FORT WORTH POLICE DEPARTMENT

P-106 (PRINT OR TYPE)

OFFICER ASSIGNMENT:																										
(CHECK ALL APPROPRIATE AREAS)																										
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DATE OF OCCURRENCE: 5-15-9									2_			rin			CCU	RR	ENCE:		20 3		- love A	-1				
DAY OF WEEK: (1)SUN (2)MON (3)TUE (4)WED (5)											(S)THUR		(6)FRI		(7)SA											
DAT OF THE PROPERTY OF THE PRO											- NO															
OFFICER INVOLVED																										
NAME: CB Sm. 7 LD. NUMBER: COMMISSION DATE: YEARS/MONTHS OF SERVICE: 7-5-86 Syrs - 8 marth																										
NAME: C.B. SM. Th D. NUMBER: 2214												4		9	- 3	-86			-	_						
				AGE:			1)WHIT	E	k	(2)BL	ACK		7	(3)HISPA	NIC		(4)OTHER	(1)MALE	3 _	(2)FEM	LE.				
DATE O	BIK	1 A:		30	•			_	١																	
VEHICLE #L (POLICE VEHICLE)																										
PODY STATE: VEHICLE LICENSE NUMBER:																										
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				(2)NO	TC.	SPEED	OF VE	DCLEI	MME	DIAT	ELY	BEF	ORE	ACCID	ENT:		5 MPH	DAM	AGE RA		The state of the state of	タハマ				
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of the second term			NTS:	(1)NONE	X_	(Z)COMP			+-	DRES	_					-	HO	Œ PHO	NE:							
WITNESS NAME:										ADDRESS.								OFFICE PHONE:								
TEGALLY PARKED: (1)YES (2)NO X SPEED OF VEHIC										LE IMMEDIATELY BEFORE ACCIDENT:								I DA	MAGE I	RATING	BC	-/				
216 INSURANCE																										
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CILI BLANKE! CO VENTION										MBE							POLICY	NUME	ER:							
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DI ACE OF OCCIDENTE	ACCIDENT OR INCIDENT
PLACE OF OCCURRENCE: 1700 Evens	Au.
IN PURSUIT: YES	NO X
DETAILS: ON Friday 5-1	15-92, Officer Cobismith
ID 2214 Working #212	at 2033 hours was Travelling
north bound in the left 7	Taffie Lone, approaching The
intersection of 900 E. All	len Av. Vehicle 2 was
Stopped it The red 5%	and light in front of Vehicle
1 Ochan Con H a linear	I do ma bum i walata
2's License plate num	ber, and Then observed a
subject come out of the	e Five star club at 1700
Evans, and glanced at	The subject, and van into
The year of wehrele 2	, causing The buck License
plate to bend on web	ber, and Then observed a e Five Star club at 1700 The Subject and ran into causing the buck License tale 2-
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ADMINIST	RATIVE SUMMARY
ADMINIST	RATIVE SUMMARY (1.) NONE
DEGREE OF NEGLIGENCE OF CITY DRIVER:	(1.) NONE
	(1.) NONE (2.) FAILED TO TAKE ADEQUATE PRECAUTIONS
DEGREE OF NEGLIGENCE OF CITY DRIVER: SUPERVISOR PRESENT:	(1.) NONE (2.) FAILED TO TAKE ADEQUATE PRECAUTIONS (3.) FAILED TO TAKE ANY PRECAUTIONS YES X NO
DEGREE OF NEGLIGENCE OF CITY DRIVER:	(1.) NONE (2.) FAILED TO TAKE ADEQUATE PRECAUTIONS (3.) FAILED TO TAKE ANY PRECAUTIONS
DEGREE OF NEGLIGENCE OF CITY DRIVER: SUPERVISOR PRESENT: 2214	(1.) NONE (2.) FAILED TO TAKE ADEQUATE PRECAUTIONS (3.) FAILED TO TAKE ANY PRECAUTIONS YES NO 5-15-92 DATE
DEGREE OF NEGLIGENCE OF CITY DRIVER: SUPERVISOR PRESENT: 27 0 SIGNATURE: DRIVER OF CITY VEHICLE	(1.) NONE (2.) FAILED TO TAKE ADEQUATE PRECAUTIONS (3.) FAILED TO TAKE ANY PRECAUTIONS YES NO 5-15-92 DATE
DEGREE OF NEGLIGENCE OF CITY DRIVER: SUPERVISOR PRESENT: 22 4 SIGNATURE: DRIVER OF CITY VEHICLE 1906	(1.) NONE (2.) FAILED TO TAKE ADEQUATE PRECAUTIONS (3.) FAILED TO TAKE ANY PRECAUTIONS YES NO 5-15-92 DATE 5-15-92 DATE
DEGREE OF NEGLIGENCE OF CITY DRIVER: SUPERVISOR PRESENT: 22 0 SIGNATURE: DRIVER OF CITY VEHICLE SIGNATURE: REPORTING SUPERVISOR	(1.) NONE (2.) FAILED TO TAKE ADEQUATE PRECAUTIONS (3.) FAILED TO TAKE ANY PRECAUTIONS YES NO 5-15-92 DATE 5-16-92 DATE 5-16-92 DATE
DEGREE OF NEGLIGENCE OF CITY DRIVER: SUPERVISOR PRESENT: 22 d. SIGNATURE: DRIVER OF CITY VEHICLE SIGNATURE: REPORTING SUPERVISOR SGT. Cutte Muse., 4/675	(1.) NONE (2.) FAILED TO TAKE ADEQUATE PRECAUTIONS (3.) FAILED TO TAKE ANY PRECAUTIONS YES NO 5-15-92 DATE 5-16-92 DATE 5-16-92 DATE
DEGREE OF NEGLIGENCE OF CITY DRIVER: SUPERVISOR PRESENT: 22 d. SIGNATURE: DRIVER OF CITY VEHICLE SIGNATURE: REPORTING SUPERVISOR SGT. Cutte Muse., 4/675	(1.) NONE (2.) FAILED TO TAKE ADEQUATE PRECAUTIONS (3.) FAILED TO TAKE ANY PRECAUTIONS YES NO 5-15-92 DATE 5-15-92 DATE
DEGREE OF NEGLIGENCE OF CITY DRIVER: SUPERVISOR PRESENT: 22 4 SIGNATURE: DRIVER OF CITY YEHICLE SIGNATURE: REPORTING SUPERVISOR SIGNATURE: PERMANENT SUPERVISOR SIGNATURE: EVISION HEAD	(1.) NONE (2.) FAILED TO TAKE ADEQUATE PRECAUTIONS (3.) FAILED TO TAKE ANY PRECAUTIONS YES NO 5-15-92 DATE 5-16-92 DATE 5-16-92 DATE
DEGREE OF NEGLIGENCE OF CITY DRIVER: SUPERVISOR PRESENT: 27 0 SIGNATURE: DRIVER OF CITY VEHICLE SIGNATURE: REPORTING SUPERVISOR SOT, Curling Musical, #1(6) S SIGNATURE: PERMANENT SUPERVISOR	(1.) NONE (2.) FAILED TO TAKE ADEQUATE PRECAUTIONS (3.) FAILED TO TAKE ANY PRECAUTIONS YES NO 5-15-92 DATE 5-16-92 DATE 5-18-92 DATE 5-19-9- DATE

NOTE: REPORTING SUPERVISOR/DRIVER IS RESPONSIBLE FOR DELIVERY OF VEHICLE TO BODY SHOP FOR ESTIMATE. DETAILED DIAGRAM MUST ACCOMPANY THIS REPORT. SUBMIT COMPLETED ORIGINAL TO FISCAL & EQUIPMENT.

Leave Credited for Hickey Lawsuit

Name	SMITH CHARLA B
Employee ID	250465

This information is being provided to you about the vacation hours you have been credited based on the settlement for the lawsuit Hickey, et al v. City of Fort Worth. Below you will see the additional hours of vacation leave, equal to the difference between the vacation time you actually received and the personal leave time accrued by a similarly tenured general employee from November 10, 1996 through November 10, 2000. Hours will be credited to you on Friday, October 24, 2003 and can be used in the next payperiod (PP23).

Hours credited for 1996	3.68
Hours credited for 1997	32
Hours credited for 1998	32
Hours credited for 1999	32
Hours credited for 2000	28.32
Total Hours credited	128
TOTAL HOULS CIECUROS	141

NEW HIRE DATA SHEET

TO ALL EMPLOYEES OF THE CITY OF FORT WORTH:

Occassionally an individual, association or corporation will request the City of Fort Worth to furnish the name, home address, telephone number, social security number, job classification and salary range of each City employee. Under state law, we must furnish your name, job classification and salary range. We believe that while some of you would not object to our revealing your home address and telephone number, others would prefer that this information not be disclosed. We will not reveal your Social Security number.

Check your preference in the section directly below. Otherwise we will assume you are authorizing us to release your address and telephone number upon request.
REVEAL MY HOME ADDRESS AND TELEPHONE NUMBER UPON REQUEST
DO NOT REVEAL MY HOME ADDRESS AND TELEPHONE NUMBER UPON REQUEST
If you have moved and have not changed your address and telephone number in your personnel file, please enter your new address and phone number below. TELEPHONE NUMBER
ADDRESS STATE ZIP CODE
And to complete your employee profile we will need the following information: WORK EXTENSION (WEXT) ACTUAL MARITAL STATUS (MARS) CIRCLE ONE:
HOME TELEPHONE NUMBER (TELE)
EMERGENCY CONTACT NAME (EMCN) RELATIONSHIP (RELA)
ACTUAL NUMBER OF DEPENDENTS - DO NOT INCLUDE YOURSELF (DEPE)
SIGNATURE OF EMPLOYEE april 3, 1986
DATE

CITY OF FORT WORTH, TEXAS



PERSONNEL DEPARTMENT 1000 THROCKMORTON STREET FORT WORTH, TEXAS 76102 870-7750/AREA CODE 817

TERMINATION CHECKS

I UNDERSIAND THAT UPON MY TERMINATION, I WILL BE RESPONSIBLE

FOR RETURNING ALL CITY PROPERTY. DEDUCTIONS FOR UNRETURNED

CITY PROPERTY WILL BE TAKEN FROM MY FINAL CHECK. THIS INCLUDES

I.D. CARDS, KEYS, ETC.

IN ADDITION, I ALSO UNDERSTAND THAT IF I AM ASSIGNED A KEY CARD WHICH ALLOWS ENTRY TO THE MUNICIPAL BUILDING, THIS CARD MUST BE TURNED IN UPON TERMINATION OR MY FINAL CHECK WILL BE WITHHELD.

I FURTHER UNDERSTAND THAT MY FINAL CHECK WILL BE MAILED TO ME BY "CERTIFIED MAIL" ON REGULAR PAYDAY FRIDAY.

Signature

april 3, 1986

Date

FULL NAME: <u>Smith</u> Ch	ARIA B. WIF
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	SOCIAL SECURITY #
DATE OF BIRTH:	
PLACE OF BIRTH: Waynok	NOK Chapper Meniorial Medical Center
EMPLOYMENT DATE:	EMPLOYEE #:
MARITAL STATUS:	
WIFE'S/HUSBAND'S NAME:	
CHILDREN (NAME AND AGES):_	NONE
IN CASE OF EMERGENCY CALL:	

35 2024 012 (Rev.)

Á.			opointmen o or Separat		<u> </u>	Chang Reque	e of Assignmen st to Fill Vacant	t Position (RVP)	i REVISED PER	RSONNEL QUOTA (RPQ)	☐ Merit Increase			
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F						\	Request to F	ill Vacant Positi	on					
1	• Funds for this	s position a	are budgete	d under	:						4-7-86 Date to be filled			
-	□ Salaries	of regular e	employees			A. C.		Not budgeted			Date to be fitted			
	If not budgete		of financing	J				with the second						
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•	Approved													
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AND 011-00

CITY OF FORT WORTH

str: Yellow - Department Pink - Personnel White - E. H. Clinic

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earphysion disputed and an extension of the control												
If you have moved and have not changed your address and telephone number in your personnel file, please enter your new address and phone number below.												
TELEPHONE NUMBER												
ADDRESS												
CITYSTATE_	ZIP CODE											
And to complete your employee profile we will	need the following information:											
WORK EXTENSION (WEXT) 870-6500												
ACTUAL MARITAL STATUS (MARS) CIRCLE ONE:												
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HOME TELEPHONE NUMBER (TELE)												
EMERGENCY CONTACT NAME (EMCN)												
RELATIONSHIP (RELA)												
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ACTUAL NUMBER OF DEPENDENTS - DO NOT INCLUDE Y	OURSELF (DEPE)											
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SIGNATURE OF	erif eo i ee											
<u> </u>	<u> Egeneral en la companya de la comp</u>											
DATE												

CITY OF FORT WORTH, TEXAS



HEIGHT-WEIGHT-VISION

PRELIMINARY CHECK

1000 THROCKMORTON STREET FORT WORTH, TEXAS 76102 870-7750/AREA CODE 817

APPLICANT	NAME	Charla	B. 5m	1+8	DATE OF BI	IRTH
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CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: Sand	ly Bearden,	Personne:	l Comp <mark>en</mark> sati	on	Ext. 77	85		
TIME CLERK:	Sandre	2 Gave	h	DEPT_	35	PHONE#	OR EX	6556
AUTHORIZED E	BY: 4.1	tacky	<i>J</i> (Mal	· Carp	ten	DATI	9/26/86
	(supervis	sor wno si	igns off on	withe T&A				, ,
EM	IPLOYEE NAME	: Char	la Beth		/ -	P # 2:		¥ , .
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CITY OF FORT WORTH, TEXAS



PERSONNEL DEPARTMENT 1000 THROCKMORTON STREET FORT WORTH, TEXAS 76102 870-7750/AREA CODE 817

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Signature

Date

1/2	Eff Date	PE	RS	SO	N	IN	E	_	EI	ИI	PL	0.	Y	E	E	C	: -	IA	11	10	ì	= ;	S	Н	E	E													
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CITY OF FORT WORTH

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CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

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CITY OF FORT WORTH
PERSONNEL EMPLOYEE CHANGE SHEET

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TO:	H. F. Hopkins, Chief of Police	
FROM:	Personnel Department	
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AFFIRMATIVE ACTION/EQUAL EMPLOYMENT SURVEY

DATE: 01-09-86		
NAME: Charla Both Smit	tk	
POSITION APPLIED FOR: Pal		
The following information is being regulations and affirmative actions and it will be separated.	tion responsibilities. This data	will be kept CON-
Qualified applicants are conside religion, sex, national origin, ag		egard to race, color,
Please CHECK ONE:Male	Female	
RACE / ETHNIC GROUP(only check one):	_HispanicOther	
AGE GROUP: under 21 yrs.	41-50 yrs.	
21-30 yrs. 31-40 yrs.	51-60 yrs. 61 yrs. and over	
HANDICAP STATUS:Yes &	No If "yes," please	explain
ARE YOU A RESIDENT OF FORT WORTH If "no," please check one: Tarrant County	Other county in Text	
Dallas County	Out of State Other	

YAP14-02		TT OF FORT WORTH ECORO OF ABSENCE FROM DUTY	01/23/87
NAME MITH CHARLA S	DEPARTMENT POLICE	EMP NO PAY GRP DEPT N 250465 110 35	D LOCATOR HIRE DATE JOB KET STEP JIOS 94-07-86 X93 A
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PYAP14-02

CITY OF FORT WORTH INDIVIOUAL RECORD OF ABSENCE FROM DUTY

01/18/89

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			, s	****	* * * * * * *		* * WITHOUT * WILLTARY	
FORWARD FROM LAST YEAR YEARS ACCRUAL		299.90 120.12		24.75		56.00	* CITY BUSIN	
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	ABSENTEE CODE		VAC	SICK		, vis.	COMP	PERS	REG	A OTHER	
300	era rananana ara	0.6.0.6	HOURS	HOURS			TIME	HOLIDAY	HOLICAY	COURTYJURY	
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ENVIRO-PORMS RECYCLED

		and the same	IVIDUAL RE	www.www.wr	DANIE LUI	are ard t e			
NAME NITH CHARLA 8	DE PA	RTMENT				NO PAY GRP	DEPT NO LOCA	TOR HIRE DATE JOB 3 05-03-86 X03	
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THE SEPTIME SEC. CO. S. LEWIS SEC. SEPTIME SEPTIME SEPTIME SERVICES.	VÁC	SIČK			COMP	PERS	REG	* OTHER * USED	
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FORWARD FROM LAST YES	IR 207.14	431.14			34.00	8.00	64.00	* CITY BUSIN	
YEARS ACCRUAL TOTAL TIME OFF DUTY	120.12 128.00	120.12			52.75	16.00	64.00	* DISCIPLINE	
BALANCE FOR YEAR	199.26	50.00 501.26			83.50	24.00	56.00 72.00	★ TRAINING ★ FAMILY	72.00 25.00
BALANCE TO NEXT YEAR	199.26	501.26			93.50		72.00		
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UN 09-17-92 V 8.00 08-8 V 9-05-95 C G G			10-16-92						
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			he family in				4.		

CITY OF FORT WORTH ENDIVIDUAL RECORD OF ABSENCE FROM DUTY

	NAME		DEP	ARTHEIT				MP NO PAY CRE	DEPT NO LOCA	TOR HIRE CATE JOB KEY STE
	H CHARLA S	0.0000000000000000000000000000000000000	POCTOR					50465 110		3 05-85-86 X03
	SENTEE COD								n -	* * * * * * * * * * * * * * * * * * *
			VAC	SIČK			COMP	PERS	REG	uSED
			HOURS	HOURS			TIME	HOL TOAY	HOLEDAY	* COURT/JURY
FUR	WARD FROM	LAST YEAR	199-26	501.26			93.90		72.00	* MILTIARY = CITY BUSIN 85.00
YEA	RS ACCRUAL		135.98	123 12			14.00	9.00	64.00	* DISCIPLINE
	AL TIME OF		128.00	26.00			33.00	8.00	24.00	* TRAINING 88.00
	ANCE FOR Y		207.24	595.38	- 47.7.7.		64.50		112.00 112.00	
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our.	05-31-93	K 3.00			19-27-93					
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FRI	08-20-93	8.00								
#ON	00-23-93	1 3.74		40.000000	W. S.					

PYAP14-03 CITY OF FORT WORTH 01/20/95
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME SHATH CHARLA B	DEPARTMENT POLICE			ERP NO 250465	(a) AL	EPT NO LUCA	TOR HERE DATE JOB KEY STEP 3 05-05-86 X03 E
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*********	HOURS HOUR			TIME HO		HBL IDAY	* TRAINING B-00 * *
FURWARD FROM LAST YEAR YEARS ACCRUAL IOTAL TIME OFF DUTY	207.24 595.3 135.98 120.1 144.00 71.0			64.50 71.50 15.00	8.00 8.00	112.00 56.00 32.00	
BALANCE AT PAYROLL 26 + * * * * * * * * * * * * DAY DATE CUDE ANI	D HOURS ABSENT *	0.10	E905 A	20.00 * * * * * NO HOURS ABS	ENT . DAY		CODE AND HOURS ABSENT
SAT 12-25-93 V 8.00 SUN 12-26-93 V 8.00	and a manager of a constitution of the constit	ED 05-18-94 E RI 05-20-94 E	4.00		FRI TUE	10-07-94	£ \$25
FRI 12-31-99 U 5-00 SAH 91-01-94 K 8-00 THU 01-95-94 E 1-50 FRI 01-07-94 E 1-50		AT 05-21-94 J RI 05-27-94 V AT 05-28-94 V UN 05-29-94 V	8.00		FRI	10-21-94 11-05-94	. 75
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OFFICIAL OATH APPOINTED OFFICERS

I, Charla B. Smith, do solemnly swear
(or affirm) that I will faithfully execute the duties of the office of Police Officer,
of the City of Fort Worth, of the State of Texas, and will to the best of my ability preserve, protect and de-
fend the Constitution and laws of the United States and of this State; and I furthermore solemnly swear
(or affirm) that I have not directly nor indirectly paid, offered, nor promised to pay, contributed, nor
promised to contribute any money or valuable thing, nor promised any public office or employment, as a
reward to secure my appointment or the confirmation thereof. So help me God. (signed) Chala B Shitter
SWORN TO AND SUBSCRIBED before me this 5th day of September,
19_86 Seylin Dloren
Notary Public in and for the State of Texas

OF Charla B. Smith AS A Police Officer for the City of Fort Worth Filed ______ day of ______ 19 ...

AN EQUAL OPPORTUNITY EMPLOYER City of Fort Worth • Personnel Department • 1000 Throckmorton • Ft. Worth, Tx. • 76102

	1011/9
Instructions: Fill in left haif of this form. Don't tear sheets apart. Sign and submit with application. Notify Personnel of any change in status.	Recruitment Division: 870-7750 Testing Division: 870-7792
Print Title of Police Offices	Job Line (24 Hours): 870-7760
How did you learn of this job opening? City Bulletin TEC Radio Station	Certification Procedure: For each vacancy the top five persons on the eligibility lists are notified for an interview. You will be notified when your ranking on the eligibility list qualifies you for
City Recruiter (Name)	certification to a vacancy. Your application: Has been ranked
Newspaper (Name)	standing on list
PRINT	Your application has been disqualified for: Education
Name: Charla Bell Smith	You were unsuccessful in placing among the top applicants for this position and will not be placed on the eligibility list.
	Examination Notice: This position requires an examination
8 Zip Code Signature	which will be given? Date: 1/4/80 Time: 8:30 9:11. Place: Personnel Testing Other 100 Calvert
	- Bring gym clothes -

AN EQUAL OPPORTUNITY EMPLOYER

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IF NOW EMPLOYE), ARE YOU	WILLING TO	HAVE YO	UR PRESENT E	MPLOYER CONT	ACTED [] YES	□ NO				

SECTION III: EMPLOYMENT RECORD

Beginning with the most recent, list below jobs held (for the last ten years) and any other experience related to the position for which you are applying. Include military and specifically describe various duties performed. Include volunteer work.

NAME OF COMPANY AND ADDRE	55	DATES EMPLOYED (MO./YR.) FROM TO	Position held Customer Service MANAGER Describe in detail the work you did, equipment operated,
WAR MART 2001	6th Alma OK	8.83 6-85	I skills employed. I RAN A CASH Register, handled
TYPE OF BUSINESS	DEPARTMENT ASSIGNED	SALARY	Refunds, exchanges, complaints, I
Retail	All	STARTING 350h RLAST 425 AR	handled cash deposits. I ordered
NAME AND TITLE OF SUPERVISOR	<u> </u>	REASON FOR LEAVING	merchandise, supervised checkers,
Ron White -r	nanager	Wanted to use	stocked shelves.
PHO	NE:	Education	
NAME OF COMPANY AND ADDRE		DATES EMPLOYED (MO./YR.)	Position held TRAINER
Beverly Enterpr	ise HARdther Ks.		Describe in detail the work you did, equipment operated,
Achenbach Learning	a Center	4-83 8-83	Assisted a tenined mentally
TYPE OF BUSINESS TRAining Center for	DEPARTMENT ASSIGNED	SALARY	l polyphol Adults in Dersonal
montally potagod would	Training	STARTING 3.50 LAST 350	hygiene a social skills
mentally Retarded adult	7	BEACON FOR LEAVING	14
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		College	
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NAME OF COMPANY AND ADDRES	•	DATES EMPLOYED (MO./YR.) FROM TO	Position held Typescher Ad Involit Describe in detail the work you did, equipment operated,
Dlowenenn 3155th	Alva AK 73717	8.81 2.83	skills employed.
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Dansonne.	Composition	STARTING 3,50 LAST 4,00 he	Inyout dark Room WORK,
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Tom Derrickso	> /\		
	4-3	help	
	one: 327-1430		18
State of CKlaho	171	DATES EMPLOYED (MO./YR.) FROM 5 - 19 TO 10 - 79 10 - 80	Position held <u>Seasonal Ranger</u> Describe in detail the work you did, equipment operated,
Villa Galage Par 1	ma Waynoka OK teen 6 73860	10-81	skills employed.
Little SAHARA ROC F	DEPARTMENT ASSIGNED	SALARY	I collected fees, enforced laws,
		Beer 300	Assisted tourists, gave first Aid,
PARKS & RECREATION		STARTING 555mo LAST & 95 me	did public Relations work, maintena
	- Superintendent	REASON FOR LEAVING SLASON ENDED	I operated A 4 wheel drive pickup
DAVIO SUIJON	and when the 11 to those 111	DEMOUSIS CHORD	4 Inter A Rescue dance buggy
PH	ONE:		A 114 LEK 11 11-11-11 ASIN
NAME OF COMPANY AND ADDRES		DATES EMPLOYED (MO./YR.)	Position held
		FROM TO	Describe in detail the work you did, equipment operated, skills employed.
TYPE OF BUSINESS	DEPARTMENT ASSIGNED	SALARY	
		STARTING LAST	
NAME AND TITLE OF SUPERVISOR		REASON FOR LEAVING	
		,	
Î PH	ONE:		

If you need more space to give a better employment history, please ask for an additional sheet.

The facts set forth above in my application for employment are true and complete. I understand that If employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history or employment record deemed necessary for employment. I understand that my social security number will be used to identify my application and to assist in retrieving information concerning previous employment.

Charle Bett Smill
Signature of Applicant

Smith, Charla B

JAN 0 4 2012

CFW INS. DEPT.

00035 0355210

Business Unit Department

October 28, 2011

Charla,

Under the Texas Public Information Act, the City of Fort Worth must furnish your personal and work-related information to anyone who requests such information. This information includes your home address, home phone number, social security number and family information, including marital status. If you have notified the City in writing that you wish to keep this information confidential, then the City can withhold this information from release.

Recently, Texas law changed to allow the City to also withhold emergency contact information from release if an employee notifies the City in writing to keep this information confidential.

Please review your current confidentiality selections below and indicate your selection on **Emergency Contact Information**. If you wish to change any of your current confidentiality selections, you will need to check the appropriate box. After making your selection, please sign, date and return this form to your department HR Coordinator no later than November 7, 2011.

IF YOU FAIL TO MAKE A SELECTION OR YOU FAIL TO RETURN THIS FORM, THE CITY WILL BE OBLIGATED TO RELEASE YOUR EMERGENCY CONTACT INFORMATION UPON REQUEST. Any current confidentiality selections will remain in effect.

I, Charla B Smith, request that the City of Fort Worth	maintain informat	ion that relates	to the
following:	Current Selection	<u>Confidential</u>	Release
Home Address Home Telephone Number Social Security Number	Confidential Confidential Confidential		
Information that reveals whether I have family	Confidential		
members		\overline{Q}	
Emergency Contact Information			
		Yes	No
When I leave the City's services, I want this request to remain in effect.	Yes	Ճ	
Employee Signature	201/1		
Employee ID # 250465 / 43	214		
Date 10-31-11			

City of Fort Worth FY 2011/2012 Compensation Plan Implementation

The following may reflect a salary increase as a result of the approved Fiscal Year 2011/2012 Compensation Plan approved by the Fort Worth City Council, September 20, 2011 and effective with pay period 21, September 24, 2011.

Non-civil Service employees received a 3% Across the Board (ATB) increase. All non-civil service pay ranges were adjusted by the 3% Across the Board increase.

Civil Service Fire and Police employees received a Pay Adjustment as outlined in the Meet and Confer (Police) and Collective Bargaining (Fire) agreements for FY 2011/2012.

Employee:

Smith, Charla B

Employee ID:

250465

Job Code:

1002

Classification:

Police Corporal

Action:

FY CS Pay Adjustment

Rate of Pay prior to Across the Board increase:

\$ 39.73

Rate of Pay effective pay period 21, September 24, 2011: \$ 41.02

CITY OF FORT WORTH INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME SMITH CHARLA B	DEPARTMENT POLICE		EMP NO PAY GRP 250465 110	DEPT NO LOCATOR 35 4160	HIRE DATE JOB KEY STEP 05-05-86 XO4 Z
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FRI 05-07-10 J 4.00	THU	10-07-10 T 8.00 10-08-10 T 8.00			
MON 05-10-10 U 6.50 WED 05-19-10 E 4.50 WED 05-26-10 U 8.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			



May 13, 2010

Corporal Charla B. Smith 112 Prairie View Aledo, Tx 76008

Due to the recent settlement of a Meet and Confer Grievance brought by the Fort Worth Police Officers Association on behalf of Officers Ellis, Cox, Hukel and Rosenstein (GR-P 2010-01) you have been credited with 0.46 vacation hours effective May 11, 2010. The credited vacation hours will be reflected on your Pay Period 10, May 14th, payroll advice statement.

Sincerely,

Karen Marshall

Human Resources Director

Yaven Marshall

FRI 03-20-09 V 8.00 THU 04-09-09 V 8.00 FRI 05-15-09 V 1.50 MON 05-25-09 H 8.00 MON 06-08-09 V 8.00 TUE 06-09-09 V 8.00 WED 06-10-09 V 8.00 THU 06-11-09 V 8.00 FRI 06-12-09 V 8.00 FRI 07-03-09 H 8.00 WED 07-22-09 E 3.75 MON 08-10-09 V 8.00 TUE 08-11-09 V 8.00 WED 08-12-09 V 8.00 THU 08-13-09 V 8.00 FRI 08-14-09 V 8.00 FRI 08-28-09 E 7.50 WED 09-02-09 % 8.00 THU 09-03-09 P 5.50 MON 09-07-09 H 8.00

CITY OF FORT WORTH INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME SMITH CHARLA B	DEPARTMENT POLICE	EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP 250465 110 35 4160 05-05-86 X04 M
* * * * * * * * * * * * * * * ABSENTEE CODES	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *
FORWARD FROM LAST YEAR YEARS ACCRUAL TOTAL TIME OFF DUTY BALANCE - LAST PAYROLL * * * * * * * * * * * * * DAY DATE CODE A * * * * * * * * * * * MON 12-22-08 U 4.00 TUE 12-23-08 V 8.00 WED 12-24-08 V 8.00 THU 12-25-08 H 8.00 FRI 12-26-08 V 8.00 FRI 12-26-08 V 8.00 WED 12-31-08 U 8.00 THU 01-01-09 K 8.00 MON 01-05-09 U 3.00 TUE 01-06-09 S 8.00 MON 01-19-09 H 8.00 FRI 01-23-09 E 6.75 WED 01-28-09 U 2.50 MON 02-02-09 V 4.00 THU 02-12-09 V 2.50 MED 02-25-09 E 8.25 MON 03-16-09 U 8.00 TUE 03-17-09 U 8.00 TUE 03-17-09 U 8.00 TUE 03-17-09 U 8.00 THU 03-19-09 V 8.00 THU 03-19-09 V 8.00	* * * * * * * * * * * * * * * * * * *	118.00

WED 07-23-08 V 4.00 MON 08-18-08 V 8.00 TUE 08-19-08 V 8.00 WED 08-20-08 V 8.00 THU 08-21-08 V 8.00 MON 08-22-08 V 8.00 MON 08-25-08 V 8.00 TUE 08-26-08 V 8.00 WED 08-27-08 V 8.00 THU 08-28-08 V 8.00 FRI 08-29-08 V 8.00

CITY OF FORT WORTH INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME DEPARTMENT DEPARTMENT 250465 110 35 4160 05-05-86 X04 I 250465 110 35 4160 05-86 X04 I 250465 110 35 4160 05-86 X04 I 250465 110 35 4160
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FORWARD FROM LAST YEAR 552.00 1356.68 YEARS ACCRUAL 184.08 120.12 26.50 16.00 64.00 * TOTAL TIME OFF DUTY 183.50 * 118.00 128.00 *
BALANCE - LAST PAYRULL -552.58 1470.00 *** * * * * * * * * * * * * * * * *
DAY DATE CODE AND HOURS ABSENT FOR STATE OF STAT
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TUE 01-08-08 V 8.00 FRI 10-03-08 V 8.00
MON 01-21-08 K 6.00 H 2.00 MON 10-06-08 V 8.00 TUE 10-07-08 P 8.00
FRI 02-08-08 E 6.75 WED 10-08-08 P 8.00
TUE 02-12-08 T 8.00 MON 11-24-08 T 8.00 TUE 11-25-08 V 8.00
FRI 02-15-08 E 3.25 WED 11-26-08 V 8.00 FRI 02-23-08 V 1.50 THU 11-27-08 H 8.00
FRI 02-29-08 E 5.00 FRI 11-28-08 H 8.00 FRI 02-21-08 F 3.00 MON 12-01-08 T 8.00
WED 03-26-08 U 4.50 THU 12-04-08 V 1.00 WED 04-16-08 U 3.00 FRI 12-05-08 U 8.00
THU 05-22-08 U 2.00 WED 12-10-08 U 1.30 MON 05-26-08 K 8.00 FRI 12-12-08 V 3.00
TUE 05-27-08 J 3.50 WED 12-17-08 V 1.50 TUE 06-03-08 U 4.00 THU 12-18-08 V 7.50 J .50
THU 06-12-08 U 8.00 FRI 06-13-08 V 8.00
MON 06-30-08 V 2.00 FRI 07-04-08 K 8.00
MON 07-07-08 V 8.00 TUE 07-08-08 V 3.00 FRI 07-18-08 E 4.50

Page: 1 Document Name: untitled

SCREEN 1 OF 2		CITY OF	FORT WORTH		/H09-01
9000		AVAILAB	LE BALANCES		
FIND 250465		PAYGRP	110 DEPT 35 LOCAT	COR 4160 EMI	2# 250465
NAME SMITH CHARLA	B	HIRE 0	JOB KEY 2	X04 STEP M	
ACTIVE		AS OF PP# 22	ENDED 10-23-2009	RATE	38.3900
				USED	AVAILABLE
TYPE OF LEAVE		DDOM INCO VD	TUTO VP	THIS YR	BALANCE
		552-00 EU	153.12	149.00	556.12 548
V VIIOIII 2 0 2 .		.00	.00	.00	.00
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TO TOTAL TOTAL	7	.00	.00	.00	
R MAJOR MEDICAL	1		.00	.00	.00
G FUNERAL LEAVE	1	.00	.00	.00	.00
U/E COMP TIME	0	.00		39.50	
U/E NON-EX COMP	0	118.00	33.75	52.00	
H/J/K HOLIDAY	0	128.00			6.50
P PERSONAL HOLIDA	Y 0	.00	12.00	5.50	
L LEAVE BANK	1				240.00
A PREV SICK	1	.00	.00	.00	.00
LVE BNK DONATED		1.00	F7 - NEXT SCRE		
F2 - NAME			F8 - CFW MAIN		PP01
F4 - EMPLOYEE NUM	BER		F9 - TERMINATI		
			F12 - ALL-SCREE	N MAIN MENU	
					=>

REC'D OCT 3 0 2009 (1)

Date: 10/30/2009 Time: 12:26:30 PM



ACCRUED PERSONAL LEAVE TRANSFER AUTHORIZATION

I, harla 5m, +h, Employee Number 250465, hereby
authorize the City of Fort Worth to transfer hours of my accrued Personal Leave to be
added to the accrued Personal Leave account of Julie Garriety.
Employee Number <u>095456</u>
[Donor's rate of pay \$ $\frac{37.19}{\text{hour X}}$ /hour X $\frac{8}{\text{(# hours donated)}}$ = \$ $\frac{297.52}{\text{.}}$.]
I realize that my decision to transfer leave time is final and I will not have access to the
leave I have transferred.
Employee's Signature 10-23-09 Date
Recipient's Department Director's Approval: Signature Signature Signature
Distribution: Distribution: Deports Personnel File

Original - HR Compensation/Donor's Personnel File

Yellow - Recipient's Personnel File

Pink - Recipient's Copy
Gold - Donor's copy

REC'D OCT 28 2009

Appendix 2 City of Fort Worth Electronic Communications Resources Use Agreement

SMITH CHARLA B	250465
(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, <u>I understand that I may be charged</u> for lost or damaged Electronic Communications Resources, or to recover costs for the replacement and/or repair of an Electronic Communications Resource which is lost and/or damaged due to my negligence, carelessness, and/or abuse. I also understand that I may face additional disciplinary action for violations of this policy.

Accepted / Acknowledged by: User's Signature)

Date: 1-7-08

City of Fort Worth FY 2008/2009 Compensation Plan Implementation

The following may reflect a salary increase due to the adopted Meet and Confer contract with the Police Officers Association approved by the Fort Worth City Council on November 11, 2008 retroactive to September 27, 2008.

Effective September 27, 2008 for the City's fiscal Year 2008/2009, a three percent (3%) general wage increase will be applied to the pay plan for each Police Civil Service classification covered by the contract. The three percent (3%) increase shall be in addition to any step increase for which a covered Officer is eligible on his or her respective anniversary date.

The following may reflect a change in employee step information based on the change to the pay plan in the contract.

Employee Name: SMITH CHARLA B Employee ID: 250465

Key Code: X04 Classification: POLICE CORPORAL

Rate Step Pay Grade
Old Data: \$ 36.09 F X04

FY 2008/2009: \$ **37.19** I **X04**

Comment: Employee received 3% increase due to Labor contract agreement

Personnel Action Request (PAR) - Personnel

PAR code: 001 Reason for change: Position Change Effective date: 11/22/08 Employee Name Middle: B First: Charla Last: Smith Employee #: 250465 (Human Resources will assign for new employees) Work Pager: Work Mobile Ph.: _____ Work Phone: _____ Supervisor's Name: Employee's supervisor for performance appraisals etc. Supervisor's Employee #: _ Current Position Information if applicable Position #: 001 356108 00000 X04 004 Budget (New) Position #: 002254 Title: Corporal Detective Key Code: X04 FAC #: GG01 514010 0356108 Anniv. Date: 00-00-00 Grade/Step: I Department & Locator Code: 035/9778 Hourly Rate: 37.19 Work Percentage: 1.00 Hours Per Pay Period: 80.00 Shift: **B** New Position Information if applicable Position #: 001 355210 00000 X04 008 Budget (New) Position #: 001793 Title: Corporal Detective Key Code: X04 FAC #: GG01 514010 0355210 Anniv. Date: 00-00-00 Grade/Step: I Department & Locator Code: 035/4160 Hourly Rate: 37.19 Work Percentage: 1.00 Hours Per Pay Period: 80.00 (S-Key Position ONLY) Shadow Job Key Code: _____ Title: _____ Associated Position(S-key Backfill Vacancy): 20-digit position number from PML Position End Date (S-key Backfill Vacancy/Project): _____ Position Type: SELECT Position Justification: Provide justification information or attach IOC Terminations (for departments to complete) Time used in the current pay period ONLY Hours: Type of Leave (earned or used): Type of Leave (earned or used): _____ Hours: Approval Date: 11/19/08 Title: Employment Specialist Signature: Completed by: **Denise Joyner** Date: 11/19/08 Phone: x4209 Comments: Position previously held by DG Rohloff 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. ENT'D DEC Date entered: Date Received: Additional \$: _ Exemptions: ___ Filing status

Confidentiality Selections: ___

	CORRECTION TO EMPLOYEE ABSENTEE RECORD				
Го:	Human Resources Dept – HRIS		Phone:	817-392-7776/7777	10/24
Employee Name:	SMITH, CHARLA		Emp ID Number:	250465	X
Dept # & Name:	035 VPC/CID/SCRAM	ECEIVED OCT 27 2000	Locator Code:	9778	
Pay Group:	11 <u>0</u>	OCT 7 F See	FLSA Status:	☐ Exempt ☑ Non-Exempt	1 / Y
•	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	EDIOMANCED DELOW	<u> </u>	<u> Caratina (na partira da martira da manda da ma</u>	
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PP # <u>2</u> :	<u>1</u> Date: <u>10/02/08</u> [To Be Corrected]	PAYROLL Reported or Input As:	8	Change or Correct To: _ -	<u>V8</u>
PP # <u>2</u>	<u>1</u> Date: <u>10/03/08</u> [To Be Corrected]	PAYROU - Reported or Input As: _	8	Change or Correct To: _	<u>V8</u>
PP# 2	<u>1</u> Date: <u>10/06/08</u> [To Be Corrected]	PAYROU - Reported or Input As: _	8	Change or Correct To: -	<u>V8</u>
PP # <u>2</u>	Date: 10/07/08 [To Be Corrected]	fayRou - Reported or Input As: _		Change or Correct To:	<u>P8</u>
PP # <u>2</u>	Date: 10/08/08 [To Be Corrected]	PAYROLL - Reported or Input As:	8	Change or Correct To:	<u>P8</u>
PP#	Date: [To Be Corrected]	Reported or _ Input As: _ -		Change or Correct To:	
antone de la companya					
Time Clerk:		Date Completed: 10/20/08		Phone Number: 817-392-	4361
Authorize	d By:	hnson 2455	_ J. J. D. D	Pate: 10-21-08	
		ered time correctly, pa	yroll erro	500 minuted 14 10/12	·8/os/

REC'D OCT 28 2008



CHARLA B SMITH

Paygroup: 110

Department: 35 POLICE

Locator Code: 9778 Mail Stop: 78
Employee Number: 250465

Payroll Date: 10-17-2008
Pay Period Ending: 10-10-2008
Pay Period Number: 21

PAYROLL ADVICE ONLY - NON NEGOTIABLE

	Hours	Amount	Deductions	Amount
REGULAR EARNINGS DEF COMP-NATIONWIDE FLSA OVERTIME	80.00	2887.20 100.00- 12.83	MEDICARE FEDERAL TAX PRE TAX RET CONTRIB HEALTH BENEFITS POLICE ASSOCIATION CLEAT	35.83 398.54 253.17 49.50
	Total Earnings	2800.03	Total Deductions Net Pay	

Leave Balances	Hours
VACATION SICK COMP TIME ACCRUED HOLIDAY PERSONAL HOLIDAY	585.18 1453.70 118.00 138.00 16.00
MUST USE OR LOSE BY 12-19-2008	84.58

Earnings	YTD
GROSS PAY	70658.86
Deductions	YTD
FED TAX WITHHELD RETIREMENT	11197.52 6351.84

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John Sans Press

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TIME AND ATTENDANCE RECORD

PAGE 3 PERÍOD 09/27/08 - 10/10/08 35 9778 POLICE-VPC SCRAM GF DEPARTMENT H q B S M L T W E AVAILABLE BALANCES 0 SHIFT EMPLOYEE NO. LOCATOR KEY S 1666.62 9778 ö 146700 110 07-28-09 X07 78.50 JOHNSON CHERYL D TE 9 107.25 NOW-EXEMPT - HOURLY 8 К 8) **- 00** 37.89 80.00 1.14 VACATION 353.39 • 00 8001 514240 0352 ANNIVERSARY GU 15140100356108 EMPLOYED 549.44 5 110 9778 162118 1-100 EGK 63-02-87 E 33.50 LEYY BRYAN G 44.00 78 K NON-EXEMPT - HOURLY P .00 80.00 32.71 514210 0599904 VACATION 292.25 E25 .00 ANNIVERSARS G015140100356108 110 9778 5 2034.14 168725 11-29-82 003-1 Ε 49.75 EGK MAJKA FRANK J JR 52.00 NON-EXEMPT - HOURLY K 78 9 P . 00 32.71 80.00 .98 1.54 + VACATION 514240 035610B 484.84 .00 ANNIVERSARGO 1514010035 6108 EMPLOYED . STEP 1449.08 9778 110 250465 004-F 05-05-86 X04 118.00 SMITH CHARLA B V8 P8 P8 8 8 80 138.00 K NON-EXEMPT - HOURLY 16.00 36.09 80.00 1.08 VACATION 578-10 240.00 ANNIVERSARG G 3 1 5 1 4 0 1 0 0 3 5 6 1 0 8 1992-27 9778 274500 110 11-18-08 X04 006-E 08-03-85 113.50 TILLERSON TRACY A 109.00 NON-EXEMPT - HOURLY • 00 34.37 80.00 1.03

T & A CODES

PRINT ALL T & A CODES IN RED

CTGGOI 5150100356

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

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

MARK THROUGH CHANGES WITH A RED "X"

P - PERSONAL HOLIDAY R - MAJOR MEDICAL

S - SICK T - TRAINING U - COMPENSATORY TIME USED

V - VACATION W - ABSENT WITHOUT PAY

I CERTIFY THAT THE ABOVE RECORD IS CORRECT.

VACATION

601.46 .00

CITY OF FORT WORTH INDIVIDUAL RECORD OF ABSENCE FROM DUTY

y'	PYAP14-03		CITY OF NDIVIDUAL RECORD	FURI WURIT	FROM DUTY			
	PYAP 14-03	II	NDIVIDUAL RECORD	UF ABSLINE				UTDE DATE JOB KEY STEP
	NAME SMITH CHARLA B	DEPARTMENT POLICE			EMP NO PA 250465		35 9778	HIRE DATE JOB KEY STEP 05-05-86 XO4 F
	* * * * * * * * * * * * * * * * * * *	* * * * V _ S	*	* * * * *	* * * * * * P PERS	* * * * * * H REG	? ADJSTD	* * * * * * * * * * * * * * * * * * *
	* * * * * * * * * * * * *	VAC SICK HOURS HOURS	* *	TIME * * * * *	HOLIDAY * * * * * * *			* * *
	FORWARD FROM LAST YEAR YEARS ACCEPTAGE DUTY	440.00 1137.94 175.71 120.12 81.00 16.00		92.50 75.75 84.00	8.00 8.00	123.50 64.00 64.00 123.50	128.00	* * *
	TOTAL TIME OFF DUTY BALANCE - LAST PAYROLL * * * * * * * * * * * * DAY DATE CODE	534.71 1242.06 * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *		IOUDE ARSENT	* * * * * * * * * * * * * * * * * * *	* * * * * * * DATE * * * * * * *	CODE AND HOOKS ADSERT
	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	ED 09-06-06 J HU 09-07-06 J	3.00 6.00 3.50				
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	FRI 03-10-06 E 5.25 WED 03-15-06 U 3.50 FRI 04-07-06 E 9.75	V T	WED 11-22-06 U	8.00 8.00 8.00				
	WED 04-12-06 E 1.50 FRI 04-28-06 U 7.00 MON 05-15-06 S 8.00			8.00				
	MON 05-22-06 V 8.00 THU 05-25-06 V 8.00 FRI 05-26-06 V 8.00							
	MON 05-29-06 H 8.00 TUE 05-30-06 E10.50 SAT 06-03-06 E 3.75 EDI 06-16-06 E 8.25							
	FRI 06-23-06 U 5.00 TUE 07-04-06 K 8.00							
	MON 07-10-06 U 4.00 TUE 07-11-06 U 8.00 WED 07-12-06 U 8.00 THU 07-27-06 U 1.50))						
	TUE 08-01-06 U 1.50 FRI 08-11-06 E 7.50 MON 08-21-06 V 8.00)						
	TUE 08-22-06 V 8.00							

WED 08-23-06 U 8.00 THU 08-24-06 V 7.00 MON 08-28-06 J 6.00

MON 09-04-06 K 4.00 H 4.00



ACCRUED PERSONAL LEAVE TRANSFER AUTHORIZATION

I, Charla B 5mth, Employee Number 250465, hereby
authorize the City of Fort Worth to transfer hours of my accrued Personal Leave to be
added to the accrued Personal Leave account of Hudrey DASINGET.
Employee Number <u>400633</u> .
Employee Number $\frac{400633}{\text{Donor's rate of pay }}$ = \$ $\frac{577.44}{\text{(# hours donated)}}$
I realize that my decision to transfer leave time is final and I will not have access to the
leave I have transferred.
12-6-07 Employee's Signature Date
Recipient's Department Director's Approval: 12-6-07 Signature Date
Distribution: Original - HR Compensation/Donor's Personnel File Yellow - Recipient's Personnel File Pink - Recipient's Copy REC'D DEC 1 0 2007

- Donor's copy

Gold

SMITH CHARLA B 250465

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:

SMITH CHARLA B

250465

Classification:

X04

POLICE CORPORAL

	Rate	Step	Pay Grade
Old Data:	\$ 36.09	F	X04

CORRECTION TO EMPLOYEE ABSENTEE RECORD

\$ 100 m	and the same of th					/	11/4 /
TO: HUMAN	I RESOUR	CES-Mary Beth Lane	EXT.	6577		Manhaman .	
TIME CLERK:	D. Muns	on	DATE:	1/22/2008	PHONE	# OR EXT.	4350
AUTHORIZED I	(i) (1) : 1-25	-08					
EMPLOYE	E'S NAME	C.B. SMI	TH	EMPLOYEE N	IUMBER:	250	0465
DEP	ARTMENT:	35		LOCATO	OR CODE	:97	778
PA	Y GROUP:		SA STATUS:	EXEMPT		NON-	<u>X</u>
						EXEMPT	
PAY PERIOD REQUIRING CHANGE	efficient	DATE NEEDING TO BE CHANGED	12/24/08	REPORTED OR INPUT AS	P8_	CHANGE TO	8_
PAY PERIOD REQUIRING CHANGE	1	DATE NEEDING TO BE CHANGED	12/25/07	PAYROLL REPORTED OR INPUT AS	H 8	CHANGE TO	8 / K8
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		PAYROLL REPORTED OR INPUT AS		CHANGE TO	
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PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED	***************************************	REPORTED OR INPUT AS		CHANGE TO	Manufacture and the second
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		REPORTED OR INPUT AS		CHANGE TO	
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		REPORTED OR INPUT AS		CHANGE TO	

REASON FOR CHANGE: Detective worked on personal holiday as well as holiday, but time was computed incorrectly, dated 12/25/07.

ENTERED FEB 1 1 2008 (

CITY OF FORT WORTH TIME AND ATTENDANCE RECORD 35 9778 01 PAGE DEPARTMENT POLICE-VPC SCRAM GE PERIOD 12/22/07 W E D. М EMPLOYEE NO. AVAILABLE BALANCES GROUP LOCATOR SHIFT R TOTAL NAME ANNIVERSAR 6015140100356108 KE) EMPLOYED 250465 110 9778 S 1356.68 SMITH CHARLA B 118.00 NON-EXEMPT - HOURLY Κ 127.50 80.00 36.09 16.00 1.08 **VACATION** 55 2. 00 ECOT 240.00 13.5 STEP ANNIVERSARY KEY STEP EMPLOYED KEY EMPLOYED STEP ANNIVERSARY KEY EMPLOYED ANNIVERSARY

T & A CODES

PRINT ALL T & A CODES IN RED

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(972) 620-6093

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A - OLD SICK B - ABSENT ON CITY BUSINESS

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

G - FUNERAL LEAVE

J - EARNED HOLIDAY TIME USED
K - HOLIDAY TIME EARNED
M - MILITARY LEAVE

O - OCCUPATIONAL DISABILITY

MARK THROUGH CHANGES WITH A RED "X"

P - PERSONAL HOLIDAY R - MAJOR MEDICAL

V - VACATION

W - ABSENT WITHOUT PAY

RECORD IS CORRECT.

DP-3000-2-7



INTER-OFFICE CORRESPONDENCE

FORT WORTH POLICE DEPARTMENT CID – SCRAM

TO: Debbie Munson

FROM:

Det. C. B. Smith #2214

DATE:

1/24/2008

SUBJECT:

Christmas

I noticed on the Time and attendance that it showed that I had been off on Christmas Eve and Christmas Day. I actually worked both days. I worked Christmas Day and actually had a call out from the office.

I have been unable to locate my pay stub for that time.

Charla Smith

SCRAM

817-392-4354

PYAP14-03			CORD OF ABSENCE FROM	DUTY	01/08/08
NAME SMITH CHARLA B	DEPARTMENT POLICE		EMP 2504		R HIRE DATE JOB KEY STEP 05-05-86 XO4 F
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THU 01-18-07 V 2.00 WED 02-14-07 V 8.00 MON 03-12-07 V 8.00 TUE 03-13-07 V 8.00		FRI 12-14-07 FUE 12-18-07 WED 12-19-07 FHU 12-20-07	V 2.00 V 3.00 J 8.00 V 8.00		
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MON 05-28-07 H 8.00					

THU 06-07-07 U 3.50 THU 06-21-07 \$ 5.50 WED 06-27-07 U .50 SAT 06-30-07 U 2.00 WED 07-04-07 H 8.00 FRI 07-13-07 E 4.50 WED 07-18-07 V 4.00 FRI 08-03-07 E 7.50 FRI 08-10-07 J 4.00 MON 08-13-07 V 8.00 TUE 08-14-07 V 8.00 WED 08-15-07 V 8.00 THU 08-16-07 V 8.00 FRI 08-17-07 V 8.00 FRI 08-24-07 E 7.50 THU 08-30-07 E 4.50 MON 09-03-07 H 8.00 FRI 09-21-07 U 1.50 FRI 09-28-07 E 3.75 WED 10-03-07 V 2.50 FRI 10-12-07 E 4.50 THU 10-18-07 V 5.00 FRI 10-19-07 V 6.00 SMITH CHARLA B 250465

City of Fort Worth FY 2006/2007 Compensation Plan Implementation

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

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

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

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

Employee:

SMITH CHARLA B

250465

Classification:

X04

POLICE CORPORAL

	Rate	Step	Pay Grade
Old Data:	\$ 33.86	F	X04
Adjusted to:	\$ 36.09	F	X04

EMPLOYEE RECEIVED 2.5% ATB FISCAL YR 2006-2007

EMPLOYEE RECEIVED 5% MARKET ADJUSTMENT

CITY OF FORT WORTH PERSONNEL ACTION REQUEST CIVIL SERVICE CLASSIFICATIONS **FISCAL YEAR 2005/2006**

CURRENT INFORMATION

Employee Name: SMITH, CHARLA B

ID Number: 250465

Commission Date:

9/5/1986

Anniversary Date: 9/5/2006

FLSA Status: NON-EXEMPT

Hourly Rate: \$32.25

Current Step: E

Pay Grade: X04

Key Code: X04

Classification: POLICE CORPORAL

FISCAL YEAR 2005/2006 ADJUSTMENTS

Hourly Rate & Step Prior To FY 2005/2006 Adjustments:

\$30.70

E

FY 2005/2006 % Market Adjustment Received :

4%

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

5%

NOTE: EMP RECEIVED 1% ATB FISCAL YEAR 2005-2006

NOTE: EMPLOYEE RECEIVED 5% MARKET ADJUSTMENT

FISCAL YEAR 2005/2006

F New Step:

New Hourly Rate:

33.86

New Anniversary Date:

Effective Date:

9/2/2006

Note / Reason Code:

250

Approved By:	_ tat	Morris	Date :	8-16-06
				,

Supervisor / Department Checklist:

[] 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 REC'D AUG 1 8 2006 DATE **INPUT** **PROCESSED**

BY

City of Fort Worth FY 2005/2006 Compensation Plan Implementation

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

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

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

Employee: SMITH CHARLA B 250465

Classification: X04 POLICE CORPORAL

Rate Step Grade
Old Data \$ 30.70 E X04

Adjusted To \$ 32.25 E X04

EMP RECEIVED 1% ATB FISCAL YEAR 2005-2006 EMPLOYEE RECEIVED 5% MARKET ADJUSTMENT

FRI 08-12-05 T 8.00 MON 08-15-05 V 4.00

CITY OF FORT WORTH INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME SMITH CHARLA B	POLICE	DEPARTMENT			EMP NO 250465	PAY GRP 110	DEPT NO 35	LOCATOR 9778	HIRE DATE 05-05-86	JOB KEY STEF	٦
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ACCRUED PERSONAL LEAVE TRANSFER AUTHORIZATION

I, Charla Bometh, Employee Number 250465, hereby (Please Print)
authorize the City of Fort Worth to transfer 40 hours of my accrued Personal Leave to be
added to the accrued Personal Leave account of Rodney Trask.
Employee Number <u>876663</u> .
[Donor's rate of pay $\frac{32.25}{\text{hour X}}$ /hour X = $\frac{1290.00}{\text{hours donated}}$ = $\frac{1290.00}{\text{hours donated}}$.]
I realize that my decision to transfer leave time is final and I will not have access to the
leave I have transferred.
Charles 12-4-05
Employee's Signature Date
Recipient's Department Director's Approval: Signature Date
Distribution: Original - HR Compensation/Donor's Personnel File Yellow - Recipient's Personnel File Pink - Recipient's Copy Gold - Donor's copy

REC'D DEC 1 2 2005

PYAP14-03 CITY OF FORT WORTH 01/12/05

NAME SMITH CHARLA B	DEPARTME POLICE	NT		EMP NO 250465	PAY GRP 110	DEPT NO 35	LOCATOR 9778	HIRE DATE 05-05-86	JOB KEY STEP XO4 E
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FORWARD FROM LAST YEAR YEARS ACCRUAL TOTAL TIME OFF DUTY BALANCE - LAST PAYROLL * * * * * * * * * * * * * DAY DATE CODE A	431.65 904 166.05 124 112.00 8 485.70 1021 * * * * * * * *	.58 .74 .00 .32 * * * * * * * * * * * * * * * * * * *	114.50 47.00 67.00 94.50 * * * * * *	HOLIDS ARSEL	128.0 72.0 80.0 120.0	00 00 00 00 * * * * *	: * * * * * * * * * * * * * * * * * * *	* * * * *	* * * * * DS ARSENIT
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CITY OF FORT WORTH FY 2004/2005 COMPENSATION IMPLEMENTATION

SMITH CHARLA B, 250465 X04 POLICE CORPORAL

OLD	RATE 29.52	STEP	PAY GRADE	ANNIVERSARY DATE 9/5/2006
ADJUSTED TO	30.70	E	X04	9/5/2006

EMP RECEIVED 4% ATB FISCAL YEAR 2004-2005

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

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

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

CORRECTION TO EMPLOYEE ABSENTEE RECORD



TO: HUMA	N RESOU	RCES-Mary Beth Lan	e EXT.	6577			
TIME CLERK:	A. Pom	petti	DATE:	8/11/2004	PHONE	# OR EXT.	4320
AUTHORIZED BY: Compension who signs the Taa) DATE QC CO CO CO CO CO CO CO				(0-0			
EMPLOY	EE'S NAMI	Smith, Ch	arla B.	_ EMPLOYEE N	IUMBER:	25	0465
DE	PARTMENT	T: 35		LOCATO	OR CODE:	97	778
TIME CLERK: A. Pompetti DATE: 8/11/2004 PHONE # OR EXT. 4320 AUTHORIZED BY: CSUpervisor who signs the T&A) EMPLOYEE'S NAME: Smith, Charla B. EMPLOYEE NUMBER: 250465 DEPARTMENT: 35 LOCATOR CODE: 9778 PAY GROUP: 110 FLSA STATUS: EXEMPT NON- XX EXEMPT PAY PERIOD REQUIRING TO BE CHANGED REQUIRING TO BE CHANGED OR INPUT AS TO BE							
REQUIRING	17		8-6-04	OR INPUT AS			
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REQUIRING							
				REPORTED OR INPUT AS			

REASON FOR CHANGE: 8-6-04 - Supplemental Compensation Report came in to late to make correct payroll.

AUG 1 2004 RECEIVED **CITY OF FORT WORTH**

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

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

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

RECORD IS CORRECT.

DP-3000-2-75

PYAP14-03 01/14/04

	INDIVIDUAL R	LOOKD OF ABSENCE FROM DUTY
NAME SMITH CHARLA B	DEPARTMENT POLICE	EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP 250465 110 35 9778 05-05-86 X04 E
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FORWARD FROM LAST YEAR YEARS ACCRUAL TOTAL TIME OFF DUTY BALANCE - LAST PAYROLL * * * * * * * * * * * * * * * * DAY DATE CODE ANI * * * * * * * * * * * * * * * WED 12-25-02 H 8.00 THU 12-26-02 V 8.00 FRI 12-27-02 V 8.00 WED 01-01-03 K 8.00 WED 01-01-03 K 8.00 WED 01-29-03 U 2.50 FRI 02-14-03 U 5.25 MON 02-24-03 U 2.00 WED 03-12-03 E 1.50 SAT 03-29-03 E 3.00 SUN 03-30-03 E 3.75 FRI 04-18-03 U 2.50 TUE 04-22-03 E11.25 FRI 04-25-03 U 2.50 TUE 04-22-03 E11.25 FRI 04-18-03 U 5.00 FRI 05-16-03 U 75 MON 05-19-03 V 8.00 TUE 05-20-03 V 8.00 TUE 05-20-03 V 8.00 THU 05-22-03 V 8.00 THU 05-22-03 V 8.00 THU 05-23-03 V 8.00 FRI 05-30-03 E 3.25 WED 06-04-03 U 1.00 WED 06-18-03 U 1.00 WED 06-18-03 U 2.00 TUE 07-01-03 E 3.00 THU 07-03-03 E 3.25 THU 07-10-03 E 3.00 SUN 07-13-03 S 5.25 MON 07-14-03 S 8.00 FRI 07-25-03 E 7.75 MON 07-14-03 S 8.00 FRI 07-25-03 E 7.75 MON 07-14-03 S 8.00 THU 07-03-03 U 3.00 THU 07-03-03 U 3.00 THU 07-29-03 V 8.00 FRI 07-29-03 V 8.00 FRI 07-29-03 V 8.00 FRI 07-29-03 V 8.00 FRI 07-29-03 V 8.00 THU 07-10-03 E 3.00 THU 07-10-03 U 8.00 THU 07-31-03 U 8.00	440.00 797.71 159.90 120.12 168.25 13.25 431.65 904.58 * * * * * * * * * * * * * * * * * * *	TIME HOLIDAY HOLIDAY VAC-LS * TRAINING 28.00 * * * * * * * * * * * * * * * * * *

THU 07-18-02 S 8.00 FRI 07-19-02 U 2.00 MON 08-05-02 U 8.00

CITY OF FORT WORTH INDIVIDUAL RECORD OF ABSENCE FROM DUTY

		INDIV	IDUAL REC	י אט מאט	ABSENCE	FROM DU	JTY					
NAME	DEPAR	TMENT				EMP NO	PAY GRP	DEPT NO	LOCATOR	LUADE DATE		
SMITH CHARLA B	POLICE					250465	110	35	9778	HIRE DATE	XO4	/ STEP E
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TOTAL TIME OFF DUTY BALANCE - LAST PAYRO	104.25	39.00			40.25		8.00	60.50	*	•		
	OLL 493.56 * * * * * * ##O*.	797.71			97.00			114.00	*	*		
DAY DATE COL	E AND HOURS ABSENT	* * * * * * * * * * * * * * * * * * *	* * * * DATE	* * * *	* * * *	* * *	* * * * *	* * * * :	* * * * *	* * * * *	* * * *	* *
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ACCRUED PERSONAL LEAVE TRANSFER AUTHORIZATION

I, Charla Sm.th , Employee Number 250465 , hereby (Please Print)
authorize the City of Fort Worth to transfer 40 hours of my accrued Personal Leave to be
added to the accrued Personal Leave account of <u>James Cames</u> .
Employee Number <u>047805</u>
[Donor's rate of pay \$ $\frac{29.52}{\text{hour X}}$ hour X = \$ $\frac{1,180.80}{\text{(#hours donated)}}$ = \$ $\frac{1,180.80}{\text{.}}$.]
I realize that my decision to transfer leave time is final and I will not have access to the
leave I have transferred.
Choulaband 11-3-63 Employee's Signature Date
Recipient's Department Director's Approval:
Signature Date
Distribution: Original - HR Compensation/Donor's Personnel File Yellow - Recipient's Personnel File Pink - Recipient's Copy

SKY SKY

Gold

- Donor's copy

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSO			- 4 -	EXT.			
TIME CLERK	Blec	nica Bribe	<u>USCA 1</u>	DATE 0/18/0	3 PHON	ie # or ext. 8	77-840
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	M	(Supervisor author	zed on T & A)	Soft	DATE	3-21-03 Ta 3/26	03
EMPL	OYEE'S 1	name <u>С.В. :</u>	Smith	<u> </u>	EMPLOYEE	NUMBER <u>25</u>	0465
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CITY OF FORT WORTH

TIME AND ATTENDANCE RECORD

PAGE

06

DEPARTMENT	<u> </u>	E- AL C	<u> JURAN</u>					110	_	~~~~			PERIOD			100		<u>U3/</u>	011	03
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T & A CODES

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

PRINT ALL T & A CODES IN RED

G - FUNERAL LEAVE H - HOLIDAY J - EARNED HOLIDAY TIME USED

K - HOLIDAY TIME EARNED M - MILITARY LEAVE

O - OCCUPATIONAL DISABILITY

MARK THROUGH CHANGES WITH A RED *

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

I CERTIFY THAT THE ABOVE RECORDIS CORRECT.

PP#_06

TIME & ATTENDANCE S.C.R.A.M. UNIT

FROM DATE 02/22/03 TO DATE 03/07/03

DATE	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02	03/03	03/04	03/05	03/06	03/03
Day of Week	S	S	M	T	W	TH	F	S	S	M	Т	W	TH	F
SERGEANT WARE, 1847	DO	DO	8	7	U6	8	11	DO	DO	6	10	8	8	U
DOTSON, RL 2416	DO	DO	U8	U6	8	8	10	DO	DO	9	9	9	9	4
HADLEY, JB 2544	DO	DO	8	8	Р8	8	8	DO	DO	7	9	8	8	8
HARKRIDER, MM, 2344	DO	DO	6 U2	6 U2	U7.5	6	10.5	2	2	8	8	6.5	8	5.5
MCHORSE, BK, 2486	DO	DO	8	U8	U8	8	10	9	9	8.5	8.5	5	DO	DO
ROGERS, DE 2950	DO	DO	DO	10	10	10	10	DO	DO	DO	10	10	10	10
SCHLOEMAN, SL, 2430	8	DO	5	U8	DO	10	9	DO	DO	8	8	8	8	8
SEALS, DA 2749	DO	DO	6	U6	8	8	10	DO	DO	8	9	6.5	9	7.5
SMITH, CB 2214	DO	DO	6 U2	4	V8	10	14	9	12	8	8	3	DO	DO
SPIVEY, RL 1983	DO	13	8	DO	DO	10	9	DO	DO	8	8	9	7	8
BRIBIESCA, B L336	DO	DO	8	U8	U6	10	6	DO	DO	8	7.5	9	7.5	8

SECOND SHIFT 2/25 & 2/26 were bad weather days

CITY OF FORT WORTH, TEXAS

STATEMENT OF EARNINGS AND DEDUCTIONS EARNINGS HRS/UNITS AMOUNT DEDUCTIONS YEAR TO DATE GULAR 7000 203630 MEDICARE 3367 FED TAX 40282 1504991 GROSS ERTIME 400 17454 POSTYPET PAY IFT2 2800 2444 PUL AS SN 4450 FED. 2360 95 12000 TAX CLEAT 1108 CATION 800 23272 RET 136625-CM DC 10 0φ 0-CT USE 200 5818 TOTAL EARNINGS 254618 TOTAL DEDUCTIONS SMITH CHARLA B THIS PART IS FOR YOUR RECORDS 110 35 97 78 EMP. NO. 250465 03-07-2003 FOR PERIOD ENDING **NON NEGOTIABLE**

CITY OF FORT WORTH PERSONNEL ACTION REQUEST FISCAL YEAR 2001/02

CURRENT INFOREMP NO EMPLOYEE N	
250465 SMITH CHAR	RLA B 35 61 08
KEY: X04 CLASS POLICE CORPORAL	CURRENT STEP D
ADJ COMM DATE 09-05-1986 ANNIVERSARY DATE 09-05-2002 LAST CHANGE: DATE 09-22-01 TYPE OCTOBER INCREASE	CURRENT ANNUAL SALARY \$ 56,472.00 CURRENT MONTHLY SALARY \$ 4,706.00 CURRENT HOURLY RATE \$ 27.1500
NEW SALARY	Z DATA
NOTE CODE 250	
NEW STEP E	
NEW ANNIVERSARY DATE	
NEW HOURLY RATE \$ 28.51	
APPROVED BY JM	
EFFECTIVE DATE	INPUT SIGNOFF

AUS 27 2002 RECEIVED

4.4 2 4 4 4 4 4 4 4 4 4 4

MON 05-14-01 V 8.00 TUE 05-15-01 V 8.00 WED 05-16-01 V 8.00 THU 05-17-01 V 8.00 FRI 05-18-01 V 8.00 MON 05-21-01 T 4.00 MON 05-28-01 H 8.00 TUE 06-26-01 E 2.25 WED 07-04-01 K 8.00 WED 07-18-01 U 4.00

CITY OF FORT WORTH INDIVIDUAL RECORD OF ABSENCE FROM DUTY

		INDIVIDUAL	RECORD OF A	BSENCE FROM D	PUTY			12/22/01
NAME SMITH CHARLA B	DEPARTME POLICE	ENT		EMP NO 250465			CATOR HIRE DAT 151 05-05-86	E JOB KEY STEP
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FORWARD FROM LAST YEAR YEARS ACCRUAL TOTAL TIME OFF DUTY BALANCE - LAST PAYROLL	153.80 12 110.50 4 461.91 71	39.22 20.12 42.75 16.59		85.75 21.25 19.50 87.50	8.00 8.00	78.50 64.00 32.00 110.50	* * * *	
	* * * * * * * * * AND HOURS ABSENT *	* * * * * * * * * DAY DATE	* * * * * CODE	* * * * * * * AND HOURS ABS	* * * * *	* * * * * *	* * * * * * *	* * * * * *
* * * * * * * * * * * * * * * * * * *	*437.91** New Balanc	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * *	* * * * *	AY DATE * * * * *	Donated *	iours absent ****** 24 hrs. to Leave Program

MILITARY LEAVE DONATION FORM

The Military Leave Donation program provides the opportunity for all city employees to financially assist city personnel called for active duty during Operation Enduring Freedom or Operation Noble Eagle. The leave donation program is designed to minimize financial hardship in the event the employee's total military pay is less than 100% of the total City of Fort Worth pay, and the employee and/or family is experiencing a financial hardship. Eligibility to access donations will be determined on a case-by-case basis by the Military Leave Donation Program Committee. Another purpose of this fund is to provide retroactive supplemental pay to those called up to active duty before the City's Military Pay Supplement went into effect on January 22, 2002.

If you choose to donate vacation time to the Military Leave Donation Program, we will transfer the dollar value of your donation (vacation hours donated times your hourly rate) into the Military Leave Fund. **Your participation is strictly voluntary.**

Vacation hours donated **WILL NOT** count towards the use or lose policy.

If you wish to participate, please complete the information below, sign the form and return it to your time clerk or to the Human Resources Department, Mary Beth Lane no later than Friday, March 15, 2002.

The following information is correct as of January 25, 2002 and does not reflect leave accrued or used January 26th thru the current date.

- Your current vacation balance is 480,36
- You are eligible to donate 424.00 (you must keep at least 56 hours on the books)
- Your current hourly rate is \$27.15

l wish to donate	24	hours of my vacation leave to the Military Leave Fund.
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Employee Sign	ature:
Date signed:	2-15-02

01.0 11



CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: P	PERSONNEL	RECOI	RDS		EXT. 77	76	даниза.
			Tijerina DATE:	11/19/20	<u> </u>	PHONE# C	OR EXT: :922-3460
AUTH	HORIZED BY: 🔎	-	AMAGY	TOAN	$ \rho^{\mathrm{r}}$	DATE: //	1-19-01 Mata 11-36-01
		(Supe	ervisor who signs the	1 & A)	777	Phu /	Marc 11-26 0 (
,	EMPLOYEES N	NAME	Smith, Charla	a B.	EMPLOYE	E NUM _	250465
]	DEPARTMENT	rh.	Police		LOCATOR	CODE _	4151
)	PAY GROUP		110		FLSA STAT	US _	NON
PAY PE REQUII CHANC	IRING		eeding Changed <u>10/06/01</u>			CHANG	е то <u>DO</u>
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PAY PE REQUIF		DATE N	EEDING HANGED	REPORTED OR INPUT A	S	CHANGE	ТО



CITY OF FORT WORTH, TEXAS

			STATEMENT	OF EARN	INGS AND DE	DUCTIONS		
EARNINGS	HRS/UNITS	The second second second		DEDUC		SAND BELLING	Y	AR TO DATE
REGULAR	7200	195480	MEDICARE	2926	FED TAX	33937	GROSS	4804790
UVERTIME	50	2036_	PRETXRET	20060	HLTH BEN		PAY	
LONGESRY		6000			PUL ASSN	730	FED.	742815
SHIFT2	55 75	4541			CLEAT	1108	TAX	
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TOTAL	EARNINGS	219777		TOTAL DEDI	JCTIONS			
SMITH	CHARL	THIS PART IS	S FOR YOUR RECO	RDS 0.354151	25.04			

FOR PERIOD ENDING 10-19-2001 NON NEGOTIABLE UNITED WAY CAMPAIGN SEPT 14 - NOV 9 TURN IN YOUR PLEDGE CARD

correction

CITY OF FORT WORTH TIME AND ATTENDANCE RECORD

DEPARTMENT POUCE SOUT	H							Ş			10	101		10	191	01
EMPLOYEE NO. GROUP LOCATOR SHIFT NAME	AVAILABLE	S A T.	S U Z.	M O N.	U E.	W E D.	T H U.	F R I.	S A T.	S U N.	M O N.	U E.	E D.	T H U.	F R I.	TOTAL
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OLD SICK
 ABSENT ON CITY BUSINESS
 COURT OR JURY SERVICE
 DISCIPLINARY WITHOUT
 COMPENSATORY TIME EARNED
 FAMILY ILLNESS OR DEATH

G - FUNERAL LEAVE

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

P - PERSONAL HOLIDAY

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

DP-3000-2-75

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 Charla B Smith (Please print your r Fort Worth maintain information that relates to the follow		uest that the City of
(Confidentia	1 Release
Home Address		
Home Telephone Number		
Social Security Number		
Information that reveals whether I have family members	3	
		Yes No
When I leave the City's service, I want this request to re	emain in ef	fect.
Signature Signature		3-/9-0/ Date

PYAP14-03 CITY OF FORT WORTH 01/10/01

NAME SMITH CHARLA B	DEPARTMENT POLICE		EMP NO PAY GRP DEPT NO LOCATOR HIRE DATE JOB KEY STEP 250465 110 35 4151 05-05-86 XO4 D
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FORWARD FROM LAST YEAR YEARS ACCRUAL TOTAL TIME OFF DUTY BALANCE - LAST PAYROLL	144.04 120.12 146.00 631.00 418.61 639.22	119.50 2.25 36.00 85.75	5 8.00 64.00 * 5 113.50 * 5 8.00 78.50 *
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DAY DATE CODE : * * * * * * * * * * * * * * * * * *	AND HOURS ABSENT * DAY * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * *
WED 12-22-99 U 4.00	THU	03-16-00 S 8.00	WED 05-10-00 \$ 8.00
THU 12-23-99 V 8.00 FRI 12-24-99 H 8.00	FRI	03-17-00 S 8.00	THU 05-11-00 S 8.00 FRI 05-12-00 S 8.00
FRI 12-24-99 H 8.00 FRI 12-31-99 K 8.00	TUE	03-21-00 S 8.00	MON 05-15-00 \$ 8.00
MON 01-10-00 T 8.00	WED	03-22-00 S 8.00	TUE 05-16-00 \$ 8.00
MON 01-17-00 K 8.00	THU	03-23-00 S 8.00	WED 05-17-00 S 8.00
MON 01-24-00 S 2.00	FRI	03-24-00 S 8.00	THU 05-18-00 S 8.00 FRI 05-19-00 S 8.00
THU 01-27-00 V 8.00 FRI 01-28-00 V 2.00	MUN	03-27-00 5 8.00	SAT 05-19-00 S 8.00
MON 01-31-00 S 8.00	WED	03-29-00 S 8.00	SUN 05-21-00 S 8.00
TUE 02-01-00 U 8.00	THU	03-30-00 S 8.00	MON 05-22-00 \$ 8.00
WED 02-02-00 U 8.00	FRI	03-31-00 S 8.00	TUE 05-23-00 S 8.00
THU 02-03-00 U 8.00	MON	04-03-00 S 8.00	WED 05-24-00 \$ 8.00
FRI 02-04-00 U 8.00	IUE	04-04-00 \$ 8.00	MON 05-29-00 H 8.00 FRI 06-09-00 J 1.50
TUE 02-08-00 \$ 3.00 WED 02-09-00 \$ 2.00	THU	04-05-00 5 8 00	TRI 00 05 00 0 1.50
MON 02-14-00 S 8.00	FRI	04-07-00 S 8.00	MON 06-26-00 S 8.00
TUE 02-15-00 S 8.00	MON	04-10-00 S 8.00	TUE 07-04-00 H 8.00
WED 02-16-00 S 8.00	TUE	04-11-00 S 8.00	
THU 02-17-00 S 8.00	WED	04-12-00 S 8.00	HED 07 40 00 1 0 00
FRI 02-18-00 S 8.00	IHU	04-13-00 \$ 8.00	WED 07-12-00 J 8.00 THU 07-13-00 J 8.00
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THU 02-24-00 S 8.00	WED	04-19-00 S 8.00	FRI 07-28-00 V 8.00
FRI 02-25-00 S 8.00	THU	04-20-00 S 8.00	FRI 08-25-00 E .75
SAT 02-26-00 S 8.00	FRI	04-21-00 S 8.00	FRI 09-01-00 V 8.00
SUN 02-27-00 S 8.00	MON	04-24-00 \$ 8.00	MON 09-04-00 H 8.00 THU 09-07-00 V 8.00
MON 02-28-00 S 8.00 TUE 02-29-00 S 8.00	WED	04-26-00 5 8 00	MON 09-25-00 V 8.00
WED 03-01-00 \$ 8.00	THU	04-27-00 S 8.00	TUE 09-26-00 V 8.00
MON 03-06-00 S 8.00	FRI	04-28-00 S 8.00	WED 09-27-00 V 8.00
TUE 03-07-00 S 8.00	MON	05-01-00 S 8.00	THU 09-28-00 V 8.00
WED 03-08-00 \$ 8.00	TUE	05-02-00 S 8.00	FRI 09-29-00 V 8.00
THU 03-09-00 \$ 8.00	WED	05-03-00 \$ 8.00	SAT 10-07-00 E 1.50 WED 11-01-00 S 8.00
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TUE 03-14-00 S 8.00	MON	05-08-00 S 8.00	TUE 11-07-00 V 8.00
WED 03-15-00 S 8.00	TUE	05-09-00 S 8.00	WED 11-08-00 V 8.00

MON 11-20-00 J 8.00
TUE 11-21-00 J 8.00
WED 11-22-00 J 8.00
THU 11-23-00 H 8.00
FRI 11-24-00 H 8.00
MON 12-11-00 T 8.00
TUE 12-12-00 T 8.00
WED 12-13-00 T 8.00
THU 12-14-00 T 8.00
FRI 12-15-00 T 8.00

CITY OF FORT WORTH INDIVIDUAL RECORD OF ABSENCE FROM DUTY

PYAP14-03		INDIVIDUAL RECORD OF A	BSENCE FROM DUTY		
NAME SMITH CHARLA B	DEPART POLICE	MENT	EMP NO PAY GR 250465 110	P DEPT NO LOCATOR 35 4151	R HIRE DATE JOB KEY STEP 05-05-86 XO4 D
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PYAP14-03 INDIVIDUAL RECORD OF ABSENCE FROM DUTY

SAT 07-03-99 E 5.25

THU 07-08-99 E 9.75

MON 07-05-99 K 8.00 E 4.00

	INDIVIDUAL	RECORD OF ADSENCE	TROM BOTT		
NAME SMITH CHARLA B	DEPARTMENT POLICE		EMP NO PAY GRP 250465 110	DEPT NO LOCATOR 35 4151	05-05-86 XO4 D
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FORWARD FROM LAST YEAR YEARS ACCRUAL TOTAL TIME OFF DUTY BALANCE - LAST PAYROLL * * * * * * * * * * * * DAY DATE CODE A * * * * * * * * * * *	ND HOURS ABSENT * DAY DATE * * * * * * * * * * * * * * * * * * *	* * * * * * * *	8.00 8.00 8.00 8 * * * * * * * * * * * * * * * * * * *	116.00 64.00 46.00 134.00 * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *
WED 12-23-98 V 8.00 THU 12-24-98 V 8.00 FRI 12-25-98 H 8.00 FRI 01-01-99 K 8.00 WED 01-06-99 E 2.25 MON 01-11-99 B 8.00 TUE 01-12-99 B 8.00 WED 01-13-99 B 8.00 THU 01-14-99 B 8.00 FRI 01-15-99 S 8.00 MON 01-18-99 H 8.00	TUE 07-13- WED 07-28 FRI 08-06- THU 08-12- WED 09-01 MON 09-06 THU 09-16 FRI 10-22- WED 11-10 THU 11-25 FRI 11-26 WED 12-01	-99 T 8.00 -99 J 8.00 -99 S 8.00 -99 S 8.00 -99 K 8.00 -99 J 6.00 -99 P 8.00 -99 V 4.00 -99 K 8.00 -99 K 8.00			
MON 02-08-99 V 8.00 TUE 03-02-99 E 3.00 WED 03-03-99 E 4.25 FRI 04-16-99 U 8.00 MON 04-19-99 U 8.00 FRI 04-20-99 E 5.00 WED 04-21-99 E 7.50 MON 04-26-99 T 8.00 TUE 04-27-99 T 8.00 WED 04-28-99 T 8.00	FRI 12-03 SAT 12-04 SUN 12-05 WED 12-08 MON 12-13 TUE 12-14 WED 12-15 THU 12-16 FRI 12-17	3-99 V 4.00 3-99 V 1.00 3-99 V 1.00 3-99 V 8.00 4-99 V 8.00 5-99 V 8.00 5-99 J 8.00			
MON 05-10-99 U 8.00 TUE 05-11-99 U 8.00 WED 05-12-99 V 8.00 THU 05-13-99 V 8.00 FRI 05-14-99 V 8.00 MON 05-31-99 K 8.00 MON 06-07-99 S 2.00 TUE 06-08-99 E 1.25 WED 06-16-99 T 8.00 THU 06-17-99 T 8.00 FRI 06-18-99 T 8.00 WED 06-30-99 E 4.50 WED 06-30-99 E 4.50 SAT 07-03-99 F 5.25					

ASSIGNMENT OF BENEFITS

I, CHARLA B SMITH

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:

In case the primary beneficiary dies prior to me, the secondary beneficiary will receive the money.	can be changed at any time by my lacement document. F. IT IS NOT A LEGAL DOCUMENT. IT IS VILL AND TESTAMENT OR A LETTER OF LL ESTATE OR JUDGEMENT OF HEIRSHIP.	PRIMARY	RELATIONSHIP	to be received. PERCENTAGE
I understand that this declaration can be changed at any time by 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 HEIRSE Printed Name: CHARLA B SMITH Employee Number: 250465	can be changed at any time by my lacement document. T. IT IS NOT A LEGAL DOCUMENT. IT IS VILL AND TESTAMENT OR A LETTER OF LLL ESTATE OR JUDGEMENT OF HEIRSHIP.	1 Killiana	RELATIONSHI	
I understand that this declaration can be changed at any time by 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 HEIRSE Printed Name: CHARLA B SMITH Employee Number: 250465	can be changed at any time by my lacement document. T. IT IS NOT A LEGAL DOCUMENT. IT IS VILL AND TESTAMENT OR A LETTER OF LL ESTATE OR JUDGEMENT OF HEIRSHIP.			
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I understand that this declaration can be changed at any time by 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 HEIRSE Printed Name: CHARLA B SMITH Employee Number: 250465	can be changed at any time by my lacement document. T. IT IS NOT A LEGAL DOCUMENT. IT IS VILL AND TESTAMENT OR A LETTER OF LL ESTATE OR JUDGEMENT OF HEIRSHIP.	In case the primary beneficiary dies pr	rior to me, the secondary beneficiary will rec	eive the money.
I understand that this declaration can be changed at any time by 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 HEIRSE Printed Name: CHARLA B SMITH Employee Number: 250465	In the state of judgement of heirship.			
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 HEIRSE Printed Name: CHARLA B SMITH Employee Number: 250465	In the state of sudgement of heirship. In the state of sudgement of heirship.			
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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 HEIRSE Printed Name: CHARLA B SMITH Employee Number: 250465	F. IT IS NOT A LEGAL DOCUMENT. IT IS VILL AND TESTAMENT OR A LETTER OF LLL ESTATE OR JUDGEMENT OF HEIRSHIP.	I understand that this	declaration can be changed a	at any time by my
NOT INTENDED TO REPLACE A LAST WILL AND TESTAMENT OR A LETTER OF ADMINISTRATION OR AFFIDAVIT OF SMALL ESTATE OR JUDGEMENT OF HEIRSF Printed Name: CHARLA B SMITH Employee Number: 250465	ILL AND TESTAMENT OR A LETTER OF ILL ESTATE OR JUDGEMENT OF HEIRSHIP.	submiss	ion of a replacement docume	ent.
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Printed Name: CHARLA B SMITH Employee Number: 250465		NOT INTENDED TO REPI	LACE A LAST WILL AND TESTAMEN IDAVIT OF SMALL ESTATE OR JUDG	EMENT OF HEIRSHIP.
Employee Number: 250465	H 3	ADMINISTRATION OR AFFI		
16 12 14	3	ADMINISTRATION OR AFFI		
16 12 14	<u>5</u>		LA B SMITH	
Signature: hada Smith		Printed Name: CHAR		
		Printed Name: CHAR		
Date: //-8-99		Printed Name: CHAR Employee Number: 25		

Form Created 10/99 35 4151

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL F	RECORDS DATE (Supervisor who signs the T &	ophie DAT	HONE # OR EXT. 933460
EMPLOYEE'S IDEPARTMENT	35-Palico S. (DIV. LOCATO	OR CODE 4151 STATUS MM EXEMPT
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PYAP14-03 CITY OF FORT WORTH 01/06/99

	INDIVIDUAL RECORD OF ABSENCE FROM DUTY							
NAME SMITH CHARLA B	POLICE	DEPARTMENT		EMP NO PAY GRP 250465 110		HIRE DATE JOB KEY STEP 05-05-86 XO4 D		
* * * * * * * * * * * * * * * * * * *	* * * * * * * V VAC HOURS	* * * * * * * * S SICK HOURS		* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *		
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FORWARD FROM LAST YEAR YEARS ACCRUAL TOTAL TIME OFF DUTY BALANCE - LAST PAYROLL * * * * * * * * * * * *	144.04 80.00 367.28		1C		116.00 * 64.00 * 64.00 * 116.00 *	* * * * * * * * * *		
	AND HOURS AB		DATE CODE AN * * * * * * * * * * * * * * * * * *		DAY DATE COL	DE AND HOURS ABSENT * * * * * * * * * * *		
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MON 01-19-98 H 8.00		WED	10-28-98 T 8.00					
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FRI 07-03-98 K 8.00								
MON 07-13-98 S 4.00								
MED 07 45 00 T 0 00								

TO ALL EMPLOYEES OF THE CITY OF FORT WORTH:

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

Occasionally, an individual, association or corporation will request the City of Fort Worth to furnish additional information: home address, home telephone 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, but only if the employee has signed a statement indicating their preference that such information not be released. (*NOTE*: This provision does not apply to peace officers; information on peace officers will not be released.)

Check your preference in the section directly below. If you do not check any of the boxes, you are authorizing us to release your address, telephone number, and family member information.

Employee Name (pl	ease print legibly)		
Charle B	Linita		
I request that the fo	ollowing information be	kept confidential:	
 M	Home Address		
	Home Telephone Num	ber	
	Family Member Infor		
U	When I leave the City' remain in effect.	s service, I want this co	nfidentiality request to
Charles B	In El		10-22-98
Signature			Date

EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NO
SMIT	H CHAR	LA		110-35-4151	250465
	CONTROL	STEP	RATE	EFFECTIVE	ANNIV. DATE
OLD	001-354801-X04-004	D	21.6200	THRU 09-25-98	09-05-02
NEW	001-354801-X04-004	D	22.7000	BEGIN 09-26-98	09-05-02

COMMENTS:

THE ABOVE EMPLOYEE MAY REFLECT A SALARY INCREASE DUE TO THE APPROVED FISCAL YEAR 1998/99 MARKET MAINTENANCE ADJUSTMENT. NON-CIVIL SERVICE EMPLOYEES RECEIVED A 5% ACROSS-THE-BOARD INCREASE. SELECT RANGE ADJUST ADJUSTMENTS WERE MADE AUGUST 15,1998 PRIOR TO THE OCTOBER INCREASE. THE MAXIMUM OF THE "E" AND "F" KEY CODES WERE INCREASED BY 10%, ALL OTHERS WERE INCREASED BY 5%. EXCEPTION WAS ISS SALARY RANGES, WHICH PREVIOUSLY HAD THE MAXIMUMS INCREASED.

CIVIL SERVICE POLICE AND FIRE ALSO RECEIVED THE 5% ACROSS-THE-BOARD, AND THEIR SALARY RANGES WERE ALSO INCREASED BY 5%.

THE FINAL INCREASE TO THE CITY'S CONTRIBUTION WILL BE IMPLEMENTED FOR THE NEW FISCAL YEAR. THE NEW CONTRIBUTION FOR NON-CIVIL SERVICE EMPLOYEES AND CIVIL SERVICE FIRE WILL BE 10.18% AND THE CONTRIBUTION RATE FOR CIVIL SERVICE POLICE WILL BE 10.90%.

A NEW LONGEVITY PLAN WAS APPROVED FOR NON-CIVIL SERVICE EMPLOYEES. EMPLOYEES WITH 3 YEARS OF CONTINUOUS EMPLOYMENT WILL RECEIVE \$300 ANNUALLY, EMPLOYEES WITH 6 YEARS OF CONTINUOUS EMPLOYMENT WILL RECEIVE \$600 ANNUALLY, AND EMPLOYEES WITH 9 YEARS OF CONTINUOUS SERVICE WILL RECEIVE \$900 ANNUALLY. EMPLOYEES IN THE "D" AND "E" (DIVISION HEADS AND ASSISTANT DIRECTORS) KEY CODES WILL NOW BE ELIGIBLE FOR LONGEVITY.

	Perso	nnel Action Reque		/	Marit Increase
A. Personnel Appointment Termination of Separation	☐ Change of Assignme☐ Request to Fill Vaca	ent .nt Position (RVP)	☐ Revised Personne ☐ Overage	el Quota (RPQ)	☐ Merit Increase
В. , Со	nith	\mathcal{C}	harla)
Employee Name	n <i>ith</i> 0465		First	Race	Middle Sex
Employee No.	<i>340</i> 0				
Birthdate		Retirement		VVOIK EXI.	
C.	GRA KEY POS# STI		FUND/ACCOL	UNT/CENTER	HOURLY RATE/ PAYPERIOD SALARY
CURRENT GOI 35480	1 X04 004 I	09-65-02	GG01-514010	5-635480.	1 22,70
NEW STATUS 35480	00 012			035	
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	Police	Douth 41	5/ 1.0000	80 5	2 8
NEW STATUS					
Reason for change	cct # Cng	Unly			
D. Department-Leave Time Us	sed-Current Payperiod		Personnel D	epartment Use (Only
Type of Leave	Hours				
E.	Rev	vised Personnel Q	uota		
TERMINATE PC		f. a.	b.	c. d. e. posn. Gr. Authorized	f. g. h.
	v posn. Gr. Authorized BUI	DGET JOB T	ITLE Key	Position	SALARY
JUSTIFICATION OF REQUEST	: (RPQ or RVP)				
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F. Funds for this position are budg	,	, m , m			Date to be filled
Salaries of regular employees		☐ Not budgete	d		
If not budgeted, method of finar					
		7P	Man.	Ronb	21-821
G. Effective date of above Perso	onnel Action 10-10-9	Contact Pe	rson 7 William	Stack	Ext. 7 00%
Approved By.	DA		BUDGET ADMIN	NISTRATOR	DATE
DIVISION HEAD		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PERSONNEL [£	DATE
OTHER APPROVAL SIGNA	TURE DA	<u> </u>	ENGONNEL C		DATE

CITY OF FORT WORTH PERSONNEL ACTION REQUEST FISCAL YEAR 97/"8

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	Person	nel Action Requ			/ / / / / / / / / / / / / / / / / / /	☐ Merit	Increase
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3. Employee Name	3/1/17/1		First			Middle	
Employee No. 250	466	Soc. Sec. No			Race	Sex	
Employee No.		Retirement			Work Ext.		
		Personnel Data					LV DATE/
C.	GRADI	E/	FUI	ND/ACCOUNT/C	ENTER	PAYPERI	LY RATE/ OD SALARY
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Type of Leave	Hours					MATERIAL TO THE RESERVE TO THE RESER	
E. TERMINATE PO		ised Personnel (Juota	ADD PO	OSITION		h.
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JUSTIFICATION OF REQUEST	Γ: (RPQ or RVP)						
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		st to Fill Vacant	Position				
F.		ist to Fill Vacant	Osition		.: 494 F	Date to b	e filled
Funds for this position are bud		☐ Not budget	od				
☐ Salaries of regular employee	es 🗀 Extra help	1 Not budget	eu :				
If not budgeted, method of final	ancing						
3	26.40	00	-In	NA. C.	ROMAK) _/	1/2
G. Effective date of above Pers	sonnel Action US-29-	Contact F	Person 4 /	ncesx	xuex	Ext.	7 0-1
Approved By:			(U			
DIVISION HEAD	DAT	TE	BUDG	ET ADMINIST	RATOR	- Carried Control	DATE
Δ			DED	SONNEL DIRE	ECTOR		DATÈ
DEPARTMENT AFA	X/22	BP	ren	20141AFF DULI			
OTHER APPROVAL SIGN	ATURE DA	TE					DATE
er							

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME SMITH CHARLA B	DEF POLICE	ARTMENT		EMP NO PAY GRP 250465 110	DEPT NO LOCATOR 35 4151	HIRE DATE JOB KEY STEP 05-05-86 XO4 C
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EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NO
SMIT	H CHAR	LA		110-35-4156	250465
	CONTROL	STEP	RATE	EFFECTI V E	ANNIV. DATE
OLD	079-355100-X04-001	С	19.6100	THRU 09-26-97	09-05-98
NEW	079-355100-X04-001	С	20.5900	BEGIN 09-27-97	09-05-98

COMMENTS:

THE ABOVE STATUS REPORT FOR THIS EMPLOYEE MAY REFLECT A SALARY INCREASE DUE TO A SALARY ADJUSTMENT PLAN APPROVED ON SEPTEMBER 9,1997 BY THE CITY COUNCIL FOR FISCAL YEAR 1997/98.

NON-CIVIL SERVICE EMPLOYEES WHO RECEIVED LESS THAN A 4% INCREASED FROM THE IMPLEMENTATION OF THE NEW COMPENSATION PLAN WILL BE ELIGIBLE FOR THE SALARY ADJUSTMENT. THE SALARY ADJUSTMENT WILL BE A MAXIMUM OF 4% AND WILL BE ADJUSTED BY THE PERCENTAGE RECEIVED FROM THE IMPLEMENTATION OF THE NEW COMPENSATION PLAN. ALL NON-CIVIL SERVICE EMPLOYEES WILL ALSO BE ELIGIBLE FOR A PERFORMANCE INCREASE OF 1% IF THEIR PERFORMANCE IS RATED EXCELLENT OR 2% IF THEIR PERFORMANCE IS RATED OUTSTANDING. DUE TO THE IMPLEMENTATION OF THE NEW SALARY PLAN IN FEBRUARY, 1997 THERE WILL BE MINIMUM ADJUSTMENTS TO THE SALARY RANGES.

CIVIL SERVICE POLICE: THE PAY PLAN FOR SWORN POLICE WAS ADJUSTED BY ELIMINATING THE FIRST STEP OF EACH RANK AND RELABELING THE REMAINING STEPS, WITH THE TOP STEP REFLECTING 20 YEARS INSTEAD OF THE PREVIOUS 24 YEARS. ALL OFFICERS WILL BE MOVED TO THE APPROPRIATE RELABELED STEP, EXCEPT FOR THE INCUMBENTS ALREADY AT THE CURRENT TOP STEP. INDIVIDUALS ELIGIBLE FOR FOR A NORMAL STEP INCREASE WILL RECEIVE IT ON THEIR NORMAL ANNIVERSARY DATE.

CIVIL SERVICE FIRE: THE RANKS OF FIRE FIGHTER, FIRE ENGINEER, AND FIRE LIEUTENANT RECEIVED A 3% ACROSS-THE-BOARD INCREASE. THE RANKS OF CAPTAIN AND DEPUTY CHIEF RECEIVED A 5% ACROSS-THE-BOARD INCREASE. THE RANK OF BATTALION CHIEF RECEIVED A 6% ACROSS-THE-BOARD INCREASE. ALL SALARY RANGES WERE ALSO ADJUSTED ACCORDINGLY. AN ADDITIONAL STEP WAS ADDED TO THE PAY PLAN FOR ALL RANKS EXCEPT DEPUTY CHIEF. EMPLOYEES WITH AT LEAST ONE YEAR OF TIME IN THE CURRENT TOP STEP WILL BE MOVED TO THE NEW TOP STEP ON SEPTEMBER 27, 1997. INDIVIDUALS ELIGIBLE FOR A NORMAL STEP INCREASE WILL RECEIVE IT ON THEIR NORMAL ANIVERSARY DATE.

					Person	nel Action	Requ	uest						
A. J Pers J Term		oointment Separation	Chang Li Reque	ge of Ass est to Fill	signment Vacant	t Position (I	RVP)	Rev Cove	rised Persor erage	nnel	Quota (RPQ)	☐ Me	erit Increase
B. Employee N	lame	SMIT	Last				CH	ARLA				e) Middle	
Employee N	10. <u>2</u> 5	50465		······································		Soc. Sec.	No				_ Race			Sex
Birthdate _						Retiremen	ıt				_ Worl	Ext.		
C.					P(GRADE/	ersonnel l	Data			***************************************			НО	OURLY RATE/
CURRENT	FUND	DP/DV/SC	KEY	POS#	STEP	ANN.		C = ==	FUND/ACC				PAYP	O-59
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JUSTIFICA	TION OF	REQUEST: (R	PQ or R'	VP)						-				
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G. Effective of Approved By	date of ab	ove Personnel	Action _	10-11	-97	Contac	ct Pers	son SH	IRLEY	<u>Q</u>	PADR	AY Ex	t. 4]	8300
	DIVISIC	N HEAD		***************************************	DATE	non-monorate		BU	IDGET ADMIN	ISTRA	ATOR	11.		DATE
-1	DEPARTA	IENT HEAD		* /*	DATE /			PI	ERSONNEL D	IREC	TOR		· 💥	DATÉ
A OTH	TER APPRO	VAL SIGNATURE		_ <u>///</u> _	DATE DATE							***************************************		DATE

INDIVIDUAL RECORD OF ABSENCE FROM DUTY

FRI 08-16-96 E .50 SAT 08-17-96 E .25 TUE 08-20-96 E .75

	2524	TAFACT				E 140	NO DAY	/ ODD	DEDT NO	LOCATOR	LITTE DATE	LOD KE	V CTED
NAME SMITH CHARLA B	POLICE	TMENT				E M P 2504		/ GRP 110	DEPT NO 35	4156	HIRE DATE 05-05-86	XO4	C
SMITH CHARLA B	, 02102												
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FORWARD FROM LAST YEAR	R 279.20	732.62			105.75				96.00	•	*		
YEARS ACCRUAL	141.25	120.12			14.25		8.00)	64.00)	*		
TOTAL TIME OFF DUTY	169.25	9.00			2.00)	8.00)	40.00		*		
BALANCE - LAST PAYROL		843.74			118.00)			120.00)	*		
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	AND HOURS ABSENT		DATE		* * *	* * *	ABSENT * * * *		DAY DAT		CODE AND HO		
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SAT 12-23-95 V 8.00 MON 12-25-95 K 8.00		WED	09-11-96	E 1.50									
TUE 12-26-95 V 8.00		MON	09-16-96	T 8.00									
WED 12-27-95 V 8.00		TUE	09-17-96	T 8.00									
MON 01-01-96 K 8.00		SAT	09-21-96	V 8.00									
MON 01-15-96 K 8.00		TUE	09-24-96	V 8.00									
SAT 01-20-96 E 1.50		WED	09-25-96	V 8.00									
WED 01-24-96 E 1.00		THU	09-26-96	V 8.00									
THU 01-25-96 V 8.00		FRI	09-27-96	V 8.00									
FRI 01-26-96 V 8.00	V 0 00	SAT		J 8.00 E .75									*
SAT 01-27-96 U 2.00 SAT 02-03-96 E .75	V 8.00	TUE FRI	10-01-96 10-04-96	J 8.00									
WED 02-07-96 E .75		SAT	10-05-96										
WED 02-21-96 E .75		MON	11-04-96	T 8.00									
FRI 02-23-96 E .75		TUE	11-05-96	T 8.00									
FRI 03-01-96 E .25		WED	11-06-96										
SAT 03-09-96 E 1.75		THU	11-07-96										
SAT 03-16-96 V 8.00		FRI	11-08-96										
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SAT 04-27-96 E .75 THU 05-09-96 T10.00		SAT	11-30-96										
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THU 07-11-96 V 8.00													
FRI 07-12-96 V 8.00													
SAT 07-13-96 V 8.00													
SUN 07-14-96 V 8.00													
MON 07-15-96 V 8.00													
SAT 08-10-96 E .75													

CITY OF FORT WORTH PERSONNEL DEPARTMENT

RUN DATE 10/05/96

EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NO
SMITH		LA		110-35-4156	250465
	CONTROL	STEP	RATE	EFFECTIVE	ANNIV. DATE
OLD	079-354303-X04-001	С	19.0400	THRU 09-27-96	09-05-98
NEW	079-354303-X04-001	С	19.6100	BEGIN 09-28-96	09-05-98

COMMENTS:

0140

THE ABOVE EMPLOYEE MAY REFLECT A SALARY INCREASE DUE TO THE APPROVED FISCAL YEAR 1996/97 MARKET MAINTENANCE ADJUSTMENT. NON-CIVIL SERVICES EMPLOYEES MAKING \$25,000 AND UNDER RECEIVED AN ACROSS-THE-BOARD OF 8%. EMPLOYEES WHO RECEIVED THE 8% ACROSS-THE-BOARD AND WERE STILL BELOW \$15,150 WERE THEN BROUGHT UP TO THE \$15,150. EMPLOYEES MAKING \$25,000+ RECEIVED AN ACROSS-THE-BOARD INCREASE OF 3% AND WERE ELIGIBLE FOR AN ADDITIONAL INCREASE DUE TO THE PERFORMANCE PAY PLAN BEING APPROVED TO ALLOW FOR 0%-4% INCREASE. CIVILIAN SALARY RANGES WERE NOT INCREASED FOR THE FISCAL YEAR 1996/97.

CIVIL SERVICE FIRE PERSONNEL RECEIVED A 4% ACROSS-THE-BOARD WITH THE RANGES ALSO BEING ADJUSTED BY 4%.

CIVIL SERVICE POLICE PERSONNEL RECEIVED A 3% ACROSS-THE-BOARD WITH THE RANGES ALSO BEING ADJUSTED BY 4%.

THE EMPLOYEES RETIREMENT CONTRIBUTIONS INCREASED FOR GENERAL EMPLOYEES AND SWORN FIRE RANKS FROM 5.67% TO 6.95%, AND THE CITY'S CONTRIBUTION FOR THE FIRST YEAR INCREASED TO 9.06% FROM 8.5%.

SWORN POLICE RANK'S RETIREMENT CONTRIBUTIONS INCREASED FROM 6.15% TO 7.43%, AND THE CITY'S CONTRIBUTION FOR SWORN POLICE WILL BE INCREASED TO 9.78% FROM 9.22% FOR THE FIRST YEAR.

CITY OF FORT WORTH PYAP14-03

WED 07-19-95 J 8.00 FRI 07-21-95 E 1.50 TUE 07-25-95 S 4.00 THU 07-27-95 J 8.00 FRI 07-28-95 J 8.00 SAT 07-29-95 J 8.00 TUE 08-01-95 V 8.00 WED 08-09-95 S 8.00 SAT 08-12-95 E 1.50 WED 08-16-95 E 1.50 WED 08-30-95 E 3.00 MON 09-04-95 K 8.00 TUE 09-05-95 E .75 THU 09-14-95 E 1.00 SAT 10-07-95 J 8.00 WED 11-08-95 U 3.00

FIRITY VS		IND	IVIDUAL RE	CORD OF	ABSENCE	FROM DU	TY					
NAME	DEPARTMEN	г					PAY GRP		LOCATOR			
SMITH CHARLA B	POLICE					250465	110	35	4155	05-05-86	X04	С
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	VAC SI	CK			COMP	P	ERS	REG		* U	SED	
	HOURS HO	URS			TIME	HOL	IDAY	HOLIDAY	•	*		
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									1	*		
FORWARD FROM LAST YEAR	199.22 644	.50			120.00			136.00	•	*		
YEARS ACCRUAL	135.98 120	.12			15.25		8.00	64.00	, ,	*		
TOTAL TIME OFF DUTY		.00			29.50		8.00	104.00	•	*		
BALANCE - LAST PAYROLL	279.20 732				105.75			96.00	, ,	*		
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SAT 12-24-94 J 8.00		WED	11-22-95	E .75								
MON 12-26-94 K 8.00			11-23-95	н 8.00								
TUE 12-27-94 U 8.00			11-24-95	K 8.00								
WED 12-28-94 V 8.00			12-06-95	E .75								
MON 01-02-95 K 8.00		THU	12-07-95	V 8.00								
FRI 01-06-95 U 4.00		FRI	12-08-95	V 8.00								
MON 01-16-95 H 8.00			12-09-95	J 8.00								
FRI 01-20-95 U 8.00		THU	12-21-95	U 2.50								
WED 02-01-95 E 4.50			12-22-95	V 8.00								
SAT 02-04-95 S 8.00												
THU 02-09-95 S 8.00												
WED 03-15-95 S 4.00												
THU 04-20-95 J 8.00												
FRI 04-21-95 J 8.00												
SAT 04-22-95 J 8.00												
FRI 05-05-95 U 2.00												
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10D 07 10 35 1 000												

PRXP65-01

CITY OF FORT WORTH PERSONNEL DEPARTMENT

RUN DATE 10/07/95

EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NO
SMIT	H CHAR	LA		110-35-4155	250465
	CONTROL	STEP	RATE	EFFECTIVE	ANNIV. DATE
OLD	001-355100-X04-006	A	17.1700	THRU 09-29-95	09-05-98
NEW	001-355100-X04-006	C	19.0400	BEGIN 10-01-95	09-05-98

COMMENTS:

014(

THE ABOVE EMPLOYEE MAY REFLECT A SALARY INCREASE DUE TO THE APPROVED FISCAL YEAR 1995-1996 MARKET MAINTENANCE. NON-CIVIL SERVICE RECEIVED AN ACROSS-THE-BOARD INCREASE OF 3%. SOME EMPLOYEE'S RATES MAY HAVE ALSO CHANGED BY AN AMOUNT MORE THAN THE 3% DUE TO THE APPROVAL OF FUNDS FOR THE PERFORMANCE PAY PLAN. THE PERFORMANCE PAY PLAN WAS APPROVED TO ALLOW FOR AN ADDITIONAL 0% - 5% INCREASE.

CIVIL SERVICE FIRE PERSONNEL RECEIVED A 7% ACROSS-THE-BOARD INCREASE. THE TOP STEPS OF THE FIRE RANKS WERE INCREASED FROM 4% TO 5% BETWEEN STEPS.

CIVIL SERVICE POLICE PERSONNEL RECEIVED A NEW PAY PLAN WITH NO INCREASE OR MINIMAL INCREASE TO THE ENTRY RATE. HOWEVER, 5% STEP WERE ADDED REFLECTING A STEP INCREASE EVERY FOUR YEARS TO A MAXIMUM OF 25 YEARS.

SHIFT DIFFERENTIALS FOR ELIGIBLE NON-EXEMPT NON-CIVIL SERVICE PERSONNEL WERE INCREASED FROM 15 CENTS TO 30 CENTS FOR SECOND SHIFT AND 30 CENTS TO 45 CENTS FOR THIRD SHIFT.

ADDITIONAL ASSIGNMENTS PAYS WERE ALSO APPROVED FOR FIRE CIVIL SERVICE PERSONNEL.

CITY OF FORT WORTH

PERSONNEL EMPLOYEE CHANGE SHEET

EFFECTIVE DATE	20/08	83	5		Nancon States	i Andrew I Tribe		TOTAL IMAGE	Nacional Principal ********	•	****					٢	MA	STE	RK	ΈY	(TR		, met	3			2			00									
EMPLOYEE NAME		, Charla B															+				Γ			51	1	7	15	1	10	11	<u> </u>	. 3	5'4	13	0	3			
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ACTUAL DEPENDENTS		C	DE	P	E					-	L	_A:	ST	NA	M	E S	STA	RT	rs F	ΗE	RE																		
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FORT WORTH POLICE DEPARTMENT 350 W. BELKNAP ST. FORT WORTH, TEXAS 76102 (817) 877-8385

January 6, 1995

Officer C. B. Smith ID #2214 South Division Fort Worth Police Department 350 West Belknap Fort Worth, TX 76102

Dear Officer Smith:

Effective Saturday, January 7, 1995 you will be promoted to the rank of Corporal/Detective in the Fort Worth Police Department. This promotion is being made in accordance with the Civil Service Rules and Regulations and the rules and regulations of the Fort Worth Police Department.

You will be assigned to the South/West Field Operations Bureau, South Division, and will report to Deputy Chief S. C. Hill for assignment.

You will need to turn in your Officer's badge at the Personnel and Training Division within the next ten working days.

Very truly yours,

Thomas R. Windham

-THOMAS R. WINDHAM OCC)

Chief of Police

sm

xc: Mr. Richard Hodapp, Acting Director of Civil Service

	<u> </u>		sonnel Actior		ised Personnel	Quota (RF	P(O)	Merit Increase
A. □ Personnel Appointment□ Termination of Separation	Chan Requ	ge of Assignn est to Fill Vac	nent cant Position (wasta (iii		The state of the s
D C 11			Nh	0/0	com merce), e ja mala verda jakologia kenden onganin negeri apadasa ken	Q		
B. Employee Name Smit	- N			First			Middl	е
Employee No. 350	465		Soc. Sec	. No		_ Race _		Sex
Birthdate			Retireme	nt		Work E	Ext	
C.			Personnel	Data		**************************************		HOURLY RATE/
FUND DP/DV/SC	KEY		RADE/ STEP ANN	. DATE	FUND/ACCOUN	T/CENTER		AYPERIOD SALARY
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NEW STATUS CRIP 035430	3	001	(1	Gene	010413-8	-0350	303	()
OEF	PT. NAME		ACT. NAME	LOCATOR CODE	AUTH. POS.	HOURS	WEEKS	SHIFT
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Reason for change 710								
D. Department-Leave Time Us	sed-Curre	ent Payperiod			Personnel Dep	partment U	Jse Only	
Type of Leave		Hour						
							and a state of the	
			Control of the Contro		**************************************			
E. TERMINATE PO	SITION	Re	evised Perso	nnel Quota		POSITION		
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		Position S	ALARY					
JUSTIFICATION OF REQUEST:	(RPQ or	RVP)					and the second s	
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			inde sourced and sources representations of the source of					
F.	economic al de la con ciencia de la concensión de la conc	Requ	uest to Fill V	acant Position				
Funds for this position are budge						:	Date	to be filled
☐ Salaries of regular employees		Extra help	□ Not b	oudgeted				
If not budgeted, method of finan	cing			`				
		11 11 00		arh.	W. Att	V Ov O		
G. Effective date of above Perso Approved By:	nnel Actio	u <i>∏-∏-</i> 75	Cor	ntact Person	my n	D I W	EXI.	
DIVISION HEAD		, D/	ATE		BUDGET ADMINIS	TRATOR		DATE
A 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/				PERSONNEL DIR	ECTOR		DATE
DEPARTMENT HEAD	in /	n 11-10	ATE 1-73		v and the W1 71 71 10 10 11 1			DATE
OTHER APPROVAL SIGNAT	URE	D	ATE					DATE

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SECOND REQUEST

NERNED

JUL 2 6 1995

MESCHOW REFT. Chyofios Worth

Sharon William 12 7-25-95

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL F	RECORDS	EXT. 7776	
TIME CLERK Anthon	(Supervisor who signs the T &	DATE6	OR EXT. <u>922-3460</u> -19-15
EMPLOYEE'S	NAME Smith, Charle	EMPLOYEE NUM	MBER <u>250465</u> = <u>355100</u>
	1/6		
PAY PERIOD REQUIRING CHANGE 12	DATE NEEDING TO BE CHANGED 6/3/95	REPORTED OR	CHANGE TO Sage
PAY PERIOD REQUIRING CHANGE	DATE NEEDING TO BE CHANGED	REPORTED ORINPUT AS	CHANGE TO
PAY PERIOD REQUIRING CHANGE	DATE NEEDING _ TO BE CHANGED	REPORTED ORINPUT AS	_ CHANGE TO
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PAY PERIOD REQUIRING CHANGE		REPORTED OR	_ CHANGE TO
REA	SON FOR CHANGE	tached	

HEKKA CILL MES CHARACTURE

CITY OF FORT WORTH, TEXAS

STATEMENT OF EARNINGS AND DEDUCTIONS											
			STATEMENT	OF EARN	INGS AND DEC	DUCTIONS					
RNINGS	HRS/UNITS	AMOUNT	Later To produce	DEDUC	TIONS		Y	AR TO DATE			
ULAR	6400	109888	FED TAX	25460	RETIRE	9686	GROSS PAY	1958528			
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FOR PERIOD ENDING 06-09-95 NC' NEGOTIABLE SUI .ER TUITION REIMBUR SEMENT APPLICATION DEAD .NE-JUNE 30





SOUTH DIVISION

DAILY ASSIGNMENT

SECOND WATCH

	.,11995 			AY	
	COMMANDER RAY ARMAND 1029 922-3400		CMDR 302 (336) CMDR 304 ()	C MASON 1675 994-3437	
UNIT SHOP#			UNIT SHOP#		
G210 (297) BS	JOHNSON	1759			
G220 (296) A/S	MA CHALIFOUX	2353	(999-8818)		•
G212 (445) A/G	RA KINO		G211 (439)	BL TRIGG	2652
G214 (344)	DA WEILER	2373	G213 (339)	JG HOLMAN	2767
G216 (342)	SL WOOD	2648	G215 (341)	RJ COSTA	2679
G218 (WGN)	(62)		G217 (343)	JP MURDOCK	2671
G23 2 (345) C	PL CB SMITH O A AGUILAR	2214 2793	G227 ()	JK WANZOR	2730
H210 (298)	(62)		(994-3452)		
H212 (348)	C SIMMONS	2714	H211 (464)	JW REYNOLDS	2621
H214 (350)	RE WILLIAMS PK DEGRAEVE	2360	H213 (349)	RG BROTHERTON	2657
H216 (352)	R JOHNSON	2656	H215 (351)	•	
			H217 (353)	MK COLLINSWORTH	1 2400 R
H248 (DSK)	RL BANGS	2663			
CALL OFFS:					
CS HENDRIX 25 AF NORRIS 22 MW LAMBERT 26	511V(H) 235V(G)	RJ WEST	2625S ELIS 2617F AN ON LOAN DIR	(H) (G)	



SOUTH DIVISION

DAILY ASSIGNMENT

SECOND WATCH

DATE: JULY 20	, ,1995 		DAY	 7: TI	 HURSDA	Y	
DIVISION C	OMMANDER AY ARMAND 1029			WAT 301 (336) LT 2	MMANDER A WILKERSON -8475	1833
- -	22-3400) LT I	EL PRICER -3446	1522
UNIT SHOP#				SHOP#			
G210 (297) SGT	BS JOHNSON	1759	(994-	3454)			
G220 (296) SGT	AF NORRIS	2235	(999-	8818)			
G212 (445)	DL MORAN	2609	G211	(439)		BANGS MOUTON	
G214 (441)	DA WEILER	2373	G213	(440)		LAMBERT	2628
G216 (443)	BL TRIGG	2652	G215	(442)	СВ	SMITH RUELAS	2214
G218 (WGN)	(62)		G217	(343)			2544
			G227	()	G	MEDRANO	2233
					I	ESPINOZA	1926
H210 ()	(62)						
H220 () SGT	G GHILESPI	2060					
H212 (465)	(62)		H211	(464	1)		(62)
H214 (467)	JA PONCE	1869	H213	(466)	LM	SANBORN	2592
H216 (469)	RE WILLIAMS	2164	H215	(468)	JL	OVERLAND	2274
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CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

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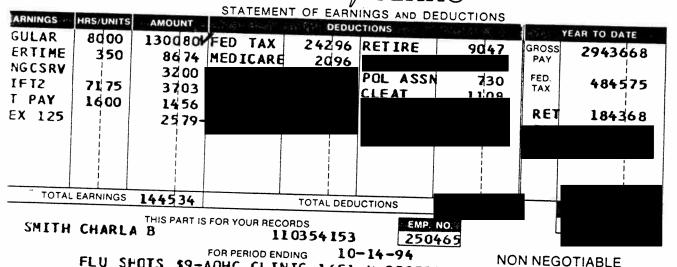
PERSONNEL EMPLOYEE CHANGE SHEET

EFFECTIVE DATE 2/1/6	YEE CHANGE SHEET
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PREPARED BY	MASTER KEY (TRAN)
DATE PRESENTE HELLICIA CON 40	GG015140100355100 X04001
3/9/95	1/03/6/4///5//
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	(Insurance application in the state of the s
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Employee No. 25046).		Race		Sex
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	☐ Extra help	☐ Not budgeted					
not budgeted, method of financing							
Effective date of above Personnel Acroved By:	tion 1-7-95	Contact Perso	5	analy G	Dogh	Ext4	-8304
DIVISION HEAD	DATE	In west	VED		SYL	NAG	
DEPARTMENT HEAD	DATE	PEDO-	995 BUDGE	T ADMINISTRATO		177	DATE 394
OTHER APPROVAL SIGNATURE	DATE DATE	Sity of Fores	DEPT.	ONNEL DIRECTOR	?		DATE

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL RECORDS	EXT. 7776
AUTHORIZED BY (Supervisor who signs the T & A)	haron William on 12-8-94 Charon DATE S-9-6
EMPLOYEE'S NAME Charla & Smith	EMPLOYEE NUMBER 250465
DEPARTMENT LOLUE 35	LOCATOR CODE 4153B
PAY GROUP//O	FLSA STATUS
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CITY OF FORT WORTH TIME AND ATTENDANCE RECORD

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CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL	RECORDS	EXT. 7776	
AUTHORIZED BY	44 4/1/01/1/1	9/12/94 PHONE & DATE A)	OR EXT. 9223410
	NAME <u>CB. Inuch</u>		
DEPARTMEN	T <u>Police</u>	LOCATOR COL	DE <u>4153</u>
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CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL RECORDS	EXT. 7776
TIME CLERK Patricial lights D	ATE 9/7/94 PHONE # OR EXT. 922 3410
AUTHORIZED BY (Supervisor who signs the	T& A)
	EMPLOYEE NUMBER 250465
DEPARTMENTPOlse(E)	LOCATOR CODE 4/153
PAY GROUP //O	FLSA STATUS
PAY PERIOD REQUIRING / 8 DATE NEEDING 8/3 CHANGE / 8 TO BE CHANGED	REPORTED OR $\frac{888}{2}$ CHANGE TO $\frac{8089}{2}$
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PAY PERIOD REQUIRING DATE NEEDING CHANGE TO BE CHANGED	REPORTED OR CHANGE TO
REASON FOR CHANGE <u>time</u>	posted in error on 9/1/94, Officer
had overtime fo	r both 8/31 and 9/1/94 for
E. 75	

Mail top two pages of this form to: TEXAS WORKERS' COMPENSATION COMMIS Central Office, 4000 South IH-35, Southfield Building Austin, Texas 78/04 Send the specified copies to your Workers' Compensation TWCC CLAIM # Carrier and the injured employee. Please read instruction sheet CAREFULLY, giving special attention to items marked CARRIER'S CLAIM with an asterisk (*). EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS EMPLY# L Name (Last, Pirst, M.L) 2 Sex 15. Date of lajury (m-d-y) 16. Time of lajury 17. Date Lost Time Beg. Smith, Charla 2 🛛 M 🔲 01 -67- 94 // :40 am pm 4. Home Phone 5. Date of Birth (m.d. 18. Nature of Injury® 19. Part of Body Injured or Exposed SORENESS BACK & LEFT ARM 6. Does the Employee Speak English? If No. Specify Language 20. How and Why Injury/Illnow Occurred. During a physical Altercation while Attempting to arrest A WANTED person YES NO 7. Race White X Black & Ethaicity Hispanic Other 21. Was employee (22. Worksite Location of Injury (stairs, dock, etc.) 9. Mailing Addres doing his Street or P.O. Box Public Street regular job? Ю 23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site Street or P.O. Box 3300 BEUBLOOK Married | Widowed | Separated | Divorced [City FT WORTH 24. Cause of lajury (fall, tool, machine, etc.)* 13. Doctor's Name OR CARIA DETIENDENT 25. List Witnesses P.A. WOOD WERD JR McCauley 26. Return to work 27. Did employee 28. Supervisor's Name 29. Date Reporte date/or expected SERGEANT (m-d-y) D.F. BurgesD1-09 30. Date of Hire (m-d-y) 31. Was employee hired or recruited in Texas? 32. Length of Service in Current Position 33. Length of Service in Occupation YES X NO Months . Years _ Months Years . 34. Employee Payroll Classification Code 35. Occupation of Injured Worker POLICE OFFICER 36. Rate of Pay at this Job 37. Full Work Week is: 38. Last Paycheck was: 39. Is employee as Owner, Partner, or Corporate Officer? for 80 Hours or 10 Dave YES NO X 40. Name and Title of Person Completing Form 41. Name of Business 56T D.F. KUIGES > CITY OF FORT WORTH 42. Business Mailing Address and Telephone Number 43. Business Location (If different from mailing address) Street or P.O. Box 1000 Throckmorton Number and Street 3128 W. BOLT STREET (817) 871-7766 State Fort Worth State TEXAS ZIP Code 76110 76102 FORT WORTH 44. Federal Tax Identification Number 45. Primary Standard Industrial Classification (SIC) Code • 46. Specific SIC Code • 47. Texas Comptroller Taxpayer No. 9131 (Municipal Government) 75-600528 1-75-600528-600 48. Workers' Compensation Insurance Company 49. Policy Number CITY OF FORT WORTH SELF-INSURED (CLAS Inc., Servicing Agency) 50. Did you request accident prevention services in past 12 months? YES NO X If yes, did you receive them? YES NO 51. Signature and Title (READ INSTRUCT) ONS ON INSTRUCTION SHEET BEFORE SIGNING

JAN 111994

FT. WORTH

TORMATION BY OFFICER INVOLVED

DATE: 5-15-91

VEHICLE ACCIDENT AND INCIDENT REVIEW FORM FOR REVIEWING ACCIDENTS/ (Not a Replacement for #106 Form)

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ow man	ng on-duty status?	-time work (outside work) or overtime t List also the number of extra hours work	•
	have all study in or	ollege are you now taking?	

Page 2 or 2 propos		DO NOT WRIT	E IN THIS SPACE
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only IF NOT AT INTERSECTION North S E W	show nearest intersection, street or	13 B	
reference p ing number	oint. Show milepost or nearest intersected highway.		
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ACCIDENT STATISTICAL DATA	#3		
Fill in squares with an X in the appropriate catagories. "CAUSE CODE" is citation code number of the violation that caus-	#4		
ed the accident. A citation does not have to be issued for the code number entry.			
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Mail top two pages of this form to RECEIVED TEXAS WORKERS' COMPENSATION COMMISSION Central Office, 4000 South TH-35, Southfield Building FEB 1 1 1993 Send the specified copies to you E Borkers Compensation TWCC CLAIM # PERSUNNEL DEFT Carrier and the injured employees Please read instruction City of Port Worth sheet CAREFULLY, giving special attention to items marked CARRIER'S CLAIM# EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS with an asterisk (*). 17. Date Lost Time Began 15. Date of lajury (m-d-y) 16. Time of lajury 2 Sex 1. Name (Last, First, M.L.) 02-06-93 15:36 am Opm P 🛛 M 🗆 19. Part of Body lajured or Exposed 18. Nature of Lajury 5. Date of Birth (m-d-y) EXPOSURY 20. How and Why Injury/Illnow Occurred To Caville Arrested & transported TB caville 6. Does the Employee Speak English? If No. Specify Language YES NO & Ethnicity Hispanic Black | White 7. Race Native American Other 22. Worksite Location of Injury (stairs, dock, etc.)* 21. Was employee in refricte doing his 9. Mailing Address regular job? 7/19 E Oleans Street or P.O. Box 23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site Street or P.O. Box City 24. Cause of Injury (fall, tool, machine, etc.) EXDCFU 25. List Witnesses & medrano, JLH.1 13. Doctor's Nam 28. Supervisor's Name 29. Date Reported Te Doctor's Mania 27. Did employee 26. Return to work date/or expected (m-d-y) 33. Length of Service in Occupation 32. Leagth of Service in Current Position 31. Was employee hired or recruited in Texas? 30. Date of Hire (m-d-y) Months 4 Years 6 Months -YES X NO 05 25.86 35. Occupation of Injured Worker 34. Employee Payroll Classification Code 39. Is employee an Owner, Partner, 38. Last Paycheck was: 37. Full Work Week is: or Corporate Officer? 36. Rate of Pay at this Job for 40 Hours or 10 Days YES NO X \$14.9 Hourty \$ 98.80 Weekh 41. Name of Business 40. Name and Title of Person Completing Form CITY OF FORT WORTH 43. Business Location (If different from mailing address) 42. Business Mailing Address and Telephone Number Number and Street Telephone (817) 871-7766 Successor P.O. Box 1000 Throckmorton ZIP Code ZIP Code 76102 Texas 47. Texas Comptroller Taxpayer No. 45. Primary Standard Industrial Classification (SIC) Code • 46. Specific SIC Code • Fort Worth 44. Federal Tax Identification Number (4 digit) 1-75-600528-600 (4dipt) 9131 (Municipal Government) 75-600528 49. Policy Number 48. Workers' Compensation Insurance Company SELF-INSURED (CLAS Inc., Servicing Agency) CITY OF FORT WORTH 50. Did you request accident prevention services in past 12 months? YES NO X If yes, did you receive them? YES NO 51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING)

Mail top two pages of this form to:			2003	3	
Mail top two pages of this form to:	AISSION				
TEXAS WORKERS' COMPENSATION COM	Mina				
Central Office, 4000/South 1H-35, Southfield Bu	Jaing				
Austin, Texas 78/04/-	1	TWCC CLAI	M#		
Send the specified copies to work Workers' Com	pensation				
Carrier and the injured employee. Please read i	nstruction				
sheet CAREFULLX giving special attention to	items marked	CARRIER'S CL	AIM#		
with an asterisk (*).			OD IT THECO		
Employer's I	FIRST REPO	KT OF INJURY	OK ILLNESS	·	
1. Name (Last First, M.L.) 2. Sex		15. Date of Injury (m-d-	y) 16. Time of Injury	17. Date Lost	Time Begin
			16:00 am	lom (m.d.y) -	
JIMIN. CHANTED	of Birth (m-d-y)	18. Nature of Injury			
3. Social Security Number 4. Home Phone 5. Date of	n Duut (#97)	let wirst	left wir		
		Sylvan			
6. Does the Employee Speak English? If No, Specify Language		Coon Conc	Control solo	de during R	alls
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7. Race White Black Black Ethaicity Hispanic		4 throws		-	
Asian Native American	Other 🖟	21. Was employee	war 520 22. Worksite	Location of Injury (stairs, o	lock, etc.)*
9. Mailing Address		doing his	AR Molesine		•
Street or P.O. Box		regular job?	10 0 94m		
CITY State ZIP Code County		23. Address Where Inj	ury or Exposure Occurred	<u> </u>	
Old State of the S			occurred on a business site	1	
		Street or P.O. Box	2-t. c	TARRAUT.	
		City 1	1.	State ZIP Co	
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		24. Cause of lajury (fal	1, tool, machine, etc.)	11. ULTENS	
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		~ n	Ta 52 L	. Supervisor's Name 29. D	nia Panamad
		26. Return to work date/or expected		Supervisors Name 29. D	m-d-y)
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		12-12-92	YES NO	1866 12	-12-92
30. Date of Hire (m-d-y) 31. Was employee hired or recri	ited in Texas?	32 Leagth of Service in	/	13. Length of Service in Occ	· /.
05.05.81 YES X NO [Months Y	ein <u>C</u>	Months Yes	<u>n 🙄 </u>
34. Employee Payroll Classification Code 7720		35. Occupation of Injure	d Worker POTICE	OFFICER	
36. Rate of Pay at this Job 37. Full Work V	Veek is:	38. Last Paycheck was:		39. Is employee as Own	er, Partner,
50. 102. 01.1.7.11.02.11		•		or Corporate Officer	?
SHOurty 3 Weekly 40 Hours	5 Days S	6 60 H	ours or 10 Days	YES NO	X
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		·			
40. Name and Title of Person Completing Form		41. Name of Business	onm Honmir		
ROBERT W. CONVERY, S	GT FWPD	CITY OF F			
42. Business Mailing Address and Telephone Number			(If different from mailing		
Survey or P.O. Box Telephone	817) 871–776 <i>6</i>	Number and Street	3128 W. Bo	lt Street	
I Cin State	71P Code	City Fort W	orth Te	xas 761	fo
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48. Workers' Compensation Insurance Company		49. Policy Number	HDED /OTAC To-	Commission A	annau)
CITY OF FORT WORTH			UKED (CLAS Inc	., Servicing A	gency)
50. Did you request accident prevention services in past 12 month		RECEIVED			
YES NO X If yes, did you receive them?	res NO				
51. Signature and Title (READ INSTRUCTIONS ON INSTRUC	TION SHEET BEFOR	Wisherman 1992			
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DRISINAL NAPRATIVE

-SITABINKNAME

ON 08-01-91 AT 1545 HRS OFCE C B SMITH 2214, WORKING HRS., LAS AT THE SCUTH SIDE SECTOR WHEN A CALL CAME IN FROM AN UNK BUBLECT APVISING THAT SOME BAMS HAD JUST BROUGHT IN A LOT OF COMPUTER EQUIPMENT TO UNCLE LOT S PAUN SHOP AT 900 E BERRY ST.

THIS INFORMATIN WAS GIVEN TO SGT MILLER WHO ADVISED OFCR SMITH TO GO CHECK IT THE.

ALSO SIVEN WAS A DESCRIPTION OF A BZM WEARING A RED BALLCAR AND A BROWN SHIRT AND STATING THE SUBJECTS WERE IN AN OLD DARK BLUE CHEMPOLET VCH.

OFCR SMITH ADVISED OTHER OFCR/S IN THE AREA OF THE INFORMATION AND OFCR F MALDONADO WORKING H211 ARRIVED ON THE SCENE AS OFCR SMITH ARRIVED.

OFCR/S OBSERVED THE S1 STANDING NEAR A DARK BLUE OLDSMOBILE IN THE PARKING LOT. WHEN OFCRS APPROACHED THE S1, HE ADVISED HE WAS JUST HANGING OUT IN THE PARKING LOT AND THAT WAS NOT HIS VEH HE WAS STANDING NEAR. DUE TO THE FACT S1 DID NOT FIT THE DESCRIPTION GIVEN BY THE LIKE CALLER, OFCRS DID NOT DETAIN HIM. OFCRS THEN ENTERED THE PAUN SHOP AND OBSEVED THE AP1 WHO MATCHED THE DESCRIPTION GIVEN AND ASKED AP1 TO GIVE IDENTIFICATION. OFCRS GUESTIONED AP1 ABOUT ATTEMPTING TO SELL COMPUTER EQUIPMENT AND HE ADVISED HE WAS NOT. AFTER ANOTHER SUBJECT WHO WAS IN THE PARKING LOT WITH A BLUE OLDSMOBILE. AT THIS TIME OFCRS NOTICED S1 WAS NOWHERE TO BE SEEN AND AP1 POINTED OUT AP2 AND AP3 WHO WERE BOTH WANDERING AROUND IN THE STORE. THE CONFISCATED PROPERTY COVERED MOST OF THE COUNTER SPACE AT THE PAWN SHOP AND OFCRS WERE DIRECTED TO THIS PROPERTY BY THE PAWN SHOP THELOYEES.

OFCR SMITH RAN THE CONFISCATED PROPERTY THROUGH PIC AND WAS ADVISED IT WAS STOLEN ON SERVICE NUMBER 91406615. OFCR SPOKE WITH AP2 WHO ADVISED THAT THE 31 WHOM HE KNEW ONLY AS "BOOBY" HAD COME TO AP2'S RESIDENCE AND OFFERED AP2 \$50 TO HELP HIM TRANSPORT SOME MERCHANDISE TO THE PAWN SHOP. AP2 ADVISED HE AGREED AND THEY WENT TO AN UNK LOCATION AT A VACANT HOUSE WHERE THE CONFISCATED PROPERTY WAS IN THE PROCKYARD AND HE ASSISTED S1 IN LOADING THE CONFISCATED PROPERTY INTO THE CONFISCATED VEH. AP2 STATED THE S1 SAID HE NEEDED COMPONE WITH IDENTIFICATION TO PAWN THE ITEMS FOR HIM AND SO AP2 DECKE TO AP3'S HOME AND PICKED HER UP AND ASKED HER WHERE THEY COULD SIND COMPONE TO PAWN THE ITEMS AND SHE DIRECTED THEM TO AP1'S LOCATION AT WHICH TIME ALL THREE APS AND S1 WENT TO THE PAWN SHOP.

MUST HAVE SEEN THE OFCR/S AND GONE OUTSIDE BEFORE OFCRS ENTERED THE STORE.

AP2 ADVISED THAT THE ST USED TO LIVE ON BRENTWOOD STATE RD IN A TOWNHOUSE, BUT THAT HIS MOTHER HAD KICKED HIM OUT A COUPLE OF MONTHS AGO AND AP2 NO LONGER KNEW WHERE STAYS.

AP3 ADVISED OFCR MALDONADO THAT SHE DID KNOW WHERE THE S1 STAYS AND THAT HE STAYS AROUND THE CORNER FROM HER RESIDENCE, BUT SHE DID NOT KNOW THE STREET ADDRESS.

1412 STATED HE BELIEVED THE VACANT HOUSE THAT HE GOT THE PROPERTY FROM WAS ON MITCHELL OR MILLER ST.

ALL FIRST APS WERE ARREST ON THE CHARGE OF THEFT OF STOLEN PROPERTY \$750-20,000.

AP1 AND AP2 WERE TRANSPORTED BY OFCR MALDONADO TO 350 W BELKNAP ST WHERE THEY WERE BOOKED ON THIS CHARGE AFTER BEING ADVISED OF THEIR RIGHTS ON THE BOFNE.

AP3 WAS ADVISED OF HER RIGHTS ON THE SCENE AND TRANSPORTED BY OFCR SMITH TO 350 W BELKNAP ST AND BOOKED ON THE ABOVE CHARGE. OFCR PRIGGS WHO HAD ALSO ARRIVED TO ASSIST OFCRS ASSISTED IN THE

PATROL UNIT AND THIS ALSO WAS TRANSFORTED THICKERT LITTO OFCR SMITH'S TRATEOL UNIT AND THIS ALSO WAS TRANSFORTED TO 750 W BELKNAP ST TO THE TRANSFORTY FIRM WERE IT WAS MARKED AND TAGGED BY FORM OFCR SMITH AND PALCONADO.

THE COMPUSCATED VEH WAS ED PULLED BY BALLARD WRECKER TO 1301 $\Xi_{\rm col}$. NORTHSIDE DP.

SP CASE CALLID.

SCT KING - ENTERED BY H027

PORR TOS END OF PERCET

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REMARKAZZONOZSTYLI: MD1208FTS3 NA VALUE CD 00 DATE 08/01/91 SUPPLEMENT #01 NARRATIVE DECOR ENTRY BY: 505 CALLING OFFICER SMITH, C B 2214 SOURCE ORO CODING BY: -- HILF INVESTIGATING REPORT RUMBER 91407248 FOR LEARNED THAT THE RECOVERED PROPERTY HAD BEEN TAKEN IN THIS OFFENSE.

-52, BZ AND S4 WERE ARRESTED ON A CHARGE OF THEFT OF STOLEN

FROPERTY \$750-20,000, AND THE ST WAS NOT APPREHENDED OR CHARGED. TIP RECOVERED PROPERTY WAS TACGED AND PLACED INTO THE FORT

WORTH POLICE PROPERTY ROOM BY OFCE SMITH AND MALDONADG.

THE CONTISCATED VEH WAS TOWED BY BALLARD WRECKER SERVICE TO 1301

F MORTHSIDE DR.

HO CSOU WAS CALLED.

SCT KING - ENTERED BY H027

PD58 525 SND OF REPORT

91213 1919

EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NC
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olo	001-008100-X03-201	Ç	12.4800	THRU 10-06-39	09-05-90
NEA	661-383103-803-201	C	12.9800	916IN 10-07-39	09-05-90

COMMENTS:

THE ABOVE EMPLOYEE MAY REFLECT A SALARY INCREASE DUE TO THE APPROVED PISCAL YEAR 1989-1990 MARKET MAINTENANCE.SOME EMPLOYEES* RATES MAY HAVE CHANGED DUE TO A PERFORMANCE INCREASE APPROVED DURING THE PIRST PAY PERIOD IN OCTOBER.

ONLY SWORN POLICE AND FIRE PERSONNEL RECEIVED AN ACROSS-THE-BOARD INCREASE FOR FISCAL YEAR 1989-1990. ALL OTHER EMPLOYEES RECEIVED IN INCREASE BASED ON PERFORMANCE ONLY. POLICE/FIRE PERSONNEL SALARY INCREASES WERE MADE EFFECTIVE 18-37-89. ALL OTHER EMPLOYEES ARE EFFECTIVE ON THERE ANNIVERSARY DATE.

SALARY RANGE MINIMUMS WILL NOT BE ADJUSTED THIS YEAR, HOWEVER, SALARY RANGE MAXIMUMS WILL BE EXTENDED TO IMPROVE OUR COMPETITIVE POSITION. THE POLLOWING CHANGES HAVE BEEN MADE.

1. MANASCHENT FAY PLAN, KEY CODES D.E AND F. RANGES ARE BEING EXTENDED FROM A BOX SPREAD TO A 50% FROM MINIMUM TO MAXIMUM.

D.AOMINISTRATIVE PAY PLAN, KEY CODES A, 8, C AND G, RANGES ARE BEING EXTENDED FROM A 404 SPREAD TO SOR SPREAD PROM MINIMUM TO MAXIMUM. NON-EXEMPT PAY PLAN

1. Key codes J.K.P and G.RANGES ARE BEING EXTENDED FROM A 25% SPREAD TO 45% SPREAD FROM MINIMUM TO MAXIMUM.

C.KEY CODES A AND N. RANGES ARE BRING EXTENDED FROM A 25% SPREAD TO A 35% SPREAD FROM MINIMUM TO MAXIMUM.

3. POLICE/FIRE CIVIL SERVICE. KEY CODES X AND Y, ALL STEPS WILL BE INCREASED by 4%.

OTITIVE .	<i>500</i> 23
Mail top two pages of this form to: EXAS WORKERS' COMPENSATION COMMISSION Central Office, 4000 South IH-35, Southfield Building ED Austin, Texas 78/04 Send the specified copies to your Workers Tompensation	TWCC CLAIM #
Carrier and the injured employee. Acase read instruction the content of the conte	CARRIER'S CLAIM#
with an acterisk (*).	
with an asterisk (*). EMPLOYER'S FIRST REPO	ORT OF INJURY OR ILLNESS
Emply #250465	15 Date of Injury (m-d-y) 16. Time of Injury 17. Date Lost Time Begna
1. Name (Last, First, M.1) 5 M = Th, Charla B P M D	01.04.92 20:15 am Dpm NOLOST-TIME
3. Social Security Number 4. Home Phone S. Date of Birth (m-d-y)	18. Nature of Injury 19. Part of Body Injured or Exposed Pain to Right Right hand
	hand
6. Does the Employee Speak English? If No. Specify Language YES NO	20. How and Why lajury/Illaen Occarred Employee Answered Call reference fight Employee was Trying to gain control of Suspect. Suspect was resisting
7. Race White Black Black 8. Ethnicity Hispanic Native American Other Native American	21. Was employee doing his 22. Worksite Location of Injury (stairs, dock, etc.) 23. Worksite Location of Injury (stairs, dock, etc.) 24. Worksite Location of Injury (stairs, dock, etc.)
9. Mailing Address Street or P.O. Box	regular job? 10
City State ZIP Code County	23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site Town Center 141911
	County
	Street or P.O. Box 42ce 5 FRUY City FT- Worth TX-
	City FT- Worth State ZIP Code 24. Cause of Injury (fall, tool, machine, etc.)* Bodily Force
	25. List Witnesses 597 5.W. Halfinon 1906
13. Doctor's Name	391 3-10-179/77/10/10 1966
14 Doctor's Mailing Address (Street or P.O. Box)	26. Return to work date/or expected die? 27. Did employee 28. Supervisor's Name 29. Date Reported (m-d-y)
City State ZIP Code	(B-07) N/A (crantord 0) 04 92
	NO LOST TIME YES NOW 1974
30. Date of Hire (m-d-y) 31. Was employee hired or recruited in Texas?	32. Leagth of Service in Current Position 33. Leagth of Service in Occupation
05 05 86 YES X NO	Months 3 Years 5 Months 7 Years 5
34. Employee Payroll Classification Code 7720	35. Occupation of Tajured Worker Police Officer
36. Rate of Psy at this Job 37. Full Work Week is:	38. Last Paycheck was: 39. Is employee an Owner, Partner, or Corporate Officer?
97 \$14. Hourty \$598 Weekly 40 Hours 5 Days	S 197 for 80 Hours or 10 Days YES NO X
3	
40. Name and Title of Person Completing Form	41. Name of Business
Sat. S.w Halfmann 1906	CITY OF FORT WORTH
42 Business Mailing Address and Telephone Number	43. Business Location (If different from mailing address)
Street or P.O. Box 1000 Throckmorton (817) 871-77	Number and Street 3128 W. Bolt Street State ZIP Code
City Fort Worth Texas 76102	Fort Worth Texas 76110
44. Federal Tax Identification Number 45. Primary Standard Industrial C	(40)20 1 75 (00500 (00
75-600528 9131 (Municip	a1 Government) 1-/5-600528-600
48. Workers' Compensation Insurance Company	SELF-INSURED (CLAS Inc., Servicing Agency)
CITY OF FORT WORTH 50. Did you request accident prevention services in past 12 months?	
YES NO X If yes, did you receive them? YES NO	JAN 7 1992
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEF	FORE SIGNING)
11.1/2/11/2006	1-4-92.
x Mydolf 1906	Date

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CITY OF FORT WORTH PERSONNEL DEPARTMENT

RUN DATE 10/23/91

EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NO
SMIT	H CHAR	LA		110-35-4153	250465
	CONTROL	STEP	RATE	EFFECTIVE	ANNIV. DATE
OLD	001-355100-X03-093	under Steen Been	14.1900	THRU 10-04-91	∂ C- O O - G O
NEW	001-355100-x03-093	Name Cook	14.9700	8EGIN 10-05-91	00-00-00

COMMENTS:

THE ABOVE EMPLOYEE MAY REFLECT A SALARY INCREASE DUE TO THE APPROVED FISCAL YEAR 1991-1992 MARKET MAINTENANCE.SOME EMPLOYEES* RATES MAY HAVE CHANGED DUE TO A PERFORMANCE INCREASE APPROVED DURING THE FIRST PAY PERIOD IN OCTOBER.

SWORN POLICE AND FIRE PERSONNEL RECEIVED A 5.5% ACROSS-THE-BOARD INCREASE FOR FISCAL YEAR 1991/1992.OTHER EMPLOYEES RECEIVED A 4% ACROSS-THE-BOARD INCREASE FOR FISCAL YEAR 1991/1992.ALL INCREASES WILL BE EFFECTIVE OCTOBER 5,1991.

A 3% (EVENING) AND A 5% (MID-NIGHT) SHIFT DIFFERENTIAL WAS APPROVED FOR SWORN POLICE.

	Personi	nel Action Requ	est					
. Personnel Appointment CI Termination of Separation Representation	nange of Assignment equest to Fill Vacant	t		sed Persor age	nnel Quo	ota (RPQ)	O M	erit Increase
3. Employee NameSmit	h	Cha	Ar ld			Race	B Middle	Cov
Employee No	<u>- 701</u>	Soc. Sec. No						
3irthdate		Retirement				Work Ext.		
C. FUND DP/DV/SC	F GRADE KEY POS# STEP			FUND/ACC	COUNT/CEN	ITER	PAY	HOURLY RATE/ PERIOD SALARY
CURRENT STATUS OO 35.52.00 X	03 053 D	90591	GGOI	51401 5140		355 <u>20</u> 355 <u>10</u>		100
CURRENT STATUS STATUS 35.5100 DEPT. NAME DEPT. NAME DEPT. NAME DEPT. NAME DEPT. NAME		. 0 / /	TOR CODE	AUTH. PO		8C L	WEEKS	SHIFT
NEW STATUS	Patrol-Sa	uth-B/4	153					
leason for change				Personnel	Depart	ment Use	e Only	
D. Department-Leave Time Used-C Type of Leave	Hours			(130111101				
	/							
	Povis	sed Personnel C)uota					
E. TERMINATE POSITIO a. JOB TITLE b. c. key posn.	N	GET JOB			DD POS b. c. ey posn.	d. e. Gr. Author Posit	ized Hr.	g. h. wk PROJECT SALAR
JUSTIFICATION OF REQUEST: (RPC	or RVP)				<u> </u>			
				ECE	IVE			
F. Funds for this position are budgeted to	•	st to Fill Vacant	Position	JUN 2			Date	to be filled
☐ Salaries of regular employees If not budgeted, method of financing	☐ Extra help	☐ Not budgete		PERSONN City of Fo	EL DEP			
G. Effective date of above Personnel Approved By:	Action 6 29.0	Contact P	erson				Ext.	
DIVISION HEAD	DATE	en en en en en en en en en en en en en e		BUDGET AD	MINISTRA	TOR	44	DATE
A A	DAT			PERSONNE	I DIRECT	TOR	7-	DATE

DATE

DATE

DEPARTMENT HEAD OTHER APPROVAL SIGNATURE PERSONNEL DIRECTOR

DATE

CITY OF FORT WORTH PERSONNEL ACTION REQUEST FISCAL YEAR 89/90

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	NT INFORMATION PLOYEE HAME		op by sc
250465 SM	ITH CHARLA 8		35 31 00
KEY: X03 CLASS POLICE OFFICER	CURRE	NT STEP C	
ANNIVERSARY DATE 09-05-90		NT ANNUAL SALAR	
LAST CHANGE: DATE 10-07-89 TYPE OCTOBER INCR	CURRE	NT HOURLY RATE	\$ 12.9800
votes note: made made made made made made made made	W SALARY DATA		
NOTE CODE 250			
NEW ANNIVERSARY DATE			
NEW HOURLY RATE \$ 13	.63		
\$ PPROVED BY	un Villa	a-menta perana-menta relatar relatar relatar perana, re-pera catalor, capatra relatar relatar relatar bertain relatar. 2. March 1 Mar	, , , , , , , , , , , , , , , , , , ,
EFFECTIVE DATE		INPUT SIGNOFF	alasa nasaa
EFFECTIVE DATE			G14-90

CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

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CLIV OF FORT WORTH PERSONNEL ACTION REQUEST FISCAL YEAR 88/89

CURRENT INFORMATION

EMPLOYEE NAME

OP OV SC

EMP NO

35 31 00

250465

SMITH CHARLA 3

KEY: X03

CLASS POLICE OFFICER

CURRENT STEP 5

CURRENT ANNUAL SALARY \$ 24,731-20

ANNIVERSARY DATE 09-05-89

CURRENT MONTHLY SALARY \$ 2,060.93 CURRENT HOURLY RATE \$ 11.8900

LAST CHANGE: DATE 10-08-88

TYPE OCTOBER INCREASE

NEW SALAKY DATA

NOTE GODE 250

NEW STEP C

NEW ANNIVERSARY DATE 9-05-90

NEW HOURLY RATE \$ 12.43

Thain William

EFFECTIVE DATE 9-09-89

INPUT SIGNOFF.



CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

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EMPLOYEE NAME Charla B. Smith											+					WAS	1 1																				-			
EMPLOYEE NAME	$\frac{C}{C}$	ے	ما	0	-	(3	*	<u></u>	<u>\</u>	<u>~</u>	<u>J</u>	<u> </u>	<u> </u>	\dashv				1,		1/	,	2	اسبح	L	1	1	21	_		ı	ı	ı	ı	١	7	۱۵	TI /) 2	71.	<i>/</i>
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CITY OF FORT WORTH PERSONNEL DEPARTMENT

RUN CATE 12/06/83

EMPLOYER STATUS REPORT

				PG-DUPT-LUC	EME-NO
SMIT	CHAR.	LÀ		110-35-4235	250465
	CONTROL	STEP	RATE	ESECTIVE	ANNIV. DATE
n.o	001-353100-X03-201	<u> </u>	11.7100	THRU 16-07-88	09-05-88
115.8	001-353100-X03-201	***	11.8900	8EGIN 10-08-88	09-05-39

COMMENTS:

THE ABOVE EMPLOYIE'S PAY RATE MAY REFLECT A SALARY INCREASE DUE TO THE APPROVED 1 1/2% ACRDSS-THE-BOARD INCREASE. WITH MINIMUM MONEY AVAILABLE, THE PERFORMANCE PAY PLAN COULD NOT BE FUNDED ADEQUATELY. FISCAL YEAR 88/89 SALARY RANGES FOR THE CLASSIFICATIONS USED BY GENERAL EMPLOYEES WILL REFLECT NO INCREASE IN THE MINIMUM OF THE RANGE, BUT THE MAXIMUM OF THE RANGE HAS BEEN INCREASED BY 1 1/2%. EMPLOYEES STILL IN THEIR INITIAL PROBATIONARY PERIOD DID NOT RECEIVE THE INCREASE. THEY WILL BE ELIGIBLE TO RECEIVE THE INCREASE UPON COMPLETION OF THE SIX MONTHS PROBATIONARY PERIOD. ALL NEW HIRES DURING FY 88/89 WILL BE HIRED IN AT THE MINIMUM OF THE RANGE AND WILL HAVE TO COMPLETE THEIR SIX MONTHS PROBATION PERIOD BEFORE THEY WILL BE ELIGIBLE TO PECEIVE THE 1 1/2% INCREASE.

POLICE AND FIRE CIVIL SERVICE EMPLOYEES ALSO PECEIVED THE ACROSS-THE-BOARD INCREASE. PLUS REINSTATEMENT OF THE STEPS PROJEN DURING THE FY 87/85 BUDGET YEAR. THE SALARY RANGES FOR POLICE AND FIRE CIVIL SERVICE CLASSIFICTIONS WILL REFLECT A 1 1/2% INCREASE IN STEPS OF THE RANGE. ALL STEP MOVEMENTS WILL BE ON THE EMPLOYEE'S ANNIVERSARY DATE AND WILL BE EFFECTIVE AT THE BEGINNING OF A PAY PERIOD.

OFFICER ASSIGNMENT: (1) PATROL X (2) TRAFFIC (3) CID (4) SID (5) SOD (6) TSB (7) ASB WATCH: 1 2 × 3 PERMANENT DISTRICT: (1) E/ABC (2) S/DEF (3) W/GHI × (4) N/JRL (5) SSU ACCIDENT × INCIDENT EOMT 0: 147-0755 WEATHER CONDITION: (1) FAIR × (2) RAIN (3) IGE (7) SNOW ROAD SURFACE: (1) GOOD × (2) ROUCH (3) SLIPPERY (4) CGNST LIGHT CONDITION: (1) DAY (2) DARK × (3) DALK (6) DUCK DATE OF OCCURRENCE: 5-11-88 DAY OF WEEK: (1) SUN (2) MON (3) TUE (4) WED × (5) THUR (6) FRI (7) CAT TIME OF OCCURRENCE: 2030 ROAD TYPE: (1) RESIDENTIAL × (2) FRWY (3) MAJOR ARTERY × (4) PKKG LOV (5) OTHER INVESTIGATION MADE BY POLICE: (1) YES × (2) NO CRIME SCENE CONTACTED: (1) YES × (2) NO SUPERVISOR PRESENT: (1) YES × (2) NO
NAME: C.B. SMITH ID #: 2214 OFFICER INVOLVED COMMISSION DATE: 9-05-86 YES/ATH OF SVC: 2 YES. DOB: GE: 26 RACE:(1)WHITE X (2)BLACK (3)HISPANIC (4)OTHER SEY:(4)DALE (2)FEMALE
VEHICLE 01 (POLICE VEHICLE) Tx. Exery PR/MAKE/CLR: 1986/Ford/White BODY STYLE:(1)2-DR (2)4-DR (3)P/U (4)MTRCV (5)VAN VEHICLE 01 INJURIES TO OCCUPANTS:(1)NONE x (2)COMPLAINTS (3)SWELLING (4)ABRASIONS (5)UNCCNSCIOUS (6)DEATH WITNESSES NAME: ADDRESS: HOME PHONE: OFFICE PROBLE: LECALLY PARKED:(1)YES (2)NO x SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT: 12 MPH DAMAGE DATAGE DATAGE ASSCNMT AT TIME OF OCCURRENCE:(1)ROLL CALL DAMAGE (2)ON CALL (3)ON PATROL x(4)ON VIOLATION (5)PRISONER DAMAGE
VEHICLE 02 YR/MAKE/CLR: DRIVER: ADDRESS: ADDRESS: HOME PHONE: DUSINESS PROME: INSURANCE CARRIER: INJURIES TO OCCUPANT:(1)NOME (2)COMPLAINTS (3)SWELLING (4)ABRASIONS (5)UNCONSCIOUS (6)ESSTU WITNESSES NAME: ADDRESS: ADDRESS: HOME PHONE: FOLICY #: UNICONSCIOUS (6)ESSTU WITNESSES NAME: ADDRESS: ADDRESS: HOME PHONE: OFFICE PROME: LEGALLY PARKED:(1)YES (2)NO SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT: INPURANCE RATHUS:
216 INSURANCE (CHECK APPROPRIATE AREA) CITY BLANKET COVERAGE: ** (NO POLICY & REQUIRED) MEMBERS MUTUAL: POLICY & PERSONAL: F LICY &
PLACE OF OCCURRENCE: 2300 W. Cantey St. and 2700 Forest Park Blvd. DETAILS: The officer, while on routine patrol, was negotiateing a turn fr. north bound on Forest Park Blvd. to East bound on W. Cantey. A large section of concrete (Broken Section of Curb) apparently was obstructing the roadway approximately 12" fr. the curb line. The gas tank on the underside of vehicle was damaged by contact with the concrete. The investigating Officer stated he was approached by the resident citizen on this corner who complained that she had already called The City "Five" times to report the broken curb and obstructions in the road, but no repairs were made. Officer W.A.Read assigned CSSU #W25 was called to the scene. Vehicle to Harley St. Garage by DeLeon's wrecker. Accident/Incident Grade IV-E. ADMINISTRATIVE SUCCESS.
ACTION TAKEN: SICNATURE OF DRIVER OF CITY VEHICLE: SICNATURES: REPORTING SUPERVISOR: SICNATURES: DIVISION HEAD: SICNATURES: DIVISION HEAD: SICNATURES: DIVISION HEAD: SICNATURES: DIVISION HEAD: SICNATURES: DIVISION HEAD: SICNATURE OF DRIVER OF CITY VEHICLE: SICNATURE OF DRIVER OF CITY VEHI

DATE OF REPORTS 12 - 13 -87



FORT WORTH POLICE DEPARTMENT 350 W. BELKNAP ST. FORT WORTH, TEXAS 76102 (817) 877-8385

Firefighter's and Police Officer's Civil Service Commission City of Fort Worth 1000 Throckmorton Street Fort Worth, Texas 76102

To the Honorable Commission:

This is to advise that I caused to be delivered to Officer C. B. Smith, I.D. 2214, the following:

- 1. The original letter addressed to Officer Smith stating that she was suspended for one (1) calendar day(s), effective March 4, 1988.
- 2. A true copy of the letter addressed to the Honorable Commission setting forth the charges against Officer Smith that resulted in her suspension.

These papers were delivered on

Very truly yours,

Thomas R. Windham Chief of Police

TRW/pv

DAYS DECEMBED 3/4/88
ESTERBANDED VERARITATING
COTY OF FORT WORTH



FORT WORTH POLICE DEPARTMENT 350 W. BELKNAP ST. FORT WORTH, TEXAS 76102 (817) 877-8385

Firefighter's and Police Officer's Civil Service Commission City of Fort Worth 1000 Throckmorton Street Fort Worth, Texas 76102

To the Honorable Commission:

In accordance with the Firefighter's and Police Officer's Civil Service Rules and Regulations of the City of Fort Worth and the authority contained therein to the head of the Police Department to effectuate disciplinary action, I have suspended Officer C. B. Smith, I. D. #2214. This suspension is to take effect on March 4, 1988. The basis for this suspension was my conclusion that a violation of Civil Service rules has been committed, as contained in Section 10.01, which states in part:

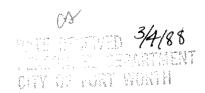
SECTION 10.01

Causes for Removal or Suspension

(L) Violation of any of the rules and regulations of the Fire Department or Police Department or of special orders as applicable.

The circumstances leading to this disciplinary action and the specific violations are:

On December 13, 1987 at 1943 hours Officer C. B. Smith was westbound in the 6400 block of Camp Bowie Boulevard. Officer Smith observed she had a red signal light as she approached the intersection of Camp Bowie Boulevard and Ridglea Avenue. She reached to activate her emergency lights and siren and observed a vehicle proceeding northbound on Ridglea Avenue. Officer Smith, who was in the outside lane, attempted to make a right turn onto Ridglea Avenue to avoid a collision. The roadway was wet and Officer Smith's vehicle slid forwards and hit the other vehicle which was in the intersection.



These actions constitute violations of the following:

FORT WORTH POLICE DEPARTMENT CODE OF CONDUCT

Chapter III, Paragraph 3.7

"All employees shall be held accountable and personally responsible for the proper handling and use of all equipment, tools, or other property issued to them by the Police Department or the City of Fort Worth...Improper or negligent handling of, or willful damage to, city property is a violation of this code."

Chapter III, Paragraph 3.9

"....No employee of the Police Department shall operate any city vehicle or other vehicle under his/her control in a hazardous or reckless manner. All vehicles shall be operated in a manner prescribed by and in accordance with city ordinances, state laws, and approved procedures of the Police Department.

The facts as stated above convince me that the above-cited sections of the Firefighter's and Police Officer's Civil Service Rules and Regulations of the City of Fort Worth, and the Fort Worth Police Department Code of Conduct were, in fact, violated by Officer C. B. Smith.

Officer Smith has been involved in two prior accidents, April 25, 1987 and June 6, 1987. Prior disciplinary action has failed to correct her need for driving improvement.

I, therefore, suspend Officer C. B. Smith, I. D. #2214, for one calendar day(s), such suspension effective March 4, 1988 at $\emptyset\emptyset\emptyset1$ hours.

Respectfully submitted,

Thomas R. Windham Chief of Police

TRW/pv

3/4/88
PERSON A DEPARTMENT
ADV DE FORT WORTH



FORT WORTH POLICE DEPARTMENT 350 W. BELKNAP ST. FORT WORTH, TEXAS 76102 (817) 877-8385

THOMAS R. WINDHAM CHIEF OF POLICE

Officer C. B. Smith Identification Number 2214 Fort Worth Police Department 350 West Belknap Street Fort Worth, Texas 76102

Officer Smith:

Effective March 4, 1988, at 0001 hours, you are suspended the Police Department of the City of Fort Worth for one (1) calendar day(s).

Attached hereto is a copy of the written statement to be filed with the Firefighter's and Police Officer's Civil Service Commission of the City of Fort Worth giving the reasons for this suspension.

If you wish to appeal this order of suspension, you have ten (10) days after receipt of such written statement within which to submit a written appeal, in accordance with Section 143.052, Local Government Code. A written appeal should be addressed to the Director of Civil Service, stating your election to appeal to either the Firefighter's and Police Officer's Civil Service Commission or to an independent third party hearing If you elect to appeal to a hearing examiner, you examiner. waive all rights of appeal to a district court except as provided by Section 143.057(j), Texas Local Government Code.

You shall not wear the police uniform, nor carry a pistol, nor perform any function as a commissioned peace officer while under suspension. You will be required to attend court, when properly notified, but will not do so in uniform.

Your suspension will end on March 4, 1988 at 2400 hours.

This order is executed on 3-1, 1988 at 0755 hours.

Chief of Police

cc:

Firefighters' and Police Officers' Civil Service Commission City of Fort Worth 1000 Throckmorton Fort Worth, Texas 76102

DATE RECEIVED 3/4/88 CITY OF FORT WORTH

· TO: IAD

RECEIPT OF NOTIFICATION

This is to acknowledge For Officer/G ivilian _	e receipt of 1 DAY SUSPENSION
	C.B. SMITH
on <u>3/1/88</u>	·
	Bometh 22/4
	Recipient

Return to Internal Affairs Division

PR	X	P 6	5	****	0	Sec.
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CITY OF FORT WORTH PERSONNEL DEPARTMENT

RUN DATE 12/18/87

EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NO
	. CHAF	2LA		110-35-3108	250465
SMIT	CONTROL	STEP	RATE	EFFECTIVE	ANNIV. DATE
alb	001-353100-x03-201	Д	10.9300	THRU 09-30-87	09-05-87
	001-353100-X03-201	A	11.1500	BEGIN 10-01-87	09-05-87

THE ABOVE EMPLOYEE MAY REFLECT A SALARY INCREASE DUE TO THE APPROVED COMMENTS: FISCAL YEAR 1987-88 MARKET MAINTENANCE. SOME EMPLOYEES* RATES MAY HAVE CHANGED DUE TO A MERIT INCREASE APPROVED DURING THE FIRST PAY PERIOD

ONLY SWORN POLICE AND FIRE PERSONNEL RECEIVED AN ACROSS-THE-BOARD IN OCTOBER. INCREASE FOR FISCAL YEAR 1987/88. ALL OTHER EMPLOYEES RECEIVED AN INCREASE BASED ON PERFORMANCE ONLY. POLICE/FIRE PERSONNEL SALARY INCREASES WERE MADE EFFECTIVE AS OF 10-01-87. ALL OTHER EMPLOYEES ARE EFFECTIVE ON THEIR ANNIVERSARY DATE.

CITY OF FORT WORTH PERSONNEL ACTION REQUEST FISCAL YEAR 86/37

CURRENT INFOR	MATION	医水素 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	- The state of the
EMPLOYEE N			OP DV S
250465 SMITH CHAR	LA 8		35 31 0
KEY: X03 CLASS POLICE OFFICER	CURRENT	STEP A	
ANNIVERSARY DATE 09-05-87	CURRENT	ANNUAL SALARY MONTHLY SALARY	\$ 23.192.00 \$ 1.932.66
LAST CHANGE: DATE 10-01-87 TYPE OCTOBER INCREASE		HOURLY RATE	\$ 11.1500
NEW SALARY	DATA		
NOTE CODE 250			
NEW STEP B			
NEW ANNIVERSARY DATE 905 88	\$		
NEW HOURLY RATE \$ 11.71		and come code these code dates dates dates dates date to the code code code code.	rigide video rigide video vide
APPROVED BY MC	o cramos specific sandas sandas electric describ electric filman		and the same of th
EFFECTIVE DATE 12/05/87		INPUT SIGNOFF	40
•			12-15-87

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181774 4: 12.17.22

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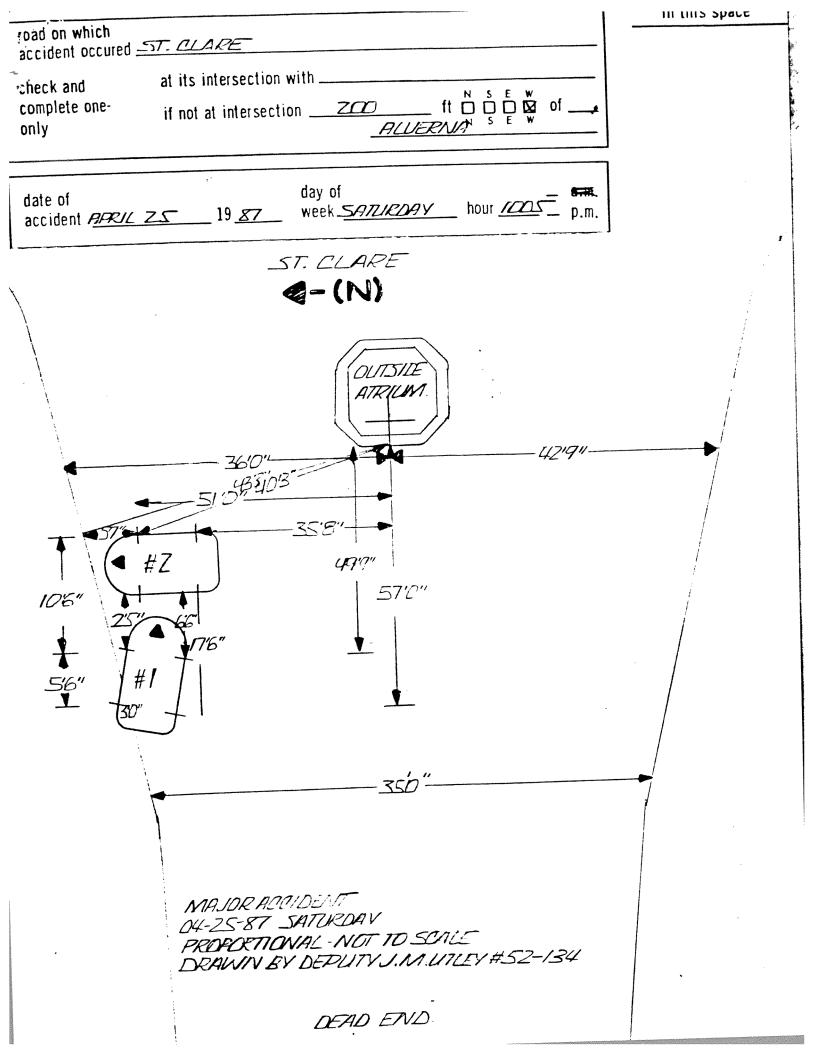
				5544
udent's Name CHARLA BETH SMITH	DEPARTMENT 1 COLLEGE DESCRIPTION	SEM GR	DEPARTMENT COURSE DESCRIPTION AND NUMBER	SEM GR
Waynoka, Oklahoma Waynoka, Oklahoma Waynoka High School Waynoka, Oklahoma Waynoka, Oklahoma Waynoka, Oklahoma Waynoka, Oklahoma Waynoka, Oklahoma	FIRST SEMESTER, 1980-1981 SMITH, CHARLA B 445-66-7377 FSYC 1113 GEN PSYCHOLOGY HIST 1483 AM HIS TO 1865 BIOL 1114 GEN BIOLOGY ENGL 1113 GRAMMAR & COMP H&PE 1112 PERSONAL HLTH SECOND SEMESTER, 1980-1981 SMITH, CHARLA B 445-66-7377 ENGL 1213 GRAMMAR & COMP H&PE 2211 INJ &FIRST AID PSYC 3123 PSY CHILD-ADOL SOC 1113 INTR SOCIOLOGY SPCH 1113 FUND OF SPEECH	3 3 4 3 2 C A C W C B B B	FIRST SEMESTER 1982-1983 SMITH, CHARLA B 445-66-7377 PSYC 4102 PSY-EXCEP CHLD PSYC 4122 THERAPY ENGL 4480 CREATIVE WRIT PSYC 3162 MOTIVATION SOC 1113 INTR SOCIOLOGY SECOND SEMESTER 1982-1983 SMITH, CHARLA B 445-66-7377 PSYC 2113 PSY-ADJUSTMENT PSYC 3512 ADOL GUIDANCE PSYC 4253 COGNITIVE PSY LWEN 4223 COURT PROCED LWEN 4152 CORRECTIONS LWEN 1223 CRM LAW 11 PSYC 4222 EXPERIMENT PSY PSYC 4480 HYPNOSIS	2 / 1 / 2 / 1 / 3 / 1 / 3 / 3 / 3 / 3 / 3 / 3 / 3
May 8, 1985 Regree Bachelor of Science Rajor Law Enforcement & Psychology *Extension Credit	H&PE 2221 ADV FIRST AID FIRST SEMESTER, 1981-1982 SMITH, CHARLA B 445-66-7377 MLSC 1331 RIFLE MARKSMAN SOCW 3114 HUMAN BEHAVIOR TYP 2413 PRIN TYPEWRIT HUM 2413 INTRO TO LIT MLSC 2331 PISTOL MRKSMAN LWEN 1112 INT LAW ENFORC SOCW 4300 INTERVIEW TECH	1 A A A B C B A A B A A B A A B A A B A A B A A B A A B A A B A A B A A B A A B A A B A A B A	SUMMER 1983 SMITH, CHARLA B 445-66-7377 LWEN 3103 CRIM INVESTIG FIRST SEMESTER 1983-84 SMITH, CHARLA B 445-66-7377 LWEN 4142 SEARCH & SEIZ LWEN 4480 SEMINAR SOCW 4300 COMMUNIC TECH SOC 4523 JUVEN DELING PSYC 4213 STATISTICS LWEN 1123 CRM LAW, AD JUS	.3 2.233333
Four Point Grading System: A: Excellent B: Good C: Incomplete B: Good W: Withdrew Passing D: Passing WF: Withdrew Falling Explanation of transferred credits: Correspondence study Excension credit Official transcript if impressed with school seal. Honorable dismissal granted unless otherwise stated.	SECOND SEMESTER 1981-1762 SMITH, CHARLA B 445-66-7377 PSYC 4163 PERSONALITY H EC 1113 FAMILY LIFE ED PSYC 4113 ABNORMAL PSYCH PSYC 4143 SOCIAL PSYCHOL SOC 4603 ALCOHOLISM LWEN 2212 CRIMINAL EVID	3 A 3 B 3 B 3 A 2 A	PSYC 3243 PHYSIOLOGY PSY SECOND SEMESTER 1983 - 1984 SMITH, CHARLA B 445-66-7377 LWEN 2122 POLI PTRL&SERV LWEN 3332 ORG CRM JUS SY LWEN 3423 POL PR/YTH OFF SOCW 4205 FIELD EXPER H&PE 2361 SQUARE DANCING	2 2 3 5 1
Styron Date III 13	H	: This information her party is to hav ut prior written co	© SECOND 4 4 4 1 1/1 (- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3

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VEHICLE ACCIDENT AND INCIDENT REVIEW FOR FOR REVIEWING ACCIDENTS/INCIDENTS (Not a Replacement for plos Form)

Officer: CB Smith	1002214 Equipment 0 759
Location of Accident/Incident:	100 St. Elizabeth Plaza
Date/Time of Accident/Incident:	
Description of Accident/Incident	
11 1	EADED towned the Unit. Unit stopped to AUDID
Collision of suspect	vehip to veered toward officer striking afficer
· Unit in the left fro	nt ourier panel
in your opinion, what was the pri	mary causa of the Accident/Incident? Wayret whicle
rammed officers	<i>vehic</i> €
What could you 'reasonably' hav	e done to prevent this eccident? flothing
•	1
What also could be done to preve	ent similar accidents in the future?
How many hours of sleep and r	est did you receive the 16 hours proceding or succeeding on-duty status?
10 h RS	
How many hours of extra part-t	Imp work (outside work) or overtime were spent the 16 hours preceding or
successing on-duty status? Li	of 1960 the unwhere of partial month moures in the ties (2) proving only burn to
12 hr c	vertime - no part-time work
How many hours of study in coll	ego are you now taking? DIONE
	·
to forwarded Circuity to Fiscal	and Equipment Management, within the first working day following the
Zoniinokioni.	·
	3201-003



SERVICE NO.87193969 FORT WORTH POLICE DEPARTMENT
OFFENSE/INCIDENT REPORT
ENTRY TIME 0337 DEPARTMENTAL COPY SERVICE NO.8/193907 OFFENSE/INCIDENT INFORMATION AGG ASSAULT ON POLICE OFCR PENAL CODE: 22.01 UCR CLASS: 04.931 REPORT STATUS: OPEN UCR DISPOSITION: REPORT DATE: 04/26/87 LOCATION/DATE/TIME/INFORMATION APT. PRA BUSINESS NAME ST T650 PUBLIC STREET OFFENSE LOCATION 007300 S HULEN 1008 007300 S HULEN
DATES OF OCCURANCE TIME OF DAY DAY(S) OF OCCURANCE
04/25/87
WEATHER CONDITIONS: COOL
UNIT: F214 SAT WEATHER CONDITIONS: COOL INVESTIGATIVE INFORMATION REPORTING OFFICER(S): BLAKELY, RD 2048 INVESTIGATIVE DIVISION NOTIFIED: CSSU DANTZKER, ML FOLLOW-UP ASSIGNED TO: GENE INVESTIGATOR: UPDATED COMPLAINANT INFORMATION R/S/A DOB NAME 0 STEINER, BA 2228 HOME ADDRESS TX 00000 OCCUPATION WORK HOURS BUSINESS ADDRESS INJURIED COMPLAINANT PERSON TAKEN TO TAKEN BY CONDITION HARRIS PATROL VEH FAIR BRUISED CHEST/SPRANG LEFT ARM REPORTING PERSON #001 INFORMATION R/S/A DOB HEIGHT WEIGHT SSN RELATION NONE APT. CITY 0 ST PHONE SMITH, CB 2214 FORT WORTH TX HOME ADDRESS ST PHONE CITY BUSINESS ADDRESS TX FORT WORTH REMARKS STRAIN BACK/TRANS TO HARRIS SUSPECT VEHICLE #001 INFORMATION VALUE YR MAKE MODEL STYLE LICENSE NUMBER VIN COLOR 3: COLOR 1: GRAY COLOR 2: ARRESTED PERSON #001 INFORMATION ARREST NUMBER: 00000000 DATE ARRESTED: 04/25/87 NAME R/S/A DOB HEIGHT WEIGHT ALIAS/NICKNAME MEYER,SCOTT C W M 18 07/31/68 6 00 185 ADDRESS: 000109 MARYANN BURLESON TX EYE COLOR: GRN HAIR COLOR: BLO HAIR STYLE: LONG STRAIGHT FACIAL HAIR: MUSTACHE UNK. EYES: FACIAL ODDITIES: UNK. UNK. TEETH: UNK COMPLEXION:

UNK .

SPEECH:

SERVICE NO.87193969 FORT WORTH POLICE DEPARTMENT SERVICE NO.87193969
ENTRY DATE 04/26/87 OFFENSE/INCIDENT REPORT PAGE 2
ENTRY TIME 0337

ENTRY TIME 0337 . SCAR/BIRTHMARK/MOLE:UNK.

GENERAL APPERANCE: UNK.

SUSPECT WORE: UNK.
R/L HANDED: UNKN

UNKNOWN

BUILD:

UNK.

EYE COLOR: BRN HAIR COLOR: BLK

HAIR STYLE: SHORT

AFRO

FACIAL HAIR: MUSTACHE UNK.

TEETH:

UNK.

COMPLEXION:

UNK

SPEECH:

UNK .

MISSING BODY PARTS: UNK.

TATTOO:

SCAR/BIRTHMARK/MOLE:UNK.

GENERAL APPERANCE: UNK.

SUSPECT WORE: UNK.
R/L HANDED: UNK.
BHILD: UNK.

UNKNOWN

BUILD:

ORIGINAL NARRATIVE

DECOR ENTRY BY: 523

CALLING OFFICER: BLAKELY, RD 2048

ORO CODING BY: G869

AP1:MEYER, SCOTT 109 MARYANN, BURLESON, 073160, WM, AP2: CARNEY, RICHARD A

5205 LOCKE AV,020165,BM,.

ON 042587, AT APPROX 2130 HRS, OFCR RD BLAKELY 2048 WORKING F214 & OFCR BA STEINER WORKING F211, WERE WORKING RADAR DETAIL IN THE 7300 BLK OF S HULEN. AT APPROX 2135 HRS,OFCR BLAKELY OBSERVED THE SUS VEH TRAVELLING NB IN THE 7300 BLK S HULEN DISPLAYING NO HEADLIGHTS. OFCR ACTIVATED EMERGENCY LIGHTS & ATTEMPTED TO PULL THE SUS VEH OVER. SUS VEH SPED UP IN AN OBVIOUS ATTEMPT TO EVADE OFCR. SUS VEH MADE AN IR RATIC UTURN & PROCEEDED SB IN THE 7000 BLK OF S HULEN. OFCR THEN ADVIS ED CHANNEL 3 THAT HE WAS IN PURSUIT. THE SUS VEH CONTINUED SB & RAN THE STOP SIGN AT S HULEN & SYCAMORE SCH RD. SUS VEH PROCEEDED WB 4400 COLUMBUS TRL. AT THIS TIMEOFCR STEINER ADVISED OFCR THAT THE OPERATOR HAD POINTED WHAT APPEARED TO BE A PISTOL AT OFCR STEINER. SUS VEH THEN PROCEEDED NB AT 7800 GRASSLAND THEN EB 5100 SYCAMORE SCH RD. SUS VEH THEN PROCEEDED SB 7600 SILVER RIDGE, THEN WB 4800 COLUMBUS TRL. AT THIS POINT SUS VEH MADE ANOTHER UTURN & PROCEEDED EB 5500 COLUMBUS TRL IN AN ATTEMPT TO RAM OFCR BLAKELY'S PATROL VEH HEAD ON. OFCR WAS ABLE TO AVOID SUS VEH & THEN SUS VEH AGAIN PROCEEDED WB 4800 BLK COLUMBUS TRL. SUS VEH PROCEEDED SB IN THE 7900 BLK OF OLD GRANBURY RD. SUS VEH CONTINUED SB TO 11000 BLK OF OLD GRANBURY RD AT WHICH TIME SUS VEH MADE A UTURN & PROCEEDED NB ON OLD GRANBURY RD & ATTEMPTED A 2ND TIME TO RAM OFCR BLAKELY'S VEH HEAD ON. AGAIN OFCR WAS ABLE TO AVOID A COLL ISION & CONTINUED THE PURSUIT. SUS VEH PROCEEDED WB ON ROCKY CREEK PK SWIRVING FROM SIDE TO SIDE ENDANGERING THE LIVES OF PASSING MOTORIST. SUS VEH PROCEEDED SB ON ROCKY CREEK PK & MADE UTURN WHILE PROCEEDING NB ON ROCKY CREEK PK. SUS VEH ATTEMPTED TO RAM OFCR STEINER'S VEH HEAD ON, HOWEVER OFCR STEINER WAS ABLE TO AVOID COLLISION. SUS VEH CONTINU ED EB ON ROCKY CREEK PK THEN NB ON OLD GRANBURY RD. SUS VEH THEN TURN ED W ON ST FRANCIS VILLAGE, THEN NB ON ST ANTHONY THEN SB ON ST ELIZA NOTEN TO THE THE THE THE THE STATE OF THE ST

ENTRY DATE 04/26/87

OFFENSEZINUIDENI KELONI

DEPARTMENTAL COPY IONALLY RAMMED INTO RP1'S PATROL VEH AND THEN CAME TO A REST. OFCR LENTRY TIME 0337 BLAKELY APPROACHED THE OPERATORS DOOR, OPENING THE DOOR AT WHICH AP1 (MEYER) REACHED DOWN BENEATH THE SEAT AS IF TO REACH FOR A WEAPON. OFCR SHOVED THE DRIVER'S SEAT FORWARD IN ORDER TO RESTRICT THE AP'S MOVEMENT. OFCR ATTEMPTED TO REMOVE AP1 FROM THE SUS VEH AT WHICH TIME AF1 FUSHED OFCR BACKWARDS. AF1 WAS THEN PHYSICALLY REMOVED FROM THE SUS VEH BY OFCR BLAKELY. AP1 CONTINUED TO FIGHT WITH OFCR UNTIL OFCR PHYSICALLY RESTRAINED AP1 AND PLACED HIM UNDER ARREST, HANDCUFFED AND SEARCHED THE AF.

DURING THIS TIME OFCR STEINER APPROACHED THE PASSENGER DOOR ONCE OFCR OPENED THE PASSENGER DOOR AP2(CRANEY) KICKED OFCR STEINER IN THE CHEST. SHORTLY THERE AFTER OFCR SCOTT WORKING E211, ARRIVED ON THE SCENE AND ASST OFCR STEINER IN FLACING AP2 IN CUSTODY. AF1 AND AF2 WERE READ THEIR MIRANDA WARNING VERBATIM FROM THE ADULT WARNING CARD AND AP1 AND AP2 ADVISED THAT THEY UNDERSTOOD THEIR RIGHTS. OFCR RAN THE ABOVE LISTED SUS VEH WHICH DID NOT SHOW TO BE STOLEN WHICH IS REGI STERED TO (GARY JACKSON 4706 EL SAVADOR CT). AP1 LATER ADVISED THAT THE SUS VEH BELONGED TO (MR JACKSON), WHO IS AP1'S MOTHER'S BOYFRIEND. OFCR CONTACTED (MR JACKSON) THROUGH PIC WHO ADVISED THAT AF DID NOT HAVE PERMISSION TO USE THE ABOVE LISTED SUS VEH AND THAT HE WOULD MEET THE AP OUT TO THE SCENE. HOWEVER (MR JACKSON) NEVER DID MAKE THE SCENE. TARRANT CNTY SHERIFF AND MEDSTAR WAS NOTIFIED. AT WHICH TIME TARRANT CNTY WORKED A TRAFFIC ACCIDENT.

OFCR STEINER WAS TRANSPORTED TO HARRIS BY E211, AND OFCR SMITH WAS TRANSPORTED TO HARRIS HSP BY MEDSTAR OF THE ABOVE INJURIES. ON AP1 WAS ENROUTE TO THE SCENE HE ADVISED THAT HE WAS INJURED AND WAS LATER TRANSPORTED TO HARRIS BY MEDSTAR FOR POSSIBLE NECK INJURIES.

THE SUPV WAS NOTIFIED AND SGT CRAIG A250 MADE THE SCENE, W021 ML DANTZKER ARRIVED TO PROCESS THE SCENE AND W033 GR GRAY TOOK PHOTOS OF OFCR STEINER AND SMITH. THE SUS VEH WAS TOWED BY TARRANT CNTY TO UNK LOCATION.

BOTH AP1 AND AP2 WERE TRANSPORTED TO CITY/CNTY JAIL FOR PROCESS ING AND HAD BEEN HANDLE BEFORE FOR THEFT 20/200. AP1 WAS CHARGED WITH AGG ASSAULT ON POLICE, EVADING ARREST AND RESISTING ARREST. AP2 WAS CHARGED WITH AGG ASSAULT ON POLICE OFCR.

NO FURTHER INFO AVAILABLE AT THIS TIME.

SUPV; SGT BABCOCK

K231

END OF REPORT PD45 004

87116 2042

CITY OF FORT WORTH OO/-35-3/-00-X05-40/

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