

**VOLUNTARY PAYROLL DEDUCTION
CITY OF FORT WORTH**

I authorize the City of Fort Worth to begin discontinue change the following Payroll Deduction(s):

Employee Name: OTT MARC A Employee ID #: 203957
LAST Name FIRST Name Middle Initial 6-Digit Employee ID #

Employee Signature: _____ Date: 2-18-10

Must have an original employee signature (no faxes, scanned documents, etc.) to process Payroll Deduction Request.

Deduction Name	Bi-Weekly \$ Amount	Deduction #
<input type="checkbox"/> American Family (AFLAC)		25
<input type="checkbox"/> Allstate Workplace		27
<input type="checkbox"/> Association of City Employees (ACE)		29
<input type="checkbox"/> Black Firefighters Association		42
<input type="checkbox"/> CLEAT (Combined Law Enforcement Assoc of Texas) * (see note below)		17
<input type="checkbox"/> Continental Casualty (C N A)		60
<input type="checkbox"/> Dental		48
<input type="checkbox"/> Firefighters Association		18
<input type="checkbox"/> Firemans Group Relief		19
<input type="checkbox"/> Fit 4 Life		75
<input type="checkbox"/> Fort Worth Black Law Enforcement Officers Association * (see note below)		84
<input type="checkbox"/> Fort Worth City Credit Union (Payroll Deduction) <small>To Be Completed By FWCCU Staff ONLY</small>		12
<input type="checkbox"/> Fort Worth City Credit Union (CU Net) <small>To Be Completed By FWCCU Staff ONLY</small>		44
<input type="checkbox"/> Fort Worth Marshals Association (FWMAR) ** (see note below)		43
<input type="checkbox"/> General Employee Association (GECFW)		73
<input type="checkbox"/> Hispanic Leadership Organization		62
<input type="checkbox"/> Latino Police Officers Association of Fort Worth * (see note below)		83
<input type="checkbox"/> Liberty Mutual Insurance		59
<input type="checkbox"/> Librarians Association		24
<input type="checkbox"/> Long Term Disability		76
<input type="checkbox"/> Metropolitan Life		74
<input type="checkbox"/> North Texas Assoc of Public Employees (USW-NTAPE)		85
<input type="checkbox"/> Office & Professional Employee International Union (OPEIU)		50
<input type="checkbox"/> Police Benevolent Fund		16
<input type="checkbox"/> Police Officers Association (POA)		15
<input type="checkbox"/> Pre-Paid Legal Services		30
<input type="checkbox"/> Savings Bonds		28
<input type="checkbox"/> Texas Municipal Police Association *# (see note below)		20
<input type="checkbox"/> United Negro College Fund		46
<input type="checkbox"/> United Way		32
<input type="checkbox"/> Water Association		23
<input type="checkbox"/> YMCA		39
<input type="checkbox"/> CFW Parking (to be completed by TPW Staff ONLY) Lot # <u>00</u> Space # <u>111</u>		40
<input type="checkbox"/>		

* Any Police Officer who was not a member of one or more of these associations as of November 11, 2008, must be a member of the Police Officers Association (POA) in order to select this deduction

City of Fort Worth Marshals may select this deduction without joining the POA

** Marshals must contact the Marshal's Association before signing up for Fort Worth Marshal Association

To Be Completed by HR Records: _____ Date Recvd: _____ Date Input: _____ Input By: _____

ENT'D FEB 19 2010 *[Signature]*

Revised 12/2009

CITY OF FORT WORTH
EXECUTIVE AUTO ALLOWANCE REQUEST

- Purpose of Request:**
 (Check one)
- Initiate Authorization
 - Renew Authorization
 - Cancel Authorization
 - Update Information

EMPLOYEE INFORMATION

EMPLOYEE NAME (Last, First, M.I.) <i>Off, Marc A</i>	TITLE <i>Assistant City Manager</i>
DEPARTMENT <i>City Manager's Office</i>	EMPLOYEE NUMBER <i>203957</i>
TEXAS DRIVER'S LICENSE NUMBER <div style="background-color: black; width: 100px; height: 20px;"></div>	AUTOMOBILE/S COVERED BY AUTOMOBILE LIABILITY INSURANCE? Check one: <input checked="" type="checkbox"/> Yes (Attach proof of coverage) <input type="checkbox"/> No
JUSTIFICATION FOR REQUEST: <i>Position requires use of personal auto</i>	

DEPARTMENTAL REVIEW AND APPROVALS

<input checked="" type="checkbox"/> Approved <i>Effective Date: July 1, 2002</i> \$ <u><i>400⁰⁰</i></u> Amount <input type="checkbox"/> Denied <hr/> Department Head Signature Date <i>[Signature]</i> <i>5-9-02</i>	<input type="checkbox"/> Approved, as recommended \$ _____ Approved, as amended <input type="checkbox"/> Denied <hr/> Assistant City Manager Signature Date <i>N/A</i> _____
<input type="checkbox"/> Denied <hr/> Budget Office Review Date <i>[Signature]</i> <i>7-9-02</i>	Driver's License Verified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Risk Management Dept. Signature Date <i>[Signature]</i> <i>7-10-02</i>
Authorization entered into system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Authorization canceled in system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/> Personnel Department Signature Date	

Routing: Forward all copies to CMO

CMO: If approved, forward all copies to Budget

Budget: Retain pink copy; forward white/canary copies to Risk Management

Risk Mgmt.: Forward white/canary copies to Personnel

Personnel: Retain white copy; return canary copy to requestor department

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

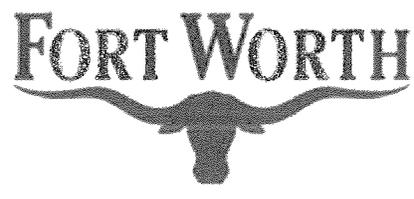
NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
OTT MARC ANTHONY	CITY MANAGER	203957	100	02	0110	05-20-02	F05	Y

*****	*****	*****	*****	*****	*****	*****	*****	*****
ABSENTEE CODES	V	R	P	H	A	OTHER		
	VAC	MAJOR	PERS	REG	PRIOR	USED		
	HOURS	MEDICAL	HOLIDAY	HOLIDAY	SICK	[REDACTED]		
*****	*****	*****	*****	*****	*****	CITY BUSIN		2.00
						LVE BNK CNTR		1.00
FORWARD FROM LAST YEAR	620.78	674.52	93.50					
YEARS ACCRUAL	20.92	18.48		16.00	24.00			
TOTAL TIME OFF DUTY	59.00	24.00	93.50	16.00	24.00			
BALANCE - LAST PAYROLL	582.70	669.00						

*****	*****	*****	*****	*****	*****	*****	*****	*****
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						
TUE	12-25-07	H 8.00						
WED	12-26-07	V 8.00						
THU	12-27-07	V 6.00						
FRI	12-28-07	V 4.00						
MON	12-31-07	V 8.00						
TUE	01-01-08	H 8.00						
WED	01-02-08	V 8.00						
THU	01-03-08	V 8.00						
FRI	01-04-08	V 8.00						
MDN	01-07-08	V 8.00						
TUE	01-08-08	P 8.00						
WED	01-09-08	U 8.00						
THU	01-10-08	U 8.00						
FRI	01-11-08	U 2.00						
TUE	01-15-08	U 8.00						
WED	01-16-08	U 8.00						
THU	01-17-08	U 8.00						
MON	01-21-08	H 8.00						
MON	01-28-08	U 5.50						
TUE	01-29-08	U 8.00						
WED	01-30-08	U 8.00						
THU	01-31-08	U 8.00						
FRI	02-01-08	[REDACTED]						
MON	02-04-08	[REDACTED]						
TUE	02-05-08	[REDACTED]						
WED	02-06-08	U 8.00						
THU	02-07-08	U 8.00						
FRI	02-08-08	U 6.00 B 2.00						

UCL, Marc Anthony/
208 957
Termed
2008

RECEIVED
DEC 21 2007
HR AR



MEMORANDUM

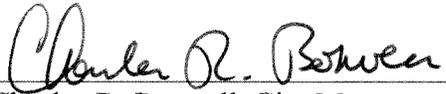
Date: December 14, 2007
To: Charles R. Boswell, City Manager
From: Marc A. Ott, Assistant City Manager 
Subject: Request to Carry Forward 80 hours of 2007 Unused Vacation Time to 2008

Your approval is requested to carry forward the ⁵⁷80 hours of vacation time that I was unable to use in calendar year 2007 to 2008. If my request is approved I will use the ⁵⁷80 hours leave by the end of May 2008.

Your favorable consideration is appreciated.

Request Approved

Request Denied


Charles R. Boswell, City Manager

Charles R. Boswell, City Manager

Date: 12/19/07

Date: _____

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME DEPARTMENT EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP
OTT MARC ANTHONY CITY MANAGER 203957 100 02 0110 05-20-02 F05 Y

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
THU	06-14-07	U 8.00	MON	09-03-07	H 8.00	TUE	11-20-07	U 8.00
FRI	06-15-07	U 8.00	SAT	09-08-07	E 3.00	WED	11-21-07	U 8.00
SAT	06-16-07	E 2.00	SUN	09-09-07	E 6.00	THU	11-22-07	H 8.00
SUN	06-17-07	E 2.00	MON	09-10-07	E 1.00	FRI	11-23-07	H 8.00
MON	06-18-07	U 8.00	TUE	09-11-07	E 4.00	SAT	11-24-07	E 2.00
THU	06-21-07	B 8.00	WED	09-12-07	U 1.00	SUN	11-25-07	E 3.00
FRI	06-22-07	B 8.00	SAT	09-15-07	E 2.00	SAT	12-01-07	E 2.00
SAT	06-23-07	E 2.00	SUN	09-16-07	E 4.00	SUN	12-02-07	E 2.00
SUN	06-24-07	E 2.00	MON	09-17-07	E 1.00	MON	12-03-07	E 4.00
SAT	06-30-07	E 2.00	TUE	09-18-07	E 1.00	WED	12-05-07	U 4.00
SUN	07-01-07	E 6.00	SAT	09-22-07	E 3.00	SAT	12-08-07	E 3.00
WED	07-04-07	H 8.00	SUN	09-23-07	E 3.00	SUN	12-09-07	E 3.00
THU	07-05-07	E 1.00	TUE	09-25-07	E 1.00	SAT	12-15-07	E 3.00
FRI	07-06-07	U 2.00	WED	09-26-07	E 1.00	SUN	12-16-07	E 3.00
SAT	07-07-07	E 2.00	SAT	09-29-07	E 3.00	MON	12-17-07	V 8.00
SUN	07-08-07	E 3.00	SUN	09-30-07	E 3.00	THU	12-20-07	V 8.00
TUE	07-10-07	E 5.00	TUE	10-02-07	E 6.00	FRI	12-21-07	V 7.00
WED	07-11-07	E 1.00	WED	10-03-07	E 2.00			
THU	07-12-07	E 1.00	THU	10-04-07	U 8.00			
SAT	07-14-07	E 2.00	FRI	10-05-07	E 2.00			
SUN	07-15-07	E 3.00	MON	10-08-07	T 8.00			
MON	07-16-07	E 1.00	TUE	10-09-07	T 8.00			
WED	07-18-07	U 8.00	WED	10-10-07	T 8.00			
THU	07-19-07	U 8.00	THU	10-11-07	U 8.00			
FRI	07-20-07	U 8.00	FRI	10-12-07	U 8.00			
MON	07-23-07	U 8.00	MON	10-15-07	U 8.00			
TUE	07-24-07	U 8.00	TUE	10-16-07	U 8.00			
WED	07-25-07	U 8.00	THU	10-18-07	U 8.00			
THU	07-26-07	U 8.00	FRI	10-19-07	U 8.00			
FRI	07-27-07	U 8.00	SAT	10-20-07	E 2.00			
MON	07-30-07	U 6.00	SUN	10-21-07	E 2.00			
TUE	07-31-07	E 1.50	TUE	10-23-07	U 2.00			
WED	08-01-07	E 1.00	WED	10-24-07	E 2.00			
SAT	08-04-07	E 2.00	SAT	10-27-07	E 1.00			
SUN	08-05-07	E 3.00	SUN	10-28-07	E 2.00			
TUE	08-07-07	E 6.00	SAT	11-03-07	E 2.00			
SAT	08-11-07	E 2.00	SUN	11-04-07	E 3.00			
SUN	08-12-07	E 2.00	TUE	11-06-07	E 7.00			
TUE	08-14-07	E 4.00	WED	11-07-07	U 2.00 E 1.00			
SAT	08-18-07	E 2.00	THU	11-08-07	U 1.00			
SUN	08-19-07	E 4.00	FRI	11-09-07	U 2.00			
MDN	08-20-07	E 1.00	SAT	11-10-07	E 3.00			
THU	08-23-07	E 5.00	SUN	11-11-07	E 3.00			
SAT	08-25-07	E 2.00	TUE	11-13-07	U 2.00			
SUN	08-26-07	E 4.00	THU	11-15-07	U 2.00			
MON	08-27-07	E 1.00	SAT	11-17-07	E 1.00			
SAT	09-01-07	E 2.00	SUN	11-18-07	E 2.00			
SUN	09-02-07	E 3.00	MDN	11-19-07	E 1.00 U 8.00			

Appendix 2
City of Fort Worth
Electronic Communications Resources Use
Agreement

OTT MARC ANTHONY

203957

(Printed name)

(Employee number)

By signing below, the User acknowledges the following:

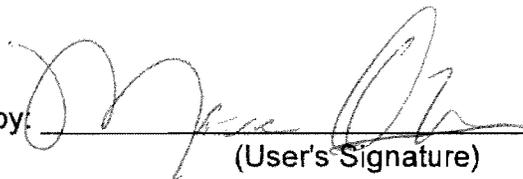
I understand and acknowledge that it is my responsibility to comply with the City of Fort Worth Administrative Regulation D-7, Electronic Communications Use Policy, which establishes the citywide policy for the use of Electronic Communications Systems, Services and Resources. Electronic Communications 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: _____

**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: OTT MARC ANTHONY 203957

Classification: F05 ASSISTANT CITY MANAGER

	Rate	Step	Pay Grade
Old Data:	\$ 83.84	Y	311

NOTE: EMP NOT ELIGIBLE FOR INCREASE FY 07/08

Term 2008

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
OTT MARC ANTHONY	CITY MANAGER	203957	100	02	0110	05-20-02	F05	Y

DAY	DATE	CODE	HOURS	ABSENT	DAY	DATE	CODE	HOURS	ABSENT	DAY	DATE	CODE	HOURS	ABSENT
THU	06-14-07	U	8.00		MON	09-03-07	H	8.00		TUE	11-20-07	U	8.00	
FRI	06-15-07	U	8.00		SAT	09-08-07	E	3.00		WED	11-21-07	U	8.00	
SAT	06-16-07	E	2.00		SUN	09-09-07	E	6.00		THU	11-22-07	H	8.00	
SUN	06-17-07	E	2.00		MON	09-10-07	E	1.00		FRI	11-23-07	H	8.00	
MON	06-18-07	U	8.00		TUE	09-11-07	E	4.00		SAT	11-24-07	E	2.00	
THU	06-21-07	B	8.00		WED	09-12-07	U	1.00		SUN	11-25-07	E	3.00	
FRI	06-22-07	B	8.00		SAT	09-15-07	E	2.00		SAT	12-01-07	E	2.00	
SAT	06-23-07	E	2.00		SUN	09-16-07	E	4.00		SUN	12-02-07	E	2.00	
SUN	06-24-07	E	2.00		MON	09-17-07	E	1.00		MON	12-03-07	E	4.00	
SAT	06-30-07	E	2.00		TUE	09-18-07	E	1.00		WED	12-05-07	U	4.00	
SUN	07-01-07	E	6.00		SAT	09-22-07	E	3.00		SAT	12-08-07	E	3.00	
WED	07-04-07	H	8.00		SUN	09-23-07	E	3.00		SUN	12-09-07	E	3.00	
THU	07-05-07	E	1.00		TUE	09-25-07	E	1.00		SAT	12-15-07	E	3.00	
FRI	07-06-07	U	2.00		WED	09-26-07	E	1.00		SUN	12-16-07	E	3.00	
SAT	07-07-07	E	2.00		SAT	09-29-07	E	3.00		MON	12-17-07	V	8.00	
SUN	07-08-07	E	3.00		SUN	09-30-07	E	3.00		THU	12-20-07	V	8.00	
TUE	07-10-07	E	5.00		TUE	10-02-07	E	6.00		FRI	12-21-07	V	7.00	
WED	07-11-07	E	1.00		WED	10-03-07	E	2.00						
THU	07-12-07	E	1.00		THU	10-04-07	U	8.00						
SAT	07-14-07	E	2.00		FRI	10-05-07	E	2.00						
SUN	07-15-07	E	3.00		MON	10-08-07	T	8.00						
MON	07-16-07	E	1.00		TUE	10-09-07	T	8.00						
WED	07-18-07	U	8.00		WED	10-10-07	T	8.00						
THU	07-19-07	U	8.00		THU	10-11-07	U	8.00						
FRI	07-20-07	U	8.00		FRI	10-12-07	U	8.00						
MON	07-23-07	U	8.00		MON	10-15-07	U	8.00						
TUE	07-24-07	U	8.00		TUE	10-16-07	U	8.00						
WED	07-25-07	U	8.00		THU	10-18-07	U	8.00						
THU	07-26-07	U	8.00		FRI	10-19-07	U	8.00						
FRI	07-27-07	U	8.00		SAT	10-20-07	E	2.00						
MON	07-30-07	U	6.00		SUN	10-21-07	E	2.00						
TUE	07-31-07	E	1.50		TUE	10-23-07	U	2.00						
WED	08-01-07	E	1.00		WED	10-24-07	E	2.00						
SAT	08-04-07	E	2.00		SAT	10-27-07	E	1.00						
SUN	08-05-07	E	3.00		SUN	10-28-07	E	2.00						
TUE	08-07-07	E	6.00		SAT	11-03-07	E	2.00						
SAT	08-11-07	E	2.00		SUN	11-04-07	E	3.00						
SUN	08-12-07	E	2.00		TUE	11-06-07	E	7.00						
TUE	08-14-07	E	4.00		WED	11-07-07	U	2.00	E 1.00					
SAT	08-18-07	E	2.00		THU	11-08-07	U	1.00						
SUN	08-19-07	E	4.00		FRI	11-09-07	U	2.00						
MON	08-20-07	E	1.00		SAT	11-10-07	E	3.00						
THU	08-23-07	E	5.00		SUN	11-11-07	E	3.00						
SAT	08-25-07	E	2.00		TUE	11-13-07	U	2.00						
SUN	08-26-07	E	4.00		THU	11-15-07	U	2.00						
MON	08-27-07	E	1.00		SAT	11-17-07	E	1.00						
SAT	09-01-07	E	2.00		SUN	11-18-07	E	2.00						
SUN	09-02-07	E	3.00		MON	11-19-07	E	1.00	U 8.00					

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME DEPARTMENT EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP
DTT MARC ANTHONY CITY MANAGER 203957 100 02 0110 05-20-02 F05 Y

ABSENTEE CODES V R P H A OTHER
VAC ST SICK MAJOR COMP PERS H REG PRIOR * OTHER
HOURS [REDACTED] MEDICAL TIME HOLIDAY HOLIDAY SICK * USED
* * * * * CITY BUSIN 48.00
* * * * * TRAINING 24.00
* * * * * LVE BNK CNTR 2.00
FORWARD FROM LAST YEAR 515.90 [REDACTED] 554.40 110.50 *
YEARS ACCRUAL 129.88 [REDACTED] 120.12 366.00 8.00 64.00 *
TOTAL TIME OFF DUTY 25.00 [REDACTED] 383.00 8.00 64.00 *
BALANCE - LAST PAYROLL 620.78 [REDACTED] 93.50 *

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			TUE	02-27-07	E	1.00			WED	04-25-07	E	1.00		
TUE	12-26-06	U	8.00			THU	03-01-07	E	1.00	B 8.00		THU	04-26-07	E	1.00		
WED	12-27-06	U	8.00			FRI	03-02-07	U	4.00			FRI	04-27-07	U	5.00		
THU	12-28-06	U	8.00			SAT	03-03-07	E	7.00			SAT	04-28-07	E	2.00		
FRI	12-29-06	U	8.00			SUN	03-04-07	E	3.00			SUN	04-29-07	E	3.00		
MON	01-01-07	H	8.00			MON	03-05-07	E	4.00			MON	04-30-07	E	1.50		
TUE	01-02-07	U	8.00			TUE	03-06-07	E	6.00			TUE	05-01-07	E	4.00		
WED	01-03-07	U	8.00			WED	03-07-07	E	1.00			SAT	05-05-07	E	2.00		
THU	01-04-07	U	8.00			THU	03-08-07	E	1.00			SUN	05-06-07	E	2.00		
FRI	01-05-07	U	4.00			FRI	03-09-07	E	1.00			TUE	05-08-07	E	4.00		
SAT	01-06-07	E	2.00			SAT	03-10-07	E	1.00			WED	05-09-07	E	2.00		
SUN	01-07-07	E	3.00			SUN	03-11-07	E	4.00			THU	05-10-07	E	2.00		
TUE	01-09-07	E	4.00			MON	03-12-07	E	1.00			SAT	05-12-07	E	1.00		
THU	01-11-07	E	3.00			WED	03-14-07	P	8.00			SUN	05-13-07	E	2.00		
SAT	01-13-07	E	2.00			SAT	03-17-07	E	2.00			MON	05-14-07	E	1.00		
SUN	01-14-07	E	3.00			SUN	03-18-07	E	4.00			THU	05-17-07	U	4.00		
MON	01-15-07	H	8.00			MON	03-19-07	E	3.00			SAT	05-19-07	E	3.00		
TUE	01-16-07	U	3.00			WED	03-21-07	E	2.00			SUN	05-20-07	E	2.00		
SAT	01-20-07	E	2.00			FRI	03-23-07	U	3.00			MON	05-21-07	E	1.00		
SUN	01-21-07	E	2.00			SAT	03-24-07	E	2.00			TUE	05-22-07	E	1.00		
MON	01-22-07	E	1.00			SUN	03-25-07	E	4.00			WED	05-23-07	U	2.00		
TUE	01-23-07	U	8.00			MON	03-26-07	E	1.00			SAT	05-26-07	E	1.00		
WED	01-24-07	U	2.00	E 1.00		WED	03-28-07	U	1.00			SUN	05-27-07	E	1.00		
SAT	01-27-07	E	2.00			THU	03-29-07	E	1.00			MON	05-28-07	H	8.00		
MON	01-29-07	U	8.00			SAT	03-31-07	E	2.00			TUE	05-29-07	E	4.00		
TUE	01-30-07	U	8.00			SUN	04-01-07	E	2.00			WED	05-30-07	E	2.00		
WED	01-31-07	U	8.00			MON	04-02-07	E	1.00			THU	05-31-07	E	3.00		
SAT	02-03-07	E	2.00			TUE	04-03-07	E	4.00			FRI	06-01-07	E	1.00		
SUN	02-04-07	E	2.00			WED	04-04-07	U	2.00			SAT	06-02-07	E	1.00		
TUE	02-06-07	E	3.00			SAT	04-07-07	E	2.00			SUN	06-03-07	E	3.00		
SAT	02-10-07	E	2.00			SUN	04-08-07	E	3.00			MON	06-04-07	U	2.00		
SUN	02-11-07	E	3.00			TUE	04-10-07	E	5.00			TUE	06-05-07	E	5.00		
MON	02-12-07	U	8.00			SAT	04-14-07	E	2.00			THU	06-07-07	U	8.00		
TUE	02-13-07	U	8.00			SUN	04-15-07	E	3.00			FRI	06-08-07	U	8.00		
THU	02-15-07	U	2.00	E 2.00		WED	04-18-07	B	8.00			SAT	06-09-07	E	2.00		
SAT	02-17-07	E	2.00			THU	04-19-07	B	8.00			SUN	06-10-07	E	2.00		
SUN	02-18-07	E	3.00			FRI	04-20-07	B	8.00			MON	06-11-07	U	8.00		
SAT	02-24-07	E	2.00			MON	04-23-07	U	8.00			TUE	06-12-07	U	8.00		
SUN	02-25-07	E	3.00			TUE	04-24-07	U	5.00			WED	06-13-07	U	8.00		

Terminal Leave Pay Calculations

Emp. Name OTT MARC
 Dept#/Name: 02/CMO
 Eff. Date: 2/8/2008

Emp. No. 203957
 Note Code: 918
 Hire Date: 5/20/2002

Earnings Code and Names - Regular Emp.

ERN NO	NAME	RATE/AMT	HOURS	TOT PAY	GROSS
27	Term Sick Leave	83.84	293.76	24,628.84	
28	Term Vacation Leave	83.84	577.47	48,415.08	
33	Personal Holiday	-	-	-	Lay Off ONLY
43	Non-Exempt Comp Hours	-	-	-	
48	Accrued Holiday	-	-	-	
36	ICMA Deferred Comp Deferral	-	-	-	
40	USCM Deferred Comp Deferral	-	-	-	
	Non-Civil Service Sub-Total				73,043.92
25	Tuition Reimbursement Repayment			-	
	Non-Civil Service Total Gross				73,043.92

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				73,043.92
	TOTAL GROSS				73,043.92

Deductions Codes and Names

DED #	NAME		
02	Federal Tax	18,260.98	
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	(18,260.98)	(18,260.98)
	NET PAY		<u>54,782.94</u>

Payroll Use Only

Cal'd by:
Input by:

Personnel Action Request (PAR) – Personnel

V51741
S293.76

PAR code: 918 Reason for change: Another Job

Effective date: 2/8/2008

Employee Name		
Last: <u>Ott</u>	First: <u>Marc</u>	Middle: <u>Anthony</u>
Employee #: <u>203957</u> (Human Resources will assign for new employees)		
Work Phone: <u>392-6122</u>	Work Mobile Ph.: <u>817-454-5005</u>	Work Pager:
Supervisor's Name: <u>Charles M Boswell</u>		Supervisor's Employee #: <u>025753</u>

Current Position Information if applicable

Position #: 001 02 10 00 00 000 F05 003 Budget (New) Position #: 000042
 Key Code: F05 Title: Assistant City Manager
 Grade/Step: 311 Anniv. Date: 10-01-07 FAC #: GG01, 511010, 0021000
 Hourly Rate: 83.84 Department & Locator Code: 02 0110
 Work Percentage: 1.00 Hours Per Pay Period: 80.00 Shift: A

E 5/26/08

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): used Hours: 24 comp used
 Type of Leave (earned or used): _____ Hours: _____

Approval

Signature: [Signature] Date: 2-8-08 Title: Assistant to City Mgr
 Completed by: Cheryl Smith Date: 1/28/2008 Phone: 392-6109

Comments: Accepted City Manager Position in City of Austin

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: <u>REC'D FEB 12 2008</u>	Date entered: <u>ENT'D FEB 14 2008</u>
Filing status: _____	Exemptions: _____ Additional \$: _____
Confidentiality Selections: _____	

OUT – PROCESSING FORM

Employee Name: OTT, MARC ANTHONY **Date Processed:** 02/08/2008
Emp ID #: 203957 **Hire Date:** 05/20/2002 **Term Date:** 02/08/2008
Key Code: F05 **Title:** Assistant City Manager **Last Day Worked:** 02/08/2008
Department: City Manager's Office **Division:** Administration
Department Contact: Patsy M Cox **Phone #:** 392-6116

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, plus \$7.50 for each additional lock that must be rekeyed</i>	
Operator Fuel Key	\$ _____
<i>\$45.00, issued by Equipment Services for use in City-owned vehicles</i>	
Equipment issued for use in work assignments	\$ _____
<i>Attach an itemized list of equipment and invoice or other records to indicate the cost to replace specified equipment, e.g. – lap top computer, cell phone, beeper, safety equipment</i>	
Department-issued Items	Total (from list below) \$ _____
<i>List Department-issued equipment/items and invoice or other records to indicate the cost to replace specified equipment, e.g. – SOP, Phone Headsets, Department Training Manual</i>	
<i>Credit Card Returned</i>	\$ _____
<i>Office Key Returned</i>	\$ _____
<i>Employee ID Returned</i>	\$ _____

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) \$ _____

***** OVER *****

OUT – PROCESSING FORM

Employee Name: OTT, MARC ANTHONY Date Processed: 02/08/2008
 Emp ID #: 203957 Hire Date: 05/20/2002 Term Date: 02/08/2008

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

 Supervisor/Dept HR Coordinator

 Employee Signature (if available)

 Date

 Date

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

[Signature]

 Supervisor/Dept HR Coordinator

[Signature]

 Employee Signature (if available)

2-11-08

 Date

2.10.08

 Date

MAIL FINAL CHECK TO:

Marc A. Ott

6317 Dawn Hill Dr.

Ft. Worth, TX 76132

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 checked="" type="checkbox"/> Rescind Private Automobile Use Request	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Relinquish City Parking Tag <i>Received</i>	<input type="checkbox"/> N/A



MARC OTT



**ASSISTANT CITY MANAGER
CMO/ADMIN.**

CITY OF FORT WORTH ID 203957
ISSUED 01/02/2008

City of Fort Worth



MARC OTT

**ASSISTANT CITY MANAGER
CITY MANAGER'S OFFICE**

ID 203957

ISSUED: 05/20/2002



MARC OTT



**ASSISTANT CITY MANAGER
CMO/ADMIN.**

CITY OF FORT WORTH ID 203957
ISSUED 01/02/2008



MARC OTT



**ASSISTANT CITY MANAGER
CMO/ADMIN.**

CITY OF FORT WORTH ID 203957
ISSUED 10/24/2003

SCREEN 1 OF 2
9000

CITY OF FORT WORTH
AVAILABLE BALANCES

/H09-01

FIND 203957

PAYGRP 100 DEPT 02 LOCATOR 0110 EMP# 203957

NAME OTT MARC ANTHONY
ACTIVE

HIRE 05-20-2002 FLSA E JOB KEY F05 STEP Y
AS OF PP# 03 ENDED 02-01-2008 RATE 83.8400

TYPE OF LEAVE	SW	ELIG BROUGHT FWD FROM LAST YR	ACCRUED THIS YR	USED THIS YR	AVAILABLE BALANCE
V VACATION	0	620.78	15.69	59.00	577.47
ST SICK LVE/FAM LVE					
S SICK	0	.00	.00	.00	.00
F FAMILY ILL	0				
R MAJOR MEDICAL	0	674.52	13.86	8.00	680.38
G FUNERAL LEAVE	0				
U/E COMP TIME	0	93.50	.00	71.50	22.00
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			.00	240.00
A PREV SICK	1	.00	.00	.00	.00

LVE BNK DONATED

1.00

F7 - NEXT SCREEN -> /H09-02

F2 - NAME

F8 - CFW MAIN MENU -> PP01

F4 - EMPLOYEE NUMBER

F9 - TERMINATION SCRNS-> /H06-01

F12 - ALL-SCREEN MAIN MENU

=> _____

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

Name: Ott, Marc Anthony

EEID: 203957

Dept: 02 Dept Name: City Managers Office
 Key: F05 Classification: Assistant City Manager
 Hire Date: 5/20/2002
 DAHR: 5/20/2002
 Effective Date in F or AE Key Position: 5/20/2002

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	-0.43	26	2.15	32.25	Hire PP#12-15 PP Accrual
2003	12/14/2002	0.57	26	2.15	55.90	
2004	12/13/2003	1.57	27	2.15	58.05	
2005	12/25/2004	2.60	26	2.15	55.90	
2006	12/24/2005	3.60	26	2.15	55.90	
2007 **	12/23/2006	4.60	26	1.54	46.14	

**PP 01-10 of 2007 accrued @ 2.15, PP 11-26 of 2007 accrued @ 1.54 change due to tenure milestone
 Correct asterisk (*) reference in system, STSF accruals accruing at correct rate. No adjustments needed.

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME DEPARTMENT EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP
OTT MARC ANTHONY CITY MANAGER 203957 100 02 0110 05-20-02 F05 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 * CITY BUSIN 152.00

FORWARD FROM LAST YEAR 394.78 [REDACTED] 434.28 120.00 *
YEARS ACCRUAL 121.12 [REDACTED] 120.12 ~~368.00~~ 8.00 64.00 *
TOTAL TIME OFF DUTY 377.50 8.00 64.00 *
BALANCE - LAST PAYROLL 515.90 [REDACTED] 554.40 ~~105.50~~ 110.50 *

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

CORRECTION TO EMPLOYEE ABSENTEE RECORD

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

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

Employee Name: **Ott, Marc A.**

Emp ID Number: **EEID 203957**

Dept # & Name: **02 CMO/Admin.**

Locator Code: **02-0110**

Pay Group: **100**

FLSA Status: **Exempt**
 Non-Exempt

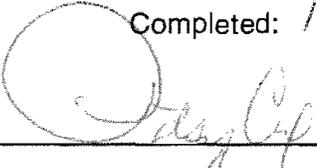
ENTER INFORMATION TO BE CORRECTED/CHANGED BELOW:

PP # <u>25</u>	Date: <u>11/28/06</u> [To Be Corrected]	Reported or Input As: <u>7.0</u> <u>J 1.0</u> <u>E 0.0</u>	Change or Correct To: <u>7.0</u> <u>J 1.0</u> <u>E 4.0</u>
PP # <u>25</u>	Date: <u>11/29/06</u> [To Be Corrected]	Reported or Input As: <u>8.0</u> <u>E 0.0</u>	Change or Correct To: <u>8.0</u> <u>E 1.0</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: _____
PP # _____	Date: _____ [To Be Corrected]	Reported or Input As: _____	Change or Correct To: _____

Time Clerk: **Cheryl Smith**

Date Completed: 1-19-07

Phone Number: **817-392-6183**

Authorized By: 

Date: 1-22-07

Reason For Change: **Earned time for December 28th (4 hours) and December 29th (1 hour) was not recorded on T&A Form. The earned time was listed on employee's time sheet.**

REC'D JAN 22 2007

meel 3/26/07

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME DEPARTMENT EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP
OTT MARC ANTHONY CITY MANAGER 203957 100 02 0110 05-20-02 F05 Y

ABSENTEE CODES V R P H A * OTHER
HOURS ST SICK MAJOR COMP PERS REG PRIOR * USED
CITY BUSIN 40.00
TRAINING 32.00
FORWARD FROM LAST YEAR 310.16 314.16 120.00 *
YEARS ACCRUAL 120.12 120.12 287.50 8.00 56.00 *
TOTAL TIME OFF DUTY 35.50 287.50 8.00 56.00 *
BALANCE - LAST PAYROLL 394.78 434.28 120.00 *

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

MON	12-27-04	U 4.00	TUE	03-01-05	E 4.00	SAT	05-07-05	E 3.00
TUE	12-28-04	U 5.00	FRI	03-04-05	U 8.00	SUN	05-08-05	E 2.00
WED	12-29-04	U 4.00	SAT	03-05-05	E 2.00	MON	05-09-05	U 8.00
THU	12-30-04	E 2.00	SUN	03-06-05	E 2.00	TUE	05-10-05	U 8.00
FRI	12-31-04	H 8.00	FRI	03-11-05	U 8.00	THU	05-12-05	T 8.00 E 3.00
SAT	01-01-05	E 3.00	SAT	03-12-05	E 2.00	FRI	05-13-05	T 8.00
SUN	01-02-05	E 4.00	SUN	03-13-05	E 2.00	SAT	05-14-05	E 1.00
TUE	01-04-05	E 4.00	THU	03-17-05	U 8.00	SUN	05-15-05	E 3.00
THU	01-06-05	U 1.00	FRI	03-18-05	U 8.00	SAT	05-21-05	E 2.00
SAT	01-08-05	E 3.00	SAT	03-19-05	E 2.00	SUN	05-22-05	E 2.00
SUN	01-09-05	E 3.00	SUN	03-20-05	E 2.00	WED	05-25-05	E 2.00
TUE	01-11-05	E 4.00	MON	03-21-05	E 2.00	THU	05-26-05	U 2.00
THU	01-13-05	T 8.00	TUE	03-22-05	E 2.00	MON	05-30-05	H 8.00
SUN	01-16-05	E 4.00	WED	03-23-05	E 2.00	TUE	05-31-05	P 8.00
MON	01-17-05	H 8.00	SAT	03-26-05	E 2.00	WED	06-01-05	U 8.00
THU	01-20-05	E 4.00	SUN	03-27-05	E 3.00	THU	06-02-05	U 8.00
FRI	01-21-05	U 4.00	MON	03-28-05	E 1.00	FRI	06-03-05	U 8.00
SAT	01-22-05	E 2.00	TUE	03-29-05	E 1.00	MON	06-06-05	U 8.00
SUN	01-23-05	E 2.00	THU	03-31-05	T 8.00	TUE	06-07-05	U 8.00
SAT	01-29-05	E 2.00	SAT	04-02-05	E 2.00	WED	06-08-05	U 8.00
SUN	01-30-05	E 4.00	SUN	04-03-05	E 2.00	THU	06-09-05	U 8.00
TUE	02-01-05	E 3.00	MON	04-04-05	E 2.00	FRI	06-10-05	U 8.00
SAT	02-05-05	E 2.00	TUE	04-05-05	E 2.00	SUN	06-12-05	E 3.00
SUN	02-06-05	E 4.00	WED	04-06-05	B 8.00 E 2.00	MON	06-13-05	U 8.00
MON	02-07-05	E 1.00	THU	04-07-05	B 8.00 E 1.00	TUE	06-14-05	E 3.00
TUE	02-08-05	E 1.00	FRI	04-08-05	B 8.00 E 1.00	FRI	06-17-05	U 8.00
WED	02-09-05	E 1.00	SUN	04-10-05	E 2.00	SAT	06-18-05	E 2.00
THU	02-10-05	E 1.00	TUE	04-12-05	E 4.00	SUN	06-19-05	E 2.00
SUN	02-13-05	E 2.00	WED	04-13-05	E 3.00	MON	06-20-05	U 8.00
MON	02-14-05	E 1.00	SAT	04-16-05	E 2.00	TUE	06-21-05	E 5.00
TUE	02-15-05	E 1.00	SUN	04-17-05	E 2.00	FRI	06-24-05	U 8.00
WED	02-16-05	E 1.00	THU	04-21-05	U 8.00	SAT	06-25-05	E 2.00
THU	02-17-05	E 2.00	FRI	04-22-05	U 8.00	SUN	06-26-05	E 3.00
FRI	02-18-05	U 2.00	SAT	04-23-05	E 2.00	SAT	07-02-05	E 2.00
SAT	02-19-05	E 2.00	SUN	04-24-05	E 4.00	SUN	07-03-05	E 3.00
SUN	02-20-05	E 2.00	TUE	04-26-05	E 2.50	MON	07-04-05	H 8.00
SAT	02-26-05	E 2.00	FRI	04-29-05	U 8.00	TUE	07-05-05	E 2.00
SUN	02-27-05	E 2.00	TUE	05-03-05	E 3.00	FRI	07-08-05	U 8.00
MON	02-28-05	E 1.00	THU	05-05-05	E 3.00	SUN	07-10-05	E 3.00

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
OTT MARC ANTHONY	CITY MANAGER	203957	100	02	0110	05-20-02	F05	Y

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

SAT	07-16-05	E 3.00	THU	09-29-05	E 1.00	SAT	12-10-05	E 3.00
SUN	07-17-05	E 4.00	FRI	09-30-05	U 1.00	SUN	12-11-05	E 3.00
MON	07-18-05	E 1.00	SAT	10-01-05	E 3.00	TUE	12-13-05	E 3.00
TUE	07-19-05	E 5.00	SUN	10-02-05	E 2.00	THU	12-15-05	B 8.00
THU	07-21-05	E 4.00	THU	10-06-05	E 4.00 U 1.50	FRI	12-16-05	B 8.00
SAT	07-23-05	E 2.00	SAT	10-08-05	E 4.00	SAT	12-17-05	E 2.00
MON	07-25-05	U 8.00	SUN	10-09-05	E 5.00	SUN	12-18-05	E 3.00
TUE	07-26-05	U 8.00	MON	10-10-05	E 1.00	THU	12-22-05	V 8.00
WED	07-27-05	U 8.00 E 1.00	TUE	10-11-05	E 4.00	FRI	12-23-05	V 8.00
THU	07-28-05	U 8.00 E 1.00	THU	10-13-05	U 2.00			
FRI	07-29-05	U 8.00	SAT	10-15-05	E 2.00			
SAT	07-30-05	E 3.00	SUN	10-16-05	E 4.00			
SUN	07-31-05	E 4.00	MON	10-17-05	E 2.00			
TUE	08-02-05	E 1.00	THU	10-20-05	V 2.00			
WED	08-03-05	E 1.00	SAT	10-22-05	E 1.00			
THU	08-04-05	E 5.00	SUN	10-23-05	E 4.00			
SAT	08-06-05	E 2.00	MON	10-24-05	V 1.50			
SUN	08-07-05	E 1.00	WED	10-26-05	E 2.00			
MON	08-08-05	U 8.00	THU	10-27-05	V 8.00			
TUE	08-09-05	U 8.00	SAT	10-29-05	E 2.00			
WED	08-10-05	E 1.00	SUN	10-30-05	E 2.00			
THU	08-11-05	E 1.00	MON	10-31-05	S 8.00			
FRI	08-12-05	E 1.00	TUE	11-01-05	S 5.00			
SAT	08-13-05	E 3.00	WED	11-02-05	S 2.00			
SUN	08-14-05	E 3.00	THU	11-03-05	V 8.00			
TUE	08-16-05	E 2.00	SAT	11-05-05	E 3.00			
WED	08-17-05	E 2.00	SUN	11-06-05	E 1.00			
FRI	08-19-05	U 8.00	MON	11-07-05	E 4.00			
SAT	08-20-05	E 2.00	TUE	11-08-05	E 4.00			
SUN	08-21-05	E 3.00	WED	11-09-05	E 4.00			
MON	08-22-05	E 1.00	THU	11-10-05	E 5.00			
WED	08-24-05	E 1.50	SAT	11-12-05	E 2.00			
SAT	08-27-05	E 2.00	SUN	11-13-05	E 2.00			
SUN	08-28-05	E 3.00	THU	11-17-05	E 3.00			
TUE	08-30-05	E 1.00	SUN	11-20-05	E 3.00			
WED	08-31-05	E 2.00	TUE	11-22-05	U 8.00			
THU	09-01-05	E 3.00	WED	11-23-05	U 8.00			
MON	09-05-05	H 8.00	THU	11-24-05	H 8.00			
TUE	09-06-05	U 4.00	FRI	11-25-05	H 8.00			
WED	09-07-05	E 1.00	SAT	11-26-05	E 3.00			
THU	09-08-05	E 1.00	SUN	11-27-05	E 4.00			
SAT	09-10-05	E 2.00	MON	11-28-05	E 1.00			
SUN	09-11-05	E 2.00	TUE	11-29-05	E 1.00			
TUE	09-13-05	E 5.00	THU	12-01-05	U 1.00			
SAT	09-17-05	E 2.00	SAT	12-03-05	E 3.00			
SUN	09-18-05	E 2.00	SUN	12-04-05	E 4.00			
SAT	09-24-05	E 2.00	TUE	12-06-05	E 3.00			
SUN	09-25-05	E 3.00	THU	12-08-05	E 3.00			

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME DEPARTMENT EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP
OTT MARC ANTHONY CITY MANAGER 203957 100 02 0110 05-20-02 F05 Y

ABSENTEE CODES V R P H A OTHER
VAC ST SICK MAJOR COMP PERS REG PRIOR CITY BUSIN USED
HOURS [REDACTED] MEDICAL TIME HOLIDAY HOLIDAY SICK * CITY BUSIN 92.00

FORWARD FROM LAST YEAR 185.42 [REDACTED] 189.42 120.00 *
YEARS ACCRUAL 124.74 [REDACTED] 124.74 334.00 8.00 72.00 *
TOTAL TIME OFF DUTY 334.00 8.00 72.00 *
BALANCE - LAST PAYROLL 310.16 [REDACTED] 314.16 120.00 *

DAY	DATE	CODE	HOURS	ABSENT	DAY	DATE	CODE	HOURS	ABSENT	DAY	DATE	CODE	HOURS	ABSENT
SAT	12-13-03	E	2.00		WED	02-18-04	E	2.00		THU	04-08-04	E	2.00	
SUN	12-14-03	E	3.00		THU	02-19-04	E	3.00		FRI	04-09-04	U	8.00	
FRI	12-19-03	U	4.00		FRI	02-20-04	U	4.00		SAT	04-10-04	E	2.00	
SUN	12-21-03	E	2.00		SAT	02-21-04	E	3.00		SUN	04-11-04	E	3.00	
MON	12-22-03	U	8.00		SUN	02-22-04	E	4.00		TUE	04-13-04	E	5.00	
TUE	12-23-03	U	8.00		MON	02-23-04	E	1.00		THU	04-15-04	B	8.00	
WED	12-24-03	U	8.00		TUE	02-24-04	E	1.00		FRI	04-16-04	B	8.00	
THU	12-25-03	H	8.00		WED	02-25-04	E	2.00		SAT	04-17-04	E	2.00	
FRI	12-26-03	U	8.00		THU	02-26-04	E	1.00		SUN	04-18-04	E	3.00	
SUN	12-28-03	E	2.00		SAT	02-28-04	E	2.00		SAT	04-24-04	E	2.00	
MON	12-29-03	U	8.00	E 2.00	SUN	02-29-04	E	3.00		SUN	04-25-04	E	3.00	
TUE	12-30-03	U	8.00		TUE	03-02-04	E	3.00		FRI	04-30-04	U	4.00	
WED	12-31-03	U	8.00	E 2.00	THU	03-04-04	E	1.00		SAT	05-01-04	E	2.00	
THU	01-01-04	H	8.00		FRI	03-05-04	U	8.00		SUN	05-02-04	E	3.00	
FRI	01-02-04	U	8.00		SAT	03-06-04	E	3.00		TUE	05-04-04	E	2.00	
SAT	01-03-04	E	2.00		SUN	03-07-04	E	4.00		WED	05-05-04	U	8.00	
SUN	01-04-04	E	3.00		SAT	03-13-04	E	3.00		THU	05-06-04	U	8.00	
TUE	01-06-04	E	4.00		SUN	03-14-04	E	3.00		FRI	05-07-04	U	8.00	
WED	01-07-04	E	4.00		TUE	03-16-04	U	8.00		SAT	05-08-04	E	2.00	
THU	01-08-04	E	1.00		WED	03-17-04	U	6.00		SUN	05-09-04	E	2.00	
SAT	01-10-04	E	4.00		THU	03-18-04	U	1.00		MON	05-10-04	U	8.00	
SUN	01-11-04	E	4.00		FRI	03-19-04	U	8.00		TUE	05-11-04	U	8.00	E 2.50
TUE	01-13-04	E	4.00		SAT	03-20-04	E	3.00		WED	05-12-04	U	8.00	
SAT	01-17-04	E	2.00		SUN	03-21-04	E	2.00		FRI	05-14-04	U	6.00	
SUN	01-18-04	E	2.00		MON	03-22-04	E	1.00		SUN	05-16-04	E	3.00	
MON	01-19-04	H	8.00	E 2.00	TUE	03-23-04	E	1.00		SAT	05-22-04	E	2.00	
WED	01-21-04	E	1.00		WED	03-24-04	E	1.00		SUN	05-23-04	E	3.00	
FRI	01-23-04	E	1.00		THU	03-25-04	U	4.00		TUE	05-25-04	E	1.00	
SAT	01-24-04	E	3.00		FRI	03-26-04	U	5.00		WED	05-26-04	B	4.00	
SUN	01-25-04	E	3.00		SAT	03-27-04	E	2.00		THU	05-27-04	B	8.00	
WED	01-28-04	E	2.00		SUN	03-28-04	E	2.00		SAT	05-29-04	E	3.00	
SAT	01-31-04	E	2.00		TUE	03-30-04	E	1.00		SUN	05-30-04	E	2.00	
SUN	02-01-04	E	3.00		WED	03-31-04	E	1.00		MON	05-31-04	H	8.00	
TUE	02-03-04	E	1.00		THU	04-01-04	E	1.00		SUN	06-06-04	E	2.00	
SAT	02-07-04	E	3.00		FRI	04-02-04	U	4.00		MON	06-07-04	U	8.00	
SUN	02-08-04	E	4.00		SAT	04-03-04	E	3.00		TUE	06-08-04	E	5.00	
TUE	02-10-04	E	2.00		SUN	04-04-04	E	4.00		THU	06-10-04	E	1.00	
SAT	02-14-04	E	3.00		TUE	04-06-04	E	4.00		SAT	06-12-04	E	3.00	
SUN	02-15-04	E	5.00		WED	04-07-04	E	1.00		SUN	06-13-04	E	3.00	

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME DEPARTMENT EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP
OTT MARC ANTHONY CITY MANAGER 203957 100 02 0110 05-20-02 F05 Y

ABSENTEE CODES	V VAC HOURS	ST SICK	R MAJOR MEDICAL	COMP TIME	P PERS HOLIDAY	H REG HOLIDAY	A PRIOR SICK	OTHER USED CITY BUSIN LVE BNK CNTR	56.00 4.00
FORWARD FROM LAST YEAR	69.30		69.30	107.00					
YEARS ACCRUAL	120.12		120.12	249.00	8.00	64.00			
TOTAL TIME OFF DUTY	4.00			236.00		64.00			
BALANCE - LAST PAYROLL	185.42		189.42	120.00	8.00				

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
SAT	12-14-02	E 2.00	TUE	02-18-03	E 2.00	THU	05-08-03	E 2.00
SUN	12-15-02	E 2.00	WED	02-19-03	E 2.00	SAT	05-10-03	E 3.00
SUN	12-22-02	E 2.00	SAT	02-22-03	E 2.00	SUN	05-11-03	E 5.00
TUE	12-24-02	U 8.00	SUN	02-23-03	E 2.00	TUE	05-13-03	E 5.00
WED	12-25-02	H 8.00	TUE	02-25-03	E 5.00	SAT	05-17-03	E 2.00
THU	12-26-02	U 8.00	SAT	03-01-03	E 2.00	SUN	05-18-03	E 5.00
FRI	12-27-02	U 8.00	SUN	03-02-03	E 2.00	FRI	05-23-03	U 7.00
SAT	12-28-02	E 2.00	FRI	03-07-03	U 8.00	SUN	05-25-03	E 4.00
SUN	12-29-02	E 6.00	SAT	03-08-03	E 2.00	MON	05-26-03	H 8.00
WED	01-01-03	H 8.00	SUN	03-09-03	E 2.00	THU	05-29-03	E 2.00
FRI	01-03-03	U 4.00	THU	03-13-03	U 8.00	FRI	05-30-03	U 4.00
SUN	01-05-03	E 6.00	FRI	03-14-03	U 8.00	SUN	06-01-03	E 2.00
TUE	01-07-03	E 4.00	SUN	03-16-03	E 2.00	WED	06-04-03	U 5.50
WED	01-08-03	U 2.00	TUE	03-18-03	U 2.00	THU	06-05-03	U 5.00
THU	01-09-03	E 2.00	SAT	03-22-03	E 2.00	FRI	06-06-03	U 4.50
SAT	01-11-03	E 2.00	SUN	03-23-03	E 2.00	SAT	06-07-03	E 2.00
SUN	01-12-03	E 2.00	TUE	03-25-03	E 3.00	SUN	06-08-03	E 2.00
TUE	01-14-03	E 6.00	SAT	03-29-03	E 2.00	TUE	06-10-03	E 3.00
MON	01-20-03	H 8.00	SUN	03-30-03	E 2.00	FRI	06-13-03	U 3.00
TUE	01-21-03	U 8.00	TUE	04-01-03	E 5.00	SAT	06-14-03	E 2.00
THU	01-23-03	E 1.00	THU	04-03-03	E 2.00	SUN	06-15-03	E 2.00
SAT	01-25-03	E 2.00	SAT	04-05-03	E 2.00	SAT	06-21-03	E 4.00
SUN	01-26-03	E 2.00	SUN	04-06-03	E 2.00	SUN	06-22-03	E 2.00
SAT	02-01-03	E 2.00	SAT	04-12-03	E 2.00	TUE	06-24-03	U 8.00
SUN	02-02-03	E 4.00	SUN	04-13-03	E 2.00	SAT	06-28-03	E 2.00
MON	02-03-03	E 2.00	FRI	04-18-03	U 8.00	SUN	06-29-03	E 4.00
TUE	02-04-03	E 4.00	SAT	04-19-03	E 3.00	TUE	07-01-03	E 3.00
WED	02-05-03	E 2.00	SUN	04-20-03	E 2.00	FRI	07-04-03	H 8.00
THU	02-06-03	E 2.00	TUE	04-22-03	E 4.00	SAT	07-05-03	E 2.00
FRI	02-07-03	E 2.00	THU	04-24-03	E 2.00	SUN	07-06-03	E 4.00
SAT	02-08-03	E 8.00	SAT	04-26-03	E 2.00	TUE	07-08-03	E 5.00
SUN	02-09-03	E 4.00	SUN	04-27-03	E 4.00	WED	07-09-03	E 1.00
MON	02-10-03	E 2.00	MON	04-28-03	E 1.00	THU	07-10-03	U 2.00
TUE	02-11-03	E 6.50	TUE	04-29-03	E 2.00	MON	07-14-03	U 4.00
WED	02-12-03	E 2.00	WED	04-30-03	E 1.00	TUE	07-15-03	U 8.00
THU	02-13-03	E 2.00	THU	05-01-03	U 8.00	WED	07-16-03	U 8.00
FRI	02-14-03	E 1.00	FRI	05-02-03	U 8.00	THU	07-17-03	U 8.00
SAT	02-15-03	E 8.00	SAT	05-03-03	E 2.00	FRI	07-18-03	U 8.00
SUN	02-16-03	E 3.00	SUN	05-04-03	E 5.00	MON	07-21-03	U 8.00

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME DEPARTMENT EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP
OTT MARC ANTHONY CITY MANAGER 203957 100 02 0110 05-20-02 F05 Y

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

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME DEPARTMENT EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP
OTT MARC ANTHONY CITY MANAGER 203957 100 02 0110 05-20-02 F05 Y

ABSENTEE CODES V S R P H A OTHER
PERSONAL VAC SICK MAJOR COMP PERS REG PRIOR * USED
LEAVE HOURS HOURS MEDICAL TIME HOLIDAY HOLIDAY SICK *

FORWARD FROM LAST YEAR 80.00 *
YEARS ACCRUAL 69.30 *
TOTAL TIME OFF DUTY 69.30 215.00 8.00 40.00 *
BALANCE - LAST PAYROLL 69.30 69.30 188.00 8.00 40.00 *

DAY	DATE	CODE	AND HOURS	ABSENT	DAY	DATE	CODE	AND HOURS	ABSENT	DAY	DATE	CODE	AND HOURS	ABSENT
TUE	05-21-02	U	2.00		TUE	07-23-02	U	8.00		SUN	09-15-02	E	4.00	
FRI	05-24-02	U	2.00		WED	07-24-02	E	2.00		TUE	09-17-02	E	2.00	
SAT	05-25-02	E	4.00		THU	07-25-02	E	4.00		WED	09-18-02	E	2.00	
SUN	05-26-02	E	2.00		FRI	07-26-02	E	1.00		FRI	09-20-02	E	1.00	
MON	05-27-02	H	8.00		SUN	07-28-02	E	2.00		SUN	09-22-02	E	4.00	
TUE	05-28-02	U	3.00		MON	07-29-02	E	2.00		TUE	09-24-02	E	3.00	
SAT	06-01-02	E	4.00		TUE	07-30-02	E	2.00		WED	09-25-02	E	1.00	
SUN	06-02-02	E	4.00		WED	07-31-02	E	2.00		THU	09-26-02	U	8.00	
WED	06-05-02	U	6.00		THU	08-01-02	E	2.00		FRI	09-27-02	U	6.00	
THU	06-06-02	U	4.00		FRI	08-02-02	E	2.50		SUN	09-29-02	E	3.00	
SAT	06-08-02	E	4.00		SUN	08-04-02	E	2.00		MON	09-30-02	U	4.00	
SUN	06-09-02	E	4.00		MON	08-05-02	E	2.00		TUE	10-01-02	E	3.00	
SAT	06-15-02	E	2.00		TUE	08-06-02	E	2.00		WED	10-02-02	E	1.00	
SUN	06-16-02	E	4.00		WED	08-07-02	E	2.00		THU	10-03-02	E	5.00	
THU	06-20-02	U	4.00		THU	08-08-02	E	4.50		FRI	10-04-02	E	1.00	
FRI	06-21-02	U	6.00		FRI	08-09-02	E	1.00		SUN	10-06-02	E	4.00	
MON	06-24-02	E	3.50		SAT	08-10-02	E	2.00		TUE	10-08-02	E	3.00	
TUE	06-25-02	E	3.50		SUN	08-11-02	E	2.00		SUN	10-13-02	E	4.00	
WED	06-26-02	E	1.00		MON	08-12-02	E	2.00		THU	10-17-02	U	4.00	
THU	06-27-02	E	1.00		TUE	08-13-02	E	2.00		MON	10-21-02	U	8.00	
FRI	06-28-02	E	1.00		WED	08-14-02	E	2.00		TUE	10-22-02	U	8.00	
MON	07-01-02	E	2.00		SAT	08-17-02	E	2.00		WED	10-23-02	U	8.00	
TUE	07-02-02	E	1.00		SUN	08-18-02	E	2.00		THU	10-24-02	U	8.00	
WED	07-03-02	E	2.00		THU	08-22-02	E	3.00		FRI	10-25-02	U	8.00	
THU	07-04-02	H	8.00		FRI	08-23-02	E	5.00		MON	10-28-02	U	8.00	
FRI	07-05-02	U	8.00		SAT	08-24-02	E	2.00		TUE	10-29-02	U	4.00	E 3.00
MON	07-08-02	E	1.00		SUN	08-25-02	E	8.00		THU	10-31-02	U	4.00	E 4.00
TUE	07-09-02	E	4.00		MON	08-26-02	E	2.00		FRI	11-01-02	E	4.00	U 8.00
WED	07-10-02	E	1.00		THU	08-29-02	U	8.00		SAT	11-02-02	E	2.00	
THU	07-11-02	E	4.00		FRI	08-30-02	U	8.00		SUN	11-03-02	E	2.00	
FRI	07-12-02	E	2.00		MON	09-02-02	H	8.00		MON	11-04-02	E	1.00	
SAT	07-13-02	E	2.00		TUE	09-03-02	U	8.00		TUE	11-05-02	E	4.00	
SUN	07-14-02	E	2.00		WED	09-04-02	U	8.00		SAT	11-09-02	E	2.00	
MON	07-15-02	E	2.00		THU	09-05-02	E	2.00		SUN	11-10-02	E	3.00	
TUE	07-16-02	E	2.00		SAT	09-07-02	E	4.00		TUE	11-12-02	E	3.00	
WED	07-17-02	E	2.00		SUN	09-08-02	E	6.00		THU	11-14-02	E	2.00	
THU	07-18-02	U	3.00		WED	09-11-02	E	2.00		FRI	11-15-02	U	1.00	
FRI	07-19-02	U	8.00		THU	09-12-02	E	2.00		SAT	11-16-02	E	2.00	
MON	07-22-02	U	8.00		SAT	09-14-02	E	2.00		SUN	11-17-02	E	4.00	

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
OTT MARC ANTHONY	CITY MANAGER	203957	100	02	0110	05-20-02	F05	Y

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

SAT	11-23-02	E	4.00
SUN	11-24-02	E	4.00
MON	11-25-02	E	2.00
WED	11-27-02	U	4.00
THU	11-28-02	H	8.00
FRI	11-29-02	H	8.00
SAT	11-30-02	E	2.00
SUN	12-01-02	E	4.00
FRI	12-06-02	U	3.00
TUE	12-10-02	E	4.00
THU	12-12-02	E	3.00
FRI	12-13-02	P	8.00

CORRECTION TO EMPLOYEE ABSENTEE RECORD

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

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

Employee Name: **Ott, Marc A**

Emp ID Number: **203957**

Dept # & Name: **02/CMO**

Locator Code: **02-0110**

Pay Group: **100**

FLSA Status: **Exempt**
 Non-Exempt

ENTER INFORMATION TO BE CORRECTED/CHANGED BELOW:

PP # <u>04</u>	Date: <u>2/15/07</u> [To Be Corrected]	Reported or Input As: <u>2.0</u> <i>med</i>	Change or Correct To: <u>Add: 2.0 E</u> <u>2.0</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: _____
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: **Cheryl Smith**

Date Completed: **05/09/07**

Phone Number: **817-392-6109**

Authorized By: *Cheryl Smith*

Date: 5-11-07

Reason For Change: **State SPECIFIC Reason For Change**

Earned time for 2/15/07 not recorded by time clerk.
med call 5/1/07

REC'D MAY 11 2007

REC'D MAY 22 2007

Human Resources Department

Date: May 21, 2007
To: Cheryl Smith, City Managers Office
From: Mary Beth Lane, Human Resources, HRIS
Re: **ABSENTEE CORRECTION – MARK OTT**

The attached Correction to Employee Absentee Record submitted for Marc Ott, employee ID number 203957 is being returned. The Correction submitted for 02/15/2007 to Earn 2.00, however on that date records indicate the employee used accrued time. A print out of the absentee record is attached. Please review and check the date and resubmit if necessary.

Thank you.

5-21-07

Mr. Ott reported 2u and 2 earned
both on 2/15/07.

See attached.

Thanks,

Cheryl

REC'D MAY 22 2007

Pay Period # 04

TIME & ATTENDANCE

TO: MARC A. OTT DATE: February 09, 2007

Please submit your time and attendance to me for the period:

February 03, 2007 through February 16, 2007

by 10:00 a.m. **Friday, February 16th** put sheets in yellow folder in my area).** Thanks, Cheryl Smith

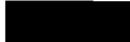
1ST WEEK	SA 03	SU 04	MO 05	TU 06	WE 07	TH 08	FR 09	2ND WK	SA 10	SU 11	MO 12	TU 13	WE 14	TH 15	FR 16
REG WORK HRS*			8	8	8	8	8	REG WORK HRS*					8	6	8
ABSENT HRS*								ABSENT HRS*			8u	8u		3u	
COMP Time Earned	2	2		3				COMP Time Earned	2	3				2	



 (Please Sign)

- A) Prior Sick Leave
- B) City Business Leave
- C) Court/Jury Duty
- D) Disciplinary (Without Pay)
- E) Comp Time Earned
- F) Family Leave
- G) Funeral Leave
- H) Holiday
- I) Inactive Time
- J) Earned Holiday Time Used
- K) Holiday Time Earned
- O) Occupational Disability
- P) Personal Holiday
- R) Major Medical Used
- S) Short Term Sick/Family Leave
- T) Training
- U) Comp Time Used
- V) Vacation
- W) Leave Without Pay

Marc's accrual rates

(4.62)	Vacation Leave	<u>529.76</u>
(2.15)	STS/F Leave *	
	Comp. Time	<u>38.50</u>
	Personal Holiday	<u>8.00</u>
(4.62)	Major Medical	<u>568.26</u>
	Holidays (K)	<u>0.00</u>
	Previous Sick	<u>0.00</u>

*Short Term Sick Leave/Family Leave accrues from 12/16/00.

****COLLECTION POINT FOR TIME SHEETS
 @ MY DESK/ Cheryl**

ABSENTEE RECORD

EMPLOYEE	DATE	PAY GROUP	DEPT	LOCATOR	FLSA	HIRE DATE	JOB KEY	STEP
203957	021507	100	02	0110	E	05-20-02	F05	Y

M A OTT

DAY OF WEEK	DATE	CODE	AND HOURS	ABSENT
— THU-13	02-15-07	U	2.00	
— SAT-01	02-17-07	E	2.00	
— SUN-02	02-18-07	E	3.00	
— SAT-08	02-24-07	E	2.00	
— SUN-09	02-25-07	E	3.00	
— TUE-11	02-27-07	E	1.00	
— THU-13	03-01-07	E	1.00	B 8.00
— FRI-14	03-02-07	U	4.00	
— SAT-01	03-03-07	E	7.00	
— SUN-02	03-04-07	E	3.00	
— MON-03	03-05-07	E	4.00	
— TUE-04	03-06-07	E	6.00	
— WED-05	03-07-07	E	1.00	
— THU-06	03-08-07	E	1.00	
— FRI-07	03-09-07	E	1.00	
— SAT-08	03-10-07	E	1.00	
— SUN-09	03-11-07	E	4.00	

PF7=BACK A PAGE, PF8=NEXT PAGE, PF12=MENU

Dept / Locator
02 0110

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

Dept / Div / Sect
02 10 00

CURRENT INFORMATION

Employee Name : OTT, MARC A ID Number : 203957
Performance Review Due Date : 10/1/2006 FLSA Status : EXEMPT
Hourly Rate : 80.62 Quintile : 4 Pay Grade : 311
Key Code : F05 Classification : ASSISTANT CITY MANAGER

FISCAL YEAR 2006/2007 ADJUSTMENTS

Hourly Rate & Quintile Prior To FY 2006/2007 Adjustments : 78.65 4
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 3.6 - 4.4	DISTINGUISHED 4.5 - 5.0
% Performance Increase Circle one if no Market	0%	0%	2%	4%	4%

New Quintile :

New Hourly Rate :

83.84

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 :

254

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

Supervisor :

C BOSWELL

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

Approved By :

Charles A. Bowen

Date :

3/12/07

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 ONLY

DATE
RECEIVED

DATE
INPUT

PROCESSED
BY

REC'D MAR 13 2007

ENT'D MAR 15 2007

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

CURRENT INFORMATION

Employee Name : OTT, MARC A ID Number : 203957
Performance Review Due Date : 10/1/2005 FLSA Status : EXEMPT
Hourly Rate : \$76.36 Current Quintile : 0 Pay Grade : 311
Key Code : F05 Classification : ASSISTANT CITY MANAGER

FISCAL YEAR 2005/2006 ADJUSTMENTS

Hourly Rate & Quintile Prior To FY 2005/2006 Adjustments : \$75.60
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 : 5
New Quintile : 4
New Hourly Rate : 78.65
New Performance Review Due Date : 10/1/2006
Effective Date : 10/1/2005
Note / Reason Code : 256

Review the FY 2005/2006 Salary Schedule to determine the appropriate quintile for the hourly rate after any Performance Based increase has been applied

Check here if increase prorated

Supervisor : C BOSWELL

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

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

Approved By : Charles R. Boswell Date : 1/17/06

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 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 RECEIVED DATE INPUT PROCESSED BY

REC'D FEB 2 2006

ENT'D FEB 06 2006

MS



**CITY OF FORT WORTH
ROADMAP FOR SUCCESS
F KEY CODE
Assistant City Manager**

Name: Marc A Ott

Title: Assistant City Manager Employee ID#: 203957

Area of Responsibility: Infrastructure Services

Appraiser: Charles R Boswell, City Manager

Purpose: (Check one)

Performance Plan - Planning Period _____ - _____

Mid-year Assessment - Review Period _____ - _____

Annual Performance Evaluation - Review Period 10/01/04 – 09/30/05

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"> Review the city's mission statement or vision and values and the Business Plans of your assigned areas. Review the organizational and job competencies and determine whether any of them represent development needs. Using the Business Plans of your assigned areas, think about what you consider to be fully successful performance in each area. 	
During the Meeting:	
<ol style="list-style-type: none"> Discuss expected business plan results, the most important competencies, and key job responsibilities. 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"> Review business plan results, competencies, critical job responsibilities, and goals. Prepare your assessment of the performance over the appraisal period. Determine whether any revisions are needed to the business plans, the individual's critical goals, competencies, and development plans for the next appraisal period. Prepare for the performance review meeting. 	<ol style="list-style-type: none"> Review the Business Plans results in your assigned areas over the year. Assess the accomplishments against the plan. Consider any revisions to the Business Plans of your assigned areas that may be needed, critical job responsibilities, goals, and competencies for the next performance appraisal cycle. Prepare for the performance review meeting.

I understand the performance expectations (i.e., competencies, critical job responsibilities, and goals) established in accordance with my area departments' business plans for the period beginning _____/_____/_____ and ending _____/_____/_____.

Signature

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)

[Use additional pages if necessary]

Appraiser Signature:

Charles D. Bowyer

Date:

4/17/06

Employee Signature:

[Handwritten Signature]

Date:

Dept/Locator
02 0110

Dept/Div/Section
02 10 00

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

Ott, Marc A

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: **Ott, Marc A** ID #: **203957**

FLSA Status: **Exempt**

Rate: **75.6** Step/Quintile: **Y 3** Pay Grade: **311**

Key Code and Classification: **F05 - Assistant City Manager**

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

Performance Rating: **5**

New Step: **Y3**

New Rate: **75.6**

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

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

OTT MARC ANTHONY, 203957
F05 ASSISTANT CITY MANAGER

	RATE	STEP	PAY GRADE	ANNIVERSARY DATE
OLD	69.23	Y		10/1/2004
ADJUSTED TO	75.60	Y	311	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.

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 ** salary adjustment*

B. Employee Name OH MARK Anthony
 Employee No. 203957 Soc. Sec. No. _____ Race B Sex M
 Birthdate _____ Retirement _____ Work Ext. 392-6122

C. Personnel Data

	FUND	DP / DV / SC	KEY	POS#	GRADE / STEP	ANN. DATE	FUND/ACCOUNT/CENTER	HOURLY RATE / PAYPERIOD	SALARY
CURRENT STATUS	001	021000	F05	003	Y		GG01511010003	1000	\$67.31
NEW STATUS	001	021000	F05	003	Y		GG01511010003	1000	\$69.23

	DEPT. NAME	ACT. NAME	LOCATOR CODE	AUTH. POS.	HOURS	WEEKS	SHIFT
CURRENT STATUS							
NEW STATUS	City Manager's Office	Admin	020110	1,0000	80	52	A

Reason for change _____

D. Department-Leave Time Used-Current Payperiod

Type of Leave	Hours	Personnel Department Use Only		

E. 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)
salary adjustment for internal equity

F. Request to Fill Vacant Position

Funds for this position are budgeted under:
 Salaries of regular employees Extra help Not budgeted

If not budgeted, method of financing _____

Date to be filled _____

RECEIVED

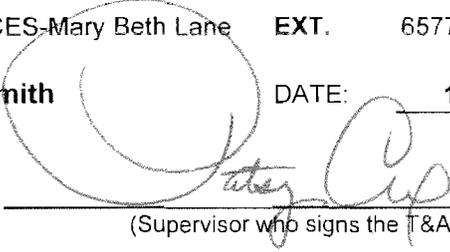
G. Effective date of above Personnel Action 9/4/04 Contact Person Patsy Cox Ext. _____
 Approved By: _____

<u>X</u> <u>Clara R. Bonnell</u> DIVISION HEAD DEPARTMENT HEAD	<u>9/8/04</u> DATE	<u>[Signature]</u> BUDGET ADMINISTRATOR PERSONNEL DIRECTOR	<u>9/7/04</u> DATE
OTHER APPROVAL SIGNATURE	DATE		DATE

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: HUMAN RESOURCES-Mary Beth Lane EXT. 6577

TIME CLERK: **Cheryl Smith** DATE: 11/17/2004 PHONE # OR EXT. 392-6109

AUTHORIZED BY:  DATE: 11-17-04
 (Supervisor who signs the T&A)

EMPLOYEE'S NAME: **Marc Anthony Ott** EMPLOYEE NUMBER: **203957**

DEPARTMENT: **2** LOCATOR CODE: **0110**

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

PAY PERIOD REQUIRING CHANGE	DATE NEEDING TO BE CHANGED	REPORTED OR INPUT AS	CHANGE TO
<u>24</u>	<u>10/31/04</u>		<u>Add 3.0E</u>
<u>24</u>	<u>11/7/04</u>		<u>Add 3.0E</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REASON FOR CHANGE:

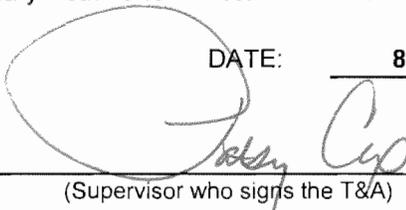
RECEIVED
 NOV 18 2004

ENT'D NOV 23 2004 

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: HUMAN RESOURCES-Mary Beth Lane EXT. 6577

TIME CLERK: **Cheryl Smith** DATE: 8/25/2004 PHONE # OR EXT. 392-6109

AUTHORIZED BY:  DATE: 8-25-04
 (Supervisor who signs the T&A)

EMPLOYEE'S NAME: **Ott, Marc Anthony** EMPLOYEE NUMBER: **203957**

DEPARTMENT: **2** LOCATOR CODE: **0110**

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

PAY PERIOD REQUIRING CHANGE	DATE NEEDING TO BE CHANGED	REPORTED OR INPUT AS	CHANGE TO
<u>13</u>	<u>06/07/04</u>	<u>8 worked</u>	<u>8 U</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REASON FOR CHANGE: Time was recorded as 8 hours worked; should have been 8 hours U (compensatory time used).

RECEIVED

RECORDS

 AUG 26 2004

02 0110

CITY OF FORT WORTH
EMPLOYEE INFORMATION

OTT MARC ANTHONY

203957

HOME ADDRESS & TELEPHONE

Current Info
Street Address: 3225 RIVER LODGE TRL
P O Box / Apt #: #712
City State Zip: FORT WORTH, TX 76116

Change/Correction

Phone Number [REDACTED]

EMERGENCY CONTACT

Current Info
Name: [REDACTED]
Relationship: [REDACTED]
Phone #: [REDACTED]
Alternate #: - -
Street Address:
P O Box / Apt #:
City State Zip:

Change/Correction

EMPLOYEE CONTACT NUMBERS

Current Info
Pager #: 817-922-3345 *pin # 1121*

Change/Correction

(CITY ISSUED CELL PHONES ONLY)

Work Cell #: 817-454-5005

(CITY ISSUED CELL PHONES ONLY)

Supervisor: G JACKSON

Signature: *[Handwritten Signature]*
MARC OTT

Date: 3/27/03

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

Current Information

Employee ID#: **203957** DP DV SC
 Employee Name: **OTT MARC ANTHONY** 2 10 0
 Key Code: **F05** Class: **ASSISTANT CITY MANAGER**
 Current Annual Salary: **\$132,017.60** Current Hourly Rate: **\$63.47**
 Current Quintile: **4** Supervisor: **JACKSON G**
 Anniversary Date: **10/1/2003** (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: \$133,997.86 (Circle if Good Solid Performer or above, else cross out. Adjust if prorating.)
 Potential New Hourly Rate: \$64.42
 Potential New Quintile: circle one below
 1 2 3 4 5
 44.60---50.39 50.40---56.19 56.20---61.98 61.99---67.78 67.79---73.58

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: *Marc Anthony Ott*

Evaluated By: *[Signature]*

PRD Completed by: *Cheryl Smith*

No additional attachments necessary.

FEB 18 ENTD *MS*
 FEB 17 2004
 RECEIVED

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 Ott Marc Anthony
Last First Middle
Employee No. 203957 Soc. Sec. No. XXXXXXXXXX Race B Sex M
Birthdate XXXXXXXXXX Retirement _____ Work Ext. 392-6122

C. Personnel Data									
	FUND	DP / DV / SC	KEY	POS#	GRADE / STEP	ANN. DATE	FUND/ACCOUNT/CENTER	HOURLY RATE / PAYPERIOD SALARY	
CURRENT STATUS	001	021000	F05	003	Y		6601 511010 0021000	64.42	
NEW STATUS	001	021000	F05	003	Y		6601-511010 0021000	67.31	
	DEPT. NAME			ACT. NAME	LOCATOR CODE	AUTH. POS.	HOURS	WEEKS	SHIFT
CURRENT STATUS	City Manager's Office			Admin	0110	1.000	80	52	A
NEW STATUS									

Reason for change 254

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

E. 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

If not budgeted, method of financing _____

G. Effective date of above Personnel Action 5-1-04 Contact Person Patricia Coy Ext. 6116

_____ DIVISION HEAD	_____ DATE	_____ BUDGET ADMINISTRATOR	_____ DATE
_____ DEPARTMENT HEAD	_____ DATE	_____ PERSONNEL DIRECTOR	_____ DATE
_____ OTHER APPROVAL SIGNATURE	_____ DATE		<u>4/28/04</u> DATE



MEMORANDUM

DATE: April 22, 2004
TO: Karen Marshall
Human Resources Director
FROM: Gary W. Jackson *GWJ*
City Manager
SUBJECT: Salary Adjustments

Based on a review of internal equity issues, I would like to make the following adjustments to annual salary levels:

<u>Employee</u>	<u>Current Salary</u>	<u>Adjusted Salary</u>
Marc Ott	\$133,997.86	\$140,000.00
[REDACTED]	[REDACTED]	\$140,000.00
[REDACTED]	[REDACTED]	\$ 29,141.00

I have attached for your convenience Personnel Action Requests to cover these adjustments. Please process these salary adjustments to be effective on May 1, 2004.

Attachments

*OK,
Karen Marshall
4/28/04*

CITY MANAGER'S OFFICE

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: HUMAN RESOURCES-Mary Beth Lane EXT. 6577

TIME CLERK: Cheryl A. Smith DATE: 10/8/2003 PHONE # OR EXT. 871-6109

AUTHORIZED BY: _____

(Signature)
 (Supervisor who signs the T&A)

DATE: 10-9-03

EMPLOYEE'S NAME: Marc Anthony Ott

EMPLOYEE NUMBER: 203957

DEPARTMENT: 2

LOCATOR CODE: 0110

PAY GROUP: 100

FLSA STATUS:

EXEMPT X

NON-EXEMPT _____

PAY PERIOD REQUIRING CHANGE	DATE NEEDING TO BE CHANGED	REPORTED OR INPUT AS	CHANGE TO	REASON FOR CHANGE
<u>21</u>	<u>9/27/03</u>		<u>Add 2E</u>	
<u>21</u>	<u>9/28/03</u>		<u>Add 4E</u>	

REASON FOR CHANGE: Comp time hours not recorded initially; need to add earned hours.

(Handwritten initials)

OCT 10 2003

RECEIVED

**City of Fort Worth
Employee Performance Appraisal
Part I: Employee Identification**

Employee	<u>Marc Ott</u>	Department	<u>CMO</u>
Job Title	<u>Assistant City Manager</u>	Division	<u>Administration</u>
Employee Number	<u>203957</u>	Mid Year	<u>X</u> <u>Annual</u>
Report Date	<u>05-20-02 – 10-20-02</u>		

Performance Criteria Scoring Sheet

<i>Factor Title</i>	<i>Mid Year</i>	<i>Annual</i>
---------------------	-----------------	---------------

Part II – A: How the employee does the job

1. Customer Service/Customer Relations	<input type="text"/>	<input type="text" value="5"/>
2. Job Knowledge and Skills	<input type="text"/>	<input type="text" value="4"/>
3. Safety Compliance	<input type="text"/>	<input type="text" value="3"/>
4. Team Work/ Co-Worker Relations	<input type="text"/>	<input type="text" value="4"/>
5. Communication	<input type="text"/>	<input type="text" value="5"/>
6. Work Habits	<input type="text"/>	<input type="text" value="3"/>
7. Initiative	<input type="text"/>	<input type="text" value="5"/>
8. Quality of Work	<input type="text"/>	<input type="text" value="4"/>
9. Volume of Work	<input type="text"/>	<input type="text" value="4"/>
<i>Score (Total/9)</i>	<input type="text"/>	<input type="text" value="4.1"/>

Part II – B: Criteria for supervisor

10. Management and Supervision	<input type="text"/>	<input type="text" value="4"/>
11. Planning and Organizing	<input type="text"/>	<input type="text" value="4"/>
12. Decision-Making	<input type="text"/>	<input type="text" value="5"/>
<i>Score (Total/3)</i>	<input type="text"/>	<input type="text" value="4.3"/>

**Part III: Employee Results/Accomplishments
(Objectives, Projects, Tasks)**

1. KRA/Objective 1	<input type="text"/>	<input type="text"/>
2. KRA/Objective 2	<input type="text"/>	<input type="text"/>
3. KRA/Objective 3	<input type="text"/>	<input type="text"/>
4. KRA/Objective 4	<input type="text"/>	<input type="text"/>
5. KRA/Objective 5	<input type="text"/>	<input type="text"/>
6. KRA/Objective 6	<input type="text"/>	<input type="text"/>
<i>Score (Total /No. of KRAs/ Objectives)</i>	<input type="text"/>	<input type="text"/>

Performance Score

Part II-A	<input type="text"/>	<input type="text" value="4.1"/>
Part II-B	<input type="text"/>	<input type="text" value="4.3"/>
Part III	<input type="text"/>	<input type="text"/>
Overall Performance Rating	<input type="text"/>	<input type="text" value="4"/>

Performance Rating Scale

1.0-1.7=1.0 (Unacceptable) 1.8-2.4=2.0 (Improvement Needed) 2.5-3.5=3.0 (Competent)
 3.6-4.4=4.0 (Excellent) 4.5-5.0=5.0 (Outstanding)

Mid-Year Appraisal		Annual Appraisal	
Signature of Employee	Date	Signature of Employee	Date
<i>[Signature]</i>	1-2-03	<i>[Signature]</i>	1-3-03
Signature of Supervisor	Date	Signature of Supervisor	Date
Department/Division Head Signature	Date	Department/Division Head Signature	Date

Employee Reviewer: I understand that my signature indicates only that I have had the opportunity to review this completed rating, and that my supervisor has discussed it with me. My signature does not mean that I necessarily agree with the appraisal. I understand that I may appeal my rating (annual only) with my Department Head by providing written information addressing specific areas of disagreement within 5 working days after receiving my review. I also understand that I may use the "comments" section of this form to make any comments I wish concerning this appraisal. I understand that any comments added after I sign this form will be reviewed with me before the appraisal is finalized. (Additional pages may be attached.)

Check for Department Head Review (Annual Only)

Employee Comments:

Supervisor Comments:

Maue is a great addition to the City Management Team, we're looking forward to a long, productive relationship with him.

Director/Assistant Director Manager Comments:

Original to: Human Resources Copy to: Department/Division Copy to: Employee



October 14, 2002

Mr. Marc Ott
3292 Foothills Ct.
Orion, Michigan 48359

Dear Mr. Ott:

I am pleased to offer you the position of Assistant City Manager for the City of Fort Worth. Outlined below is a proposed salary and benefit package.

Base Salary

The base salary shall be \$11,000 per month (annualized at \$132,000). I will evaluate your performance after the first six months on the job. At that time you will be eligible for a salary increase as appropriate based will upon the criteria established by the compensation plan. Thereafter, performance and salary reviews be conducted at the beginning of the fiscal year in October.

Car Allowance

The car allowance will be \$400 per month (\$4,800 annualized).

Leave (Leave is available for use at the end of your six month probationary period.)

Vacation Leave

Executive level employees earn 15 days of vacation leave per year, accrued at a rate of 4.62 hours per bi-weekly pay period. After accumulating 400 hours, you will be required to use 80 hours of vacation leave a year. Vacation accrual rates increase for every five years of service.

Short Term Sick/Family Leave

Executive level employees 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

Executive level employees 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

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 upcoming [REDACTED] and time requirements necessary for moving, you will receive 80 hours of compensatory time for your immediate use upon starting with the City.

Relocation Allowance

The City will provide you a \$12,500 relocation allowance, to be used as you see fit for temporary living expenses, travel to and from your previous residence, moving expenses, and other expenses. This allowance will be provided when you begin your employment with the City.

Health Benefit

The City offers two levels of EPO and one level 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. To insure continuation of care for [REDACTED] you will have the option to COBRA your health care benefits with your present insurance carrier for a period of time not to exceed six months. The City will directly pay the COBRA cost. It would be expected that you join the City's health benefit plan as soon as possible. A second option is for you to join the City's health plan immediately upon beginning with the City. Since [REDACTED] Dr. Roy is a member of the United Health Care network [REDACTED] will be able to continue seeing Dr. Roy as a covered plan benefit. Your insurance coverage will begin the beginning of the month following the first full month of service. If your current health coverage will not take you through this period of time, the City will either pay the COBRA cost to insure continuation of coverage or purchase immediate insurance coverage in the City's plan by prepaying the premiums for the interim period until your normal coverage begins. This detail will be worked out with the City's Health Benefit Manager upon accepting this offer.

Life Insurance

The City provides basic life insurance of \$10,000 (\$20,000 in the event of accidental death), at no cost to the employee. Additional life insurance coverage is available to the employee (up to triple of the employee's salary) and dependents (Spouse: up to half of the amount of the employee; minor children: \$10,000) 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 ordinance requires all permanent City employees to be members of the retirement system.

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.

Professional Development/Memberships

The City encourages professional development and involvement in work related professional associations. Our normal practice is to pay the costs associated with appropriate training and professional development seminars and events. The City also offers tuition reimbursement for longer courses of study. As an Assistant City Manager, I feel it is appropriate for you to belong to several national and regional professional and management associations, e.g., ICMA, TCMA, NFBPA, infrastructure related associations and to have the memberships for these groups paid from the City's budget. It is also reasonable to expect you to attend conferences and meetings of these groups at the City's expense. The number and frequency of such events will necessarily be contingent on workload and their value to the City. Normally, requests for attendance at these events will be discussed between us, but I am normally very supportive of any request that will contribute to an employee's professional development and that adds value to the City's strategic goals. I also appreciate the fact that you have an interest in the continual expansion of your professional and management expertise by participating in long-term senior executive level development programs. I will be open to discuss your pursuing these types of development opportunities in the future based on the needs of both the City and your own developmental needs.

As we discussed, we anticipate your starting date will be on or before May 20, 2002. I am making this employment offer contingent on your either accepting or rejecting it by no later than noon on Friday, April 19, 2002. If I do not hear from you by this time, I will consider that you have declined this offer. If you accept this offer of employment, which I hope you do, please sign a copy of this letter and return it to me for our personnel records. Please be advised that this does not constitute a contract, merely the terms of employment.

Marc, 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 May 20 and introducing you to the City Council the following day.

Sincerely,

Gary W. Jackson
City Manager

Signed: _____ Date: _____
Marc Ott

cc: Linda C. Cobb, Human Resources Director

Personnel Action Request

311 V104

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 OTT Marc Anthony
Last First Middle
Employee No. 203957 Soc. Sec. No. [REDACTED] Race B Sex M
Birthdate [REDACTED] Retirement [REDACTED] Work Ext. 871-6122

C. Personnel Data

	FUND	DP/DV/SC	KEY	POS#	GRADE/STEP	ANN. DATE	FUND/ACCOUNT/CENTER	HOURLY RATE/PAYPERIOD	SALARY
CURRENT STATUS									
NEW STATUS	001	02 10 00	POS	003	Y		6601 5 11010 0021000		6347
	DEPT. NAME		ACT. NAME		LOCATOR CODE	AUTH. POS.	HOURS	WEEKS	SHIFT
CURRENT STATUS									
NEW STATUS	City Manager's Ofc		Admin		0110	1,000	80	52	A

Reason for change 110

D. Department-Leave Time Used-Current Payperiod

Type of Leave	Hours	Personnel Department Use Only			
[REDACTED]		3295's Foothills Ct	Acia, MI		
[REDACTED]		[REDACTED]	49359		
[REDACTED]		[REDACTED]	YNNR14		

E. Revised Personnel Quota

TERMINATE POSITION						ADD POSITION							
a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized	f. BUDGET	a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. Hr.	g. wk	h. PROJECTED SALARY
JUSTIFI: <u>MARC</u> <u>OTT 5-23-02</u> <u>80 hrs</u> <u>comp</u> <u>Per Hodapp</u>													

F. Funds for: Salaries If not bud

Fill Vacant Position 05-20-02
 Date to be filled

Not budgeted

G. Effective Approved E, .

_____ DIVISION HEAD	_____ DATE	Contact Person <u>Cheryl Smith</u> Ext. <u>6109</u>
_____ DEPARTMENT HEAD	_____ DATE	<u>Marc Dodson</u> <u>5-13-02</u> BUDGET ADMINISTRATOR
_____ OTHER APPROVAL SIGNATURE	_____ DATE	_____ PERSONNEL DIRECTOR
		_____ DATE

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. 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.
- B. ALL INFORMATION REQUESTED MUST BE COMPLETED ON THE APPLICATION. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.
- C. 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.
- D. APPLICATIONS ARE ACCEPTED **ONLY** FOR JOB TITLES FOR WHICH RECRUITMENT IS CURRENTLY BEING CONDUCTED.
- E. 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.
- F. 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 <i>H.C.M., INFRASTRUCTURE SERVICES</i>			2. ANNOUNCEMENT NUMBER		OFFICE USE ONLY	
3. LAST NAME FIRST NAME MIDDLE INITIAL <i>OTT MARC A.</i>			4. SOCIAL SECURITY NUMBER			
5. MAILING ADDRESS CITY STATE ZIP <i>3292 FOOTHILLS CT IRVING TX 75039</i>						
6. HOME PHONE NUMBER		7. DAY OR MESSAGE PHONE NUMBER		8. DRIVER'S LICENSE NUMBER STATE CLASS		
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 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:						
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: <i>CMO</i>						
15. IF THERE ARE ANY DEPARTMENTS TO WHICH YOU DO NOT WANT TO BE REFERRED, SPECIFY: <i>N/A</i>						
16. IF YOU HAVE RELATIVES EMPLOYED BY THE CITY, SPECIFY NAMES, RELATIONSHIP AND DEPARTMENT: <i>NONE</i>						
17. IF YOU HAVE BEEN EMPLOYED OR ATTENDED SCHOOL UNDER OTHER NAMES, LIST NAMES AND DATES OF USE: <i>N/A</i>						
18. DATES OF MILITARY SERVICE FROM: <i>N/A</i> TO: _____ BRANCH OF SERVICE: _____ TYPE OF DISCHARGE: _____						
19. HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR, FELONY, OR MILITARY COURT MARTIAL) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> HAVE YOU EVER BEEN PLACED ON PROBATION OR DEFERRED ADJUDICATION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ARE THERE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LIST DATES, PLACE, OFFENSE AND FINE (OR SENTENCE) FOR EACH "YES" RESPONSE IN THE SPACE PROVIDED. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. CONVICTION DOES NOT NECESSARILY DISQUALIFY APPLICANTS FROM EMPLOYMENT CONSIDERATION. <i>N/A</i>						
20. IN WHAT LANGUAGES, OTHER THAN ENGLISH, ARE YOU PROFICIENT? <i>N/A</i>						
21. LIST OTHER JOB-RELATED SPECIAL QUALIFICATIONS AND SKILLS. INCLUDE WORD PROCESSORS/COMPUTERS (SPECIFY TYPE AND SOFTWARE), SPECIALIZED EQUIPMENT OR MACHINES, TOOLS, VEHICLES, HEAVY EQUIPMENT, COMPUTER LANGUAGES, LICENSES OR REGISTRATIONS (GIVE NUMBERS AND EXPIRATION DATES), ETC.: <i>N/A</i>						

22. 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"/> RADIO OR TV ANNOUNCEMENT _____
<input type="checkbox"/> CITY TELEPHONE JOB LINE	<input checked="" type="checkbox"/> TEXAS WORKFORCE COMMISSION (TWC)	<input type="checkbox"/> JOB FAIR	<input type="checkbox"/> INTERNET
<input type="checkbox"/> CITY RECRUITER	<input checked="" type="checkbox"/> PROFESSIONAL JOURNAL OR NEWSLETTER	<input type="checkbox"/> OTHER _____	

23. 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: *7/27/08*
DO NOT DETACH

28. 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"/>		
29. COLLEGE OR VOCATIONAL SCHOOL AND LOCATION			DATES		SEM.	QTR.	MAJOR	MINOR	DEGREE	DATE OF
OAKLAND UNIVERSITY			FROM	TO	HOURS	HOURS			EARNED	DEGREE
OAKLAND UNIVERSITY			1974	1979			MAJ/ECOM		B.S.	79'
			1979	1981			MPA		MPA	81'

30. LIST ANY JOB RELATED EDUCATION OR TRAINING NOT COVERED ABOVE SUCH AS SEMINARS, ACADEMIC COURSES, APPRENTICESHIPS, IN-SERVICE TRAINING OR OTHER TYPES OF TRAINING WHICH ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING. ATTACH ADDITIONAL SHEETS IF NECESSARY.

INSTITUTION	DATES		TOTAL CLASS HOURS	COURSE	LICENSE OR CERTIFICATE ISSUED
	FROM	TO			
KENNEDY School of Gov., HARVARD Univ.	1994		3 Wks		CERTIFICATE

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.

31. EMPLOYER: CITY OF ROCHESTER HILLS, MI ADDRESS: _____

YOUR TITLE: CITY ADMINISTRATOR FROM: MO./YR. March 1998 TO: MO./YR. Present HOURS PER WEEK: 40+

LAST SALARY: \$ 106,000 PER YR SUPERVISOR: Mayor Somerville MAY WE CONTACT? YES NO PHONE: _____

EQUIPMENT AND/OR SOFTWARE USED: _____

NO. & TYPE OF EMPLOYEES YOU SUPERVISED: 11 DEPT HDQ (950 employees) REASON FOR LEAVING: NEW JOB

DUTIES: RESPONSIBLE FOR OVERSEEING DAY TO DAY OPERATIONS. Provide administrative + management oversight For all municipal operations.

32. EMPLOYER: CITY OF KALAMAZOO, MI ADDRESS: 241 W. South St.

YOUR TITLE: CITY MANAGER FROM: MO./YR. March 1993 TO: MO./YR. Jan. 1997 HOURS PER WEEK: 40+

LAST SALARY: \$ 96,000 PER YR SUPERVISOR: CITY COMMISSION MAY WE CONTACT? YES NO PHONE: 616-377-8031

EQUIPMENT AND/OR SOFTWARE USED: _____

NO. & TYPE OF EMPLOYEES YOU SUPERVISED: All Dept HDQ REASON FOR LEAVING: NEW JOB/RELOCATION

DUTIES: RESPONSIBLE FOR OVERSEEING DAY TO DAY OPERATIONS, served as Chief Administrative Officer.

33. EMPLOYER: CITY OF KALAMAZOO, MI ADDRESS: 241 W. South St.

YOUR TITLE: DEPUTY CM FROM: MO./YR. Feb. 1991 TO: MO./YR. Mar. 1993 HOURS PER WEEK: 40+

LAST SALARY: \$ 74,000 PER YR SUPERVISOR: Jim Holbersson MAY WE CONTACT? YES NO PHONE: 616-377-8031

EQUIPMENT AND/OR SOFTWARE USED: _____

NO. & TYPE OF EMPLOYEES YOU SUPERVISED: 6 DEPT HDQ REASON FOR LEAVING: PROMOTED

DUTIES: oversaw Finance, Public Safety, Human Resources, Neighborhood + Community Dev., Economic Development + Planning + Purchasing Divisions.

34. EMPLOYER: CITY OF KALAMAZOO, MI ADDRESS: 241 W. South St.

YOUR TITLE: Asst. City Mgr. FROM: MO./YR. Apr. 1990 TO: MO./YR. Feb. 1991 HOURS PER WEEK: 40+

LAST SALARY: \$ _____ PER _____ SUPERVISOR: Jim Holbersson MAY WE CONTACT? YES NO PHONE: 616-377-8031

EQUIPMENT AND/OR SOFTWARE USED: _____

NO. & TYPE OF EMPLOYEES YOU SUPERVISED: 5 DEPT HDQ REASON FOR LEAVING: PROMOTED

DUTIES: oversaw day-to-day admin. of several depts., i.e., utilities, Public Works, Metro Transit, Planning, as well as Community + Economic Development.

NEW HIRE DATA SHEET

TO ALL EMPLOYEES OF THE CITY OF FORT WORTH:

Name: MARC A. ATT Employee Number: _____

Address: 3292 FORT HILLS CT

City: ORVIN State: TX Zip Code: 48359

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: [Handwritten Signature]

Date 5/20/00

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 Marc Ott (Please print your name.) request that the City of Fort Worth maintain information that relates to the following:

	Confidential	Release
Home Address	<input type="checkbox"/>	<input checked="" 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

Marc Ott
Signature

5/20/02
Date

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.

5/20/22
Date

[Signature]
Signature

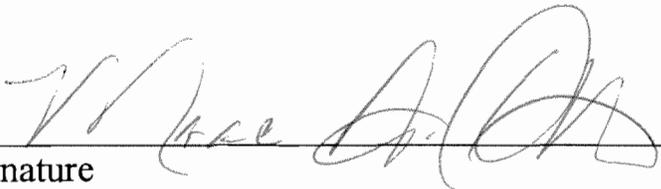
*"Controlled substances" is defined to mean those drugs listed in schedules I through V of Section 202 of the Federal Controlled Substances Act, 21 U.S.C. 812, and includes, but is not limited to, marijuana, cocaine, (including "crack" and other cocaine derivatives), morphine, heroin, amphetamines, and 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.



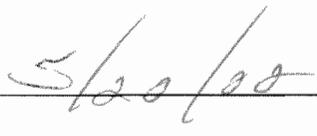
EMPLOYEE OUT-PROCESSING FORM

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



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 1½ times their regular rate of pay or to accrue compensatory time at 1½ 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, _____ Employee Number _____, hereby agree to accept time-off in lieu of cash wages for overtime work at a rate of 1½ 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: _____

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.

Print Name

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, Maec A. Gut
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
[REDACTED]		
_____	_____	_____
_____	_____	_____

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

SECONDARY	RELATIONSHIP	PERCENTAGE
[REDACTED]		
_____	_____	_____
_____	_____	_____

**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: Maec A. Gut

Employee Number: _____

Signature: Maec A. Gut Date: 5/20/12

NAME Marc Ott
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 Date 5/20/02

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.

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

US SECTION ON DELIVERY

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

OFFICIAL USE

yc Smith Agent
 Addressee

(Printed Name) C. Date of Delivery

yc Smith *2-25-04*

Address different from item 1? Yes
delivery address below: No

2-25-04
Postmark
Here

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

Total Postage

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP

**MARC A OTT
C/O DARLENE BERGHAMMER
MAYOR'S OFFICE-AUSTIN
PO BOX 1088
AUSTIN TX 78767**

Mail Express Mail
 Return Receipt for Merchandise
all C.O.D.
Delivery? (Extra Fee) Yes

PS Form 3800, August 2005 See Reverse for Instructions