



CITY OF GRAND RAPIDS

July 26, 2012

Ken Martin
The Austin Bulldog
P.O. Box 4400
Austin, TX 78765

Re: ***Freedom of Information Act Request #3327***
DEPOSIT RECEIVED - \$100.00

Dear Mr. Martin:

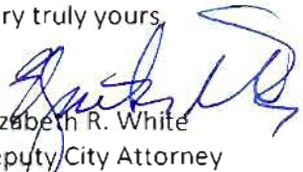
This letter will respond to Rebecca LaFlure's Freedom of Information Act request received by the FOIA Coordinator on July 6, 2012. The request is as follows:

"A copy of Marc A. Ott's personnel file, including all of his evaluations, covering his time as an employee with the City of Grand Rapids. Ott served as a director of management services for the city manager's office sometime between 1981 and 1990. Ott's birth date is January 3, 1956."

Your request is granted in part and denied in part. The documents available to respond to your request are enclosed in a redacted format. Individual names, home address, driver's license numbers, social security numbers and telephone numbers have been redacted under authority of MCL 15.243(1)(b)(iii) [constitute an unwarranted invasion of personal privacy]. Requests for sick leave and accompanying medical support have also been withheld under the same authority. I am returning your deposit check as the estimated costs were less than anticipated, and have enclosed an invoice for actual costs as permitted under the Freedom of Information Act.

You have certain rights to appeal the denial of your record request. You may either appeal to the City Commission or commence a Kent County Circuit Court action within 180 days of this letter. Your appeal rights and rights to damages for improper denial are specifically set out in Section 10 of the Act. A copy of Section 10 of the Act has been enclosed so that we may comply with MCL 15.235.

Very truly yours,


Elizabeth R. White
Deputy City Attorney
FOIA Coordinator

ERW:cl
Enclosures

CALCULATION OF FEES AND COSTS

FOIA #3327

Date: July 26, 2012

TO: Ken Martin
The Austin Bulldog
P.O. Box 4400
Austin, TX 78765

1. No charge is appropriate where furnishing the copies primarily benefits the general public.
2. No charge for up to \$20.00 is appropriate when furnishing the copies to an indigent or someone on public assistance. (Affidavit required.)
3. A good faith deposit is appropriate whenever the fees are expected to exceed \$50.00. (Deposit not to exceed 1/2 of the total fee.)

4. The costs to be included are:

- a. Actual mailing costs \$3.31
- b. Actual incremental costs of duplication:
66 pages @ \$.12 \$7.92
- c. Labor:
City Attorney's Office - Staff Attorney: \$28.00 x .75 hr. \$21.00
Deputy City Attorney: \$58.80 x ____ hr.
*Cost of search, examination, review and the deletion and separation of
exempt from non-exempt information*

TOTAL AMOUNT DUE \$32.23

Please make checks payable to: "City of Grand Rapids"

Return to: FOIA Coordinator
300 Monroe Ave. NW, Suite 620
Grand Rapids, MI 49503

EMPLOYEE ADVICE FOR:

NAME: <u>MARC A. OTT</u>		DATE & HOUR EFFECTIVE: <u>4-20-90 5:00 pm</u>	
ADDRESS: <u>[REDACTED]</u>		CLASSIFICATION TITLE: <u>Administrative Services Officer</u>	ACCOUNT CODE: <u>101-01-90-110-706</u>
SOCIAL SECURITY NO.: <u>[REDACTED]</u>		CLASS CODE: <u>626</u>	RANGE: <u>26</u>
DIVISION: <u>Executive</u>		STEP: <u>F</u>	HOURLY/ANNUAL RATE: <u>22.34/46,474</u>

1. ENTERING SERVICE:

TYPE OF APPOINTMENT		NEW HIRE <input type="checkbox"/>	RESIDENT <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
PERMANENT <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>	RE-ENTERING <input type="checkbox"/>	SEX: M <input type="checkbox"/> F <input type="checkbox"/>	
SEASONAL <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>	REINSTATEMENT <input type="checkbox"/>	FOR PERSONNEL USE:	
		RETURN FROM LEAVE <input type="checkbox"/>	C <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/>	

REMARKS:

2. IN SERVICE CHANGE :

DIVISION CHANGED TO:	PROMOTION <input type="checkbox"/>	RECLASSIFICATION <input type="checkbox"/>	SEASONAL TO PERMANENT <input type="checkbox"/>	
	DEMOTION <input type="checkbox"/>	MERIT INCREASE <input type="checkbox"/>		
	TRANSFER <input type="checkbox"/>	PROBATIONARY INCREASE <input type="checkbox"/>		
CLASSIFICATION CHANGED TO:	ACCOUNT CODE	CLASS CODE	RANGE	STEP
				HOURLY/ANNUAL RATE

REMARKS:

3. NOTICE OF TERMINATION:

You are hereby notified that your services with the CITY OF GRAND RAPIDS have been terminated as of the above date for the following reason:

RESIGNATION: ☒ REDUCTION OF PERSONNEL: ☐ DECEASED: ☐
 RETIREMENT: ☐ LEAVE OF ABSENCE: ☐ DISCHARGE: ☐

REASON FOR DISCHARGE: PI

4. LONGEVITY PAY:

SERVICE ENTRY DATE	LONGEVITY QUALIFICATION DATE	NUMBER OF YEARS SERVICE	RATE OF LONGEVITY PAY %	BASE RATE
LEAVE DATE	RETURN DATE	YEARS MONTHS DAYS	ELIGIBILITY APPROVAL:	
[REDACTED]		Chief Examiner		

5. DATA CHANGE:

NEW NAME: <u>DATE JUN 12 1990</u>	NEW ADDRESS:
NEW PHONE #: <u>PER [REDACTED]</u>	RESIDENT <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/>

AUTHORIZATION:

RECOMMENDED: / APPROVED: [Signature]
 Division Head(s) City Manager

RECOMMENDED: / APPROVED: [Signature]
 Department Head(s) City Comptroller

EMPLOYEE ADVICE FOR:

NAME: <u>MARC OTT</u>		DATE & HOUR EFFECTIVE:	
ADDRESS: <u>[REDACTED]</u>		CLASSIFICATION TITLE:	ACCOUNT CODE:
SOCIAL SECURITY NO.: <u>[REDACTED]</u>		CLASS CODE	RANGE
DIVISION: <u>Executive</u>		STEP	HOURLY/ANNUAL RATE

1. ENTERING SERVICE:

TYPE OF APPOINTMENT		NEW HIRE <input type="checkbox"/>	RESIDENT <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
PERMANENT <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>	RE-ENTERING <input type="checkbox"/>	SEX: M <input type="checkbox"/> F <input type="checkbox"/>	
SEASONAL <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>	REINSTATEMENT <input type="checkbox"/>	FOR PERSONNEL USE:	
		RETURN FROM LEAVE <input type="checkbox"/>	C <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/>	

REMARKS:

2. IN SERVICE CHANGE:

DIVISION CHANGED TO:	PROMOTION <input type="checkbox"/>	RECLASSIFICATION <input type="checkbox"/>	SEASONAL TO PERMANENT <input type="checkbox"/>		
	DEMOTION <input type="checkbox"/>	MERIT INCREASE <input type="checkbox"/>			
	TRANSFER <input type="checkbox"/>	PROBATIONARY INCREASE <input type="checkbox"/>			
CLASSIFICATION CHANGED TO:	ACCOUNT CODE	CLASS CODE	RANGE	STEP	HOURLY/ANNUAL RATE

REMARKS:

3. NOTICE OF TERMINATION:

You are hereby notified that your services with the CITY OF GRAND RAPIDS have been terminated as of the above date for the following reason:

RESIGNATION: ☐ REDUCTION OF PERSONNEL: ☐ DECEASED: ☐
 RETIREMENT: ☐ LEAVE OF ABSENCE: ☐ DISCHARGE: ☐

REASON FOR DISCHARGE: [REDACTED]

4. LONGEVITY PAY:

SERVICE ENTRY DATE	LONGEVITY QUALIFICATION DATE	NUMBER OF YEARS SERVICE	RATE OF LONGEVITY PAY %	BASE RATE
LEAVE DATE	RETURN DATE	SERVICE TIME YEARS MONTHS DAYS	ELIGIBILITY APPROVAL:	
			Chief Examiner	

5. DATA CHANGE:

NEW ADDRESS:

NEW NAME: [REDACTED]
 NEW PHONE #: [REDACTED]

RESIDENT ☐ NON-RESIDENT ☐

AUTHORIZATION:

RECOMMENDED: [REDACTED] / [REDACTED]
 Division Head(s)

APPROVED: Kent Kimball
 City Manager

RECOMMENDED: [REDACTED] / [REDACTED]
 Department Head(s)

APPROVED: [REDACTED]
 City Comptroller

NAME: OTT, MARC A

EFFECTIVE: 01/01/90

SSN: [REDACTED] CLOCK: 03336

DIVISION: EXECUTIVE

CLASS: ADMINISTRATIVE SERVICES OFFICER CHANGE					HOURLY	ANNUAL
ACCOUNT NUMBER	CLASS	RNG	STEP	FROM:	21.48	44,687.00
101-01-90-110-706	626	26	F	TO:	22.34	46,474.00

REMARKS:

SALARY INCREASE - ORDINANCE CHANGE

AUTHORIZATIONS:

DEPARTMENT.

CITY

Knut Kimball

HEAD

MANAGER

COMPTROLLER

[Signature]

EMPLOYEE ADVICE FOR:

NAME: MARC A. OTT		DATE & HOUR EFFECTIVE: 1-1-90	
ADDRESS: [REDACTED]		CLASSIFICATION TITLE: Administrative Services Officer	ACCOUNT CODE: 101-01-90-110-7
SOCIAL SECURITY NO.: [REDACTED]		CLASS CODE 626	RANGE 26
DIVISION: Executive		STEP F	HOURLY/ANNUAL RATE 21.48 / 44,637 20.66 / 42,968

1. ENTERING SERVICE:		NEW HIRE <input type="checkbox"/>	RESIDENT <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
TYPE OF APPOINTMENT		RE-ENTERING <input type="checkbox"/>	SEX: M <input type="checkbox"/> F <input type="checkbox"/>	
PERMANENT <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>	REINSTATEMENT <input type="checkbox"/>	FOR PERSONNEL USE:	
SEASONAL <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>	RETURN FROM LEAVE <input type="checkbox"/>	C <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/>	

REMARKS:

2. IN SERVICE CHANGE:		PROMOTION <input type="checkbox"/>	RECLASSIFICATION <input type="checkbox"/>	SEASONAL TO PERMANENT <input type="checkbox"/>	
DIVISION CHANGED TO:		DEMOTION <input type="checkbox"/>	MERIT INCREASE <input type="checkbox"/>		
CLASSIFICATION CHANGED TO:		TRANSFER <input type="checkbox"/>	PROBATIONARY INCREASE <input type="checkbox"/>		
		ACCOUNT CODE	CLASS CODE	RANGE	STEP
					HOURLY/ANNUAL RATE

REMARKS:

3. NOTICE OF TERMINATION:

YOU ARE HEREBY NOTIFIED THAT YOUR SERVICES WITH THE CITY OF GRAND RAPIDS HAVE BEEN TERMINATED AS OF THE ABOVE DATE FOR THE FOLLOWING REASON:

RESIGNATION: ☐ REDUCTION OF PERSONNEL: ☐ DECEASED: ☐
 RETIREMENT: ☐ LEAVE OF ABSENCE: ☐ DISCHARGE: ☐

NOV 31 1989

AUDITED: *[Signature]*

REASON FOR DISCHARGE: *[Signature]*

PERSONNEL CASE: *[Signature]*

4. LONGEVITY PAY:	SERVICE ENTRY DATE 12-10-84	LONGEVITY QUALIFICATION DATE 12-10-89	NUMBER OF YEARS SERVICE 5	RATE OF LONGEVITY PAY L-1 %	BASE RATE 6,000
LEAVE DATE	RETURN DATE	YEARS	SERVICE TIME MONTHS	DAYS	ELIGIBILITY APPROVAL:
					<i>[Signature]</i> Chief Examiner

5. DATA CHANGE:

NEW ADDRESS: _____

NEW NAME: _____

NEW PHONE #: _____

RESIDENT ☐ NON-RESIDENT ☐

AUTHORIZATION:

RECOMMENDED: _____ / _____
 Division Head(s)

RECOMMENDED: _____ / _____
 Department Head(s)

APPROVED: *Kurt Kimball*
 City Manager

APPROVED: *Barry M. [Signature]*
 City Comptroller

NAME: OTT, MARC A

EFFECTIVE: 01/01/89

SSN: [REDACTED] CLOCK: 03336

DIVISION: EXECUTIVE

CLASS: ADMINISTRATIVE SERVICES OFFICER CHANGE

HOURLY

ANNUAL

ACCOUNT NUMBER CLASS RRG STEP FROM:

20.56

42,968.00

101-01-89-110-706 626 26 F TO:

21.48

~~44,586.00~~

44,687.00

REMARKS:

SALARY INCREASE - ORDINANCE CHANGE

AUTHORIZATIONS:

DEPARTMENT

CITY *Kent Kimball*

CITY *W. J. Malenches*

HEAD _____

MANAGER _____

COMPTROLLER _____

EMPLOYEE ADVICE FOR:

NAME: <u>MARC A. OTT</u>		DATE & HOUR EFFECTIVE: <u>June 10, 1988</u>	
ADDRESS: <u>[REDACTED]</u>		CLASSIFICATION TITLE: <u>ADMINISTRATIVE OFFICER SERVICES</u>	ACCOUNT CODE: <u>101-01-89-110 706</u>
SOCIAL SECURITY NO.: <u>[REDACTED]</u>		CLASS CODE: <u>626</u>	RANGE: <u>26</u>
DIVISION: <u>EXECUTIVE</u>		STEP: <u>E</u>	HOURLY/ANNUAL RATE: <u>19.67/40,917</u>

1. ENTERING SERVICE:

TYPE OF APPOINTMENT		NEW HIRE <input type="checkbox"/>	RESIDENT <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
PERMANENT <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>	RE-ENTERING <input type="checkbox"/>	SEX: <u>M</u> <input type="checkbox"/> <u>F</u> <input type="checkbox"/>	
SEASONAL <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>	REINSTATEMENT <input type="checkbox"/>	FOR PERSONNEL USE:	
		RETURN FROM LEAVE <input type="checkbox"/>	<u>C</u> <u>B</u> <u>S</u> <u>I</u> <u>O</u>	

REMARKS:

2. IN SERVICE CHANGE:

DIVISION CHANGED TO:	PROMOTION <input type="checkbox"/>	RECLASSIFICATION <input type="checkbox"/>	SEASONAL TO PERMANENT <input type="checkbox"/>	
	DEMOTION <input type="checkbox"/>	MERIT INCREASE <input checked="" type="checkbox"/>		
	TRANSFER <input type="checkbox"/>	PROBATIONARY INCREASE <input type="checkbox"/>		
CLASSIFICATION CHANGED TO:	ACCOUNT CODE: <u>101-01-89-110-706</u>	CLASS CODE: <u>626</u>	RANGE: <u>26</u>	STEP: <u>F</u>
				HOURLY/ANNUAL RATE: <u>20.66/42,968</u>

REMARKS:

3. NOTICE OF TERMINATION:

You are hereby notified that your services with the CITY OF GRAND RAPIDS have been terminated as of the above date for the following reason:

RESIGNATION: ☐ REDUCTION OF PERSONNEL: ☐ HUMAN RESOURCE: ☐ DECEASED: ☐ RETIREMENT: ☐ LEAVE OF ABSENCE: ☐ DISCHARGE: ☐

REASON FOR DISCHARGE:

AUDITED ☐ JOURNAL ☐ PERSONNEL CARD ☐

4. LONGEVITY PAY:	SERVICE ENTRY DATE	LONGEVITY QUALIFICATION DATE	NUMBER OF YEARS SERVICE	RATE OF LONGEVITY PAY %	BASE RATE
UNPAID LEAVE OF ABSENCE DATE	RETURNING DATE	LENGTH OF QUAL. DEFERMENT YEARS	MONTHS	DAYS	ELIGIBILITY APPROVAL:
					Chief Examiner

5. DATA CHANGE:

NEW ADDRESS:

NEW NAME: _____
NEW PHONE #: _____

RESIDENT ☐ NON-RESIDENT ☐

AUTHORIZATION:

RECOMMENDED: / Division Head(s)

APPROVED: [Signature] City Manager

RECOMMENDED: / Department Head(s)

APPROVED: [Signature] City Comptroller

NAME: OTT, MARC A

SSN: [REDACTED] CLOCK: 03336

EFFECTIVE: 07/01/88

CLASS: ADMINISTRATIVE SERVICES OFFICER

RECEIVED

JUL 12 1988

FROM:

PAYROLL

OLD ACCOUNT NUMBER OLD DIVISION
101-01-88-120-706 MANAGEMENT SERVICES OFFICE

TO:

NEW ACCOUNT NUMBER NEW DIVISION
101-01-89-110-706 EXECUTIVE

CIVIL SERVICE BOARD
HUMAN RESOURCES DEPT.

JUL 12 1988

REMARKS:

HOME PAYROLL ACCOUNT CHANGES - FY 88 TO FY 89

AUDITED _____
JOURNAL _____
PERSONNEL CARD _____

AUTHORIZATIONS:

DEPARTMENT

HEAD

CITY

MANAGER

CITY

COMPTROLLER

[Signature]

[Signature]

[Signature]

[Signature]

NAME: OTT, MARC A

EFFECTIVE: 01/01/88

SSN: [REDACTED] CLOCK: 03336

DIVISION: EXECUTIVE

CLASS: ADMINISTRATIVE SERVICES OFFICER CHANGE

HOURLY

ACCOUNT NUMBER CLASS RRG STEP FROM:

18.91 39,343.

101-01-88-120-706 626 26 E TO:

19.67 40,917.

REMARKS:

SALARY INCREASE - ORDINANCE CHANGE

AUTHORIZATIONS:

DEPARTMENT

HEAD

CITY

MANAGER

CITY

COMPTROLLER

Margaret J. Bell

KFK

Stacy M. Lomax

MA

EMPLOYEE ADVICE FOR:

NAME:

MARC A. OTT

ADDRESS:

SOCIAL SECURITY NO.:

DIVISION:

EXECUTIVE

DATE & HOUR EFFECTIVE:

6/14/87 8:00 a.m.

CLASSIFICATION TITLE:

ACCOUNT CODE:

ADMINISTRATIVE OFFICER

01-01-89-110

CLASS
CODE
626

RANGE
26

STEP
E

HOURLY/ANNUAL RATE
\$18.91/\$39,343

1. ENTERING SERVICE:

TYPE OF APPOINTMENT
PERMANENT _____ EMERGENCY _____
SEASONAL _____ TEMPORARY _____

NEW HIRE _____
RE-ENTERING _____
REINSTATEMENT _____
RETURN FROM _____
LEAVE _____

RESIDENT _____ NON-RESIDENT _____

SEX: M _____ F _____

FOR PERSONNEL USE:

C _____ B _____ S _____ I _____ O _____

REMARKS:

2. IN SERVICE CHANGE:

DIVISION CHANGED TO:

PROMOTION _____
DEMOTION _____
TRANSFER _____

RECLASSIFICATION _____
MERIT INCREASE _____
PROBATIONARY INCREASE _____

SEASONAL TO
PERMANENT _____

CLASSIFICATION CHANGED TO:

ACCOUNT CODE

CLASS
CODE

RANGE

STEP

HOURLY/ANNUAL
RATE

REMARKS:

3. NOTICE OF TERMINATION:

You are hereby notified that your services with the CITY OF GRAND RAPIDS have been terminated as of the above date for the following reason:

RESIGNATION: _____ REDUCTION OF PERSONNEL: _____
RETIREMENT: _____ LEAVE OF ABSENCE: _____

CIVIL SERVICE DECEASED
HUMAN RESOURCES DEPT. DISCHARGE

REASON FOR DISCHARGE:

JUL 10 1987

AUDITED
JUL 10 1987

4. LONGEVITY PAY:

SERVICE
ENTRY DATE

LONGEVITY QUALIFICATION
DATE

NUMBER OF PERSONNEL
YEARS SERVICE

RATE OF
LONGEVITY PAY
%

BASE RATE

UNPAID LEAVE OF ABSENCE
LEAVE DATE RETURNING DATE

LENGTH OF QUAL. DEFERMENT
YEARS MONTHS DAYS

ELIGIBILITY APPROVAL:

Chief Examiner

5. DATA CHANGE:

NEW ADDRESS:

NEW NAME:

NEW PHONE #:

RESIDENT _____ NON-RESIDENT ☒

AUTHORIZATION:

RECOMMENDED: _____
Division Head(s)

APPROVED: _____
City Manager

RECOMMENDED: _____
Department Head(s)

APPROVED: _____
City Comptroller

1. EMPLOYEE ADVICE FOR:

NAME: <u>MARC A. OTT</u>		DATE & HOUR EFFECTIVE: <u>6/18/87</u> <u>8:00 a.m.</u>	
ADDRESS: <u>[REDACTED]</u>		CLASSIFICATION TITLE: <u>ADMINISTRATIVE SERVICES OFFICER</u>	ACCOUNT CODE: <u>706</u>
SOCIAL SECURITY NO.: <u>[REDACTED]</u>	CLASS CODE: <u>626</u>	RANGE: <u>26</u>	STEP: <u>D</u>
DIVISION: <u>EXECUTIVE DEPARTMENT</u>	HOURLY/ANNUAL RATE: <u>\$18.01/\$37,467</u>		

2. ENTERING SERVICE:

TYPE OF APPOINTMENT		NEW HIRE <input type="checkbox"/>	RESIDENT <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
PERMANENT <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>	RE-ENTERING <input type="checkbox"/>	SEX: <u>M</u> <input type="checkbox"/>	F <input type="checkbox"/>
SEASONAL <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>	REINSTATEMENT <input type="checkbox"/>	RACE: <u>WHITE</u> <input type="checkbox"/>	BLACK <input type="checkbox"/>
		RETURN FROM LEAVE <input type="checkbox"/>	ASIAN <input type="checkbox"/>	AM. IND. <input type="checkbox"/>
			HISPANIC <input type="checkbox"/>	

REMARKS:

3: IN SERVICE CHANGE :

DIVISION CHANGED TO: <u>EXECUTIVE DEPARTMENT</u>	PROMOTION <input type="checkbox"/>	RECLASSIFICATION <input type="checkbox"/>	SEASONAL TO PERMANENT <input type="checkbox"/>
CLASSIFICATION CHANGED TO: <u>ADMIN. SERVICES OFFICER</u>	DEMOTION <input type="checkbox"/>	MERIT INCREASE <u>XX</u>	HOURLY/ANNUAL RATE: <u>\$18.91/\$39,343</u>
	TRANSFER <input type="checkbox"/>	PROBATIONARY INCREASE <input type="checkbox"/>	
	ACCOUNT CODE: <u>101-01-87-120-706</u>	CLASS CODE: <u>626</u>	RANGE: <u>26</u>
		STEP: <u>E</u>	

REMARKS:

4. NOTICE OF TERMINATION:

You are hereby notified that your services with the CITY OF GRAND RAPIDS in the _____ Department have been terminated as of _____ by the CIVIL SERVICE BOARD.

_____ 19____ for the following reason:

RESIGNATION ☐ REDUCTION OF PERSONNEL ☐ DECEASED ☐
RETIREMENT ☐ LEAVE OF ABSENCE ☐ DISCHARGE ☐

AUDITED ☐
JOURNAL ☐
PERSONNEL CARD ☐

REASON FOR DISCHARGE:

5. LONGEVITY PAY:	SERVICE ENTRY DATE	LONGEVITY QUALIFICATION DATE	NUMBER OF YEARS SERVICE	RATE OF LONGEVITY PAY %	BASE RATE
UNPAID LEAVE OF ABSENCE	LENGTH OF QUAL. DEFERMENT	ELIGIBILITY APPROVAL:			
LEAVE DATE	RETURNING DATE	YEARS	DATE	DAYS	
					Chief Examiner

6. DATA CHANGE:

NEW ADDRESS:

NEW NAME: _____

NEW PHONE #: _____

RESIDENT ☐ NON-RESIDENT ☐

AUTHORIZATION:

RECOMMENDED: [Signature] Division Head(s)
RECOMMENDED: [Signature] Department Head(s)

APPROVED: [Signature] City Manager
APPROVED: [Signature] City Comptroller

PS-1/87

NAME: OTT, MARC A

EFFECTIVE: 01-01-87

SSN: [REDACTED] CLOCK: 03336

CIVIL SERVICE BOARD
HUMAN RESOURCES DIV.

DIVISION: EXECUTIVE

CLASS: ADMINISTRATIVE SERVICES OFFICER CHANGE

...HOURLY *AD* ANNUAL

ACCOUNT NUMBER	CLASS	RNG	STEP	FROM:	TO:	ANNUAL
101-01-87-120-706	626	26	D	17.32	18.01	36,026.00 37,467.00

REMARKS:

4% SALARY RATE INCREASE - ORDINANCE CHANGE

AUTHORIZATIONS:

DEPARTMENT

REVIEW *gnd*

CITY

MANAGER *[Signature]*

CITY

COMPTROLLER *[Signature]*

[Signature]

EMPLOYMENT ADVICE - IN SERVICE CHANGE

NAME MARC OTT		STREET ADDRESS [REDACTED]		CITY [REDACTED]		DATE EFFECTIVE June 15, 1986	
SOC. SEC. NO. [REDACTED]							
DIVISION EXECUTIVE		PROMOTION <input type="checkbox"/>	RECLASSIFICATION <input type="checkbox"/>				
FIRE HOUSE NO.		DEMOTION <input type="checkbox"/>	MERIT INCREASE <input checked="" type="checkbox"/>				
		TRANSFER <input type="checkbox"/>	PROBATIONARY INCREASE <input type="checkbox"/>		TO PERMANENT <input type="checkbox"/>		
FROM - CLASSIFICATION TITLE ADMINISTRATIVE SERVICES OFFICER		ACCT. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	ANNUAL RATE
101-01-86-120		706	626	26	C	\$ 16.49	\$ 34,308
TO - CLASSIFICATION TITLE ADMINISTRATIVE SERVICES OFFICER		ACCT. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	ANNUAL RATE
101-01-86-120		706	626	26	D	\$ 17.32	\$ 36,026

REMARKS:

CIVIL SERVICE BOARD
PERSONNEL OFFICE

JUN 02 1986

Audited _____
Journal _____
Personnel Card _____

RECOMMENDED:

DIVISION HEAD

RECOMMENDED:

DEPARTMENT HEAD

APPROVED:

CITY MANAGER

RECORDED:

CITY COMPTROLLER

EMPLOYMENT ADVICE - IN SERVICE CHANGE

NAME - MARC OTT		STREET ADDRESS		CITY		DATE EFFECTIVE 1/1/86	
SOC. SEC. NO.							
DIVISION EXECUTIVE		PROMOTION <input type="checkbox"/>	RECLASSIFICATION <input type="checkbox"/>				
		DEMOTION <input type="checkbox"/>	MERIT INCREASE <input type="checkbox"/>				
FIRE HOUSE NO.		TRANSFER <input type="checkbox"/>	PROBATIONARY INCREASE <input type="checkbox"/>	TO PERMANENT <input type="checkbox"/>			
FROM - CLASSIFICATION TITLE		ACCT. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	ANNUAL RATE
ADMINISTRATIVE SERVICES OFFICER 101-01-86-120		706	626	26	C	\$ 15.56	\$ 32,366
TO - CLASSIFICATION TITLE		ACCT. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	ANNUAL RATE
ADMINISTRATIVE SERVICES OFFICER 101-01-86-120		706	626	26	C	\$ 16.49	\$ 34,308

REMARKS: ORDINANCE CHANGE

RECOMMENDED: _____ DIVISION HEAD

RECOMMENDED: _____ DEPARTMENT HEAD

APPROVED: *Marcus Bernier* CITY MANAGER

RECORDED: *Harley Milonowich* CITY COMPTROLLER

EMPLOYMENT ADVICE - IN SERVICE CHANGE

NAME: MARC OTT		STREET ADDRESS		CITY		DATE EFFECTIVE	
SOC. SEC. NO.						7/1/85	
DIVISION	PROMOTION <input type="checkbox"/>	RECLASSIFICATION <input type="checkbox"/>					
EXECUTIVE	DEMOTION <input type="checkbox"/>	MERIT INCREASE <input type="checkbox"/>					
FIRE HOUSE NO.	TRANSFER <input type="checkbox"/>	PROBATIONARY INCREASE <input type="checkbox"/>		TO PERMANENT <input type="checkbox"/>			
FROM - CLASSIFICATION TITLE		ACCT. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	ANNUAL RATE
ADMINISTRATIVE SERVICES OFFICER			626	26	C	\$ 14.96	\$ 31,121
TO - CLASSIFICATION TITLE		ACCT. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	ANNUAL RATE
ADMINISTRATIVE SERVICES OFFICER			626	26	C	\$ 15.56	\$ 32,366

REMARKS:

ORDINANCE CHANGE

CIVIL SERVICE BOARD
PERSONNEL OFFICE

JUL 06 1985

RECEIVED	
DATE	
INITIALS	

RECOMMENDED: _____ DIVISION HEAD

RECOMMENDED: _____ DEPARTMENT HEAD

APPROVED: *[Signature]* CITY MANAGER

RECORDED: *[Signature]* CITY COMPTROLLER

EMPLOYMENT ADVICE - IN SERVICE CHANGE

NAME MARC A. OTT	STREET ADDRESS [REDACTED]	CITY [REDACTED]	DATE EFFECTIVE 6/16/85
SOC. SEC. NO. [REDACTED]			

DIVISION EXECUTIVE	PROMOTION <input type="checkbox"/>	RECLASSIFICATION <input type="checkbox"/>	TO PERMANENT <input type="checkbox"/>
FIRE HOUSE NO.	DEMOTION <input type="checkbox"/>	MERIT INCREASE <input type="checkbox"/>	
	TRANSFER <input type="checkbox"/>	PROBATIONARY INCREASE <input checked="" type="checkbox"/>	

FROM - CLASSIFICATION TITLE	ACCT. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	ANNUAL RATE
ADMINISTRATIVE SERVICES OFFICER 101-01-85-120-12000-706	626	26			\$ 14.25	\$ 29,643
TO - CLASSIFICATION TITLE	ACCT. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	ANNUAL RATE
ADMINISTRATIVE SERVICES OFFICER 101-01-85-120-12000-706	626	26		C	\$ 14.96	\$ 31,121

REMARKS:	Date JUN 1 8 1985
	Per [Signature]

CIVIL SERVICE BOARD
PERSONNEL OFFICE

MAY 23 1985

Audited	[Signature]
Journal	[Signature]
Personnel Card	[Signature]

RECOMMENDED:	DIVISION HEAD
RECOMMENDED:	DEPARTMENT HEAD
APPROVED:	CITY MANAGER
RECORDED:	CITY COMPTROLLER

EMPLOYMENT ADVICE - IN SERVICE CHANGE

NAME MARC A. OTT		STREET ADDRESS [REDACTED]		CITY [REDACTED]		DATE EFFECTIVE 1/1/85	
SOC. SEC. NO. [REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
DIVISION EXECUTIVE		PROMOTION <input type="checkbox"/>	RECLASSIFICATION <input type="checkbox"/>				
FIRE HOUSE NO.		DEMOTION <input type="checkbox"/>	MERIT INCREASE <input type="checkbox"/>				
		TRANSFER <input type="checkbox"/>	PROBATIONARY INCREASE <input type="checkbox"/>	TO PERMANENT <input type="checkbox"/>			
FROM - CLASSIFICATION TITLE ADMINISTRATIVE SERVICES OFFICER 101-01-85-120-12000-706		ACCT. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	ANNUAL RATE
			626	26	B	\$ 13.70	\$ 28,503
TO - CLASSIFICATION TITLE ADMINISTRATIVE SERVICES OFFICER 101-01-85-120-12000-706		ACCT. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	ANNUAL RATE
			626	26	B	\$ 14.25	\$ 29,643

REMARKS:

ORDINARY CHANGE
CIVIL SERVICE BOARD
PERSONNEL OFFICE

FEB 04 1985

Audited	<input type="checkbox"/>
Journal	<input type="checkbox"/>
For Senior Card	<input checked="" type="checkbox"/>

FORM 1041 REV. 5-76

RECOMMENDED:	DIVISION HEAD
RECOMMENDED:	DEPARTMENT HEAD
APPROVED:	CITY MANAGER
RECORDED:	CITY COMPTROLLER

EMPLOYMENT ADVICE - ENTERING SERVICE

NAME MARC A. OTT		STREET ADDRESS [REDACTED]		CITY [REDACTED]		DATE & HOUR EFFECTIVE 12/10/84 8 AM	
DIVISION EXECUTIVE - MANAGEMENT SERVICES		NEW HIRE <input checked="" type="checkbox"/> RE-ENTERING <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> RETURN FROM LEAVE <input type="checkbox"/>		TYPE OF APPOINTMENT PERMANENT <input checked="" type="checkbox"/> PROVISIONAL <input type="checkbox"/> SEASONAL <input type="checkbox"/> INTERIM <input type="checkbox"/> TEMPORARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> RESIDENT <input checked="" type="checkbox"/> NON-RESIDENT <input type="checkbox"/>		NUMBER OF INCOME TAX EXEMPTIONS S-0 SOCIAL SECURITY NO. 386-60-3336	
(FIRE HOUSE NO.)		CLASSIFICATION TITLE ADMINISTRATIVE SERVICES OFFICER 101-01-85-120-706		ACCT. CODE /	CLASS CODE 625	RANGE 28	STEP P
				HOURLY RATE 13.70		ANNUAL RATE \$ 28,503	
REMARKS:							
CIVIL SERVICE BOARD PERSONNEL OFFICE DEC 10 1984 Audited <input type="checkbox"/> Journal <input type="checkbox"/> Personnel Card <input type="checkbox"/>				CIVIL SERVICE BOARD APPROVED DEC 8 1985 RECOMMENDED: <i>Kurt Kimball</i> RECOMMENDED: <i>Steven B...</i> APPROVED: <i>[Signature]</i> RECORDED: <i>Barry Mal...</i>			
				DIVISION HEAD DEPARTMENT HEAD CITY MANAGER CITY COMPTROLLER			

CITY OF GRAND RAPIDS
HUMAN RESOURCES PERSONNEL HISTORY RECORDS
PERSONNEL HISTORY REPORT

05/07/90

D I V I S I O N : E X E C U T I V E

EFFECTIVE DATE	ACTION / REMARKS	CLASS TITLE / DIVISION	HOURLY RATE	ANNUAL RATE
** OTT, MARC A		PERMANENT TERMINATED		**
04/20/90	TERMINATION RESIGNATION	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$22.34	\$46,474
01/01/90	LONGEVITY L - 1	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$0.00	\$0
01/01/90	ORDINANCE CHANGE OLD HOURLY \$21.48	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$22.34	\$46,474
01/01/89	ORDINANCE CHANGE OLD HOURLY \$20.66	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$21.48	\$44,687
07/01/88	ACCOUNT CODE CHANGES 101-01-89-110-706	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$20.66	\$42,968
06/10/88	MERIT INCREASE OLD STEP E NEW STEP F	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$20.66	\$42,968
01/01/88	ORDINANCE CHANGE	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$19.67	\$40,917
06/14/87	MERIT INCREASE STEP D TO STEP E	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$0.00	\$39,343
01/01/87	ORDINANCE CHANGE	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$0.00	\$37,467
06/15/86	MERIT INCREASE STEP C TO STEP D	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$0.00	\$36,026
01/01/86	ORDINANCE CHANGE	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$0.00	\$34,308
07/01/85	ORDINANCE CHANGE	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$0.00	\$32,366
06/16/85	PROBATION INCREASE STEP B TO STEP C	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$0.00	\$31,121
01/01/85	ORDINANCE CHANGE	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$0.00	\$29,643
12/10/84	IN PERMANENT STEP B	ADMINISTRATIVE SERVICES OFFICER EXECUTIVE	\$0.00	\$28,503

E X E C U T I V E

TERMINATED EMPLOYEE PERFORMANCE REVIEW NOTICE

NAME: OTT, MARC A

SS NO.: [REDACTED]

DEPARTMENT: EXECUTIVE

ACCOUNT CODE: 101-01-90-110-706

CLASS: 626

RANGE: 26

STEP: F

RATING CODE: M

THE ABOVE NAMED EMPLOYEE WAS TERMINATED ON APRIL 20, 1990.

IN ORDER THAT THE PERSONNEL FILE OF THIS FORMER EMPLOYEE CONTAIN A RECORD OF THE QUALITY OF THEIR SERVICE TO THE CITY OF GRAND RAPIDS, PLEASE COMPLETE THIS PERFORMANCE REVIEW NOTICE ALONG WITH THE ATTACHED RATING SHEET AND RETURN THEM TO THE HUMAN RESOURCES DEPARTMENT AS SOON AS POSSIBLE.

DATE OF THIS NOTICE: 05/04/90 SIGNED: _____

CHIEF EXAMINER

REHIRE RECOMMENDATIONS

A SCORE AT LEAST EQUAL TO THE GOOD AVERAGE SCORE ON THE RATING SHEET SHOULD BE ATTAINED IF THE PERSON IS BEING RECOMMENDED FOR REHIRE.

- (✓) THE SERVICES OF THE FORMER EMPLOYEE WERE SATISFACTORY. THE FORMER EMPLOYEE SHOULD BE CONSIDERED FOR REHIRE.
- () THE SERVICES OF THE FORMER EMPLOYEE WERE NOT SATISFACTORY. THE FORMER EMPLOYEE IS NOT RECOMMENDED FOR REHIRE.

COMMENTS: _____

DATE: 5-16-90 SIGNED: _____

DIVISION HEAD

SIGNED: _____

DEPARTMENT HEAD

NAME <i>Marc Ott</i>		CLASSIFICATION <i>Admin. Services Officer</i>			CLASS GROUP M	DIVISION <i>Executive</i>	DATE <i>5-15-90</i>	
TRAITS	RATERS			TOTALS A + B + C	WEIGHT	SCORE TOTAL X WEIGHT	CLASS GROUP FACTORS	
	A	B	C				1 RATER	2 RATER
APPEARANCE	3			3	3	9		
ATTITUDE	5			5	5	25		
INITIATIVE	3			3	4	12		
JUDGMENT	4			4	5	20		
KNOWLEDGE OF WORK	4			4	4	16		
PUBLIC CONTACTS	5			5	4	20		
PUNCTUALITY	4			4	2	8		
QUALITY OF WORK	4			4	5	20		
SUPERVISORY ABILITY	3			3	4	12		
WORK OUT PUT	3			3	5	15		
						RAW SCORE	157	
							.488	76.616

SCALE OF VALUES	1	2	3	4	5
	DOES NOT MEET REQUIREMENTS	PARTIALLY MEETS REQUIREMENTS	MEETS REQUIREMENTS	SOMEWHAT EXCEEDS REQUIREMENTS	CONSIDERABLY EXCEEDS REQUIREMENTS

SIGNED: RATER A: <u><i>Paul Remball</i></u>	DIVISION HEAD: _____
RATER B: _____	DEPARTMENT HEAD: <u><i>Paul Remball</i></u>
RATER C: _____	I have reviewed the above rating.
	EMPLOYEE: _____ DATE: _____

INDIVIDUAL TRAITS CRITERIA FOR EMPLOYEE RATING

Appearance

Cleanliness, neatness and appropriate clothing.

Attitude

Co-operation, loyalty, ability to get along with others, outlook on the work, manner, behavior, interest in the work, reliability, compliance with safety rules.

Comprehension

Ability to follow orders and ability to understand instructions.

Initiative

Lazy or industrious, drive, willingness to do more than ordered, ability to find work for himself/herself, self-starter, expresses ideas.

Judgment

Ability to make correct decisions, ability to organize work, ability to understand principles and ideas, power of analysis, ability to reason.

Knowledge of Work

Degree of ability to perform all the necessary functions pertaining to the requirements of his/her job. Degree of skill used in performing the job.

Maintenance of Equipment

Degree of effort shown in maintaining his/her equipment in proper condition.

Public Contacts

Telephone manner, courtesy, ability to answer inquiries, ability to give proper information, ability to properly enforce rules, diplomacy.

Punctuality

Obeys all rules regarding starting, quitting, lunch hour and coffee break.

Quality of Work

Degree of work perfection produced, or caused to be produced.

Supervisory Ability

Ability to instruct others, ability to achieve co-operation from the persons supervised, ability to properly write reports.

Work Output

Amount of work produced, or amount of work caused to be produced.

S.D. 12-10-84

EMPLOYEE LEAVE RECORD — YEAR 1990

1. NAME OTT, MARC

3. DEPARTMENT Executive

COMPENSATORY
TIME OFF

SICK LEAVE

VACATION

Administrative Services

2. CLASSIFICATION Officer

4. UNIT OR DIVISION

Deferred

Unused
BalanceEarned
in 1989

Used

Forward
to 1990

Deferred

Credit 048 = 112

Used

Balance

Record all leaves in days or fractions thereof using the following codes:

A — ABSENT WITHOUT LEAVE

BL — BEREAVEMENT LEAVE

C — COMPENSATORY TIME OFF

CE — COMPENSATORY TIME EARNED

D — DISABILITY

DR — DOCTOR APPOINTMENT

FH — FLOATING HOLIDAY

H — HOLIDAY

LV — UNPAID LEAVE OF ABSENCE

ML — PAID MILITARY LEAVE

S — SICK LEAVE

V — VACATION

W — WORKER'S COMPENSATION

WD — WORK RELATED DOCTOR APPOINTMENT

XM — UNPAID MILITARY LEAVE

OTHER:

JANUARY

5-185

S	M	T	W	T	F	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

8T

APRIL

5-201

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

8-A, V8, 5-4 5-8, 6-A, *

*-last day

JULY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

H

OCTOBER

S	M	T	W	T	F	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY

5-193

S	M	T	W	T	F	S
1	2	3				
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

8T, 8T, 58, V8, H, 4AL

MAY

S	M	T	W	T	F	S
1	2	3	4	5		
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

H

AUGUST

S	M	T	W	T	F	S
1	2	3	4			
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER

S	M	T	W	T	F	S
1	2	3				
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

H, H

MARCH

5-193

S	M	T	W	T	F	S
1	2	3				
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

2-A, 8-A, 8T

JUNE

S	M	T	W	T	F	S
1	2					
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

SEPTEMBER

S	M	T	W	T	F	S
1						
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

H

DECEMBER

S	M	T	W	T	F	S
1						
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

H, H

SD 12-10-84

EMPLOYEE LEAVE RECORD — YEAR 1989

1. NAME MARC OTT

3. DIVISION EXECUTIVE

COMPENSATORY
TIME OFF

SICK LEAVE

VACATION

2. CLASSIFICATION ADMINISTRATIVE SERVICES
OFFICER

4. UNIT OR DIVISION

Deferred

Unused
BalanceEarned
in 1988

Used

Forward
to 1989

Deferred

Credit 80+24=104

Used

Balance 8888 11-89
8777 3-84

Record all leaves in days or fractions thereof using the following codes: A — ABSENT WITHOUT LEAVE

AL — ADMINISTRATIVE LEAVE

BL — BEREAVEMENT LEAVE

C — COMPENSATORY TIME OFF

D — DISABILITY (FIRE-POLICE)

H — HOLIDAY

M — MATERNITY LEAVE

PM — PAID MILITARY LEAVE

S — SICK LEAVE

V — VACATION

W — WORKER'S COMPENSATION

(JOB-CONNECTED INJURY)

X — UNPAID LEAVE

XM — UNPAID MILITARY LEAVE

5-237 JANUARY V-144

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL V-128

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

JULY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

5-177

OCTOBER V-128

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY V-144

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY V-128

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST V-128

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER V-120

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MARCH V-144

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE V-128

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

SEPTEMBER V-128

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER V-72

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

SS#

EMPLOYEE LEAVE RECORD — YEAR 1988

1. NAME MARC OTT

3. DIVISION EXECUTIVE

COMPENSATORY
TIME OFF

SICK LEAVE

VACATION

2. CLASSIFICATION
ADMINISTRATIVE
SERVICES OFFICER

4. UNIT OR DIVISION

Deferred

Unused
Balance
Earned
in 1987Deferred 8
 $80 + 16 =$
Credit 96Used
Forward
to 1988166Used
Balance 104

Record all leaves in days or fractions thereof using the following codes: A — ABSENT WITHOUT LEAVE

AL — ADMINISTRATIVE LEAVE

BL — BEREAVEMENT LEAVE

C — COMPENSATORY TIME OFF

D — DISABILITY (FIRE-POLICE)

H — HOLIDAY

M — MATERNITY LEAVE

PM — PAID MILITARY LEAVE

S — SICK LEAVE

V — VACATION

W — WORKER'S COMPENSATION
(JOB-CONNECTED INJURY)

X — UNPAID LEAVE

XM — UNPAID MILITARY LEAVE

S-166 JANUARY V-104

S	M	T	W	T	F	S
					H	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

S-169 APRIL V-96

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JULY V-167

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

OCTOBER V-91

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

S-173 FEBRUARY V-104

S	M	T	W	T	F	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

MAY V-96

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST V-16

S	M	T	W	T	F	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER V-80

S	M	T	W	T	F	S
1	2	3	4	5		
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

S-181 MARCH V-104

S	M	T	W	T	F	S
1	2	3	4	5		
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE V-96

S	M	T	W	T	F	S
1	2	3	4			
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

SEPTEMBER V-16

S	M	T	W	T	F	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

DECEMBER V-10

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

1. NAME: Man Att
Administrative Mexican
 2. CLASSIFICATION: Officer

3. DIVISION Executive

D — DISABILITY (FIRE-POLICE)	V — VACATION
H — HOLIDAY	W — WORKER'S COMPENSATION (JOB-CONNECTED INJURY)
M — MATERNITY LEAVE	X — UNPAID LEAVE
PM — PAID MILITARY LEAVE	XM — UNPAID MILITARY LEAVE
S — SICK LEAVE	

5-124 JANUARY 16

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Handwritten notes on the calendar: "H" in the top right corner, "5-4" in the middle right, and "8-T" in the bottom right. There are also some scribbles and a "104" written in the top right corner.

5-104 APRIL V-72

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17 H	18
19	20 S-8	21 S-8	22	23	24	25
26	27	28	29	30		

+8
-16

3-148 JULY V-48

S	M	T	W	T	F	S
			1	2	3 H	4
5	6	7	8	9	10	11
12 S-8	13	14	15 S-8	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31 A-6	

5-152 OCTOBER V-24

S	M	T	W	T	F	S
					1 3A	2
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22 52	23	24
25	26 T-8	27 T-8	28 T-8	29	30	31

+8
-2

3-128 FEBRUARY V-104

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16 X	17	18	19	20 A-3	21
22	23	24	25	26	27	28

5-136 MAY V-72

S	M	T	W	T	F	S
					1	2
3	4 V-8	5 V-8	6 J-8	7 A-8	8 A-8	9
10	11	12	13	14	15	16
17	18	19	20	21	22 A-6	23
24	25 A-8	26	27	28	29	30
31						

AUGUST							
S	M	T	W	T	F	S	
5-140							1
2	3	4	5	6	7	8	
9	10	11	12	13	14 A-3	15	
16	17	18	19	20	21	22	
23	24	25	26	27 H-4	28 V-8	29	
30	31 V-8						

S-158 NOVEMBER V-24

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11 H	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26 H	27 H	28
29	30					

S-136

V-104-168
last 5

MARCH

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12 V-8 V-8	13	14
15	16 A-16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

5-144

JUNE

✓-48

S	M	T	W	T	F	S
1 34	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21 A-1	22	23	24	25	26	27
28	29	30				

3-148

V-32 5-116

SEPTEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7 H	8	9	10	11	12
13	14	15 JL	16	17	18 P	19
20	21	22	23	24	25 54	26
27	28	29	30			

to
-4

5-11-66

DECEMBER

V-24

S	M	T	W	T	F	S
		1	2	3	4 16	5
6	7	8	9	10 ✓8	11 ✓-8	12
13	14	15	16	17	18	19
20	21	22 58	23	24 H	25 H	26
27	28	29	30 1-2	31		

8
8

EMPLOYEE LEAVE RECORD — YEAR 1986

1 NAME **MARC OTT**
 2 CLASSIFICATION **ADMINISTRATIVE SERVICES OFFICER**
 3 DIVISION **EXECUTIVE**
 4 UNIT OR DIVISION **MANAGEMENT SERVICES OFFICE**

Record all leaves in days or fractions thereof using the following codes:

A — ABSENT WITHOUT LEAVE
 AL — ADMINISTRATIVE LEAVE
 BL — BEREAVEMENT LEAVE
 C — COMPENSATORY TIME OFF

D — DISABILITY (FIRE-POLICE)
 H — HOLIDAY
 M — MATERNITY LEAVE
 PM — PAID MILITARY LEAVE
 S — SICK LEAVE

V — VACATION
 W — WORKER'S COMPENSATION (JOB-CONNECTED INJURY)
 X — UNPAID LEAVE
 XM — UNPAID MILITARY LEAVE

COMPENSATORY TIME OFF
 Deferred _____

SICK LEAVE
 Unused Balance _____
 Earned in 1986 _____
 Used _____
 Forward to 1987 _____

VACATION
 Deferred 1-1-84 Credit **80**
 Used _____
 Balance _____

S-65 JANUARY V-80

S	M	T	W	T	F	S
			H			
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	T-8	T-8	T-8	

S-89 APRIL V-80

S	M	T	W	T	F	S
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

S-105 JULY V-80

S	M	T	W	T	F	S
			V-8	V-8	V-8	H
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

V-80 OCTOBER V-30

S	M	T	W	T	F	S
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

S-93 FEBRUARY V-80

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

S-97 MAY V-80

S	M	T	W	T	F	S
						1
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

S-113 AUGUST V-48

S	M	T	W	T	F	S
						1
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

V-80 NOVEMBER V-32

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

S-81 MARCH V-80

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

S-105 JUNE V-80

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

S-121 SEPTEMBER V-40

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

S-124 DECEMBER V-32

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

EMPLOYEE LEAVE RECORD - YEAR 1985

1. NAME **MARC A OTT** 3. DIVISION **EXECUTIVE**
 ADMINISTRATIVE SERVICES MANAGEMENT SERVICES OFFICE
 2. CLASSIFICATION **OFFICER** 4. UNIT OR DIVISION

COMPENSATORY
TIME OFF

SICK LEAVE

VACATION

Deferred

Unused
Balance **8 hrs.**

Deferred

Earned
in 1985

1-1-84

Used

Credit

Forward
to 1986

Used

Balance

Record all leaves in days or fractions thereof using the following codes:

A - ABSENT WITHOUT LEAVE M - MATERNITY LEAVE W - WORKMEN'S COMPENSATION
 C - COMPENSATORY TIME OFF PM - PAID MILITARY LEAVE (JOB-CONNECTED INJURY)
 D - DISABILITY (FIRE-POLICE) S - SICK LEAVE X - UNPAID LEAVE
 H - HOLIDAY V - VACATION XM - UNPAID MILITARY LEAVE

S M T W T F S

S M T W T F S

S M T W T F S

S M T W T F S

S 8 JANUARY V

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

S 21 APRIL V

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

S 29 JULY V

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

S 53 OCTOBER V

	1	2	3	4	5
6	7	8	9	10	11
12	13	14	15	16	17
18	19	20	21	22	23
24	25	26	27	28	29
30	31				

S 5 FEBRUARY V

				1	2
3	4	5	6	7	8
9	10	11	12	13	14
15	16	17	18	19	20
21	22	23	24	25	26
27	28	29	30		

S 29 MAY V

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

S 37 AUGUST V

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

S 57 NOVEMBER V

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

S 13 MARCH V

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

S 29 JUNE V

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

S 45 SEPTEMBER V

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

S 65 DECEMBER V

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

1720
 due to
 error on time
 sheet, Marc's
 149 sick days were
 not entered. I
 entered it for
 12/19 & will be
 paid for same
 back pay

Marc Ott

Administrative leave used:

January 16	- 1 hr.
February 5	- 1 hr.
February 6	- 1 hr.
March	- -
April 19	- 2 hrs.
May 17	- 8 hrs.
June 7	- <u>4 hrs.</u>

Total 17 hrs. used to date 6/13/85

*per request
granted*

APPLICATION FOR DEFERRED USE OF VACATION CREDITS

INSTRUCTIONS: Extension of the time for the use of vacation credits may be authorized in writing by the City Manager upon written application by an employee, such application having been approved by the department or division head.

Send all copies (3), through channels, to the City Manager. Yellow (original) for division personnel files; pink for City Comptroller; goldenrod for employees.

TO:

Kurt Kimball, CITY MANAGER

I hereby request that 5 days of vacation credit earned by me during 1987, for use during 1988. be made available to me during 1989. Reason(s) for this request:

Work related demands simply didn't allow

me to take an extended vacation during 1988.

I will use these credits by: Fall 1989

Date: 2/28/89

[Signature]
Employee's Signature

[Redacted]
Employee's Soc. Sec. No.

Executive Office
Employee's Department

LABOR RELATIONS

MAR 01 1989

CBO DVH SS

RECOMMENDED:

[Signature]
Department and/or Division Head

Date: 2/28/89

APPROVED:

[Signature]
City Manager's Signature

Date: 2/28/89

1/67 Rev. 1/67, 2/70, 10/72

forms disc/APP DEF VAC CRED

APPLICATION FOR DEFERRED USE OF VACATION CREDITS

INSTRUCTIONS: Extension of the time for the use of vacation credits may be authorized in writing by the City Manager upon written application by an employee, such application having been approved by the department or division head.

Send all copies (3), through channels, to the City Manager. Yellow (original) for division personnel files; pink for City Comptroller; goldenrod for employees.

TO:

Kurt Kimball, CITY MANAGER

I hereby request that 1 day~~s~~ of vacation credit earned by me during 1986, for use during 1987. be made available to me during 1988. Reason(s) for this request:

Will need this additional day during FY88

to meet my vacation plans.

I will use these credits by: _____

Date: January 26, 1988

Employee's Signature

Employee's Soc. Sec. No. _____

Management Services

Employee's Department

RECOMMENDED:

[Signature]
Department and/or Division Head

Date: _____

USE BY 7-1-88
APPROVED:

[Signature]
City Manager's Signature

Date: 2-2-88

CIVIL SERVICE BOARD

City of Grand Rapids, Michigan

Application for Examination and/or Appointment to the position
of ADMINISTRATIVE SERVICES OFFICER

EMPLOYEE
FINGER-PRINTED

Instructions: Answers must be in ink in the handwriting of the applicant. Application must be presented in person by applicant unless otherwise permitted.

1. Mare (First name) Anthony (Middle) ETT (Last)

2. Street and number or R. D. No. [REDACTED]

post office (including postal zone), and [REDACTED]

3. Social Security Number [REDACTED] 4. Home Telephone / Business Telephone (if any) [REDACTED]

5. Are you between 18 and 70 years of age?
☒ Yes ☐ No If your answer is "No," what is your age? [REDACTED]

Ident. No. [REDACTED]

Appl. Filed 10/3/84 jrl

Notice of Examination [REDACTED]

Date of Examination [REDACTED]

Notification of Standing [REDACTED]

Score [REDACTED]

Indicate "Yes" or "No" answer by placing "X" in proper column	YES	NO	Indicate "Yes" or "No" answer by placing "X" in proper column	YES	NO
6. Within the past 12 months, have you habitually used intoxicating beverages or drugs to excess?		X	9. (a) Were you ever in the United States Armed Forces?		X
7. Have you ever been convicted of a felony or are you now under charges for any felony? You may omit any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a Youth Offender law. If your answer is "yes" list all such cases under item 18 below. Give in each case, (a) the date; (b) the charge; (c) name and location of court; (d) penalty imposed or other action taken. NOTE TO APPLICANT: A conviction does not automatically mean you cannot be appointed. What you were convicted of, and how long ago, are important. Give all of the facts so that a decision can be made. If appointed, your fingerprints will be taken.		X	(b) Was service performed on an active full-time basis, with full military pay and allowances?		
8. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position? If your answer is "Yes," give in item 18, the name and address of employer, date and reason in each case.		X	(c) Date of entry or entries into service	Date of separation or separations	
			Branch of service (Army, Navy, M.C., C.G., etc.)	Serial No. (If none, give grade or rating at time of separation)	
<p>IF YOUR ANSWERS TO THIS QUESTION INDICATE THAT YOU ARE ENTITLED TO VETERAN PREFERENCE YOU WILL BE REQUIRED TO FURNISH OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR.</p>					

(If you need extra space for the following items, use more paper the size of this application)

10. (a) EDUCATION: Circle highest grade completed elementary or high school. 1 2 3 4 5 6 7 8 9 10 11 12 <u>12</u> Did you graduate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(b) Name of high school <u>PONTIAC NORTHERN</u>	Location <u>ARLENE ST. PONTIAC MICHIGAN</u>		
Name and location of college, trade, or technical school	Dates attended	No. years completed	Kind of course	Did you graduate
	From - To -	Day Night		Yes No
<u>Oakland Univ., Rochester, MI</u>	<u>6/74 4/79</u>	<u>X</u>	<u>MOT. & Econ</u>	<u>X</u>
<u>Oakland Univ., Rochester, MI</u>	<u>9/79 4/81</u>	<u>X</u>	<u>M.P.A.</u>	<u>X</u>

11. Are you now, or have you ever been a licensed member of any trade or profession (such as electrician, radio operator, pilot, etc.)?
☐ Yes ☒ No If so indicate kind of license, State, and period covered by the license:

12 EXPERIENCE In the space furnished below give a record of every employment (including periods of military service) and every period of unemployment since you first began to work. Describe any training or experience in the military service which may be related to the position for which you are applying. Start with your present job and work backwards to the first job you ever held. Give name you used on payroll if different from that given on this application. If you have never been employed, state that fact in the space below.

MONTH AND YEAR EMPLOYED		JOB TITLE AND SALARY		DESCRIBE DUTIES AND RESPONSIBILITIES OF EACH POSITION AND REASON FOR LEAVING	EMPLOYERS NAME, ADDRESS, AND TELEPHONE NUMBER
From:	To:	Job Title:			Company Name and Address
11/82	PRESENT	A.A. TO CM.		SEE RESUME	CITY OF JACKSON, MICHIGAN
		Starting Salary	Ending Salary		Immediate Supervisor:
		\$	\$		WES McALLISTER (CM)
From:	To:	Job Title:			Company Name and Address:
10/81	11/82	STAFF ASSIST.		"	MICHIGAN MUNICIPAL LEAGUE
		Starting Salary	Ending Salary		Immediate Supervisor:
		\$	\$		SHIRLEY SMITH
From:	To:	Job Title:			Company Name and Address:
1/81	10/81	ADMIN INTERN		"	CITY OF SOUTHFIELD, MICH.
		Starting Salary	Ending Salary		Immediate Supervisor:
		\$	\$		DEL BORGSDORF (CM)
From:	To:	Job Title:			Company Name and Address:
8/78	4/81	HEAD RESIDENT		"	OAKLAND UNIVERSITY
		Starting Salary	Ending Salary		Immediate Supervisor:
		\$	\$		ROCHESTER, MICH.
From:	To:	Job Title:			Company Name and Address:
6/77	8/77	Financial Advisor		"	COMMUNITY NATIONAL BANK
		Starting Salary	Ending Salary		Immediate Supervisor:
		\$	\$		PONTIAC, MICHIGAN
From:	To:	Job Title:			Company Name and Address:
		Starting Salary	Ending Salary		Immediate Supervisor:
		\$	\$		
From:	To:	Job Title:			Company Name and Address:
		Starting Salary	Ending Salary		Immediate Supervisor:
		\$	\$		
From:	To:	Job Title:			Company Name and Address:
		Starting Salary	Ending Salary		Immediate Supervisor:
		\$	\$		
From:	To:	Job Title:			Company Name and Address:
		Starting Salary	Ending Salary		Immediate Supervisor:
		\$	\$		
From:	To:	Job Title:			Company Name and Address:
		Starting Salary	Ending Salary		Immediate Supervisor:
		\$	\$		
From:	To:	Job Title:			Company Name and Address:
		Starting Salary	Ending Salary		Immediate Supervisor:
		\$	\$		

13 REFERENCES: Put an "X" in the margin beside the name of each employer listed above whom you wish to use as a reference. Also list in the space provided below the names of three persons living in the United States and not related to you, preferably persons with whom or for whom you have worked, who have knowledge of your experience and fitness for the position for which you are applying.

FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address, including street and number)	BUSINESS OR OCCUPATION
1. DEL BORGSDORF		CITY ADMINISTRATOR
2. JOHN M. PATRIGGHE		FORMER HALL DIRECTOR PRESENTLY RIVER RIDGE 517/351-
3. GEORGE KOLB		CITY MANAGER

14. Have you ever worked for the City before? ☐ Yes ☒ No

If "YES", answer the questions below:

Dates of employment with the City. From _____ To _____

Department in which employed _____

Job title or position held _____

15. Have you ever applied for or received benefits under Worker's Compensation? ☐ Yes ☒ No

If "YES", describe in detail below.

16. Do you have any physical or mental limitation which may restrict your work performance in the job for which you are applying? ☐ Yes ☒ No

If "YES", describe in full detail below:

Physical or mental limitations do not constitute a bar to employment. They will be evaluated only in relation to the performance of job responsibilities.

17. If you are not a citizen of the United States, do you have permission to work in the United States? ☐ Yes ☐ No

If "YES", give the nature of that permission below:

18. Space for detailed answers to other questions (Indicate item numbers to which answers apply).

ITEM No.		ITEM No.	

(Over)

19 Use the space below to enter any information which you feel would be useful as an aid in determining your fitness for the position for which application is being made. You may wish to include volunteer or other uncompensated work experience, informal training, self-study, hobbies, or work experience not shown elsewhere on this application, etc.

- REGION II Planning Commission
EXECUTIVE BOARD MEMBER
CHAIRMAN OF PENSION BOARD
- BIG BROTHERS - BIG SISTERS OF JACKSON
BOARD MEMBER
- Recycling/Jackson, Inc.
Co-Founder and Board Member
- United Way of Jackson County
Member of Empower Cabinet and
CHAIRMAN OF THE GOVERNMENT DIVISION
- Member - Jaycees, Jackson Chapter
- Kappa Alpha Psi Fraternity
- Currently completing course work for
City Police Reserve Officer Program

20 I hereby authorize my former employers to give any information regarding my employment together with any information they may have regarding me, whether or not it is on their records. I hereby release them and their company from all damage whatsoever for issuing same to the City of Grand Rapids. I hereby authorize any police agency to give any information regarding any record they may have on me, and release them from any damage whatsoever for issuing same to the City of Grand Rapids.

(You may cross out the above, if you wish to withhold this authorization.)

Enter here amount of lowest salary for which you will work.

\$ _____ Per _____

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that false statements herein are sufficient grounds for rejection of this application. I understand that my statements herein are a material consideration in case of appointment.

Date

10/1/84

Signature of applicant

Alvin A. Pitt



CITY OF JACKSON

OFFICE OF CITY MANAGER

161 W. MICHIGAN

JACKSON, MICHIGAN 49201

PHONE: (517) 788-4035

November 21, 1984

Mr. Kurt Kimball
Assistant City Manager
City of Grand Rapids
300 Monroe Avenue, NW
Grand Rapids, MI 49503

Dear Kurt,

I would like to extend my appreciation to you and your committee for selecting me to fill the Administrative Service Officer position. You will recall that on November 13, 1984 I verbally expressed my intent to accept your offer. I understood that the offer was contingent upon successful completion of a physical exam, which has since been accomplished. Therefore, this is my first opportunity to provide this formal notice of acceptance to be effective December 10, 1984.

I have given careful consideration to the aspects of the job, salary, and fringe benefits, and I find them to be acceptable. I am certainly looking forward to coming to Grand Rapids and working with you and other city staff.


As you know, I plan to relocate by November 30, 1984. As soon as I have accomplished this, I will provide you with my address. In the meantime, should you require any additional information, please feel free to contact me.

Sincerely,

Marc A. Ott
Administrative Assistant

MAO/slc

October 17, 1984

Mr. Marc A. Ott


Dear Mr. Ott:

Please allow this letter to formally confirm your interview for Administrative Services Officer on Thursday, October 25, 1984, at 11:30 A.M.

As discussed, you are asked to see Mr. Kurt Kimball, Assistant City Manager, in the Executive Offices located on the 6th Floor of City Hall.

It is during the interview process that Mr. Kimball will wish to review the requested sample of your writing and analytical skills.

Contact me at 616-456-3465 should you have any questions.

Very sincerely yours,

Henry T. Vry
Assistant Personnel Director

HTV:gd

PERSONAL DATA

Birthdate: [REDACTED]

Health: Excellent

JOB OBJECTIVE

A position as City Manager in a full service city. Procedures of greatest interest include budgeting, personnel, labor relations and organizational evaluation.

EDUCATIONAL BACKGROUND

4/81 M.P.A., Public Administration
Oakland University, Rochester, Michigan

4/79 B.S., Management, Concentration in Economics
Oakland University, Rochester, Michigan

EMPLOYMENT BACKGROUND

<u>Administrative Assistant to the</u>	City of Jackson	November, 1982-
<u>City Manager</u>	Jackson, Michigan	Present

RESPONSIBILITIES: Generally responsible for assisting the City Manager with the administration of all operating departments which entails a work force of 375 employees. Specific responsibilities include, but are not limited to, research projects and report preparation, the development and monitoring of the performance evaluation program, training programs, monitoring affirmative action efforts and preparing quarterly and annual affirmative action reports, ORS Section 504 compliance coordinator, labor relations advisor to the City Manager, citizen complaint resolution (developed organizational complaint procedure), serving as executive secretary to the Human Relations Commission, assisting the City Manager in budget preparation and periodically serving as acting city manager.

<u>Staff Assistant</u>	Michigan Municipal League Ann Arbor, Michigan	October, 1981- November, 1982
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RESPONSIBILITIES: To respond to inquiries of local government concern originating from municipal officials throughout the state. Provided reference material and information based on research. Assisted in the planning, organizing and attending the League's nine regional meetings, Legislative Conference, Annual Convention and training programs. Conducted research and provided factual presentations on the police/fire consolidation concept.

<u>Administrative Intern</u>	City Administrator City of Southfield Southfield, Michigan	January, 1981- October, 1981
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RESPONSIBILITIES: Involved in the day-to-day processes of the Administrator's office, handled citizen complaints, report preparation and organizational evaluation. Constructed a matrix illustrating the structure of the classification compensation system. Developed an administrative procedure for the city's internship program. Also developed a concept for integrating the building and fire inspection programs which was implemented.

<u>Head Resident</u>	Oakland University Rochester, Michigan	August, 1978- April, 1981
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RESPONSIBILITIES: Total management of a residence hall of 96 to 315 students; training, supervision and evaluation of two to eight resident assistants; advising building and system-wide student governments; enforcement of residence hall policy; handling discipline; student advising and counseling, conflict resolution, developing and implementing academic, social and cultural programs, assisted with residence hall staff selection process; and the supervision of a nightwatch security team.

<u>Financial Adjuster</u>	Community National Bank Pontiac, Michigan	June, 1977- August, 1977
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RESPONSIBILITIES: Collection of delinquent accounts and the readjustment of financial payment plans for customers with installment loan agreements.

PROFESSIONAL AFFILIATIONS

International City Management Association

Michigan City Management Association

American Society for Public Administration

Region 2 Planning Commission (Executive Board Member & Chairman of the Pension Committee)

COMMUNITY RELATED ACTIVITIES

Big Brothers-Big Sisters of Jackson - Board Member

Recycling/Jackson, Inc. - Co-Founder and Board Member

United Way of Jackson County - Member of Campaign Cabinet and Chairman of Government Division Campaign for Jackson County

Jaycees - Jackson Chapter Member

Kappa Alpha Psi Fraternity Member

* Currently completing coursework for City Police Reserve Officer program

HONORS AND AWARDS

Member, "Who's Who in American Colleges and Universities," 1979

Community Service Award, Black Alumni Association (Oakland University), 1979

Certification of Appreciation for dedication and perseverance in the pursuit of higher education, Black Alumni Association (Oakland University), 1979

Graduate Assistantship, Department of Political Science (Oakland University), 1980-81

Member, "Outstanding Young Men of America," 1981

Certificate, Jackson Community College Leadership Academy, 1982

Certificate of Achievement, National Emergency Training Center, Emergency Management Institute, 1984

Thank you

Name OTT MARC A. 10/1/84 28
Last First Initial Todays Date Age

Title of the job you applied for: ADMINISTRATIVE SERVICES OFFICER

Male

☒

Female

☐

Check One:

White

☐

Black

☒

Asian or Pacific
Islander

☐

American Indian
or Alaskan
Native

☐

Hispanic

☐

How did you learn about this job?

From a City Employee

☒

City Recruiting Notice

☐

Professional Publication

☐

Newspaper Advertisement

☐

**

Newspaper Story

☐

Radio News Story

☐

Radio Announcement

☐

Television News Story

☐

Employment Agency

☐

Other (Please Specify) _____

EDUCATION

Encircle highest
year completed:

Grade School 1 2 3 4 5 6 7 8

High School 9 10 11 12

College 1 2 3 4 5 6

Were you ever in the
United States Military
Service?

Yes ☐

No ☐

Are you a
Handicapper?

Yes ☐

No ☒

**Indicate below the Newspaper
in which you saw the ad

Your Drivers License Number: [REDACTED]

Are you a resident of the City of Grand Rapids? Yes ☐ No ☒

PERSONAL DATA INFORMATION SHEET

Name: Mary A. Ott

Address: [REDACTED]

Telephone No. [REDACTED]

Maiden Name: (if applicable) _____

Date of Birth: [REDACTED]

Height: 6 feet — inches

Weight: 130 pounds

Sex: ☒ Male ☐ Female

Marital Status: (check one)

☐ Married ☒ Single ☐ Separated ☐ Divorced ☐ Widowed

Number of Dependents: _____ Number of Children: _____

Residence Status: (check one)

☐ Own home ☒ Rent Room with: ☐ Parents ☐ Relatives ☐ Other

Name and address of person to be notified in case of emergency:

Name [REDACTED]

Address [REDACTED]

Telephone No. [REDACTED]

If you have any relatives employed by the City of Grand Rapids list their names and the department in which employed below:

<u>Name</u>	<u>Relationship</u>	<u>Department In Which Employed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date _____ Signed _____

[REDACTED]
Marc Ott
[REDACTED]

Administrative Services Officer in the Executive Office
101-01-85-120-706

Marc has passed his physical and completed all necessary
paperwork to start working in your department.

Type of Work - Permanent (X) Seasonal ()

Date - 11/19/84

By

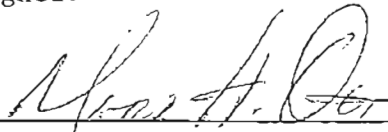
Gail Douglas
Personnel Dept.

CITY OF GRAND RAPIDS
Civil Service Board
City Hall, Room 816
Grand Rapids, Michigan

I hereby certify that the residence requirements in connection with employment with the City of Grand Rapids have been explained to me and I understand that if I am not now a resident of the City of Grand Rapids that I must so become prior to the expiration of the Civil Service Probationary Period, and I further understand that while employed by the City of Grand Rapids I may not change my residence to a place outside the City of Grand Rapids unless specific approval is given for such a move by the Civil Service Board of the City of Grand Rapids.

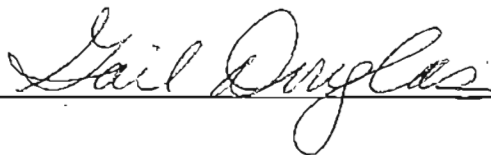
I further certify that a copy of Ordinance Number 71-75 as passed by the City Commission on November 23, 1971 which sets forth the residence requirements in connection with City employment, has been given to me.

Signed:



Date 11/19/84

Witness:



REQUEST FOR POLICE RECORD INFORMATION

NAME Marc Anthony Off BIRTH DATE [REDACTED]

The above named person has begun work for the City of Grand Rapids. The Non-Criminal Fingerprint Card with a full set of fingerprints is attached.

It is requested that your files be checked and any police record be entered in the space provided below, or the police record sheet attached, and that this form be returned to the Personnel Office as soon as possible.

Personnel Office

RECORDS UNIT
GRAND RAPIDS, MICH. POLICE
No record of criminal arrest
or conviction in our files.
Signed: [Signature]
Title: Clerk Date: 11-28-88



CITY OF
GRAND RAPIDS
IDENTIFICATION PICTURE

NAME:

John P. Holt

DEPT:

Executive Mgt. Services

DATE:

7/21/87

Marc Ott Admin Services Officer

CHECK OFF SHEET

RISK MANAGEMENT

POB 3/21/85

- ☒ 1. Accident Prevention Manual
- ☒ 2. Current injury rates for City
- ☒ 3. Outline of Safety Program
- ☒ 4. Outline of Risk Management Policy Statement

Name Marc Ott

Date 1-17-85

LABOR RELATIONS

- ☒ 1. Appropriate labor contract
- ☒ 2. Work rules and regulations

Donald W. H. Ford

CITY OF GRAND RAPIDS
HUMAN RESOURCES DEPARTMENT
LONGEVITY ELIGIBILITY PAY NOTICE

DEPARTMENT: EXECUTIVE

NAME: OTT, MARC A

SS NO.: [REDACTED]

CLASSIFICATION: ADMINISTRATIVE SERVICES OFFICER

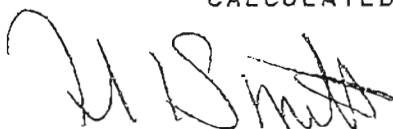
ACCOUNT CODE: 101-01-90-110-721

HAS COMPLETED 05 YEARS OF CONTINUOUS SERVICE ON DECEMBER 10, 1989.

THE PRESENT LONGEVITY PAY RATE IS:

CALCULATED ON A

BASE RATE OF \$6,000.00.



HUMAN RESOURCES DIRECTOR

UPON APPROVAL, THIS EMPLOYEE IS ELIGIBLE FOR AN INCREASE TO LONGEVITY PAY
RATE: L - 1 \$180 ON JANUARY 1, 1990.
(PAY STEP/AMOUNT)

IF APPROVAL IS RECOMMENDED, ATTACH A LONGEVITY PAY ADVICE WHEN RETURNING
THIS NOTICE TO THE HUMAN RESOURCES DEPARTMENT.

DATE: _____

RECOMMENDED: _____

DIVISION HEAD

DEPARTMENT HEAD

DATE: _____

APPROVED: _____



CITY MANAGER

ANNUAL EVALUATION NOTICE

NAME: OTT, MARC A

SS NO.: [REDACTED]

DEPARTMENT: EXECUTIVE

06/01/89

ACCOUNT CODE: 101-01-89-110-706

EVALUATION DATE

CLASS: 626

RANGE: 26

STEP: F

RATING CODE: M

THE ABOVE-NAMED EMPLOYEE SHOULD BE SCHEDULED FOR A WORK PERFORMANCE APPRAISAL. THIS EVALUATION MUST BE RETURNED TO THE HUMAN RESOURCES OFFICE NOT LATER THAN MAY 22, 1989.

THE ANNUAL APPRAISAL IS AN OPPORTUNITY TO REVIEW EMPLOYEE PERFORMANCE DURING THE PAST YEAR AND ADVISE EMPLOYEES OF THE INDIVIDUAL STRENGTHS AND WEAKNESSES THAT ENHANCE OR DETRACT FROM THEIR WORK PERFORMANCE.

THE DEPARTMENT OR DIVISION HEAD WILL INDICATE ACTION TAKEN FROM THE FOLLOWING LISTING:

- (✓) I CERTIFY THAT THE WORK PERFORMANCE OF THE ABOVE-NAMED EMPLOYEE HAS BEEN SATISFACTORY AND THE EMPLOYEE HAS BEEN SO INFORMED.
- () I CERTIFY THAT THE WORK PERFORMANCE OF THE ABOVE-NAMED EMPLOYEE HAS NOT BEEN SATISFACTORY AND THE EMPLOYEE HAS BEEN SO INFORMED. THE EMPLOYEE HAS BEEN ADVISED THAT THE FOLLOWING ACTIONS MUST BE TAKEN TO IMPROVE WORK PERFORMANCE:

SIGNED: _____

DIVISION HEAD

Marc A. Ott

DEPARTMENT HEAD

PROGRESS REPORT

NAME Marc A. Ott		CLASSIFICATION Administrative Services Officer		CLASS GROUP M	DIVISION Executive		DATE 5/25/89	
---------------------	--	---	--	------------------	-----------------------	--	-----------------	--

TRAITS	RATERS			TOTALS	WEIGHT	SCORE	CLASS GROUP FACTORS	
	A	B	C	A + B + C		TOTAL X WEIGHT		
APPEARANCE	3			3	3	9	1 RATER	.488
ATTITUDE	5			5	5	25	2 RATERS	.244
							3 RATERS	.163
INITIATIVE	3			3	4	12	GOOD AVERAGE SCORE 60.00	
JUDGMENT	4			4	5	20		
KNOWLEDGE OF WORK	4			4	4	16		
PUBLIC CONTACTS	5			5	4	20	EMPLOYEE'S LAST RATING SCORE	
PUNCTUALITY	3			3	2	6		
QUALITY OF WORK	3			3	5	15		
SUPERVISORY ABILITY	3			3	4	12	EMPLOYEE'S PROGRESS RATING	
WORK OUT PUT	3			3	5	15	FACTOR USED	RAW SCORE X FACTOR
					RAW SCORE	150	.488	73.200

SCALE OF VALUES	1	2	3	4	5
		DOES NOT MEET REQUIREMENTS	PARTIALLY MEETS REQUIREMENTS	MEETS REQUIREMENTS	SOMEWHAT EXCEEDS REQUIREMENTS

SIGNED: RATER A: 1st Lt Kimball DIVISION HEAD: _____
 RATER B: _____ DEPARTMENT HEAD: 1st Lt Kimball
 RATER C: _____ I have reviewed the above rating.
 EMPLOYEE: Marc Ott DATE: 5-25-89

INDIVIDUAL TRAITS CRITERIA FOR EMPLOYEE RATING

Appearance

Cleanliness, neatness and appropriate clothing.

Attitude

Co-operation, loyalty, ability to get along with others, outlook on the work, manner, behavior, interest in the work, reliability, compliance with safety rules.

Comprehension

Ability to follow orders and ability to understand instructions.

Initiative

Lazy or industrious, drive, willingness to do more than ordered, ability to find work for himself/herself, self-starter, expresses ideas.

Judgment

Ability to make correct decisions, ability to organize work, ability to understand principles and ideas, power of analysis, ability to reason.

Knowledge of Work

Degree of ability to perform all the necessary functions pertaining to the requirements of his/her job. Degree of skill used in performing the job.

Maintenance of Equipment

Degree of effort shown in maintaining his/her equipment in proper condition.

Public Contacts

Telephone manner, courtesy, ability to answer inquiries, ability to give proper information, ability to properly enforce rules, diplomacy.

Punctuality

Obeys all rules regarding starting, quitting, lunch hour and coffee break.

Quality of Work

Degree of work perfection produced, or caused to be produced.

Supervisory Ability

Ability to instruct others, ability to achieve co-operation from the persons supervised, ability to properly write reports.

Work Output

Amount of work produced, or amount of work caused to be produced.

m

MERIT PAY REVIEW NOTICE

TO: Kurt Kimball Executive
(Department or Division Head) (Department or Division)

Standard procedure provides for a review of the performance of each officer or employee prior to the anniversary date of that person.

The anniversary date of: Marc Ott is June 10, 1988.

Please make such recommendations as your experience with this employee indicates to be proper. Your recommendations on this form should be returned to the Personnel Office as soon as possible and not later than two weeks prior to the above date.

The current classification and pay status of this employee is:						RECOMMENDED PAY STATUS	
Class Title	Acct.	Code	Range	Step	Rate	Step	Rate
Administrative Services Officer							
101-01-88-120-706		626	26	E	\$19.67	F	\$20.66

All pay increases (other than those mandated at the end of the probation period) must be merited. Department or division heads should be prepared to justify any recommendation for a pay increase or any denial thereof.

If a step-increase is recommended, attach an in-service change employment advice.

If NO INCREASE is recommended, check this box () and explain reason on the reverse side of this notice.

SIGNED: Margaret Stebbins APPROVED: Kurt Kimball
Department Head City Manager

Date: July 28, 1988 EFFECTIVE DATE OF RATE CHANGE (if any) _____

NAME		CLASSIFICATION			CLASS GROUP	DIVISION		DATE	
Marc Ott		Administrative Services Officer			M	Executive Offices		July 14, 1988	
TRAITS	RATERS			TOTALS	WEIGHT	SCORE TOTAL X WEIGHT	CLASS GROUP FACTORS		
	A	B	C	A + B + C			1 RATER	2 RATERS	3 RATERS
APPEARANCE	3				3	9			
ATTITUDE	4				5	20			
INITIATIVE	4				4	16			
JUDGMENT	3				5	15			
KNOWLEDGE OF WORK	4				4	16			
PUBLIC CONTACTS	5				4	20			
PUNCTUALITY	3				2	6			
QUALITY OF WORK	4				5	20			
SUPERVISORY ABILITY	3				4	12			
WORK OUT PUT	3				5	15			
					RAW SCORE	149	.488	72.71	

SCALE OF VALUES	1	2	3	4	5
	DOES NOT MEET REQUIREMENTS	PARTIALLY MEETS REQUIREMENTS	MEETS REQUIREMENTS	SOMEWHAT EXCEEDS REQUIREMENTS	CONSIDERABLY EXCEEDS REQUIREMENTS

CHECK BOX IF EMPLOYEE HAS BEEN ADVISED OF HIS RATING. ☒

SIGNED: Margaret R. Sullivan

RATER B

RATER C

DIVISION HEAD

DEPARTMENT HEAD

INDIVIDUAL TRAITS CRITERIA FOR EMPLOYEE RATING

Appearance

Cleanliness, neatness and appropriate clothing.

Attitude

Co-operation, loyalty, ability to get along with others, outlook on the work, manner, behavior, interest in the work, reliability, compliance with safety rules.

Comprehension

Ability to follow orders and ability to understand instructions.

Initiative

Lazy or industrious, drive, willingness to do more than ordered, ability to find work for himself/herself, self-starter, expresses ideas.

Judgment

Ability to make correct decisions, ability to organize work, ability to understand principles and ideas, power of analysis, ability to reason.

Knowledge of Work

Degree of ability to perform all the necessary functions pertaining to the requirements of his/her job. Degree of skill used in performing the job.

Maintenance of Equipment

Degree of effort shown in maintaining his/her equipment in proper condition.

Public Contacts

Telephone manner, courtesy, ability to answer inquiries, ability to give proper information, ability to properly enforce rules, diplomacy.

Punctuality

Obeys all rules regarding starting, quitting, lunch hour and coffee break.

Quality of Work

Degree of work perfection produced, or caused to be produced.

Supervisory Ability

Ability to instruct others, ability to achieve co-operation from the persons supervised, ability to properly write reports.

Work Output

Amount of work produced, or amount of work caused to be produced.

H m

MERIT PAY REVIEW NOTICE

TO: Kurt Kimball, Administrative Services
(Department or Division Head) (Department or Division)

Standard procedure provides for a review of the performance of each officer or employee prior to the anniversary date of that person.

The anniversary date of: Marc A. Ott is June 10, 1986.

Please make such recommendations as your experience with this employee indicates to be proper. Your recommendations on this form should be returned to the Personnel Office as soon as possible and not later than two weeks prior to the above date.

The current classification and pay status of this employee is:						RECOMMENDED PAY STATUS	
Class Title	Acct.	Code	Range	Step	Rate	Step	Rate
Administrative Services Officer 101-01-86-120	706	626	26	C	\$34,308	D	\$36,020

All pay increases (other than those mandated at the end of the probation period) must be merited. Department or division heads should be prepared to justify any recommendation for a pay increase or any denial thereof.

If a step-increase is recommended, attach an in-service change employment advice.

If NO INCREASE is recommended, check this box () and explain reason on the reverse side of this notice.

SIGNED:

Kurt Kimball

Department Head

APPROVED:

Steven D. [Signature]

City Manager

Date: June 2, 1986 EFFECTIVE DATE OF RATE CHANGE (if any) June 15, 1986

NAME Marc A. Ott	CLASSIFICATION Administrative Services Officer	CLASS GROUP X	DIVISION Management Services Office	DATE June 2, 1986
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TRAITS	RATERS			TOTALS A + B + C	WEIGHT	SCORE TOTAL X WEIGHT	CLASS GROUP FACTORS	
	A	B	C					
APPEARANCE	3				3	9	1 RATER	.488
ATTITUDE	4				5	20	2 RATERS	.244
							3 RATERS	.163
INITIATIVE	5				4	20	GOOD AVERAGE SCORE 60.02	
JUDGMENT	3				5	15		
KNOWLEDGE OF WORK	4				4	16		
							EMPLOYEE'S LAST RATING SCORE	
PUBLIC CONTACTS	5				4	20		
PUNCTUALITY	3				2	6		
QUALITY OF WORK	4				5	20	EMPLOYEE'S PROGRESS RATING	
SUPERVISORY ABILITY	3				4	12		
WORK OUT PUT	3				5	15		
					RAW SCORE	153	FACTOR USED	RAW SCORE X FACTOR
							.488	74.66

SCALE OF VALUES	1	2	3	4	5
	DOES NOT MEET REQUIREMENTS	PARTIALLY MEETS REQUIREMENTS	MEETS REQUIREMENTS	SOMEWHAT EXCEEDS REQUIREMENTS	CONSIDERABLY EXCEEDS REQUIREMENTS

SIGNED: Kurt Kimball RATER A
RATER B

RATER C
DIVISION HEAD

CHECK BOX IF EMPLOYEE HAS BEEN ADVISED OF HIS RATING.



Kurt Kimball DEPARTMENT HEAD

INDIVIDUAL TRAITS CRITERIA FOR EMPLOYEE RATING

Appearance

Cleanliness, neatness and appropriate clothing.

Attitude

Co-operation, loyalty, ability to get along with others, outlook on the work, manner, behaviour, interest in the work, reliability, compliance with safety rules.

Comprehension

Ability to follow orders and ability to understand instructions.

Initiative

Lazy or industrious, drive, willingness to do more than ordered, ability to find work for himself/herself, self-starter, expresses ideas.

Judgment

Ability to make correct decisions, ability to organize work, ability to understand principles and ideas, power of analysis, ability to reason.

Knowledge of Work

Degree of ability to perform all the necessary functions pertaining to the requirements of his/her job. Degree of skill used in performing the job.

Maintenance of Equipment

Degree of effort shown in maintaining his/her equipment in proper condition.

Public Contacts

Telephone manner, courtesy, ability to answer inquiries, ability to give proper information, ability to properly enforce rules, diplomacy.

Punctuality

Obeys all rules regarding starting, quitting, lunch hour and coffee break.

Quality of Work

Degree of work perfection produced, or caused to be produced.

Supervisory Ability

Ability to instruct others, ability to achieve co-operation from the persons supervised, ability to properly write reports.

Work Output

Amount of work produced, or amount of work caused to be produced.

M

PROBATION EXPIRATION NOTICE
(ORIGINAL APPOINTMENT)

TO: Kurt Kimball, Administrative Services
(Department or Division Head) (Department or Division)

The probationary employment period for Marc A. Ott expires
(name of probationer)
on June 10, 1985. In accordance with Title VII, Section 8, of the City Charter,
this employee must be accepted on this date as a permanent employee or he must be
rejected and discharged before this date.

Date of this notice: May 9, 1985 SIGNED: [Signature]
Personnel Director

(The department or division head will make either of the two following recommendations.)

- (X) I (We) hereby certify that the services of the above-named employee have been
satisfactory and recommend that he be given permanent status.
- () I (We) hereby recommend that the services of the above-named employee be
terminated. (Notice of termination must accompany recommendation.)

Date: May 17, 1985 SIGNED: [Signature]; Kurt Kimball
Division Head Department Head

To the CIVIL SERVICE BOARD:

- (X) The services of the above-named employee have been satisfactory.
I hereby make permanent his appointment.

- () I hereby terminate the services of the above-named employee.

Date: 5-30-85 SIGNED: [Signature]
City Manager

If the employee is to be retained in the City service follow the alternative checked:

- () Employee **MUST** be granted a step-increase.
(X) Employee **MAY** be granted a step-increase.
() Employee is **NOT** eligible for a step-increase.

The current classification and pay status of this employee is:						RECOMMENDED PAY STATUS	
Class Title	Acct.	Code	Range	Step	Rate	Step	Rate
Administrative Services Officer 101-01-85-120	706	626	26	B	\$29,643	C	\$31,121

If a step-increase is recommended, attach an in-service change employment advice.
If recommendation is for NO INCREASE, check this box () and explain reason on the
reverse side of this notice.

SIGNED: Kurt Kimball APPROVED: [Signature]
Department Head City Manager

Date: May 17, 1985 EFFECTIVE DATE OF RATE CHANGE (if any) June 16, 1985

NAME MARC OTT		CLASSIFICATION ADMINISTRATIVE SERVICES OFFICER			CLASS GROUP M	DIVISION MANAGEMENT SERVICES		DATE May 17, 1985	
------------------	--	--	--	--	------------------	---------------------------------	--	----------------------	--

TRAITS	RATERS			TOTALS A + B + C	WEIGHT	SCORE TOTAL X WEIGHT	CLASS GROUP FACTORS	
	A	B	C					
APPEARANCE	3			3	3	9	1 RATER	488
ATTITUDE	4			4	5	20	2 RATERS	244
							3 RATERS	263
INITIATIVE	4			4	4	16	GOOD AVERAGE SCORE 60.02	
JUDGMENT	4			4	5	20		
KNOWLEDGE OF WORK	3			3	4	12		
							EMPLOYEE'S LAST RATING SCORE	
PUBLIC CONTACTS	4			4	4	16		
PUNCTUALITY	3			3	2	6		
QUALITY OF WORK	4			4	5	20	EMPLOYEE'S PROGRESS RATING	
SUPERVISORY ABILITY	3			3	4	12		
WORK OUT PUT	3			3	5	15		
					RAW SCORE	146	FACTOR USED	RAW SCORE X FACTOR
							.488	71.25

SCALE OF VALUES	1	2	3	4	5
	DOES NOT MEET REQUIREMENTS	PARTIALLY MEETS REQUIREMENTS	MEETS REQUIREMENTS	SOMEWHAT EXCEEDS REQUIREMENTS	CONSIDERABLY EXCEEDS REQUIREMENTS

SIGNED: Kurt Kimball RATER A

RATER B

CHECK BOX IF EMPLOYEE HAS BEEN ADVISED OF HIS RATING. ☒

RATER C Kurt Kimball DIVISION HEAD

DEPARTMENT HEAD

INDIVIDUAL TRAITS CRITERIA FOR EMPLOYEE RATING

Appearance

Cleanliness, neatness and appropriate clothing.

Attitude

Co-operation, loyalty, ability to get along with others, outlook on the work, manner, behaviour, interest in the work, reliability, compliance with safety rules.

Comprehension

Ability to follow orders and ability to understand instructions.

Initiative

Lazy or industrious, drive, willingness to do more than ordered, ability to find work for himself/herself, self-starter, expresses ideas.

Judgment

Ability to make correct decisions, ability to organize work, ability to understand principles and ideas, power of analysis, ability to reason.

Knowledge of Work

Degree of ability to perform all the necessary functions pertaining to the requirements of his/her job. Degree of skill used in performing the job.

Maintenance of Equipment

Degree of effort shown in maintaining his/her equipment in proper condition.

Public Contacts

Telephone manner, courtesy, ability to answer inquiries, ability to give proper information, ability to properly enforce rules, diplomacy.

Punctuality

Obeys all rules regarding starting, quitting, lunch hour and coffee break.

Quality of Work

Degree of work perfection produced, or caused to be produced.

Supervisory Ability

Ability to instruct others, ability to achieve co-operation from the persons supervised, ability to properly write reports.

Work Output

Amount of work produced, or amount of work caused to be produced.



CITY OF GRAND RAPIDS

Department of State Police
Central Records Division
General Office Building
7150 Harris Drive
Lansing, MI 48913

Re: Criminal History File Checks

Dear Sir/Madam:

Please search your files for conviction information on the below listed applicants/employees. Attached you will find individually signed waivers allowing you to furnish what you may have on file by name for the following.

	<u>NAME</u>	<u>Date of Birth</u>	<u>Soc. Sec. No.</u>	<u>Drivers Lic. No.</u>
✓ 1.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6.	Marc A. Ott	[REDACTED]	[REDACTED]	[REDACTED]

Very sincerely yours,

Andrew R. Vanderveen
Chief Examiner and
Personnel Director

ARV:gd

Attachment





CITY OF GRAND RAPIDS

No Conviction Information
Based on information...

DEC 23 1984

Identification Section
Department of State Police

I, the undersigned, authorize the Department of State Police, Central Records Division, to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to the Personnel Office of the City of Grand Rapids.

Signed: Marc A. Ott Marc A. Ott

Dated: 11/19/84

Date of Birth: [REDACTED]

Social Security Number: [REDACTED]

Michigan Drivers License Number: [REDACTED]



*Andrew
Vandermon*



MEMORANDUM

to: Top Management date: December 13, 1984

from: Kurt Kimball *KK* Assistant City Manager
Administrative Services

subject: INTRODUCTION OF MARC OTT *OKS file*

Mr. Marc Ott was recently hired as the Administrative Services Officer to head up the Management Services Office (formerly Administrative Support Office). The Office now consists of Marc, Management Analysts Barbara Lipscomb and Sue Shannon, and one or more Management Interns, as available.

Marc's most recent experience was with the City of Jackson, Michigan, where he served as Administrative Assistant to the City Manager. Prior to that, he worked for the Michigan Municipal League and the City of Southfield, Michigan.

Marc's office is located in the Executive Office Suite, adjacent to the Mayor (Jan Perkins' old office). His phone number is 456-3039. Please feel free to stop by and introduce yourself.

All project requests and other matters pertaining to Management Services should now be directed to Marc.

KK/gt

12-10-84
EXECUTIVE
OFFICES

CITY OF GRAND RAPIDS

November 7, 1984

Mr. Marc A. Ott
[REDACTED]

Dear Marc:

I am very pleased to inform you that you have been selected to fill the Administrative Services Officer position in the Management Services Office. It is my hope that you will accept this offer of employment with the City of Grand Rapids. The interviewing panel was very impressed with your potential for the challenges of the position.

After evaluating the results of your personal interview, education, and employment history, City Manager G. Stevens Bernard has made the decision to set your starting salary at above the normal entry rate. Should you accept this offer of employment, your beginning salary will be \$28,503.00. In addition, a full range of management benefits is attached to this level of position. Detailed information concerning these benefits is found in the enclosed Management Compensation and Fringe Benefits Handbook. You are invited to review this booklet and contact Mr. Andrew R. Vanderveen, Personnel Director, at 616-456-3176 if you have any questions. Although not stated in the booklet, the City of Grand Rapids will also reimburse you for reasonable moving expenses.

For planning purposes, it is necessary for us to establish a tentative date for you to begin work, contingent upon your acceptance of this job offer and your successful completion of the physical examination, before notifying your present employer of the intent to leave. Please contact Mr. Vanderveen to make the necessary arrangements. Should you have any questions, do not hesitate to call.

Mr. Marc A. Ott
November 7, 1984
Page two

Congratulations on your selection for this position. I am anxious to learn of your acceptance of this offer to join the City of Grand Rapids' management team.

Very sincerely yours,



Kurt Kimball
Assistant City Manager
Administrative Services

KK/gt
attachments

cc: Andrew R. Vanderveen, Personnel Director

Personnel

Marc A. Ott
EMPLOYEE'S NAME

Executive
DEPARTMENT NAME

101-01-110-90-11000-706
ACCOUNT CODE

[REDACTED]
SOCIAL SECURITY NUMBER

CITY OF GRAND RAPIDS
PERSONNEL CLEARANCE FORM

TO PAYROLL SUPERVISOR:

I CERTIFY THAT I HAVE RETURNED THE FOLLOWING ITEMS TO THE CITY OF GRAND RAPIDS.

CHECK APPLICABLE ITEM:

*PARKING PASS ☒
UNIFORMS ☐
TOOLS ☐
CAR KEYS ☐
*PRESCRIPTION ☒
DRUG CARD

OFFICE & DESK KEYS ☒
SPECIAL EQUIPMENT ☐
EQUIPMENT FROM OTHER ☐
DEPARTMENTS
OTHER: ☐

Marc A. Ott
SIGNATURE OF EMPLOYEE

4/20/90
DATE

Sharon M. DeLeon
AUTHORIZED SIGNATURE

4-20-90
DATE

*THESE CARDS ARE TO BE RETURNED TO THE
PERSONNEL OFFICE ALONG WITH THE
PERSONNEL OFFICE COPY OF THIS FORM

ORIGINAL - PAYROLL
COPY - EMPLOYEE'S DEPT.
COPY - PERSONNEL

DESIGNATION OF BENEFICIARY

Marc A. Ott
(Print Name)

[REDACTED]
(Street Address)

[REDACTED]
(City)

[REDACTED]
(Social Security No.)

I, Marc A. Ott, pursuant to Article XXV, INSURANCE, (Print Name)
Section 2 of the Agreement between the City and Local 1061, dated August 29, 1967, subject to any amendments or changes which may hereafter be adopted, hereby designate the following named person(s) as my beneficiary or beneficiaries for the purpose of obtaining any benefits which may be available pursuant to Article XXV, INSURANCE, Section 2 of said contract.

Complete Name and Address of Each Beneficiary	Relationship Of Each To Insured	Amount to Each (% preferred)
<u>PRINCIPAL</u>		
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
<u>CONTINGENT</u>		
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

() Estate
Marc A. Ott
(Signature of Employee)

or to the survivor
Gail Douglas
(Signature of Witness)

11/19/84
(Date Signed)

2309 Kent
(Address)

The employee may designate sharing principal beneficiaries and/or sharing contingent beneficiaries. If the employee designates sharing beneficiaries and wishes surviving beneficiaries to receive the share of any beneficiary who does not survive the employee, one of the following phrases should be added below the names of the sharing principal beneficiaries and/or sharing contingent beneficiaries:

- If two persons are named - "or to the survivor".
- If more than two persons are named - "or to the survivors or survivor".

If sharing beneficiaries are designated and a survivorship clause (a) or (b) is not included, the share of the beneficiary who does not survive will be paid to the estate of the employee or to contingent beneficiaries if designated.