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Employee	Social Security Number	Last N	lame		$\Box$	First Name	9				Middle Name			
Identification		Chin	canchan			David						·		
**Job Change Reasons Check ONE Only	02 Promotion 03 Demotion 04 Status Change 05 Transfer 06 Reassignment 07 Salary Adjustment 08 Temporary Adjustment 09 Skill-Based Increase 10 Longevity Increase	17   1   12   15   16   17   18   19   22	11 Market-Based Increas 12 Classification Change 13 Work Week Change 14 Leave of Absence 15 FMLA LOA 16 Military LOA 17 Suspension 18 Inactive Temporary 19 Reinstatement 12 Career Progression 15 to be updated, please p	3		98 Performan 99 Other Job 20 Separation	b Chan on e Requ	nge		*Requ	uires City 01 Resi 02 Resi 03 Terr 04 Terr 05 Reti 06 Wor 07 Deci 08 Laic	ty Managi signed I rminated rminated - rired ork Comp ceased d-Off	No Rehire	
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**Additional Authorized Earnings** 

Employee	Social Security Number		Last Name			First Name		Middle Name		
Information			Chincanchar	l		Da	vid		*	
Job	Department		Position Number		Tit	le				
Information	Mayor & Cour	ncil	100612			City (	Council Exec	utive Assist	ant	
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Additional Earnings										
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	before the pay period in w	hich this	action is to be effective	). 				-	\$	
Approvals	Department	9-	4-2019 Date			1 QU Human Resour	Sing H	n 9	/5/19 Date	



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Employee	Social Security Number	Last Name	First Name	Middle Name
Employee Identification		Chincanchan	David	
**Job Change Reasons Check ONE Only		11 Market-Based Increase 12 Classification Change 13 Work Week Change 14 Leave of Absence 15 FMLA LOA 16 Military LOA 17 Suspension 18 Inactive Temporary 19 Reinstatement 22 Career Progression	BY DEPT	m. 09 Termination-AB 94-02
Job Information	Department 440010		Work Pho	
Enter	41G010 Mayor And C	Council	978-2151	
Enter Changes On Line				
Below Current	Position Number 1	Title		Staffing Level
Information	100612 C	City Council Exec Assistant		01 Worker
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	Hourly Rate Sala	lary Grade Step Work V	Neek Employee Class	FICA Exempt?
	30.310	BB6 40	02 Standard/Exempt	N OASDI
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	U40400 5	5150 4100 4003	3	100%
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System	Job Status	Job Begin	Job End Previous Action	Effective
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		rrent Hire Adjusted Service	Benefit Category	Leave Category
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Comments		,	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
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Approvals	,			
	Department Liaison	Date	HRD Compensation/Em	ployment Date
	Department .	Date	Director, Human Resour	ces Department Date
	Releasing Department (for Transfers	rs) Date	City Manager/Other	Date

#### Bertin, Beth

From:

Homann, Lauren

Sent:

Thursday, June 6, 2019 8:40 AM

To:

Bertin, Beth

**Subject:** 

RE: District 3 Salary Increases

Good morning, Beth! Yes ma'am!

From: Bertin, Beth

Sent: Wednesday, June 05, 2019 3:11 PM

To: Homann, Lauren < Lauren. Homann@austintexas.gov>

Subject: RE: District 3 Salary Increases

We okay with these increases? This would take David Chincanchan to \$30.89 Nick Solorzano to \$30.60 Lizette Melendez to \$28.08 & Stephanie Perez to \$23.02

From: Renteria, Sabino < Sabino. Renteria@austintexas.gov >

Sent: Wednesday, June 5, 2019 3:00 PM

To: Bertin, Beth < Beth. Bertin@austintexas.gov>

Subject: District 3 Salary Increases

Hi Beth,

I would like to increase my staff's salaries in the following way:

David Chincanchan +\$100/Month Nicholas Solorzano +\$50/Month Lizette Melendez +\$50/Month Stephanie Perez +\$50/Month

Best,

Pio



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Employee	Social Security Number	Last Na	ame		First	t Name	e		Mide	dle Name	,
Identification		Chinc	canchan		Dav	/id					
**Job Change Reasons Check ONE Only	02 Promotion 03 Demotion 04 Status Change 05 Transfer 06 Reassignment 07 Salary Adjustment 08 Temporary Adjustment 09 Skill-Based Increase 10 Longevity Increase **If positions reporting relation	12	1 Market-Based Increas 2 Classification Change 3 Work Week Change 4 Leave of Absence 5 FMLA LOA 6 Military LOA 7 Suspension 8 Inactive Temporary 9 Reinstatement 2 Career Progression 0 be updated, please p	00 EP	99 O	Other Job Separation 2017	RY	orm.	*Requires C 01 Ri 02 Ri 03 Ti 04 Ti 05 Ri 06 W 07 Di 08 Li	City Manage Resigned Resigned N Ferminated Ferminated	No Rehire* olete .
Job Information	Department 41G010 Mayor And	Work Ph 978-215		Ext.							
Enter Changes On Line											
Below Current	Position Number	Title	<u> </u>					-	fing Level		
Information	100612	00612 City Council Exec Assistant						01	Worker		
						,					
			Step Work 1	Week	Employee	-					Exempt?
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	Department		Date	•	<del>D</del> i	irector,	, Human Resour	rces De	epartment		Date
, 	Releasing Department (for Transfer	ers)	Date	-	<del>Ci</del>	ity Man	nager/Other				Date



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Employee	Social Security Number	Last Na		First.	Name			iviid	IVIIddle Name						
Identification		Chinc	anchan		Davi	id ,	<u>,                                     </u>			· 					
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	Department	· ·	Date	<del>-</del>	D	Director, Hu	ıman Resol	irces D	epartment			Date			
	Releasing Department (for Trans	fers)	Dat	<u>-</u> e	Ci	ity Manage	r/Other				• .	Date			

#### Bertin, Beth

From:

Renteria, Sabino

Sent:

Friday, April 14, 2017 3:32 PM

To:

Bertin, Beth

Subject:

Salary Increase

Afternoon Beth,

I want to request an \$3,000 increase in yearly salary for both David Chincanchan and Nic Solorzano, so a total of \$6,000.

Please let me know if you need any other info or if I can be of assistance in anyway.

Best,

Pio



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Employee	Social Security Number	Last Name	First Name	Middle Name
Employee Identification		Chincanchan	David	
**Job Change Reasons Check ONE Only	01 New Hire 02 Promotion 03 Demotion 04 Status Change 05 Transfer 06 Reassignment 07 Salary Adjustment 08 Temporary Adjustment 09 Skill-Based Increase 10 Longevity Increase  **If positions reporting relationsh	11 Market-Based Increase 12 Classification Change 13 Work Week Change 14 Leave of Absence 15 FMLA LOA 16 Military LOA 17 Suspension 18 Inactive Temporary 19 Reinstatement 22 Career Progression hips need to be updated, please p	98 Performance Pay Adj. 99 Other Job Change 20 Separation NOV 21 2016  EPAF ENTRY BY DEPT.  rocess a Position Change Request Form	Sep Reason: Check ONE only *Requires City Manager Approval  01 Resigned  02 Resigned No Rehire*  03 Terminated  04 Terminated No Rehire*  05 Retired  06 Work Complete  07 Deceased  08 Laid-Off  09 Termination-AB 94-02
Job	Department		Work Phot	
Information	41G010 Mayor And Co	ouncil	978-2151	
Enter Changes On Line		· · · · · · · · · · · · · · · · · · ·		
Below Current	Position Number Tit	tle	Sa	taffing Level
Information	100612 Cir	ty Council Exec Assistant	C	Worker Worker
	Hourly Rate Salary	y Grade Step Work V	Veek Employee Class	FICA Exempt?
	25.090 B	BB6 40	02 Standard/Exempt	N OASDI
				N Medicare
	Location La	bor Distribution	Attach Labor Distribution form fo	or multiple labor distributions.
	U40400 513	50 4100 4003	3	100%
	Fu	nd Dept Unit	SubUnit Activity Func	ion Rpig Percent %
System	Job Status	Job Begin	Job End Previous Action	Effective
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		ent Hire Adjusted Service	Benefit Category	Leave Category
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Comments				
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Approvals	Department Liaison	sore uligi	HRD Compensation/Emp	loyment Date
	Department	Date	Director, Human Resource	es Department Date
	Releasing Department (for Transfers)	Date	City Manager/Other	Date

		City of	Austin	LEAVE REQU	JEST				
	Employee Name (last	, first, MI)	Chinca	nchan, David					
	Employee ID (as required by de	partment)				V.			
OUNDED 11:1	Depa	rtment	Mayor and Council						
	Department Section/Work	Group							
<u> </u>	l request leave as sp	ecified	by the a	ppropriate code	below.				
ADL Admir ARL Admir CRT Court CTU Comp E2U Excep EMG Emers	ARL Administrative Recognition Leave HPF Personal Holiday FMLA SKF Sick Leave FMLA* CRT Court Leave * HPU Personal Holiday Used VCF Vacation Leave FMLA* CTU Compensatory Time Used LWF Leave Without Pay FMLA VCU Vacation Leave * E2U Exception Vacation 2 Used LWP Leave Without Pay								
(code)	(0.25, 0.50, 0.75, or full hours only)	(mm/d	d/yyyy)	(mm/dd/yyyy)	(indicate a.m./p.m.)	(indicate a.m./p.m.)			
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Reason or Expla Required for Vac	nation ation Leave for Family and Medical Leave	(FMLA) qı	allfying ev	ents, and for Sick, Em	nergency, or Leave Witho	ut Pay requests.			
FMLA Qualifying (Check any that m		ondition	of your s		arent				
-	ent five or more days due to illn r required documentation as ap								
Employee Signatu	I hereby certify that the	ne above	inform	ation is true and	correct.	7/29/2016			
Employee Signatu		JPERVIS	SOR RE	VIEW	. Date	17077600			
Supervisor Signat	ure Sah Tu	oproved  CM  TMENT F	$\rightarrow$	Denied	Date 07	1/29/2016			
	□ Aļ	oproved		l Denied					
Director or Design	nee Signature	•			Date				



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Employee	Social Security Number	Last Na	me		First 1	First Name			Middle	e Name		
Identification		Chinca	nchan		Davi	d						
**Job Change Reasons Check ONE Only	01 New Hire 02 Promotion 03 Demotion 04 Status Change 05 Transfer 06 Reassignment 07 Salary Adjustment 08 Temporary Adjustmer 09 Skill-Based Increase 10 Longevity Increase **If positions reporting relations	11 Market-Based Increase					03 Ter 04 Ter 05 Reti 06 Wo 07 Dec	y Manage igned igned N minated minated ired rk Completessed	r Approva  lo Rehire*  No Rehir	l		
Job Information	Department						Work Ph		xt.			
Enter	41G010 Mayor An	d Council	r en				978-215	1		_		
Changes On Line										[		
Below Current	Position Number	Title		,					g Level			
Information	100612	City Council 1	Exec Assistant					01	Worker			
*	Hourly Rate S	Salary Grade Si	tep Work	Neek 1	Employee	Class					Exempt	•
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System	Job Status		Job Begin	Job En	nd	Previous	Action				Effectiv	e
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Comments	Leave of Abgence, 8/1/16: - 11/16.											
Approvals	Department Liaison  Department Department	N <del>O</del> S	Date Date	6			ensation/En iman Resou					Date Date
	Releasing Department (for Trans	sfers)	Date	<b>-</b>	<u>c</u>	ity Manage	n/Other					Date

OF A	·	City of	Austin	LEAVE REQI	JEST				
	Employee Name (las	t, first, MI)	Chincanchan, David						
	Employee ID (as required by de	epartment)							
ON BED 111	Dep	artment	Mayor a	and Council					
	Department Section/World	( Group							
	I request leave as s	pecified i	by the ap	propriate code	below.				
Leave Codes: asterisk (*) indicates that certification or documentation may be required  ADL Administrative Leave EVU Exception Vacation Used (old) SCK Sick Leave *  ARL Administrative Recognition Leave HPF Personal Holiday FMLA SKF Sick Leave FMLA*  CRT Court Leave * HPU Personal Holiday Used VCF Vacation Leave FMLA*  CTU Compensatory Time Used LWF Leave Without Pay FMLA VCU Vacation Leave *  E2U Exception Vacation 2 Used LWP Leave Without Pay  EMG Emergency Leave * MIL Military Leave *									
Type of Leave (code)	Number of Hours (0.25, 0.50, 0.75, or full hours only)	From (mm/d	Date: d/yyyy)	To Date: (mm/dd/yyyy)	Beginning Time (indicate a.m./p.m.)	Ending Time (indicate a.m./p.m.)			
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Human Resources Dept Records Division

2016 AUG 25 PM 12: 25

TO:

Bryan Dore, Compensation Manager

FROM:

Ed Gilbert, Compensation Consultant

DATE:

February 29, 2016

SUBJECT: Salary Adjustment, Mayor & Council, City Council District 3 Staff

#### **Department Request:**

The Mayor & Council office is requesting a salary increase for the following staff members.

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David Chincanchan	14	59,051	51,688	52,707.20	-10.7%	2.0%
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Note: Rate of Pay was rounded up ensure employee receives at least a \$1,000 increase

#### **Department Reason:**

Councilmember Renteria is requesting a change in pay for her staff to reflect the additional work they perform.

#### **Compensation Analysis:**

Typically, salary adjustments are considered in only a few situations: retention, job enlargement, lead responsibilities, etc. However, City Council is responsible for managing their staff salary budget. Councilmember Renteria's request is within the established pay ranges for each position.

#### **Compensation Recommendation:**

Mayor & Council determine their employee's rate of pay and the proposed salary changes are within the pay range for each employee's classification. Compensation concurs with the request.

Concur Do not concur	2/29/16
Compensation Manager	Date / /
Concur / Do not concur	
Rebeua Kennedy	3/2/16
Assistant Director of Human Resources	Date
Concut/Do not condur	3/4/16
Director of Human Resources and Civil Service	Date

Gilbert, Ed

From:

Sent:

To:

Monday, February 29, 2016 10:22 AM

Gilbert, Ed

Subject:

FW: Staff Salaries

Hello Ed -

Please use this email as a formal request from CM Renteria to adjust the salaries of his two employees listed below. Please send me your recommendation.

#### Bryan Dore, CCP, PHR, SHRM-CP

Compensation Manager, HRD (512)974-3480

From: Moyer, Holly

Sent: Wednesday, February 24, 2016 10:16 AM

To: Dore, Bryan

Subject: FW: Staff Salaries

Hi Bryan,

See email request below. I was corresponding with Councilmember Renteria regarding a salary adjustment for Nick Solorzano. It was based upon the increase in duties he performs. Now I have a request for his other two staff members to receive the same increase in pay of \$1,000 annually. This request has been vetted through the budget office and he is within his budget. It is my understanding that Compensation will complete their analysis for HRD Exec/CMO review. If you have any questions, please let me know.

Thank You. Holly Moyer

From: Renteria, Sabino

Sent: Friday, February 19, 2016 4:29 PM

To: Moyer, Holly

**Subject:** RE: Staff Salaries

Thank you for sending the information over. I would like to increase the base salary for Nicholas Solorzano, David Chincanchan, and Lizette Melendez by \$1,000. I would like it to be effective as of March 2016. I believe it is within my budget, please let me know otherwise.

Thank you,

Council Member Renteria

From: Moyer, Holly

Sent: Friday, February 19, 2016 2:44 PM

**To:** Renteria, Sabino **Subject:** Staff Salaries

Councilmember Renteria.



#### Received Human Resources Dept Records Division

Prepared: Effective: Entered:

Employee	Social Security Number	Last Name TAR IU AN IU:	First Name	Middle Name
Identification		Chincanchan	David	
**Job Change Reasons Check ONE Only	02 Promotion 03 Demotion 04 Status Change 05 Transfer 06 Reassignment 707 Salary Adjustment 08 Temporary Adjustment 09 Skill-Based Increase 10 Longevity Increase	11 Market-Based Increase  12 Classification Change  13 Work Week Change  14 Leave of Absence  15 FMLA LOA  16 Military LOA  17 Suspension  18 Inactive Temporary  19 Reinstatement  22 Career Progression  iips need to be updated, please process a Pos	99 Other Job Change  20 Separation	Reason: Check ONE only quires City Manager Approval 01 Resigned 02 Resigned No Rehire* 03 Terminated 04 Terminated No Rehire* 05 Retired 06 Work Complete 07 Deceased 08 Laid-Off 09 Termination-AB 94-02
Job	Department		Work Phone/Ext.	
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	Releasing Department (for Transfers)	Date	City Manager/Other	Date



#### **MEMORANDUM**

TO:

Mark Washington, Interim Assistant City Manager

FROM:

Joya Hayes, Interim Director, Human Resources and Civil Service

DATE:

March 10, 2016

SUBJECT: Salary Adjustment, City Council District 3 Staff

Councilmember Pio Renteria requested salary adjustments for three of his staff members. His request is within the established pay ranges for each position, and should not cause internal equity issues. Because of this, I recommended approval of his request.

Attached for your review is the action report for all pay actions requested and completed by Council since the implementation of the 10-one council system.



#### MEMORANDUM

TO: Mark Washington, Interim Assistant City Manager

FROM: Joya Hayes, Interim Director, Human Resources and Civil Service

**DATE:** March 10, 2016

SUBJECT: Salary Adjustment, City Council District 3 Staff

Councilmember Pio Renteria requested salary adjustments for three of his staff members. His request is within the established pay ranges for each position, and should not cause internal equity issues. Because of this, I recommended approval of his request.

Attached for your review is the action report for all pay actions requested and completed by Council since the implementation of the 10-one council system.

#### Moyer, Holly

From:

Renteria, Sabino

Sent:

Friday, February 19, 2016 4:29 PM

To:

Moyer, Holly

Subject:

**RE: Staff Salaries** 

Follow Up Flag:

Flag for follow up

Flag Status:

Flagged

Thank you for sending the information over. I would like to increase the base salary for Nicholas Solorzano, David Chincanchan, and Lizette Melendez by \$1,000. I would like it to be effective as of March 2016. I believe it is within my budget, please let me know otherwise.

Thank you,

Council Member Renteria

From: Moyer, Holly

Sent: Friday, February 19, 2016 2:44 PM

**To:** Renteria, Sabino **Subject:** Staff Salaries

#### Councilmember Renteria,

It was nice talking with you this afternoon. Per your request, attached you will find a listing of your employees along with their salary information. I'm aware the Jason Atlas has resigned as of February 11<sup>th</sup>, but if you have a new temporary employee, please let me know.

If you would like to approve of Mr. Solorzano's salary increase of \$1,000, an email approval reply from you will be used for our documentation purposes. If you would like to consider a different salary rate, please let me know and I can run this by Lauren Brumley in the Budget Office for you.

If you have any questions, please feel free to email or call me at X43276 or my cell phone

Thank You,
Holly Moyer, CCP, PHR, SHRM-CP
Business Process Consultant
Human Resources Dept. – Quality Assurance
City of Austin
512-974-3276 (phone)
holly.moyer@austintexas.gov

This e-mail message may contain information that may be privileged, confidential, and exempt from disclosure. It is intended for use only by the person to whom it is addressed. If you have received this message in error, please do not forward or use this information in any way, delete it immediately, and contact the sender as soon as possible by the reply option or by telephone at the number listed above. Thank you



### Received Human Resources Dept Records Division

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#### Moore, Randy

From:

Willingham, Christina

Sent:

Friday, June 26, 2015 5:40 PM

To:

Moore, Randy

**Subject:** 

FW: staff pay

Can we take care of this asap Monday morning?

Christina Willingham, MS, SPHR, SHRM-SCP Human Resources Coordinator Human Resources Department City of Austin P. O. Box 1088 Austin, TX 78767 (512) 974-3474

From: Renteria, Sabino

Sent: Wednesday, June 03, 2015 5:48 PM

To: Willingham, Christina

Subject: staff pay

I would like increase Dave Chincanchan

wages by \$1,000

Thank and if you have any question just e-mail me



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Employee Identification		Chincanchan	David	
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## Additional Authorized Earnings

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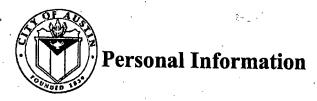
### **NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS**

COVERAGE: The City of Austin is a self-insured employer providing workers' compensation insurance to protect you in the event of work-related injury or illness. Claims for injuries or illnesses will be handled by JI Companies, Inc. 512-427-2481.

An employee or a person acting on the employee's behalf, must notify the employer of an injury or illness not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an illness, unless the Division of Workers' Compensation determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

EMPLOYEE ASSISTANCE: The Division provides free information about how to file a workers' compensation claim. Division staff will explain your rights and responsibilities under the Workers' Compensation Act and assist in resolving disputes about a claim. You can obtain this assistance by contacting your local Division field office at 512-933-1899, or by calling 1-800-252-7031.

SAFETY HOTLINE: The Division has established a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division of Workers' Health & Safety at 1-800-452-9595.



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Texas	City of Austin em	ployees are able to	choose whether or not	their home address, ho	me telephone numbers, social
Open	security number, a	nd personal famil	y information are availa	able to the public on rec	mest. The Texas Open
Records	Records Act is a S	tate law that requi	ires the City of Austin to	o reveal this informatio	n to anyone who asks for it
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