _____

Time Clerk: **SHELIA HAWKINS**

Date Completed: **12/04/2006**

Phone Number: **817-392-7808**

Authorized By: _____

Date: **12/5/06**

Reason For Change: **CHANGE SUBMITTED AFTER COMPLETION OF T&A**

REC'D DEC 06 2006

med 12/12/06

CORRECTION TO EMPLOYEE ABSENTEE RECORD

To: **Human Resources Dept – HRIS/Records**

Phone: **817-392-7776/7777**

Employee Name: **Goode, Robert**

Emp ID Number: **102352**

Dept # & Name: **20# & Transportation & Public Works**

Locator Code: **0110**

Pay Group: **100**

FLSA Status: ☒ **Exempt**
☐ **Non-Exempt**

ENTER INFORMATION TO BE CORRECTED/CHANGED BELOW:

PP # <u>22</u>	Date: <u>10/19/06</u> [To Be Corrected]	Reported or Input As: <u>6 Regular</u> <u>2 Used</u>	Change or Correct To: <u>2 Used</u> <u>6 Business</u> ✓
		_____	_____
		_____	_____
PP # <u>22</u>	Date: <u>10/20/2006</u> [To Be Corrected]	Reported or Input As: <u>6 Regular</u> <u>2 Used</u>	Change or Correct To: <u>6 Business</u> <u>2 Used</u> ✓
		_____	_____
		_____	_____
PP # _____	Date: _____ [To Be Corrected]	Reported or Input As: _____	Change or Correct To: _____
		_____	_____
		_____	_____
PP # _____	Date: _____ [To Be Corrected]	Reported or Input As: _____	Change or Correct To: _____
		_____	_____
		_____	_____
PP # _____	Date: _____ [To Be Corrected]	Reported or Input As: _____	Change or Correct To: _____
		_____	_____
		_____	_____
PP # _____	Date: _____ [To Be Corrected]	Reported or Input As: _____	Change or Correct To: _____
		_____	_____
		_____	_____

Time Clerk: **Shelia Hawkins**

Date Completed: **11/09/2006**

Phone Number: **817-392-7808**

Authorized By: _____

Shelia Hawkins

Date: **11-09-06**

Reason For Change: **Correction submitted after T&A**

RECEIVED NOV 13 2006

meel 11-27-06

**City of Fort Worth
FY 2005/2006 Compensation Plan Implementation**

The following may reflect a salary increase due to the approved Fiscal Year 2005/2006 Compensation Plan approved by the Fort Worth City Council, September 13, 2005 and effective with pay period 21, October 1, 2005.

Civil Service and Non-Civil Service employees received a 1% forecasted (Across the Board-ATB) increase, except where withheld at the department's request. Selected classifications also received a market adjustment passed on to incumbent employees at a maximum of 5%, except where withheld at the department request.

All pay ranges were adjusted by the 1% forecasted (Across the Board-ATB) increase and a 5% or 10% market adjustment was given to select classifications sometimes resulting in a step change to the employee.

Employee: GOODE ROBERT D 102352
Classification: F49 TRANSPORTATION/PUBLIC WKS DIR

	Rate	Step	Pay Grade
Old Data	\$ 63.44	Y	309
Adjusted To	\$ 64.07	Y	309

EMP RECEIVED 1% ATB FISCAL YEAR 2005-2006

CITY OF FORT WORTH
PERFORMANCE REVIEW DATA SHEET
EXEMPT CLASSIFICATIONS
FISCAL YEAR 2005/2006

CURRENT INFORMATION

Employee Name : GOODE, ROBERT D

ID Number : 102352

Performance Review Due Date : 10/1/2005

FLSA Status : EXEMPT

Hourly Rate : \$64.07

Current Quintile : 0

Pay Grade : 309

Key Code : F49

Classification : TRANSPORTATION/PUBLIC WKS DIR

FISCAL YEAR 2005/2006 ADJUSTMENTS

Hourly Rate & Quintile Prior To FY 2005/2006 Adjustments : \$63.44

FY 2005/2006 % Market Adjustment Received : 0%

FY 2005/2006 Total % Increase Received (Market + Across The Board : 1%

EMP ELIGIBLE FOR PERFORMANCE BASED INCREASE

EMP RECEIVED 1% ATB INCREASE FOR FY 05/06

FISCAL YEAR 2005/2006 PERFORMANCE REVIEW

EMPLOYEE MUST RECEIVE A PERFORMANCE RATING OF COMPETENT (3)
OR BETTER TO BE ELIGIBLE FOR 3% PERFORMANCE BASED PAY
INCREASE

Performance Rating :

4

New Quintile :

3

New Hourly Rate :

65.99

New Performance Review Due Date :

10/1/2006

Effective Date :

10/1/2005

Note / Reason Code :

256256 Performance Review-Merit Increase
258 Performance Review-No Increase257 Performance Review-Top of Range
259 Performance Review-Increase Denied

Supervisor :

MOTT

If supervisor information is incorrect, please note the supervisors name here :

Approved By :

Date :

10-19-05

Supervisor / Department Checklist :

- * Is the Appraisers Summary and Annual Overall Performance Assessment signed and attached to the PRD?
 - ☐ YES Verify the PRD form is filled out completely and signed and send to HRIS/Records for processing
 - ☐ NO Attach signed form to the PRD, verify the PRD form is filled out completely, signed and send to HRIS/Records
- * Is the PRD form filled out completely and signed by the appropriate department personnel?
 - ☐ YES Send the PRD to HRIS/Records for processing
 - ☐ NO Complete the PRD form, acquire appropriate signatures and send to HRIS/Records for processing
- * Is the PRD being submitted for processing prior to the effective date?
 - ☐ YES Send the PRD to HRIS/Records for processing
 - ☐ NO Complete a back pay form and attach it to the PRD form and send to HRIS/Records for processing

FOR HUMAN RESOURCES, HRIS/RECORDS OFFICE USE ONLY

DATE
RECEIVEDDATE
INPUTPROCESSED
BY

RECEIVED OCT 27 2005

ENTERED OCT 27 2005

PART 4: APPRAISER'S SUMMARY AND OVERALL PERFORMANCE ASSESSMENT

APPRAISER'S SUMMARY

[Use additional pages if necessary]

OVERALL PERFORMANCE APPRAISAL:

☐ Unsatisfactory (1) ☐ Needs Improvement (2) ☐ Good Solid Performance (3) ☒ Superior (4) ☐ Distinguished (5)

EMPLOYEE'S COMMENTS (OPTIONAL BUT ENCOURAGED)

[Use additional pages if necessary]

MID YEAR

Appraiser Signature: _____

Date: _____

Employee Signature: _____

Date: _____

ANNUAL

Appraiser Signature: _____

Date: 10.19.05

Employee Signature: _____

Date: 12/2/05

DPT LOCO
20 0110

DP DV SV
20 10 00

CITY OF FORT WORTH
PERFORMANCE REVIEW DATA SHEET
FISCAL YEAR 2004/2005

CURRENT INFORMATION

EMPLOYEE NAME: GOODE, ROBERT D ID NUMBER: 102352
ANNIVERSARY DATE: 10/1/2004 FLSA STATUS: EXEMPT
CURRENT RATE: 62.84 QUINTILE: 4 GRADE: 309
KEY: F49 CLASSIFICATION: TRANSPORTATION/PUBLIC WKS DIR

NOTE: EMPLOYEE RECEIVED 5% MARKET ADJUSTMENT
NOTE: EMP RECEIVED 4% ATB FISCAL YEAR 2004-2005

RATE BEFORE MARKET ADJUSTMENT: 58.10
% MARKET ADJUSTMENT: 5.0
TOTAL % RECEIVED: 9.0

FY 2004/2005 PERFORMANCE RATING

PERFORMANCE RATING: 4
WHOLE NUMBER ONLY
NEW QUINTILE: 4
NEW HOURLY RATE: 62.84
NEW ANNIVERSARY DATE: 10/1/2005
EFFECTIVE DATE: 9/18/2004

Effective date is the beginning of the pay period the employee's anniversary date occurs within.

CODE: 256

256 Performance Review
257 Performance Review – Top of Range
258 Performance Review – No Increase
258 Performance Review – Increase Denied

SUPERVISOR: MOTT

IF INCORRECT NOTE SUPERVISOR'S NAME: _____

APPROVED BY:  _____

FOR HUMAN RESOURCES RECORDS OFFICE USE ONLY

DATE
RECEIVED

DATE
INPUT

PROCESSED
BY

REC'D SEP 20 2005

ENT'D SEP 22 2005

MS

CORRECTION TO EMPLOYEE ABSENTEE RECORD

To: Human Resources Dept – HRIS/Records

Phone: 817-392-7776/7777

Employee Name: GOODE, ROBERT

Emp ID Number: EEID 102352

Dept # & Name: 020 # & TPW

Locator Code: 0110

Pay Group: 100

FLSA Status: ☒ Exempt
☐ Non-Exempt

ENTER INFORMATION TO BE CORRECTED/CHANGED BELOW:

PP # <u>16</u>	Date: <u>25</u> [To Be Corrected]	Reported or <u>R8</u> Input As: _____	Change or <u>R 8</u> Correct To: <u>E 3</u>
PP # <u>16</u>	Date: <u>26</u> [To Be Corrected]	Reported or <u>R8</u> Input As: _____	Change or <u>R8</u> Correct To: <u>E4</u>
PP # <u>16</u>	Date: <u>27</u> [To Be Corrected]	Reported or <u>R8</u> Input As: _____	Change or <u>R8</u> Correct To: <u>E4</u>
PP # <u>16</u>	Date: <u>28</u> [To Be Corrected]	Reported or <u>R8</u> Input As: _____	Change or <u>R8</u> Correct To: <u>E2</u>
PP # <u>16</u>	Date: <u>29</u> [To Be Corrected]	Reported or <u>R8</u> Input As: _____	Change or <u>R8</u> Correct To: <u>E3</u>
PP # _____	Date: _____ [To Be Corrected]	Reported or _____ Input As: _____	Change or _____ Correct To: _____
PP # _____	Date: _____ [To Be Corrected]	Reported or _____ Input As: _____	Change or _____ Correct To: _____

Time Clerk: SHELIA HAWKINS

Date Completed: 08/31/2005

Phone Number: 817-392-7808

Authorized By: _____

Date: 9/1/05

Reason For Change: **CHANGE SUBMITTED AFTER COMPLETION OF T&A**

REC'D SEP 1 2005

ENT'D SEP 2 2005

NOTE

NCE R²

NOTE

AVAILABLE
ANCEST
U

D 07/24/05 - 08/05

S	M	T	W	T	F
---	---	---	---	---	---

10

تاریخ الف

3

20 0110

DEPARTMENT

PUB DKK/TRANS-AD

PERIOD 07/23/95 - 08/31/03

EMPLOYEE NO. NAME	GROUP	LOCATOR	SHIFT	AVAILABLE BALANCES	S A T	S U N	M O N	T U E	W E D	T H U	F R I	S A T	S U N	M O N	T U E	W E D	T H U	F R I	TOTAL
101352	100	0110	A	A .00	KEY				STEP		EMPLOYED		ANNIVERSARY		0001-110100201003				
GOODS ROBERT D				100.00	P49				001-Y		08-01-02		10-01-04						
EXEMPT - SALARY				K .00											U	U			40
30.00				P .01															4/6
				N 501.12															
				V 44.10															
				ST 578 L76															
				177.40															

**CITY OF FORT WORTH
FY 2004/2005 COMPENSATION IMPLEMENTATION**

GOODE ROBERT D, 102352

F49 TRANSPORTATION/PUBLIC WKS DIR

	RATE	STEP	PAY GRADE	ANNIVERSARY DATE
OLD	58.10	Y		10/1/2004
ADJUSTED TO	63.44	Y	309	10/1/2004

- EMP RECEIVED 4% ATB FISCAL YEAR 2004-2005
- EMPLOYEE RECEIVED 5% MARKET ADJUSTMENT
-

The above may reflect a salary increase due to the approved Fiscal Year 2004/2005 Compensation Plan approved by Fort Worth City Council, September 17, 2004.

Civil service and non-civil service employee's received a 4% Across The Board adjustment, except where withheld at department request. Select classifications also received a market adjustment passed on to incumbent employees at a maximum of 5% except where withheld at department request.

All pay ranges were adjusted by the 4% Across The Board and a 5% or 10% market adjustment was given to select classifications sometimes resulting in step changes to employees.

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: HUMAN RESOURCES-Mary Beth Lane EXT. 6577

TIME CLERK: **SHELIA HAWKINS** DATE: 12/22/2004 PHONE # OR EXT. 7808

AUTHORIZED BY:

Curtis M. Robinson

DATE: _____

(Supervisor who signs the T&A)

EMPLOYEE'S NAME: **ROBERT GOODE**

EMPLOYEE NUMBER: **102352**

DEPARTMENT: **TPW**

LOCATOR CODE: **0110**

PAY GROUP: **100**

FLSA STATUS:

EXEMPT _____

NON-

EXEMPT _____

PAY PERIOD REQUIRING CHANGE	26	DATE NEEDING TO BE CHANGED	11/29 THRU 12/01/04	REPORTED OR INPUT AS	REG 8	CHANGE TO	REG 8 & COMP (E) 1
PAY PERIOD REQUIRING CHANGE	26	DATE NEEDING TO BE CHANGED	12/03/04	REPORTED OR INPUT AS	REG 8	CHANGE TO	REG 8 & COMP (E) 1
PAY PERIOD REQUIRING CHANGE	26	DATE NEEDING TO BE CHANGED	12/6/04	REPORTED OR INPUT AS	REG 8	CHANGE TO	REG 8/COMP (E) 2
PAY PERIOD REQUIRING CHANGE	26	DATE NEEDING TO BE CHANGED	12/07 &12/08/0 4	REPORTED OR INPUT AS	REG 8	CHANGE TO	REG 8/COMP (E) 4
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		REPORTED OR INPUT AS		CHANGE TO	
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		REPORTED OR INPUT AS		CHANGE TO	
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		REPORTED OR INPUT AS		CHANGE TO	

REASON FOR CHANGE: EMPLOYEE FAILED TO SUBMIT TIME SHEET ON TIME.

RECEIVED

DEC 22 2004

ENT'D DEC 23 2004

CITY OF FORT WORTH

PAGE 11

CITY OF FORT WORTH
TIME AND ATTENDANCE RECORD

20 0110

DEPARTMENT

FIR WORKS/TRANS-ADM

PERIOD

11/27/04 - 12/01/04

EMPLOYEE NO. NAME	GROUP	LOCATOR	SHIFT	AVAILABLE BALANCES	S A T	S U N	M O N	T U E	W E D	T H U	F R I	S A T	S U N	M O N	T U E	W E D	T H U	F R I	TOTAL
095104	100	0110	A	A .00	KEY	STEP	EMPLOYED	ANNIVERSARY GG015110100201000											
GARNON ANNE F				E 8.50	316 002-Y 01-16-01 10-01-03														
EXEMPT - SALARY				K .00															
				P .00															
				R 391.80															
				V 165.80															
				L 240.00															
102352	100	0110	A	A .00	KEY	STEP	EMPLOYED	ANNIVERSARY GG015110100201000											
GOODE ROBERT D				E 120.00	F49 001-Y 08-31-02 10-01-04														
EXEMPT - SALARY				K .00															
				P .00															
				R 272.58															
				V 209.58															
				L 240.00															
285231	100	0110	A	A .00	KEY	STEP	EMPLOYED	ANNIVERSARY GG015110100201000											
HAWKINS SHELIA MARIE				E 10.00	J12 003-L 01-26-91 01-26-05														
NON-EXEMPT - HOURLY				K .00															
				P .00															
				R 1455.48															
				V 40.46															
				L 240.00															
143879	100	0110	A	A .00	KEY	STEP	EMPLOYED	ANNIVERSARY GG015110100201000											
JONES DALE E				E .00	C81 002-Y 12-01-97 10-01-05														
EXEMPT - SALARY				K .00															
				P .00															
				R 334.89															
				V 13.73															
				L .00															
272256	100	0110	A	A .00	KEY	STEP	EMPLOYED	ANNIVERSARY GG015110100201000											
MCDONALD VICKI SUE				E .00	J12 002-L 05-14-94 12-27-04														
NON-EXEMPT - HOURLY				K .00															
				P .00															
				R 387.37															
				V 12.67															
				L 240.00															

T & A CODES

PRINT ALL T & A CODES IN RED

MARK THROUGH CHANGES WITH A RED "X"

I CERTIFY THAT THE ABOVE
RECORD IS CORRECT.

A - OLD SICK
B - ABSENT ON CITY BUSINESS
C - COURT OR JURY SERVICE
D - DISCIPLINARY WITHOUT
E - COMPENSATORY TIME EARNED
F - FAMILY ILLNESS OR DEATH
G - FUNERAL LEAVE
H - HOLIDAY
J - EARNED HOLIDAY TIME USED
K - HOLIDAY TIME EARNED
M - MILITARY LEAVE
O - OCCUPATIONAL DISABILITY

P - PERSONAL HOLIDAY
R - MAJOR MEDICAL
S - SICK
T - TRAINING
U - COMPENSATORY TIME USED
V - VACATION
W - ABSENT WITHOUT PAY

TIME CLERK

DIVISION HEAD

DP-3000-2-75

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: HUMAN RESOURCES-Mary Beth Lane EXT. 6577

TIME CLERK: **SHELIA HAWKINS** DATE: 9/20/2004 PHONE # OR EXT. 7808

AUTHORIZED BY: *Arthur M. Robinson* DATE: 9/21/04
(Supervisor who signs the T&A)

EMPLOYEE'S NAME: **ROBERT GOODE** EMPLOYEE NUMBER: **102352**

DEPARTMENT: **TPW** LOCATOR CODE: **0110**

PAY GROUP: **100** FLSA STATUS: EXEMPT NON-EXEMPT

PAY PERIOD REQUIRING CHANGE	<u>20</u>	DATE NEEDING TO BE CHANGED	<u>9/17</u>	REPORTED OR INPUT AS	<u>8</u>	CHANGE TO	<u>4 REG/4 USED</u>
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		REPORTED OR INPUT AS		CHANGE TO	
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		REPORTED OR INPUT AS		CHANGE TO	
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		REPORTED OR INPUT AS		CHANGE TO	
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		REPORTED OR INPUT AS		CHANGE TO	
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		REPORTED OR INPUT AS		CHANGE TO	
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		REPORTED OR INPUT AS		CHANGE TO	

REASON FOR CHANGE: EMPLOYEE USED TIME AFTER THE T&A WAS SUBMITTED.

RECEIVED
SEP 21 2004

RECORDS
SEP 27 2004

102352	100	0110	A	A	.00	KEY	STEP	EMPLOYED	ANNIVERSARY	66015	110100201000
GOODE ROBERT D				E	80.00	F49	001-Y	08-31-02	10-01-04		
EXEMPT - SALARY				K	.00						
80.00		55.14		P	.00						
				R	244.86						
				V	241.86						
				L	240.00						
288231	100	0110	A	A	.00	KEY	STEP	EMPLOYED	ANNIVERSARY	66015	110100201000
HAWKINS SHELIA MARIE				E	3.50	J12	003-L	01-28-91	01-26-05		
NON-EXEMPT - HOURLY				K	.00						
80.00		16.64		P	.00						
				R	1427.76						
				V	31.22						
				L	240.00						
143879	100	0110	A	A	.00	KEY	STEP	EMPLOYED	ANNIVERSARY	66015	110100204001
JONES DALE E				E	.00	C81	002-Y	12-01-97	10-01-04		
EXEMPT - SALARY				K	.00						
80.00		22.44		P	.00						
				R	807.17						
				V	11.35						
				L	.00						

T & A CODES

PRINT ALL T & A CODES IN RED

MARK THROUGH CHANGES WITH A RED "X"

I CERTIFY THAT THE ABOVE
RECORD IS CORRECT.

A - OLD SICK
B - ABSENT ON CITY BUSINESS
C - COURT OR JURY SERVICE
D - DISCIPLINARY WITHOUT
E - COMPENSATORY TIME EARNED
F - FAMILY ILLNESS OR DEATH

G - FUNERAL LEAVE
H - HOLIDAY
J - EARNED HOLIDAY TIME USED
K - HOLIDAY TIME EARNED
M - MILITARY LEAVE
O - OCCUPATIONAL DISABILITY

P - PERSONAL HOLIDAY
R - MAJOR MEDICAL
S - SICK
T - TRAINING
U - COMPENSATORY TIME USED
V - VACATION
W - ABSENT WITHOUT PAY

Shelia Hawkins
TIME CLERK
Robert M. Robison
DIVISION HEAD

DP-3000-2-75

Personnel Action Request

A. ☐ Personnel Appointment ☐ Change of Assignment ☐ Revised Personnel Quota (RPQ) ☐ Merit Increase
☐ Termination of Separation ☐ Request to Fill Vacant Position (RVP) ☐ Overage

B. Employee Name Goode Robert D
 Last First Middle
 Employee No. 102352 Soc. Sec. No. [REDACTED] Race C Sex M
 Birthdate [REDACTED] Retirement [REDACTED] Work Ext. 392-7801

C. Personnel Data										HOURLY RATE/ PAYPERIOD SALARY
FUND	DP / DV / SC	KEY	POS#	GRADE/ STEP	ANN. DATE	FUND/ACCOUNT/CENTER				
CURRENT STATUS	001	20 10 00	F49	001	Y	10-01-04	6601	511010	0201000	55 ¹⁴
NEW STATUS	"	Same	"	"	"	"	"	"	"	58 ¹⁰
DEPT. NAME		ACT. NAME		LOCATOR CODE		AUTH. POS.		HOURS	WEEKS	SHIFT
CURRENT STATUS										
NEW STATUS										

Reason for change 254

D. Department-Leave Time Used-Current Payperiod				Personnel Department Use Only			
Type of Leave	Hours						

TERMINATE POSITION						Revised Personnel Quota										ADD POSITION			
a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. Hr.	g. wk	h. PROJECTED SALARY						

JUSTIFICATION OF REQUEST: (RPQ or RVP)

SALARY Adjustment

F. Request to Fill Vacant Position

Funds for this position are budgeted under:

Date to be filled

☐ Salaries of regular employees ☐ Extra help ☐ Not budgeted

RECEIVED

If not budgeted, method of financing

SEP 17 ENT 15

G. Effective date of above Personnel Action 09/04/04 Contact Person Cheryl Smith Ext. 6109
 Approved By:

Charles R. Bonnen
 DIVISION HEAD
[Signature]
 DEPARTMENT HEAD
[Signature]
 OTHER APPROVAL SIGNATURE

DATE 9-16-04
 DATE 9-16-04
 DATE

[Signature]
 BUDGET ADMINISTRATOR
 DATE 9/17/04
 PERSONNEL DIRECTOR
 DATE
 DATE



February 9, 2004

Mr. Robert Goode
City of Fort Worth
1000 Throckmorton
Fort Worth, TX 76102

- pls put in Robert Goode's personnel file

Dear Robert:

Thank you for taking the time to serve on the recent selection committee for the appointment of the Aviation Director. As you know, the City of Fort Worth always values stakeholder participation in the decision-making process.

I am, of course, looking forward to continuing to work with Mike Feeley as he permanently assumes responsibility and leadership over the City's aviation operations. He was introduced to the City Council Members last Tuesday as the new Aviation Director and received a very warm welcome and congratulations.

Thanks again for contributing to our recruitment process by volunteering a significant amount of time from your busy schedule. Your contributions are greatly appreciated.

Sincerely,

Marc A. Ott
Assistant City Manager

cc: Gary W. Jackson, City Manager
Karen Marshall, Human Resources Director
Marisol Trevizo, Assistant to the City Manager

CITY MANAGER'S OFFICE

THE CITY OF FORT WORTH ★ 1000 THROCKMORTON STREET ★ FORT WORTH, TEXAS 76102
817-871-6111 ★ FAX 817-871-6134

FEB 11 2004
RECEIVED



THE CITY OF FORT WORTH
TEXAS

GARY W. JACKSON
CITY MANAGER

December 8, 2003

Robert Goode
City of Fort Worth
Transportation and Public Works
1000 Throckmorton
Fort Worth, TX 76102

Dear Robert:

I want to express my appreciation for your work in support of the Development Standards Task Force (DSTF). The charge undertaken by the DSTF was a monumental task requiring a large amount of time and coordination. I certainly appreciate the critical role that you and other staff members played in the review process and the formulation of the recommendations.

Ensuring that our development practices are well aligned with the City's Strategic Goals will help us be more efficient and provide better customer service. Although the recommendations of the DSTF have not yet been formally adopted by the City Council, I am glad to know that City departments have already implemented many procedural improvements.

In appreciation for your hard work you will soon be receiving an invitation to a reception to be held in January. Thank you again for your service to the City of Fort Worth and for your contributions to the DSTF.

Sincerely,


Gary W. Jackson
City Manager

cc: Anthony Snipes, Interim Human Resources Director
Marisol Trevizo, Assistant to the City Manager

CONFIDENTIAL

MAY 04 2004

RECEIVED

**City of Fort Worth
Performance Review Data Sheet
Fiscal Year 2002/2003**

Current Information

Employee ID#: 102352 DP DV SC
Employee Name: GOODE ROBERT D 20 10 0
Key Code: F49 Class: TRANSPORTATION/PUBLIC WKS DIR
Current Annual Salary: \$113,006.40 Current Hourly Rate: \$54.33
Current Quintile: 4 Supervisor: OTT M
Anniversary Date: 3/3/2003 (Please print supervisor name below if incorrect.)


Performance Appraisal Data

Overall Performance Appraisal: 4.5
Annual Percentage Increase: 1.5% (Circle if Good Solid Performer or above, else cross out.)
Effective Date: January 3, 2004 12/27/03
Potential New Annual Salary: \$114,701.50 (Circle if Good Solid Performer or above, else cross out. Adjust if prorating.)
Potential New Hourly Rate: \$55.14
Potential New Quintile: circle one below
1 2 3 4 5
36.86---42.90 42.91---48.94 48.95---54.99 55.00---61.03 61.04---67.08

Note Code: 256

256 - Performance Review w/ merit increase
257 - Annual Evaluation Top of Range
258 - Performance Review - denied increase
259 - Performance Review - not eligible for increase

Increase was pro-rated due to reduced hours worked: ☐ No ☒ Yes

Employee Signature: 

Evaluated By: 

PRD Completed by: _____

No additional attachments necessary.

RECEIVED

FEB 05 ENT'D MGS

MILWAUKEE

B.
Employee Name GOODE ROBERT D.
Last First Middle
Employee No. 102352 Soc. Sec. No. [REDACTED] Race C Sex M
Birthdate [REDACTED] Retirement [REDACTED] Work Ext. 7801

Reason for change 110-NEW HIRE

Revised Personnel Quota													
TERMINATE POSITION						ADD POSITION							
a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. Hr.	g. wk	h. PROJECTED SALARY
JUSTIFICATION OF REQUEST: (RPQ or RVP)													

G. Effective date of above Personnel Action 8/31/02 Contact Person Nickie Bennett Ext. 7815
Approved By: _____

DIVISION HEAD	DATE	BUDGET ADMINISTRATOR	DATE
DEPARTMENT HEAD	DATE	PERSONNEL DIRECTOR	DATE
OTHER APPROVAL SIGNATURE	DATE		DATE



August 1, 2002

Robert D. Goode
[REDACTED]

Dear Robert:

I am pleased to offer you the position of Director of Transportation/Public Works for the City of Fort Worth. Outlined below is a proposed salary and benefit package.

Base Salary

The base salary shall be \$9,416.67 per month, annualized to \$113,000. You will be paid on a bi-weekly basis. For your information, written performance evaluations will take place at least once annually.

Car Allowance

The car allowance will be \$400 per month (\$4,800 annualized) and is included in the first paycheck received in each month.

Vacation Leave

Department Directors earn 15 days of vacation leave per year, accrued at a rate of 4.62 hours per bi-weekly pay period

Short Term Sick/Family Leave

Department Directors earn 7 days of short-term sick/family leave per year, accrued at a rate of 2.15 hours per bi-weekly pay period.

Major Medical

Department Directors earn 15 days of major medical leave per year, accrued at a rate of 4.62 hours per bi-weekly pay period.

CITY MANAGER'S OFFICE

THE CITY OF FORT WORTH ★ 1000 THROCKMORTON STREET ★ FORT WORTH, TEXAS 76102
(817) 871-6111 ★ FAX (817) 871-6134

Leave Sellback

Once each calendar year (first payday in December), an employee may choose to sell back to the City up to 40 hours of Vacation Leave under the following conditions:

1. The employee must have accumulated the hours he/she wishes to sell back and;
2. The employee must retain a minimum balance of 120 hours after sellback.

Compensatory Time

Executive level employees are also allowed to accumulate a maximum of 120 hours of compensatory time. It goes without saying that employees in your category are expected to dedicate whatever time necessary to fulfill job responsibilities, even if that time exceeds the maximum 120 hours accumulation. Compensatory time can be used at the discretion of the employee, based on existing Personnel Rules and Regulations. In light of the time requirements that may be necessary for moving, you will receive 40 hours of compensatory time for your immediate use upon starting with the City.

Moving Expenses

The City will pay for standard household moving expenses. In addition, the City will pay for temporary living expenses for you while you are relocating at a rate up to \$800 per month for a time period not to exceed the first four months of employment. The City will also pay for one round-trip airfare for you and your spouse for the purpose of selling or buying a house. The city will also reimburse you for up to four trips for your spouse to house search at the City's standard mileage rate of 36 ½ cents per mile.

Health Insurance

The City offers three levels of PPO coverage through the United Health Care plan. These choices have various costs associated with them, depending on the type and level of coverage you prefer. Based on your anticipated starting date with the City, your coverage would not begin until November 1, 2002. If you wish, we will allow you to prepay your health benefit premium for the month of September. This will allow your coverage to start on October 1, 2002. The amount necessary would depend on the plan and type of coverage you choose. Contact our Human Resources Department for more details.

Life Insurance

The City provides basic life insurance of \$10,000 and in the event of accidental death, \$20,000 at no cost to the employee. Additional life insurance coverage is available to the employee and dependents at an extremely reasonable cost to the employee.

Retirement Contributions and Social Security

The employee's retirement contribution is 8.25% of salary. The City matches that with a contribution of 10.74%. The City has a stand-alone retirement program and is not a part of the State's TMRS system. Employees are vested in the City's retirement system after five years of service

The City's retirement pension is based upon an employee's three highest year's salary:

(Average of three highest years' salaries) X 3% X (years of service)

If for some reason an employee leaves the employment of the City prior to becoming vested or reaching his/her normal retirement date, several options can be exercised...from recovering the employee's contribution, plus interest, minus a modest service charge to leaving contributions in the system until the normal retirement date. The only other deduction is 1.45% for Social Security (Medicare only).

Holidays


Regular employees receive eight paid holidays each year, and one personal holiday. The personal holiday may be taken any time after completion of the initial probationary period, with the supervisor's approval.


As we discussed, we anticipate your starting date will be on or before September 16, 2002. For our personal records, please sign the enclosed copies of this letter and return one in the envelope provided. Please be advised that this does not constitute a contract, merely the terms of employment.

Robert, I look forward to welcoming you as a member of our team. There certainly will be challenges and I feel comfortable that you are more than capable of meeting them. Feel free to contact any member of my staff if you are in need of assistance during your transition.

I look forward to seeing you on or before September 16, 2002 and introducing you to the City Council the following day.

Sincerely,


Gary W. Jackson
City Manager

Signed:  Date: 8/1/02
Robert D. Goode

cc: Marc Ott, Assistant City Manager
Linda C. Cobb, Human Resources Director

CITY OF FORT WORTH EMPLOYMENT APPLICATION



AN EQUAL OPPORTUNITY EMPLOYER

TYPE OR PRINT IN INK. This form is spaced for typewriter use.

JOBLINE: (817) 871-7760 • (800) 532-0678 • (817) 871-7750 • FAX (817) 871-8869

IMPORTANT INSTRUCTIONS FOR COMPLETING THE CITY OF FORT WORTH EMPLOYMENT APPLICATION

- A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH JOB TITLE. COPIES ARE ACCEPTABLE IF EACH HAS AN ORIGINAL SIGNATURE, THE OFFICIAL JOB TITLE, AND IS THE SAME SIZE AS THE ORIGINAL APPLICATION. APPLICATIONS ARE ACCEPTED ONLY FOR JOB TITLES FOR WHICH RECRUITMENT IS CURRENTLY BEING CONDUCTED.
- ALL INFORMATION REQUESTED MUST BE COMPLETED ON THE APPLICATION. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.
- THIS APPLICATION FORM AND ITS ATTACHMENTS ARE OFFICIAL PROPERTY OF THE CITY AND WILL NOT BE RETURNED, REUSED OR COPIED FOR YOU AFTER BEING SUBMITTED. YOU SHOULD RETAIN A COPY OF THIS APPLICATION FOR FUTURE USE OR REFERENCE.
- EXCESSIVE OR NONESSENTIAL ATTACHMENTS WILL NOT BE REFERRED TO THE HIRING DEPARTMENT. ONLY INFORMATION NECESSARY TO COMPLETE THE APPLICATION SHOULD BE ATTACHED. EXAMPLES OF WORK, AWARDS, LETTERS, ETC., MAY BE TAKEN TO THE INTERVIEW.
- IF MORE SPACE IS NEEDED TO GIVE FULL ANSWERS OR EXPLANATIONS, ATTACH ADDITIONAL SHEETS REFERENCING THE ITEM NUMBER, YOUR NAME, SOCIAL SECURITY NUMBER AND JOB TITLE APPLIED FOR. STAPLE ATTACHMENTS TO THE APPLICATION.

1. OFFICIAL JOB TITLE APPLIED FOR AS STATED ON ANNOUNCEMENT DIRECTOR OF TRANSPORTATION & PUBLIC WORKS			2. ANNOUNCEMENT NUMBER		OFFICE USE ONLY	
3. LAST NAME GOODE		FIRST NAME ROBERT		MIDDLE INITIAL D.	4. SOCIAL SECURITY NUMBER [REDACTED]	
5. MAILING ADDRESS [REDACTED]			CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	
6. HOME PHONE NUMBER [REDACTED]		7. DAY OR MESSAGE PHONE NUMBER [REDACTED]		8. DRIVER LICENSE NUMBER [REDACTED]	STATE [REDACTED]	CLASS [REDACTED]

9. CHECK TYPE(S) OF APPOINTMENT YOU WOULD ACCEPT:				FULL-TIME <input checked="" type="checkbox"/>	PART-TIME <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>
10. ARE YOU WILLING TO WORK:				OTHER THAN 7 A.M. - 5 P.M.? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	WEEKENDS/HOLIDAYS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ROTATING SHIFT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
11. ARE YOU PRESENTLY EMPLOYED BY THE CITY?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF "YES" SPECIFY DEPARTMENT AND DIVISION:	
12. IF PREVIOUSLY EMPLOYED BY THE CITY, SPECIFY DEPARTMENT(S) AND DATES OF EMPLOYMENT:				NA		
13. IF PREVIOUSLY EMPLOYED BY THE CITY, WERE YOU EVER TERMINATED FOR DISCIPLINARY REASONS:				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
14. IF YOU ARE SEEKING APPOINTMENT IN ONLY ONE DEPARTMENT, SPECIFY:				TPW		
15. IF THERE ARE ANY DEPARTMENTS TO WHICH YOU DO NOT WANT TO BE REFERRED, SPECIFY:						
16. IF YOU HAVE RELATIVES EMPLOYED BY THE CITY, SPECIFY NAMES, RELATIONSHIP AND DEPARTMENT:						
17. IF YOU HAVE BEEN EMPLOYED OR ATTENDED SCHOOL UNDER OTHER NAMES, LIST NAMES AND DATES OF USE:						
18. DATES OF MILITARY SERVICE FROM:		TO:		BRANCH OF SERVICE:		TYPE OF DISCHARGE:
DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS.						
19a. HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR, FELONY, OR MILITARY COURT MARTIAL)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
19b. HAVE YOU EVER BEEN PLACED ON PROBATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
19c. HAVE YOU EVER BEEN PLACED ON DEFERRED ADJUDICATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
19d. ARE THERE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FOR EACH "YES" RESPONSE, LIST DATE, PLACE, OFFENSE AND FINE OR SENTENCE BELOW.						
CONVICTIONS DOES NOT NECESSARILY DISQUALIFY APPLICANTS FROM EMPLOYMENT CONSIDERATION.						

20. IN WHAT LANGUAGES, OTHER THAN ENGLISH, ARE YOU PROFICIENT?	LANGUAGE:	UNDERSTAND <input type="checkbox"/>	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>
	LANGUAGE:	UNDERSTAND <input type="checkbox"/>	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>

21. HOW DID YOU LEARN ABOUT THIS JOB OPPORTUNITY? (CHECK THE APPROPRIATE CATEGORY.)			
<input type="checkbox"/> CITY HUMAN RESOURCES OFFICE	<input type="checkbox"/> NEWSPAPER (NAME)	<input type="checkbox"/> CITY EMPLOYEE	
<input type="checkbox"/> CITY TELEPHONE JOB LINE	<input type="checkbox"/> TEXAS WORKFORCE COMMISSION (TWC)	<input checked="" type="checkbox"/> INTERNET (Name) ADW4	<input type="checkbox"/> RADIO OR TV
<input type="checkbox"/> CITY RECRUITER	<input type="checkbox"/> PROFESSIONAL JOURNAL OR NEWSLETTER	<input type="checkbox"/> JOB FAIR	<input type="checkbox"/> OTHER

22. DO YOU HAVE A HIGH SCHOOL DIPLOMA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OR GED CERTIFICATE? YES <input type="checkbox"/> NO <input type="checkbox"/>							
23. COLLEGE OR VOCATIONAL SCHOOL AND LOCATION	DATES	SEM.	QTR.	MAJOR	MINOR	DEGREE	DATE OF
	FROM	TO	HOURS	HOURS		EARNED	DEGREE
University of IDAH	1978	1982			BSCC	BSCC	1982
					Civil ENGR		

24. List any job related education, training, special qualifications and skills (specify type and software) that may be relevant to the job for which you are applying.	25.	Licenses or Certificates	Date Earned/Expired
		Professional ENGR	1988

26. APPLICANT'S CERTIFICATION: I CERTIFY THAT ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL RESULT IN MY REMOVAL FROM EMPLOYMENT CONSIDERATION OR DISMISSAL, IF HIRED. I UNDERSTAND THAT EMPLOYMENT PROCESSING MAY INCLUDE A CRIMINAL BACKGROUND CHECK, DRUG SCREENING AND/OR A REVIEW OF DRIVING RECORD. I GIVE THE CITY OF FORT WORTH AND ITS AUTHORIZED AGENTS PERMISSION TO VERIFY ANY JOB-RELATED INFORMATION GIVEN IN CONNECTION WITH THIS APPLICATION.

SIGNATURE OF APPLICANT:

[Signature]

DATE:

8/15/82

DO NOT DETACH

Name ROBERT D. GOODESS# [REDACTED]

LIST JOBS IN REVERSE ORDER STARTING WITH YOUR MOST RECENT JOB. LIST YOUR WORK HISTORY FOR THE LAST 10 YEARS INCLUDING VOLUNTEER, PART-TIME, TEMPORARY, SELF-EMPLOYMENT AND MILITARY JOBS. LIST EACH PROMOTION AS A SEPARATE JOB. PROVIDE A DETAILED DESCRIPTION OF DUTIES PERFORMED. DO NOT SUBSTITUTE A RESUME FOR COMPLETION OF THIS SECTION. IF MORE SPACE IS NEEDED, ATTACH A SUPPLEMENTAL WORK HISTORY SHEET IN THE SAME FORMAT INCLUDING YOUR NAME, SOCIAL SECURITY NUMBER AND JOB TITLE. WORK HISTORY INFORMATION MUST INCLUDE SPECIFIC TASKS AND DUTIES FOR EACH JOB IN THEIR ORDER OF IMPORTANCE. DETAILED INFORMATION CONCERNING TYPE AND LEVEL OF WORK MUST BE STATED CLEARLY. FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN FAILURE TO QUALIFY OR A LOWER RATING SCORE.

30. EMPLOYER: BURY PARTNERS ADDRESS: 3345 Bee Caves Rd Austin, TX 78746
YOUR TITLE: PUBLIC WORKS Div. Director FROM: MO./YR. 12/01 TO: MO./YR. 8/02 HOURS PER WEEK: 50
LAST SALARY: \$ 116,974 PER YEAR SUPERVISOR: Jim Knight MAY WE CONTACT? YES ☒ NO ☐ PHONE: (512) 328-0611
EQUIPMENT AND/OR SOFTWARE USED:
NO. & TYPE OF EMPLOYEES YOU SUPERVISED: 8 PROFESSIONALS REASON FOR LEAVING: CAREER ADVANCEMENT
DUTIES: LEAD PUBLIC WORKS PROGRAM

31. EMPLOYER: TRAVIS COUNTY ADDRESS: PO BOX 1799 Austin, TX 78701
YOUR TITLE: COUNTY ENGINEER FROM: MO./YR. 9/00 TO: MO./YR. 12/01 HOURS PER WEEK: 50
LAST SALARY: \$ 84,674 PER YR SUPERVISOR: Joe Giesdend MAY WE CONTACT? YES ☒ NO ☐ PHONE: (512) 854-9763
EQUIPMENT AND/OR SOFTWARE USED:
NO. & TYPE OF EMPLOYEES YOU SUPERVISED: 75 PROFESSIONAL/TECH REASON FOR LEAVING: CAREER ADVANCEMENT
DUTIES: DIRECT PUBLIC WORKS DEPARTMENT:

- CAPITAL IMPROVEMENTS
- TRAFFIC PLANNING
- ROW, STORMWATER, SURVEY, DEVELOPMENT SERVICES
- TRAFFIC ENGR.

32. EMPLOYER: CITY OF OLYMPIA ADDRESS: 98507 WA PO BOX 1967
YOUR TITLE: ENGR DIV MGR/DESIGN, CONST SUPERV. FROM: MO./YR. 1/92 TO: MO./YR. 9/00 HOURS PER WEEK: 50
LAST SALARY: \$ 72,870 PER YR SUPERVISOR: TOM FRANK MAY WE CONTACT? YES ☒ NO ☐ PHONE: (360) 459-313
EQUIPMENT AND/OR SOFTWARE USED:
NO. & TYPE OF EMPLOYEES YOU SUPERVISED: 42 PROFESSIONAL/TECH REASON FOR LEAVING: CAREER ADVANCEMENT
DUTIES: LEAD ENGINEERING DIVISION

- MANAGE OVERALL DESIGN, CONSTRUCTION, & COORDINATION OF PUBLIC WORKS CAPITAL IMPROVEMENT PROGRAM

33. EMPLOYER: ADDRESS:
YOUR TITLE: FROM: MO./YR. TO: MO./YR. HOURS PER WEEK:
LAST SALARY: \$ PER SUPERVISOR: MAY WE CONTACT? YES ☐ NO ☐ PHONE:
EQUIPMENT AND/OR SOFTWARE USED:
NO. & TYPE OF EMPLOYEES YOU SUPERVISED: REASON FOR LEAVING:
DUTIES:

34. EMPLOYER: ADDRESS:
YOUR TITLE: FROM: MO./YR. TO: MO./YR. HOURS PER WEEK:
LAST SALARY: \$ PER SUPERVISOR: MAY WE CONTACT? YES ☐ NO ☐ PHONE:
EQUIPMENT AND/OR SOFTWARE USED:
NO. & TYPE OF EMPLOYEES YOU SUPERVISED: REASON FOR LEAVING:
DUTIES:

NEW HIRE DATA SHEET

TO ALL EMPLOYEES OF THE CITY OF FORT WORTH:

Name: ROBERT D. GUDD Employee Number: 102352

Address: _____

City: _____ State: _____ Zip Code: _____

To complete your employee profile, we will need the following information:

Home Telephone Number (TELE): [REDACTED]

Date of Birth (BRTH): [REDACTED]

Emergency Contact Name: [REDACTED]

Relationship: [REDACTED]

Emergency Telephone Number (ETEL): [REDACTED]

Signature of Employee: [Signature]

Date 9/20/82

POLICY REGARDING CONTROLLED SUBSTANCE ABUSE

It is the policy of the City of Fort Worth to provide employees with a working environment that is free of the problems associated with the use and abuse of controlled substances.* The use of controlled substances is inconsistent with the behavior expected of employees and subjects the City to unacceptable risks of workplace accidents or other failures that would undermine the City's ability to operate effectively and efficiently. The City considers employees who use such substances to be less reliable and stable and lacking in good judgment. Non-compliance with the policy set forth below will result in disciplinary action.

- I. The non-prescriptive use, sale, possession, distribution, dispensation, manufacture, or transfer of controlled substances on City property or other work sites where employees may be assigned or elsewhere during work hours is strictly prohibited. Further prohibited is the use, sale, possession, distribution, dispensation, manufacture, or transfer of controlled substances on non-working time to the extent such use impairs an employee's ability to perform his/her job or where such use, sale, possession, distribution, manufacture, or transfer affects the reputation of the City to the general public or threatens its integrity. Persons violating the City policy will be subject to disciplinary action, which may include termination for a first offense.
- II. Employees who are convicted of controlled substances-related violations in the workplace under state or federal law or who plead guilty or nolo contendere to such charges must inform the Human Resource Director/Department Head within five days of such conviction or plea. Failure to do so will result in disciplinary action, including termination from employment for a first offense. Employees convicted or pleading guilty or nolo contendere to such drug-related violations must successfully complete a drug abuse assistance or similar program as a condition of continued employment or re-employment.

I have read and understand the foregoing Policy and agree to abide by its terms.

9/20/02
Date


Signature


*"Controlled substances" is defined to mean those drugs listed in schedules I through V of Section 202 of the Federal Controlled Substances Act, 21 U.S.C. 812, and includes, but is not limited to, marijuana, cocaine, (including "crack" and other cocaine derivatives), morphine, heroin, amphetamines, and barbiturates. When used in this policy, the term "drugs" means "controlled substances." The term does not include those controlled substances used pursuant to and in accordance with a valid prescription.



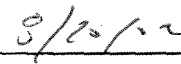
EMPLOYEE OUT-PROCESSING FORM

I understand that upon my termination, I will be responsible for returning all City property. City property includes I.D. cards, keys, etc.

I further understand that my final check will be mailed to me by **"CERTIFIED MAIL"** on regular payday Friday.



Signature



Date

HUMAN RESOURCES DEPARTMENT

THE CITY OF FORT WORTH ★ 1000 THROCKMORTON STREET ★ FORT WORTH, TEXAS 76102
(817) 871-7750 ★ FAX (817) 871-8869




**RESIDENCY REQUIREMENTS FOR CERTAIN CITY
EMPLOYEES WHO RESPOND TO CIVIL EMERGENCIES**

Please read the following requirements carefully concerning time for certain City employees to respond to a Civil Emergency. These requirements were established in Ordinance 11043:

- A) City employees who reside outside the city limits and are required to respond to a civil emergency would have to reside at a location which permits them to respond to such an emergency within 30 minutes.
- B) The response time would be measured by the time required for the employee to travel from his or her residence to the emergency by automobile at posted speed limits in ordinary weekday traffic.
- C) The ordinance would not apply to persons who are employed by the City when the ordinance is adopted.
- D) Employees who are hired after adoption of the ordinance and reside outside the city limits would have to comply with the ordinance within six months after they are hired.
- E) The City Manager could grant written exceptions from the requirements of the ordinance when he must fill a job and is not reasonably able to find a person who meets the requirements of the ordinance.
- F) The ordinance would not prohibit the City from requiring that elected officials, the City Manager, City Attorney, City Secretary, City Auditor or Judges of the Municipal Courts reside within the city limits.

I understand that failure to comply with the above requirements could result in disciplinary action up to and including termination.



Signature

8/20/02

Date

HUMAN RESOURCES DEPARTMENT

THE CITY OF FORT WORTH ★ 1000 THROCKMORTON STREET ★ FORT WORTH, TEXAS 76102
(817) 871-7750 ★ FAX (817) 871-6304



OVERTIME POLICY FOR NON-EXEMPT EMPLOYEES

The City of Fort Worth currently has an overtime policy for non-exempt employees which allows management to pay for overtime work either at $1\frac{1}{2}$ times their regular rate of pay or to accrue compensatory time at $1\frac{1}{2}$ hours for each overtime hour worked in excess of 40 hours in a work week. This policy is permissible under the Fair Labor Standards Act. We are required to inform you of this policy prior to working any overtime. Please read and sign the following statement to verify that you have been informed of this policy.

I, ROBERT D. GOSSE Employee Number 102352,
hereby agree to accept time-off in lieu of cash wages for overtime
work at a rate of $1\frac{1}{2}$ hours for every hour of overtime worked.

I certify that I have signed this statement of my own free will and
have not been subjected to any threat or other form of coercion by
my employer relating to the signing of this statement.

Signed:

Date:

6/20/02

HUMAN RESOURCES DEPARTMENT

THE CITY OF FORT WORTH ★ 1000 THROCKMORTON STREET ★ FORT WORTH, TEXAS 76102.
(817) 871-7750 ★ FAX (817) 871-6304



EMPLOYMENT AGREEMENT

I understand that my employment with the City of Fort Worth is contingent upon my compliance with the City's criteria regarding criminal background checks and drivers license and safety checks. If I fail to comply with these criteria, I understand that my employment with the City may be terminated.

I further understand that if I am required to operate a City vehicle or my personal vehicle on city business, I must meet the following criteria:

- 1) I must have a valid Texas State drivers license required for the type of vehicle to be operated;
- 2) I must not have had three (3) moving violations or one (1) DWI or DUI conviction in the preceding 24-month period; and
- 3) I must not have refused to take a blood alcohol content test requested by a law enforcement agency within the preceding 24-month period.

I hereby certify that I do ☒ do not ☐ meet the driving criteria noted above.

ROBERT D. GOODE
Print Name

[Signature] 8/20/02
Signature Date

12/97

HUMAN RESOURCES DEPARTMENT

THE CITY OF FORT WORTH ★ 1000 THROCKMORTON STREET ★ FORT WORTH, TEXAS 76102
(817) 871-7750 ★ FAX (817) 871-8869

ASSIGNMENT OF BENEFITS

I, ROBERT D. GOODE
a City of Fort Worth employee, make the following declaration.
"In the event of my death, I hereby direct the City of Fort Worth
to pay my salary and other benefits due me to:

If more than one person is to be designated, list each one below and the percentage to be received.

PRIMARY	RELATIONSHIP	PERCENTAGE
---------	--------------	------------

--	--	--

In case the primary beneficiary dies prior to me, the secondary beneficiary will receive the money.

SECONDARY	RELATIONSHIP	PERCENTAGE
-----------	--------------	------------

--	--	--

I understand that this declaration can be changed at any time by my
submission of a replacement document.

THIS FORM IS A STATEMENT OF INTENT. IT IS NOT A LEGAL DOCUMENT. IT IS
NOT INTENDED TO REPLACE A LAST WILL AND TESTAMENT OR A LETTER OF
ADMINISTRATION OR AFFIDAVIT OF SMALL ESTATE OR JUDGEMENT OF HEIRSHIP.

Printed Name: ROBERT D. GOODE

Employee Number: 102352

Signature: [Signature] Date: 8/20/02

NAME Robert D. Goode
Please Print

Harassment-free Workplace

It is the policy of the City of Fort Worth to treat all employees with respect. Employees have the right to work in an environment that is free of conduct that is harassing or inappropriate. No employee shall be subjected to unsolicited and unwelcome sexual, ethnic, racial or religious overtures or conduct, either verbal or physical by any persons while engaged in legitimate city business. No employee shall encourage or condone such overtures or conduct, either verbal or physical. Any employee who engages in, perpetuates or condones inappropriate behavior shall be subject to disciplinary action. Likewise, any persons conducting business with the City (contractors, vendors, citizens, interns, volunteers, or agents thereof) are expected to treat our employees with respect and to conform to the same workplace standards of conduct as City employees.

Employee's Responsibilities -- It is the responsibility of each employee of the City of Fort Worth to engage in and promote workplace behaviors that create and maintain an environment of respect and that promote effective teamwork. It is likewise the responsibility of each employee to report those behaviors that damage this environment, especially those of a harassing nature.

Managers and Supervisors Responsibilities – Managers and supervisors have a greater responsibility, not only to model respectful, professional conduct at the workplace, but also to maintain an environment of respect and effective teamwork in their work areas. Managers and supervisors should monitor the workplace for inappropriate behavior and must immediately report all incidents of harassing behavior to the Human Resources Department.

Appropriate corrective action will be taken in response to harassing behavior toward City employees or by employees toward non-employees.

The definitions below are from the regulations adopted by the U.S. Equal Employment Opportunity Commission.

Sexual Harassment – Unwelcome sexual advances, requests for sexual favors, and other verbal (slurs, jokes) or physical conduct of a sexual nature constitute sexual harassment if:

- a. Submission to such conduct is made either a term or condition of employment or,
- b. Submission to or rejection of such conduct by an employee is used as the basis for employment decisions or,
- c. Such conduct has the purpose or effect of interfering with an employee's work performance or creating an intimidating, hostile, or offensive working environment.

Ethnic/Racial Harassment – Ethnic or racial slurs or jokes, and other verbal or physical conduct relating to an employee's national origin or race constitute harassment when this conduct:

- a. Has the purpose or effect of creating an intimidating, hostile or offensive working environment or,
- b. Has the purpose or effect of interfering with an employee's work performance or,
- c. Adversely affects an employee's employment opportunities.

Religious Harassment – Religious slurs or jokes, and other verbal or physical conduct relating to an employee's religious beliefs constitute harassment when the conduct:

- a. Has the purpose or effect of creating an intimidating, hostile, or offensive working environment or,
- b. Has the purpose or effect of interfering with an employee's work performance or,
- c. Adversely affects an employee's employment opportunities.

An employee's intentions and motives are not the decisive factors in considering alleged harassment behavior. The effect of one employee's behavior upon another employee is the decisive factor. If an employee's behavior is considered to be offensive by another employee or if it has an intimidating effect upon another employee, racial, sexual, ethnic, or religious harassment may be present. The welcomeness, frequency, and severity of the behavior determine whether or not harassment has occurred.

Investigation of Complaints

Any employee who feels that he or she has been the victim of racial, sexual, ethnic, or religious harassment or any employee who witnesses behavior that rises to the level of harassment as defined above should notify the Human Resources Director or designee immediately. If there is a question whether the behavior meets the definition(s) above, the Human Resources Department should be contacted for assistance.

Any complaint alleging harassment shall be construed as being a claim against the City of Fort Worth. Each complaint, unless determined by legal counsel to be facially invalid, shall be investigated as if it were a claim. Legal counsel overseeing the claim shall instruct the Human Resources Director or designee to investigate the complaint and claim on behalf of the City of Fort Worth.

The only exception to this section is in departments regulated by Chapter 143 of the Local Government Code, (Fire and Police). Violations involving sworn personnel may be reported through the chain of command, directly to the Chief's office, or to the appropriate Division (either Internal Affairs or Human Resources). This in no way precludes any individual from reporting directly to the Human Resources Department. Investigations may be conducted by the department in accordance with the statute and the Fort Worth Firefighter's and Police Officers' Civil Service Rules and Regulations.

All allegations of harassment will be investigated and all findings, decisions, and recommendations will be made on an individual case-by-case basis. Appropriate disciplinary action will be taken when the findings warrant such action.

Allegations of harassment shall be dealt with in strict confidence and any serious breach of confidentiality will result in disciplinary action.

No employee shall be retaliated against for filing a complaint, participating in an investigation, reporting an alleged violation or opposing any action which is believed to constitute a violation of this policy. Disciplinary action will be taken against any employee who engages in retaliatory actions.

Inappropriate Conduct

It is the responsibility of each employee to engage in and promote workplace behavior that creates and maintains an environment of respect and promotes effective teamwork. It is likewise the responsibility of each employee to report behavior that damages this environment.

Horseplay, pranks and any other inappropriate, non-work related behaviors are strictly prohibited. Jokes (verbal, electronic, printed or in any other medium) that demean people (individuals) or have sexual, racial, ethnic or religious themes are inappropriate in the workplace.

This policy prohibits behaviors that may not reach the level of harassment as defined in the City's "Harassment-free Workplace" policy, but that nonetheless is inappropriate in the workplace. Such behavior includes bringing sexually explicit pictures, photographs, cartoons or objects to the workplace; repeated requests for dates, sexual bantering, jokes or teasing; sexual innuendoes, gestures or leers, obscene, profane or abusive language; terms of endearment such as "doll", "honey", "sweetheart" or "babe"; sending sexual, racial, ethnic, religious jokes, cartoons, etc. on e-mail, faxes, etc.; and, using racial, ethnic or religious slurs or demeaning comments.

Appropriate disciplinary action will be taken when violations of this policy occur. See the "Disciplinary Action" policy for guidance.

Inappropriate behavior as defined in the "Harassment-Free Workplace" policy or this policy, should be reported to the Human Resources Department immediately. The Human Resources Department, in conjunction with the Department of Law, will decide how the incident/allegation/complaint will be investigated. Departments should not investigate such matters without consulting the Human Resources Department. After completing an investigation, it will be determined which policy, if any, has been violated. The welcomeness, frequency, and severity of the inappropriate behavior determine whether or not harassment has occurred.

I received and understand this
information on the City's policy:

Approved 2/1/99


Employee Signature

9/10/02
Date

HARASSMENT

Sexually-oriented and racially-oriented offensive material and conduct is prohibited from the workplace.

NO ONE HAS TO STATE THAT HE OR SHE IS OFFENDED. The material is prohibited per se, even if no one complains.


Here are some examples:

- **Jokes**
Do not make jokes that are demeaning to a group of people based on race, gender, nationality, disability or age. Avoid jokes that are of a sexual nature. Do not copy and distribute jokes of this type.
- **Electronic mail**
E-mail is to be used for business purposes. Do not use e-mail to correspond with personal, long-distance friends. Do not send harassing material over the e-mail.
- **Faxes**
Do not send or receive harassing material over City fax machines.
- **Singing telegrams**
- **Photographs in the work area.**
Work area includes a City vehicle. Even family photographs can be prohibited, if they are sexually suggestive.
- **Touching**
Never touch another co-worker in a sexual manner. Avoid repeated touching of employees, even if the repeated touching is not intended to be in a sexual manner.
- **Gestures**
- **Sexual paraphernalia**
- **Sexual publications**
Do not receive sexually-oriented publications or advertisements at work.
- **Gossip and personal experiences.**
Do not discuss personal sexual experiences at work. Do not encourage others to do so.
- **Sexually-oriented entertainment**
City employees sometimes have parties to commemorate retirements, birthdays, and other occasions. Do not have sexually oriented entertainment, such as dancers, videos, decorations, or party favors.
- **Sexual advances**
Do not make sexual advances toward other employees.

EMPLOYEE CHECKLIST AND SIGNATURE SHEET

This is to certify:

- 1. I have attended the City of Fort Worth's new employee orientation session where basic information on citywide personnel policies, procedures, and benefits were presented. I have received a copy of the City of Fort Worth Employee Handbook.**
- 2. I understand the handbook contains basic employee information and this may become outdated as new policies and rules are enacted.**
- 3. Since this handbook does not cover every City policy, I understand the Personnel Rules and Regulations Manuel and department/division rules have precedence where conflicts with the handbook arise.**
- 4. I have read and understand my rights under COBRA as explained within this Employee Handbook.**
- 5. I have read and understand the information regarding the City's policy on "Controlled Substance Abuse/Drug Free Workplace" and "Preventing Sexual Harassment".**
- 6. I have read and understand the administrative regulations regarding computer and electronic communications.**
- 7. I further understand my supervisor will explain the necessary policies and rules I will be expected to follow in my department.**
- 8. I understand this signed sheet will be filed in my personnel file.**



Employee Signature

9/9/02

Date

WHAT IS COBRA?

As a new employee, the City is required to inform you about your COBRA benefits. If you've been a City employee for a long time or even a short time, you may not recall these important facts. Please review this information carefully and call 871-7787 if you have questions!

Extension of health care is possible for employees who terminate from the City for any reason other than gross misconduct.

The following are qualifying events for which the City must provide written notice to you regarding the continuation of your health care benefits:

- A) Your loss of coverage because of resignation; or
- B) Your loss of coverage because of your termination (except for gross misconduct).
- C) Your loss of coverage because of reduction of your work hours (lower than 40 hours per week).

The City is required to provide you with notice within 44 days of your experiencing any of the qualifying events described above. The City is also required to provide notice to your covered dependents within 44 days of your death.

You, your spouse must provide written notice to the City if you become legally separated or divorced. You have up to 60 days to notify the City of a change in marital status.

You, your spouse or your dependent children have 60 days to notify the City of the dependent child's loss of coverage because of the child's having attained limiting age.

Failure to meet your responsibilities under COBRA will result in your losing the right to continue your group medical benefits, which exist under one (1) of the plans sponsored by the City.

Please remember to keep your home address and telephone number with the City. Notify the City's Insurance Office of dependent's addresses and telephone numbers if they are different from yours.

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ABOVE.

EMPLOYEE NAME (Please Print) ROBERT D. GOODE

Employee Signature [Signature]

Date 9/9/02 Employee Number 102352

Social Security No. [Redacted]

Name ROBERT D. GOODE
(Print)

Social Security Number [REDACTED]

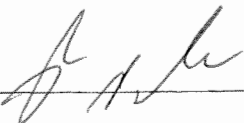
CFW NEW EMPLOYEE HEALTH PLAN APPLICATION TIMEFRAMES

My Hire Date:	8/31/02
My Health Plan Effective Date:	10/1/02
My First Payroll Deduction Date:	9/13/02
My last day to turn in my application without having to pay back premiums:	9/9/02
My last day to turn in my application:	10/1/02

Turn in the City of Fort Worth Enrollment Application and Change Form to the City of Fort Worth Insurance Office, Human Resources Department, 1000 Throckmorton, Fort Worth, TX 76102

I understand that if I and/or my dependents, if any, **waive coverage** and desire to participate in the plan at a later date, coverage may be subject to treatment as a late enrollee. I further understand that if I decline enrollment for myself or my dependents (including my spouse) because of other health coverage, I may in the future be able to enroll myself or my dependents in this plan, provided that I request enrollment **within 30 days after such coverage ends**. In addition, if a new dependent relationship forms as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents **provided that I request enrollment within 30 days after such marriage, birth, adoption, or placement for adoption**.

XSignature



Date

9/9/02