



Personnel Action

Inactive

Printed: November 12, 2019 02:57:32

Prepared: / /
 Effective: / /
 Entered: *Ben 11-13-19*

Employee Identification	Social Security Number		Last Name		First Name		Middle Name	
			Chincanchan		David			
** Job Change Reasons <i>Check ONE Only</i>	<input type="checkbox"/> 01 New Hire <input type="checkbox"/> 02 Promotion <input type="checkbox"/> 03 Demotion <input type="checkbox"/> 04 Status Change <input type="checkbox"/> 05 Transfer <input type="checkbox"/> 06 Reassignment <input type="checkbox"/> 07 Salary Adjustment <input type="checkbox"/> 08 Temporary Adjustment <input type="checkbox"/> 09 Skill-Based Increase <input checked="" type="checkbox"/> 10 Longevity Increase		<input type="checkbox"/> 11 Market-Based Increase <input type="checkbox"/> 12 Classification Change <input type="checkbox"/> 13 Work Week Change <input checked="" type="checkbox"/> 14 Leave of Absence <input type="checkbox"/> 15 FMLA LOA <input type="checkbox"/> 16 Military LOA <input type="checkbox"/> 17 Suspension <input type="checkbox"/> 18 Inactive Temporary <input type="checkbox"/> 19 Reinstatement <input type="checkbox"/> 22 Career Progression		<input type="checkbox"/> 98 Performance Pay Adj. <input type="checkbox"/> 99 Other Job Change <input type="checkbox"/> 20 Separation		Sep Reason: Check ONE only *Requires City Manager Approval <input type="checkbox"/> 01 Resigned <input type="checkbox"/> 02 Resigned -- No Rehire* <input type="checkbox"/> 03 Terminated <input type="checkbox"/> 04 Terminated -- No Rehire* <input type="checkbox"/> 05 Retired <input type="checkbox"/> 06 Work Complete <input type="checkbox"/> 07 Deceased <input type="checkbox"/> 08 Laid-Off <input type="checkbox"/> 09 Termination-AB 94-02	
	**If positions reporting relationships need to be updated, please process a Position Change Request Form.							
Job Information <i>Enter Changes On Line Below Current Information</i>	Department					Work Phone/Ext.		
	41G010 Mayor And Council					978-2151		
	Position Number		Title			Staffing Level		
	100612		City Council Exec Assistant			01 Worker		
	Hourly Rate	Salary Grade	Step	Work Week	Employee Class		FICA Exempt?	
	31.660	BB6		40	02 Standard/Exempt		<input checked="" type="checkbox"/> OASDI	
							<input checked="" type="checkbox"/> Medicare	
	Location		Labor Distribution <i>Attach Labor Distribution form for multiple labor distributions.</i>					
U40400		5150 4100 4003 100%						
System Generated Information	Job Status		Job Begin	Job End	Previous Action		Effective	
	A Active		01/06/2015		84 Across The Board Inc Load		09/29/2019	
	FTE	Base Week	Current Hire	Adjusted Service	Benefit Category		Leave Category	
	1.000	40	01/06/2015	04/21/2015	01 Standard (30+ hours)		01 Standard (40)	
Comments	Leave of Absence for Political Activity							
Approvals	Department Liaison				HRD Compensation/Employment			
	<i>[Signature]</i>							
	Date: 11-12-19				Date:			
	Department				Director, Human Resources Department			
				Date:				
Releasing Department (for Transfers)				City Manager/Other				
				Date:				




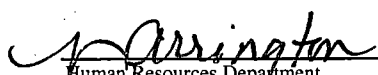

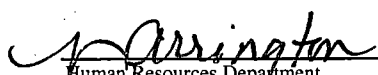

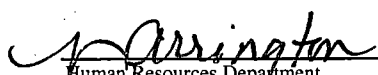
Prepared:

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Entered:

Beth 9/4/19

Additional Authorized Earnings

Employee Information	Social Security Number	Last Name	First Name	Middle Name										
		Chincanchan	David	*										
Job Information	Department	Position Number	Title											
	Mayor & Council	100612	City Council Executive Assistant											
Current Additional Earnings	Description	Code	Amount	Begin Date	End Date									
New Earnings or Amounts	Description	Code	Amount	Begin Date	End Date	Elig. Classes								
Received Human Resources Dept. Records Division 2019 SEP 12 PM 3:31		MS2												
			1,250.00	09/01/19	09/15/19									
Instructions	Enter the Begin Date for the additional authorized earnings types or allowances to be included in the employee's pay. If the amount is not predefined, enter the amount approved to be paid to the employee. If you know when the earnings are to end (e.g. allowance to be paid once only), enter the End Date of the last pay period in which the earnings should be paid. Employee Classes eligible to receive the earnings type are listed. If the employee class is not listed, the system will not accept the earnings type. Contact the HRMS Help Desk at 499-1928 with questions. Submit this form to the Human Resources Department Records Division no later than Friday, 12 p.m. before the pay period in which this action is to be effective.													
Approvals	<table><tr><td></td><td>9-4-2019</td><td></td><td>9/5/19</td></tr><tr><td>Department</td><td>Date</td><td>Human Resources Department</td><td>Date</td></tr></table>							9-4-2019		9/5/19	Department	Date	Human Resources Department	Date
	9-4-2019		9/5/19											
Department	Date	Human Resources Department	Date											



Personnel Action

Suley

Printed: June 07, 2019 10:51:52

Prepared:

/ /

Effective:

/ /

Entered:

Beth 6/10/19

Employee Identification	Social Security Number	Last Name	First Name	Middle Name
		Chincanchan	David	

** Job Change Reasons Check ONE Only	<input type="checkbox"/> 01 New Hire	<input type="checkbox"/> 11 Market-Based Increase	<input type="checkbox"/> 98 Performance Pay Adj.	Sep Reason: Check ONE only *Requires City Manager Approval
	<input type="checkbox"/> 02 Promotion	<input type="checkbox"/> 12 Classification Change	<input type="checkbox"/> 99 Other Job Change	
	<input type="checkbox"/> 03 Demotion	<input type="checkbox"/> 13 Work Week Change	<input type="checkbox"/> 20 Separation	<input type="checkbox"/> 01 Resigned
	<input type="checkbox"/> 04 Status Change	<input type="checkbox"/> 14 Leave of Absence		<input type="checkbox"/> 02 Resigned -- No Rehire*
	<input type="checkbox"/> 05 Transfer	<input type="checkbox"/> 15 FMLA LOA		<input type="checkbox"/> 03 Terminated
	<input type="checkbox"/> 06 Reassignment	<input type="checkbox"/> 16 Military LOA		<input type="checkbox"/> 04 Terminated -- No Rehire*
	<input checked="" type="checkbox"/> 07 Salary Adjustment	<input type="checkbox"/> 17 Suspension		<input type="checkbox"/> 05 Retired
	<input type="checkbox"/> 08 Temporary Adjustment	<input type="checkbox"/> 18 Inactive Temporary		<input type="checkbox"/> 06 Work Complete
	<input type="checkbox"/> 09 Skill-Based Increase	<input type="checkbox"/> 19 Reinstatement		<input type="checkbox"/> 07 Deceased
	<input type="checkbox"/> 10 Longevity Increase	<input type="checkbox"/> 22 Career Progression		<input type="checkbox"/> 08 Laid-Off
				<input type="checkbox"/> 09 Termination-AB 94-02

RECEIVED
EPAT-ENIRV BY DEPT

**If positions reporting relationships need to be updated, please process a Position Change Request Form.

Job Information Enter Changes On Line Below Current Information	Department		Work Phone/Ext.						
	41G010	Mayor And Council	978-2151						
	Position Number	Title	Staffing Level						
	100612	City Council Exec Assistant	01 Worker						
	Hourly Rate	Salary Grade	Step	Work Week	Employee Class	FICA Exempt?			
	30.310	BB6		40	02 Standard/Exempt	<input type="checkbox"/> OASDI			
	30.89					<input type="checkbox"/> Medicare			
	Location	Labor Distribution <i>Attach Labor Distribution form for multiple labor distributions.</i>							
	U40400	5150	4100	4003	100%				
		Fund	Dept	Unit	SubUnit	Activity	Function	Rptg	Percent
									%

System Generated Information	Job Status		Job Begin	Job End	Previous Action	Effective
	A	Active	01/06/2015		84 Across The Board Inc Load	09/30/2018
	FTE	Base Week	Current Hire	Adjusted Service	Benefit Category	Leave Category
	1.000	40	01/06/2015	04/21/2015	01 Standard (30+ hours)	01 Standard (40)

Comments	

Approvals	Department Liaison	Date	HRD Compensation/Employment	Date
	<i>Suley</i>			
	Department	Date	Director, Human Resources Department	Date
	Releasing Department (for Transfers)	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



Received
Human Resources Dept
Records Division

Prepared:



/ /

Entered:

9-7-180m

Additional Authorized Earnings

2018 SEP -7 AM 8: 24

Employee Identification	Social Security Number	Last Name		First Name	Middle Name	
		Chincanchan		David		
Job Information	Department	Position Number		Title		
	4 1	1 0 0 6 1 2		City Council Exec Asst		
Current Additional Earnings	Description	Code	Amount	Begin Date	End Date	
				/ /	/ /	
New Earnings or Amounts	Description	Code	Amount	Begin Date	End Date	Elig. Classes
	Incentive Pay	MS2	7 5 0 . 0 0	0 9 / 0 2 / 1 8	0 9 / 1 6 / 1 8	
			/ /	/ /	/ /	
			/ /	/ /	/ /	
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			/ /	/ /	/ /	
Instructions	<p>Enter the Begin Date for the additional authorized earnings types or allowances to be included in the employee's pay. If the amount is not predefined, enter the amount approved to be paid to the employee. If you know when the earnings are to end (e.g., allowance to be paid once only), enter the End Date of the last pay period in which the earnings should be paid. Employee Classes eligible to receive the earnings type are listed. If the employee class is not listed, the system will not accept the earnings type. Contact the HRIS Help Desk at 512-974-2097 with questions.</p> <p>Submit this form to the Human Resources Department Records Division no later than Friday, 12.00 p.m. before the pay period in which this action is to be effective.</p>					
Approvals	<div><div> Department</div><div><div>9.4.18</div><div>Date</div></div><div><div> Human Resources Department</div><div><div>9/7/18</div><div>Date</div></div></div></div>					



Personnel Action

Printed: October 03, 2017 03:54:10

Prepared:

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Effective:

10	01	17
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Entered:

Ben 10/5/17		
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Employee Identification	Social Security Number	Last Name	First Name	Middle Name
		Chincanchan	David	

** Job Change Reasons Check ONE Only	<input type="checkbox"/> 01 New Hire	<input type="checkbox"/> 11 Market-Based Increase	<input type="checkbox"/> 98 Performance Pay Adj.	Sep Reason: Check ONE only *Requires City Manager Approval
	<input type="checkbox"/> 02 Promotion	<input type="checkbox"/> 12 Classification Change	<input type="checkbox"/> 99 Other Job Change	
	<input type="checkbox"/> 03 Demotion	<input type="checkbox"/> 13 Work Week Change	<input type="checkbox"/> 20 Separation	<input type="checkbox"/> 01 Resigned
	<input type="checkbox"/> 04 Status Change	<input type="checkbox"/> 14 Leave of Absence		<input type="checkbox"/> 02 Resigned -- No Rehire*
	<input type="checkbox"/> 05 Transfer	<input type="checkbox"/> 15 FMLA LOA		<input type="checkbox"/> 03 Terminated
	<input type="checkbox"/> 06 Reassignment	<input type="checkbox"/> 16 Military LOA		<input type="checkbox"/> 04 Terminated -- No Rehire*
	<input checked="" type="checkbox"/> 07 Salary Adjustment	<input type="checkbox"/> 17 Suspension		<input type="checkbox"/> 05 Retired
	<input type="checkbox"/> 08 Temporary Adjustment	<input type="checkbox"/> 18 Inactive Temporary		<input type="checkbox"/> 06 Work Complete
	<input type="checkbox"/> 09 Skill-Based Increase	<input type="checkbox"/> 19 Reinstatement		<input type="checkbox"/> 07 Deceased
	<input type="checkbox"/> 10 Longevity Increase	<input type="checkbox"/> 22 Career Progression		<input type="checkbox"/> 08 Laid-Off
				<input type="checkbox"/> 09 Termination-AB 94-02

RECEIVED
OCT 11 2017
EPAF ENTRY
BY DEPT

**If positions reporting relationships need to be updated, please process a Position Change Request Form.

Job Information Enter Changes On Line Below Current Information	Department		Work Phone/Ext.					
	41G010	Mayor And Council	978-2151					
	Position Number	Title	Staffing Level					
	100612	City Council Exec Assistant	01 Worker					
	Hourly Rate	Salary Grade	Step	Work Week	Employee Class	FICA Exempt?		
	27.330	BB6		40	02 Standard/Exempt	<input checked="" type="checkbox"/> OASDI		
	28.85					<input checked="" type="checkbox"/> Medicare		
	Location	Labor Distribution <small>Attach Labor Distribution form for multiple labor distributions.</small>						
U40400	5150	4100	4003	100%				
					%			
	Fund	Dept	Unit	SubUnit	Activity	Function	Rptg	Percent

System Generated Information	Job Status		Job Begin	Job End	Previous Action	Effective
	A	Active	01/06/2015		07 Salary Adjustment	04/16/2017
	FTE	Base Week	Current Hire	Adjusted Service	Benefit Category	Leave Category
	1.000	40	01/06/2015	04/21/2015	01 Standard (30+ hours)	01 Standard (40)

Comments	Adjustment Per CM Centers
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Approvals	 Department Liaison _____ Date _____		HRD Compensation/Employment _____ Date _____	
	Department _____ Date _____		Director, Human Resources Department _____ Date _____	
	Releasing Department (for Transfers) _____ Date _____		City Manager/Other _____ Date _____	



Personnel Action

Salady ✓

Printed: April 18, 2017 08:29:58

Prepared:

Effective:

Entered:

04	16	17			
Behn 4/11/17					

Employee Identification	Social Security Number	Last Name	First Name	Middle Name				
		Chincanchan	David					
** Job Change Reasons Check ONE Only	<div><div><input type="checkbox"/> 01 New Hire <input type="checkbox"/> 02 Promotion <input type="checkbox"/> 03 Demotion <input type="checkbox"/> 04 Status Change <input type="checkbox"/> 05 Transfer <input checked="" type="checkbox"/> 06 Reassignment <input type="checkbox"/> 07 Salary Adjustment <input type="checkbox"/> 08 Temporary Adjustment <input type="checkbox"/> 09 Skill-Based Increase <input type="checkbox"/> 10 Longevity Increase</div><div><input type="checkbox"/> 11 Market-Based Increase <input type="checkbox"/> 12 Classification Change <input type="checkbox"/> 13 Work Week Change <input type="checkbox"/> 14 Leave of Absence <input type="checkbox"/> 15 FMLA LOA <input type="checkbox"/> 16 Military LOA <input type="checkbox"/> 17 Suspension <input type="checkbox"/> 18 Inactive Temporary <input type="checkbox"/> 19 Reinstatement <input type="checkbox"/> 22 Career Progression</div><div><input type="checkbox"/> 98 Performance Pay Adj. <input type="checkbox"/> 99 Other Job Change <input type="checkbox"/> 20 Separation</div><div>Sep Reason: Check ONE only *Requires City Manager Approval <input type="checkbox"/> 01 Resigned <input type="checkbox"/> 02 Resigned -- No Rehire* <input type="checkbox"/> 03 Terminated <input type="checkbox"/> 04 Terminated -- No Rehire* <input type="checkbox"/> 05 Retired <input type="checkbox"/> 06 Work Complete <input type="checkbox"/> 07 Deceased <input type="checkbox"/> 08 Laid-Off <input type="checkbox"/> 09 Termination-AB 94-02</div></div> <div>RECEIVED MAY 11 REC'D EPAFENTRY BY DEPT.</div> <p>**If positions reporting relationships need to be updated, please process a Position Change Request Form.</p>							
Job Information Enter Changes On Line Below Current Information	Department		Work Phone/Ext.					
	41G010 Mayor And Council		978-2151					
	<input type="text"/>		<input type="text"/>					
	Position Number	Title	Staffing Level					
	100612	City Council Exec Assistant	01 Worker					
	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Hourly Rate	Salary Grade	Step	Work Week	Employee Class	FICA Exempt?		
	25.890	BB6		40	02 Standard/Exempt	<input checked="" type="checkbox"/> OASDI		
	27.33					<input checked="" type="checkbox"/> Medicare		
	Location	Labor Distribution Attach Labor Distribution form for multiple labor distributions.						
	U40400	5150	4100	4003		100%		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Fund	Dept	Unit	SubUnit	Activity	Function	Rptg	Percent
								%
System Generated Information	Job Status		Job Begin	Job End	Previous Action		Effective	
	A Active		01/06/2015		82 Pay for Performance Load		12/11/2016	
	FTE	Base Week	Current Hire	Adjusted Service	Benefit Category		Leave Category	
	1.000	40	01/06/2015	.04/21/2015	01 Standard (30+ hours)		01 Standard (40)	
Comments	Per CM Penneria							
Approvals	<div><div></div><div>Department Liaison _____ Date _____</div><div>HRD Compensation/Employment _____ Date _____</div><div>Director, Human Resources Department _____ Date _____</div><div>Releasing Department (for Transfers) _____ Date _____</div><div>City Manager/Other _____ Date _____</div></div>							

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



Personnel Action

Printed: November 16, 2016 11:37:11

Prepared:

/ /

Effective:

/ /

Entered:

Employee Identification	Social Security Number	Last Name	First Name	Middle Name
		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
☐ 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
☐ 98 Performance Pay Adj.
☐ 99 Other Job Change
☐ 20 Separation

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

RECEIVED
NOV 21 2016
EPAF ENTRY BY DEPT.

****If positions reporting relationships need to be updated, please process a Position Change Request Form.**



City of Austin LEAVE REQUEST

Employee Name (last, first, MI) Chincanchan, David

Employee ID (as required by department)

Department Mayor and Council

Department Section/Work Group

I request leave as specified by the appropriate 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 Date: (mm/dd/yyyy)	To Date: (mm/dd/yyyy)	Beginning Time (indicate a.m./p.m.)	Ending Time (indicate a.m./p.m.)
LWP		08/01/2016	11/11/2016		

Reason or Explanation

Required for Vacation Leave for Family and Medical Leave (FMLA) qualifying events, and for Sick, Emergency, or Leave Without Pay requests.

FMLA Qualifying Event
(Check any that may apply)

- ☐ Your own serious health condition.
☐ Serious health condition of your spouse, child or parent
☐ Birth or adoption of a child.

If you are absent five or more days due to illness or injury, you are required to bring a return to work release.
Attach other required documentation as applicable, such as military orders, jury service certification, etc.

I hereby certify that the above information is true and correct.

Employee Signature

David Chincanchan

Date

07/29/2016

SUPERVISOR REVIEW

☒ Approved ☐ Denied

Supervisor Signature

Sahar K...

Date

07/29/2016

DEPARTMENT REVIEW, if required

☐ Approved ☐ Denied

Director or Designee Signature

Date



Personnel Action

Printed: August 04, 2016 05:40:42

Prepared:

Effective:

Entered:

08	01	16			
8/8/16					

Employee Identification	Social Security Number	Last Name	First Name	Middle Name
		Chincanchan	David	

**Job Change Reasons <i>Check ONE Only</i>	<input type="checkbox"/> 01 New Hire	<input type="checkbox"/> 11 Market-Based Increase	<input type="checkbox"/> 98 Performance Pay Adj.	Sep Reason: Check ONE only <i>*Requires City Manager Approval</i>
	<input type="checkbox"/> 02 Promotion	<input type="checkbox"/> 12 Classification Change	<input type="checkbox"/> 99 Other Job Change	
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	<input type="checkbox"/> 04 Status Change	<input checked="" type="checkbox"/> 14 Leave of Absence		
	<input type="checkbox"/> 05 Transfer	<input type="checkbox"/> 15 FMLA LOA		<input type="checkbox"/> 01 Resigned
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	<input type="checkbox"/> 07 Salary Adjustment	<input type="checkbox"/> 17 Suspension		<input type="checkbox"/> 03 Terminated
	<input type="checkbox"/> 08 Temporary Adjustment	<input type="checkbox"/> 18 Inactive Temporary		<input type="checkbox"/> 04 Terminated -- No Rehire*
	<input type="checkbox"/> 09 Skill-Based Increase	<input type="checkbox"/> 19 Reinstatement		<input type="checkbox"/> 05 Retired
	<input type="checkbox"/> 10 Longevity Increase	<input type="checkbox"/> 22 Career Progression		<input type="checkbox"/> 06 Work Complete
				<input type="checkbox"/> 07 Deceased
				<input type="checkbox"/> 08 Laid-Off
				<input type="checkbox"/> 09 Termination-AB 94-02

****If positions reporting relationships need to be updated, please process a Position Change Request Form.**

Job Information <i>Enter Changes On Line Below Current Information</i>	Department		Work Phone/Ext.					
	41G010 Mayor And Council		978-2151					
	Position Number	Title	Staffing Level					
	100612	City Council Exec Assistant	01 Worker					
	Hourly Rate	Salary Grade	Step	Work Week	Employee Class	FICA Exempt?		
	25.090	BB6		40	02 Standard/Exempt	<input type="checkbox"/> OASDI		
						<input type="checkbox"/> Medicare		
	Location	Labor Distribution <i>Attach Labor Distribution form for multiple labor distributions.</i>						
U40400	5150	4100	4003	100%				
					%			
	<i>Fund</i>	<i>Dept</i>	<i>Unit</i>	<i>SubUnit</i>	<i>Activity</i>	<i>Function</i>	<i>Rptg</i>	<i>Percent</i>

System Generated Information	Job Status		Job Begin	Job End	Previous Action	Effective
	A Active		01/06/2015		07 Salary Adjustment	03/06/2016
	FTE	Base Week	Current Hire	Adjusted Service	Benefit Category	Leave Category
	1.000	40	01/06/2015	01/06/2015	01 Standard (30+ hours)	01 Standard (40)

Comments		
	leave of Absence, 8/1/16 -> 11/11/16.	

Approvals	[Signature] 8/3/16 Department Liaison Date		HRD Compensation/Employment Date	
	[Signature] Department Date		Director, Human Resources Department Date	
	Releasing Department (for Transfers) Date		City Manager/Other Date	



City of Austin LEAVE REQUEST

Employee Name (last, first, MI) Chincanchan, David

Employee ID (as required by department)

Department Mayor and Council

Department Section/Work Group

I request leave as specified by the appropriate code below.

Leave Codes: asterisk (*) indicates that certification or documentation may be required

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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 Date: (mm/dd/yyyy)	To Date: (mm/dd/yyyy)	Beginning Time (indicate a.m./p.m.)	Ending Time (indicate a.m./p.m.)
LWP		08/01/2016	11/11/2016		

Reason or Explanation

Required for Vacation Leave for Family and Medical Leave (FMLA) qualifying events, and for Sick, Emergency, or Leave Without Pay requests.

FMLA Qualifying Event
(Check any that may apply)

- ☐ Your own serious health condition.
☐ Serious health condition of your spouse, child or parent
☐ Birth or adoption of a child.

If you are absent five or more days due to illness or injury, you are required to bring a return to work release.
Attach other required documentation as applicable, such as military orders, jury service certification, etc.

I hereby certify that the above information is true and correct.

Employee Signature

David Chincanchan

Date

07/29/2016

SUPERVISOR REVIEW

☒ Approved ☐ Denied

Supervisor Signature

Sabri

Date

07/29/2016

DEPARTMENT REVIEW, if required

☐ Approved ☐ Denied

Director or Designee Signature

Date



Received
Human Resources Dept
Records Division

2016 AUG 25 PM 12: 25

MEMORANDUM

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.

Name	Current Pay/Grade	PG Mid-Point	Current Pay	Proposed Pay/Rate	% Above Mid-Point	% Above Current Pay
David Chincanchan	14	59,051	51,688	52,707.20	-10.7%	2.0%

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.**

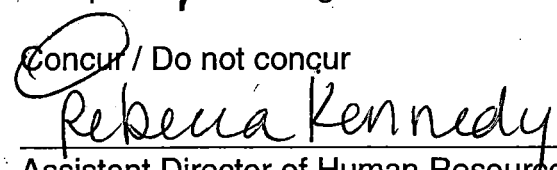
☒ Concur ☐ Do not concur


Compensation Manager

Date

2/29/16

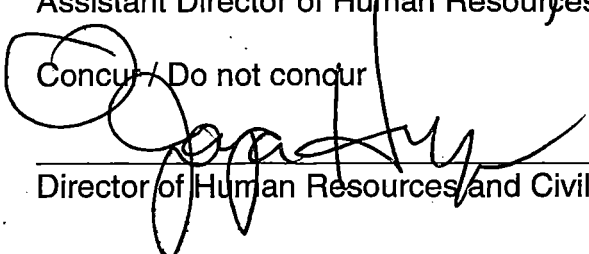
☒ Concur ☐ Do not concur


Assistant Director of Human Resources

Date

3/2/16

☒ Concur ☐ Do not concur


Director of Human Resources and Civil Service

Date

3/4/16

Gilbert, Ed

From: Dore, Bryan
Sent: Monday, February 29, 2016 10:22 AM
To: 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

Printed: March 10, 2016 09:22:23

Prepared:

03/10/16

Effective:

03/06/14

Entered:

3/10/16 CW

Employee Identification	Social Security Number	Last Name		First Name	Middle Name
		Chincanchan		David	
**Job Change Reasons Check ONE Only	<div><div><input type="checkbox"/> 01 New Hire <input type="checkbox"/> 02 Promotion <input type="checkbox"/> 03 Demotion <input type="checkbox"/> 04 Status Change <input type="checkbox"/> 05 Transfer <input type="checkbox"/> 06 Reassignment <input checked="" type="checkbox"/> 07 Salary Adjustment <input type="checkbox"/> 08 Temporary Adjustment <input type="checkbox"/> 09 Skill-Based Increase <input type="checkbox"/> 10 Longevity Increase</div><div><input type="checkbox"/> 11 Market-Based Increase <input type="checkbox"/> 12 Classification Change <input type="checkbox"/> 13 Work Week Change <input type="checkbox"/> 14 Leave of Absence <input type="checkbox"/> 15 FMLA LOA <input type="checkbox"/> 16 Military LOA <input type="checkbox"/> 17 Suspension <input type="checkbox"/> 18 Inactive Temporary <input type="checkbox"/> 19 Reinstatement <input type="checkbox"/> 22 Career Progression</div><div><input type="checkbox"/> 98 Performance Pay Adj. <input type="checkbox"/> 99 Other Job Change <input type="checkbox"/> 20 Separation</div><div>Sep Reason: Check ONE only *Requires City Manager Approval <input type="checkbox"/> 01 Resigned <input type="checkbox"/> 02 Resigned -- No Rehire* <input type="checkbox"/> 03 Terminated <input type="checkbox"/> 04 Terminated -- No Rehire* <input type="checkbox"/> 05 Retired <input type="checkbox"/> 06 Work Complete <input type="checkbox"/> 07 Deceased <input type="checkbox"/> 08 Laid-Off <input type="checkbox"/> 09 Termination-AB 94-02</div></div>				
	**If positions reporting relationships need to be updated, please process a Position Change Request Form.				
Job Information Enter Changes On Line Below Current Information	Department			Work Phone/Ext.	
	41G010 Mayor And Council			978-2151	
Position Number	Title			Staffing Level	
	100612 City Council Exec Assistant			01 Worker	
Hourly Rate	Salary Grade	Step	Work Week	Employee Class	FICA Exempt?
24.850	BB6		40	02 Standard/Exempt	<input type="checkbox"/> N OASDI
25.09					<input type="checkbox"/> N Medicare
Location	Labor Distribution Attach Labor Distribution form for multiple labor distributions.				
U40400	5150	4100	4003	100%	
	Fund	Dept	Unit	SubUnit	Activity
				Function	Rptg
					Percent
System Generated Information	Job Status		Job Begin	Job End	Previous Action
	A Active		01/06/2015		84 Across The Board Inc Load
FTE	Base Week	Current Hire	Adjusted Service	Benefit Category	Leave Category
1.000	40	01/06/2015	01/06/2015	01 Standard (30+ hours)	01 Standard (40)
Comments	\$1,000 annual increase \$1000/2080 hrs = \$0.48 hr increase \$24.85 + \$0.48 = \$25.09				
Approvals	Department Liaison		Date		HRD Compensation/Employment
	Date		Date		Date
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 11th, 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 [REDACTED]

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

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Personnel Action

Received
Human Resources Dept
Records Division

Prepared:

Effective:

Entered:

Printed: June 29, 2015 12:18:17

05	31	15			
6/30/15 DM					

Employee Identification	Social Security Number	Last Name		First Name		Middle Name					
		Chincanchan		David							
**Job Change Reasons	<div>Check ONE Only</div> <div><div><input type="checkbox"/> 01 New Hire</div><div><input type="checkbox"/> 02 Promotion</div><div><input type="checkbox"/> 03 Demotion</div><div><input type="checkbox"/> 04 Status Change</div><div><input type="checkbox"/> 05 Transfer</div><div><input type="checkbox"/> 06 Reassignment</div><div><input checked="" type="checkbox"/> 07 Salary Adjustment</div><div><input type="checkbox"/> 08 Temporary Adjustment</div><div><input type="checkbox"/> 09 Skill-Based Increase</div><div><input type="checkbox"/> 10 Longevity Increase</div></div> <div><div><input type="checkbox"/> 11 Market-Based Increase</div><div><input type="checkbox"/> 12 Classification Change</div><div><input type="checkbox"/> 13 Work Week Change</div><div><input type="checkbox"/> 14 Leave of Absence</div><div><input type="checkbox"/> 15 FMLA LOA</div><div><input type="checkbox"/> 16 Military LOA</div><div><input type="checkbox"/> 17 Suspension</div><div><input type="checkbox"/> 18 Inactive Temporary</div><div><input type="checkbox"/> 19 Reinstatement</div><div><input type="checkbox"/> 22 Career Progression</div></div> <div><div><input type="checkbox"/> 98 Performance Pay Adj.</div><div><input type="checkbox"/> 99 Other Job Change</div><div><input type="checkbox"/> 20 Separation</div></div>										

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

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



Personnel Action

Printed: January 13, 2015 04:37:18

Prepared: / / Effective: / / Entered:

Employee Identification	Social Security Number		Last Name		First Name		Middle Name					
	<input type="text"/>		Chincanchan		David							
** Job Change Reasons Check ONE Only	<input type="checkbox"/> 01 New Hire		<input type="checkbox"/> 11 Market-Based Increase		<input type="checkbox"/> 98 Performance Pay Adj.		Sep Reason: Check ONE only *Requires City Manager Approval					
	<input type="checkbox"/> 02 Promotion		<input type="checkbox"/> 12 Classification Change		<input type="checkbox"/> 99 Other Job Change		<input type="checkbox"/> 01 Resigned					
	<input type="checkbox"/> 03 Demotion		<input type="checkbox"/> 13 Work Week Change		<input type="checkbox"/> 20 Separation		<input type="checkbox"/> 02 Resigned -- No Rehire*					
	<input type="checkbox"/> 04 Status Change		<input type="checkbox"/> 14 Leave of Absence				<input type="checkbox"/> 03 Terminated					
	<input type="checkbox"/> 05 Transfer		<input type="checkbox"/> 15 FMLA LOA				<input type="checkbox"/> 04 Terminated -- No Rehire*					
	<input type="checkbox"/> 06 Reassignment		<input type="checkbox"/> 16 Military LOA				<input type="checkbox"/> 05 Retired					
	<input type="checkbox"/> 07 Salary Adjustment		<input type="checkbox"/> 17 Suspension				<input type="checkbox"/> 06 Work Complete					
	<input type="checkbox"/> 08 Temporary Adjustment		<input type="checkbox"/> 18 Inactive Temporary				<input type="checkbox"/> 07 Deceased					
	<input type="checkbox"/> 09 Skill-Based Increase		<input type="checkbox"/> 19 Reinstatement				<input type="checkbox"/> 08 Laid-Off					
	<input type="checkbox"/> 10 Longevity Increase		<input type="checkbox"/> 22 Career Progression				<input type="checkbox"/> 09 Termination-AB 94-02					
	**If positions reporting relationships need to be updated, please process a Position Change Request Form.											
	Job Information Enter Changes On Line Below Current Information	Department				Work Phone/Ext.						
41G010 Mayor And Council				- ✓								
<input type="text"/>				<input type="text"/>								
Position Number		Title		Staffing Level								
100612		City Council Exec Assistant		01 Worker								
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>						
Hourly Rate		Salary Grade		Step		FICA Exempt?						
23.640 ✓		BB6				<input type="checkbox"/> N OASDI						
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="checkbox"/> N Medicare						
Location		Labor Distribution Attach Labor Distribution form for multiple labor distributions.										
U40400		5150 4100 4103 100%										
<input type="text"/>		<input type="text"/> %										
System Generated Information	Job Status		Job Begin		Job End		Previous Action		Effective			
	A Active		01/06/2015				01 New Hire		01/06/2015			
	FTE		Base Week		Current Hire		Adjusted Service		Benefit Category		Leave Category	
	1.000		40		01/06/2015 ✓		01/06/2015		01 Standard (30+ hours)		01 Standard (40)	
Comments												
Approvals												
	Department Liaison					HRD Compensation/Employment					Date	
	Department					Director, Human Resources Department					Date	
	Releasing Department (for Transfers)					City Manager/Other					Date	



PRIOR COA
EMPLOYEE

Personnel Action

Printed: March 16, 2009 01:47:55

Created: / /
Effective: 01/06/15
Entered: 001/7/15

Employee Identification	Social Security Number	Last Name	First Name	Middle Name		
		Chincanchar	David			
Job Change Reasons Check ONE Only	<div><input checked="" type="checkbox"/> 01 New Hire <input type="checkbox"/> 02 Promotion <input type="checkbox"/> 03 Demotion <input type="checkbox"/> 04 Status Change <input type="checkbox"/> 05 Transfer <input type="checkbox"/> 06 Reassignment <input type="checkbox"/> 07 Salary Adjustment <input type="checkbox"/> 08 Temporary Adjustment <input type="checkbox"/> 09 Skill-Based Increase <input type="checkbox"/> 10 Longevity Increase</div> <div><input type="checkbox"/> 11 Market-Base Increase <input type="checkbox"/> 12 Classification Change <input type="checkbox"/> 13 Work Week Change <input type="checkbox"/> 14 Leave of Absence <input type="checkbox"/> 15 FMLA LOA <input type="checkbox"/> 16 Military LOA <input type="checkbox"/> 17 Suspension <input type="checkbox"/> 18 Inactive Temporary <input type="checkbox"/> 19 Reinstatement <input type="checkbox"/> 98 Performance Pay Adjustment</div> <div><input type="checkbox"/> 99 Other Job Change <input type="checkbox"/> 20 Separation Reason: <input type="checkbox"/> 01 Resigned <input type="checkbox"/> 02 Resigned -- No Rehire* <input type="checkbox"/> 03 Terminated <input type="checkbox"/> 04 Terminated -- No Rehire* <input type="checkbox"/> 05 Retired <input type="checkbox"/> 06 Work Complete <input type="checkbox"/> 07 Deceased <input type="checkbox"/> 08 Laid-Off *Requires City Manager Approval</div>					
Job Information Enter Changes On Line Below Current Information	Department		Work Phone/Ext.			
	419010 Mayor and Council					
	Position Number	Title	Staffing Level			
	100612	City Council Exe Asst.	01 worker			
	Hourly Rate	Salary Grade	Step	Work Week		
	23.64 pda					
	25.60	BB6		40		
				02 Standard/Exempt		
	Location	Labor Distribution	Attach Labor Distribution form for multiple labor distributions.			
	440400	5150 4100 4103	100%			
		Fund Dept Unit SubUnit Activity Function Rptg Percent				
System Generated Information	Job Status	Job Begin	Job End	Previous Action	Effective	
	FTE	Base Week	Current Hire	Adjusted Service	Benefit Category	Leave Category
Comments						
Approvals	<div><div>Randy Choore 1/7/15 Department Liaison Date</div><div>Judy Wallon 1/8/15 HRD Compensation/Employment Date</div><div>_____ Department Date</div><div>_____ Director, Human Resources Department Date</div><div>_____ Releasing Department (for Transfers) Date</div><div>_____ City Manager/Other Date</div></div>					

[illegible]

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 Jl 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.

David Chincannon

Employee's Printed Name

12/31/2014

Date



Personal Information

Printed: January 9, 2009 8:19:8

Effective:

01/06/15

Entered

Employee	Social Security Number		Last Name		First Name		Middle Name	
			Chincanhan		David			
	Name Prefix		Name Suffix		Date of Birth		Driver's License Number	
Permanent Address and Telephone	Street Address/P.O. box							
	City		State		Zip Code		Phone Number	
Emergency Contact	Last Name		First Name		MI		Relationship	
	Street Address/P.O. box		City		State		Zip Code	
Military Status	Are you a U.S. Military Reservist or Veteran <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	<input type="checkbox"/> Reserve Air Force		<input type="checkbox"/> Reserve Marines		<input type="checkbox"/> Veteran Air Force		<input type="checkbox"/> Veteran Marines	
Texas Open Records Act	<input type="checkbox"/> Reserve Army		<input type="checkbox"/> Reserve Navy		<input type="checkbox"/> Veteran Army		<input type="checkbox"/> Veteran Navy	
	<input type="checkbox"/> Reserve Coast Guard		<input type="checkbox"/> Reserve National Guard		<input type="checkbox"/> Veteran Coast Guard		<input type="checkbox"/> Veteran National Guard	
	<p>City of Austin employees are able to choose whether or not their home address, home telephone numbers, social security number, and personal family information are available to the public on request. The Texas Open Records Act is a State law that requires the City of Austin to reveal this information to anyone who asks for it. The only exceptions are for: 1) commissioned peace officers; and 2) employees who file a written request to withhold this information. Employees who are not peace officers and who do not submit such a written request will have this information made available to anyone who asks for it.</p>							
	<p>Do you choose to have your home address, home telephone number, social security number and information which reveals whether you have family members, withheld <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>							
System	Employee Status		Department		Location			
Approvals	<p><i>David Chincanhan</i> 12/31/2014</p>							
	<p>Employee Date</p>							