

FORT WORTH POLICE DEPARTMENT

P-106
(PRINT OR TYPE)

OFFICER ASSIGNMENT: (CHECK ALL APPROPRIATE AREAS)

F.O.B.		WATCH			DISTRICT			EXECUTIVE SERVICES BUREAU		
NORTH	(1) FIRST	(2) SECOND	(3) THIRD	(1) A	B	C	ADMINISTRATIVE SERVICES BUREAU			
EAST	(1) FIRST	(2) SECOND	(3) THIRD	(2) D	E	F	SPECIAL SERVICES BUREAU			
SOUTH	<input checked="" type="checkbox"/> (1) FIRST	(2) SECOND	<input checked="" type="checkbox"/> (3) THIRD	(3) G	H	<input checked="" type="checkbox"/> I	SECTION:			
WEST	(1) FIRST	(2) SECOND	(3) THIRD	(4) J	K	L	DIVISION:			
ACCIDENT		<input checked="" type="checkbox"/>		INCIDENT		EQUIPMENT NUMBER:		147-152		
WEATHER CONDITION		(1) FAIR	<input checked="" type="checkbox"/>	(2) RAIN	(3) ICE	(4) SNOW	(5) OTHER			
ROAD SURFACE		(1) GOOD	<input checked="" type="checkbox"/>	(2) ROUGH	(3) SLIPPERY	(4) CONSTRUCTION	(5) OTHER			
LIGHT CONDITION		(1) DAY		(2) DARK	<input checked="" type="checkbox"/> (3) DAWN	(4) DUSK	(5) OTHER			
ROAD TYPE		(1) RESIDENTIAL		(2) FREEWAY	(3) MAJOR ARTERY	<input checked="" type="checkbox"/> (4) PARKING LOT	(5) OTHER			
DATE OF OCCURRENCE:				5-15-92		TIME OF OCCURRENCE:				
DAY OF WEEK:				(1) SUN	(2) MON	(3) TUE	(4) WED	(5) THUR	(6) FRI	<input checked="" type="checkbox"/> (7) SAT
INVESTIGATION MADE BY POLICE:				(1) YES	<input checked="" type="checkbox"/> (2) NO	CSSU CONTACTED:		(1) YES	<input checked="" type="checkbox"/> (2) NO	PICTURES TAKEN:
				(1) YES	<input checked="" type="checkbox"/> (2) NO			(1) YES	<input checked="" type="checkbox"/> (2) NO	
OFFICER INVOLVED										
NAME:				C.B. Smith		LD. NUMBER:		2214		COMMISSION DATE:
								9-5-86		YEARS/MONTHS OF SERVICE:
								5 yrs - 8 months		
DATE OF BIRTH:		AGE:		(1) WHITE	(2) BLACK	(3) HISPANIC	(4) OTHER	(1) MALE	(2) FEMALE	
[REDACTED]		30		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
VEHICLE #1 (POLICE VEHICLE)										
YEAR:	MAKE:	COLOR:	BODY STYLE:				VEHICLE LICENSE NUMBER:			
1990	Chev	Wht	(1) 2-DR	(2) 4-DR	<input checked="" type="checkbox"/> (3) PU	(4) MTRCY	(5) VAN	TX-EX- [REDACTED]		
INJURIES TO OCCUPANTS:			(1) NONE	<input checked="" type="checkbox"/> (2) COMPLAINTS	(3) SWELLING	(4) ABRASIONS	(5) UNCONSCIOUS	(6) DEATH		
WITNESS NAME:					ADDRESS:			HOME PHONE:		
								OFFICE PHONE:		
LEGALLY PARKED:			(1) YES	(2) NO	<input checked="" type="checkbox"/>	SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT:			5 MPH	DAMAGE RATING:
										None
ASSIGNMENT AT TIME OF OCCURRENCE:			(1) ROLL CALL DAMAGE	(2) ON CALL	<input checked="" type="checkbox"/> (3) ON PATROL	(4) ON VIOLATION	(5) PRISONER DAMAGE			
VEHICLE #2										
YEAR:	MAKE:	COLOR:	BODY STYLE:				VEHICLE LICENSE NUMBER:			
1978	Chevrolet	Blue	(1) 2-DR	<input checked="" type="checkbox"/> (2) 4-DR	(3) PU	(4) MTRCY	(5) VAN	TX- [REDACTED]		
DRIVER:			Rodney Bryant				HOME PHONE:			
			3313 James Town ST				293-6742			
OWNER:			Dorothy Jenkins				OFFICE PHONE:			
			[REDACTED]				unk-			
INSURANCE CARRIER:			[REDACTED]				HOME PHONE:			
			[REDACTED]				unk-			
INJURIES TO OCCUPANTS:			(1) NONE	<input checked="" type="checkbox"/> (2) COMPLAINTS	(3) SWELLING	(4) ABRASIONS	(5) UNCONSCIOUS	(6) DEATH		
WITNESS NAME:			[REDACTED]				HOME PHONE:			
			[REDACTED]				unk-			
LEGALLY PARKED:			(1) YES	(2) NO	<input checked="" type="checkbox"/>	SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT:			0 MPH	DAMAGE RATING:
										BC-1
216 INSURANCE (CHECK APPROPRIATE AREA)										
CITY BLANKET COVERAGE:			<input checked="" type="checkbox"/>			MEMBERS MUTUAL:			PERSONAL:	
(NO POLICY NUMBER REQUIRED)						POLICY NUMBER:			POLICY NUMBER:	

DESCRIPTION OF ACCIDENT OR INCIDENT

PLACE OF OCCURRENCE: 1700 EVANS AV.

IN PURSUIT:

YES

NO

X

DETAILS:

On Friday 5-15-92, Officer C.B. Smith ID 2214 working #212 at 2033 hours was travelling northbound in the left Traffic Lane, approaching the intersection of 900 E. Allen Av. Vehicle 2 was stopped at the red signal light in front of Vehicle 1. Officer Smith advised she was running Vehicle 2's License plate number, and then observed a subject come out of the Five Star club at 1700 Evans, and glanced at the subject and ran into the rear of Vehicle 2, causing the back license plate to bend on Vehicle 2.

ADMINISTRATIVE SUMMARY

DEGREE OF NEGLIGENCE OF CITY DRIVER:

(1.) NONE

(2.) FAILED TO TAKE ADEQUATE PRECAUTIONS

(3.) FAILED TO TAKE ANY PRECAUTIONS

SUPERVISOR PRESENT:

YES

X

NO

SIGNATURE: DRIVER OF CITY VEHICLE

DATE

SIGNATURE: REPORTING SUPERVISOR

DATE

SIGNATURE: PERMANENT SUPERVISOR

DATE

SIGNATURE: DIVISION HEAD

DATE

SIGNATURE: BUREAU HEAD

DATE

DATE OF REPORT: 5-15-92 STATE REPORT MADE: YES X NO SERVICE NUMBER: 92258624

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

Wednesday, October 22, 2003

TO ALL EMPLOYEES OF THE CITY OF FORT WORTH:

Occasionally 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

CITY

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)

EMERGENCY TELEPHONE NUMBER (ETEL)

ACTUAL NUMBER OF DEPENDENTS - DO NOT INCLUDE YOURSELF (DEPE)

SIGNATURE OF EMPLOYEE

DATE _____

CITY OF FORT WORTH, TEXAS



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

TERMINATION CHECKS

I UNDERSTAND 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.

Charles B. Smith
Signature

April 3, 1986
Date

FULL NAME: Smith, CHARLA B. W/F

ADDRESS: [REDACTED]

CITY/STATE/ZIP: _____

PHONE: [REDACTED] SOCIAL SECURITY # [REDACTED]

DATE OF BIRTH: [REDACTED]

PLACE OF BIRTH: Waynoka, OK Clapper Memorial Medical Center

EMPLOYMENT DATE: _____ EMPLOYEE #: _____

MARITAL STATUS: [REDACTED]

WIFE'S/HUSBAND'S NAME: _____

CHILDREN (NAME AND AGES): None

IN CASE OF EMERGENCY CALL: _____

35 2024 012 (Rev.)

1000

B.

Employee Name	Smith Last	XXX Charla First	B. Middle
Employee No.	250465	Soc. Sec. No. [REDACTED]	Race W
Birthdate	[REDACTED]	Retirement	Sex F

Reason for Change (See reverse side of page for codes.) 120

E. TERMINATE POSITION				Revised Personnel Quota		ADD POSITION							
a. JOB TITLE	b. KEY	c. Posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	a. JOB TITLE	b. KEY	c. Posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	g. Hr. Wk.	h. PROJECTED SALARY
JUSTIFICATION OF REQUEST: (RPQ or RVP) WEXT 870-6500 PRE-HIRE FOR CLASS #73.													

F. Funds for this position are budgeted under: <input type="checkbox"/> Salaries of regular employees <input checked="" type="checkbox"/> Extra help	Request to Fill Vacant Position	4-7-86 Date to be filled
If not budgeted, method of financing _____		

G. Effective date of above Personnel Action 4/7/86

Approved By:

DIVISION HEAD

DATE _____

BUDGET ADMINISTRATOR

DATE _____

DEPARTMENT HEAD

DATE _____

PERSONNEL DIRECTOR

DATE _____

OTHER APPROVAL SIGNATURE

DATE _____

DATE _____

**CITY OF FORT WORTH
MEDICAL DATA AND CLASSIFICATION RECORD**

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

Print Name in Full/Press Firmly

Last <i>Smith</i>	First <i>Charles</i>	Middle <i>B.</i>	Date of Birth [REDACTED]	Age <i>24</i>	Social Security Number [REDACTED]
Address [REDACTED]			City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Job Title/Department <i>Police Officer</i>					

List each and every job related injury or illness you have ever suffered. For each Worker's Compensation (formerly Workmen's Compensation) case you have ever filed, provide the following information. For purposes of this section the term "job" shall include part time jobs, self-employment, military service, government jobs or any other type of activity for which you have received any pay:

NAME OF EMPLOYER	DATE(s)	TYPE OF INJURY	LENGTH OF TIME OFF WORK	AMT OF AWARD /SETTLEMENT
<i>None</i>				

I warrant the above information to be true and complete. I understand that false statements, incomplete statements, or omissions are cause for immediate discharge.

DATE: *2/14/86* SIGNED: *Charles B. Smith*
Please sign original signature on pink copy also.

Charles B. Smith

Physical classification codes: *01*

Wesley L. Bowen M.D.

Assistant Director / Medical
Physician signature

No restrictions

[Signature]
Examiner's signature

Date and time personnel notified of exam results By Whom

PH 6113
04/85

NEW HIRE DATA SHEET

TO ALL EMPLOYEES OF THE CITY OF FORT WORTH:

Occasionally 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 _____

CITY _____

STATE _____

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:

HOME TELEPHONE NUMBER (TELE) _____

EMERGENCY CONTACT NAME (EMCN) _____

RELATIONSHIP (RELA) _____

EMERGENCY TELEPHONE NUMBER (ETEL) _____

ACTUAL NUMBER OF DEPENDENTS - DO NOT INCLUDE YOURSELF (DEPE) _____

Charles B. Smith
SIGNATURE OF EMPLOYEE

5/5/86
DATE

CITY OF FORT WORTH, TEXAS



HEIGHT-WEIGHT-VISION

PRELIMINARY CHECK

PERSONNEL DEPARTMENT

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

APPLICANT NAME Charla B. Smith DATE OF BIRTH [REDACTED]

HEIGHT 5'2"

CHECKED BY EV DATE 1/9/86

WEIGHT 95#-100#

VISUAL COLOR PERCEPTION RESPONSE

BOOK # 1

*DEMONSTRATION #12

PLATE #	NORMAL RESPONSE	SUBJECT'S RESPONSE
1	56	
2	27	
3	8	
4	6	
5	42	
6	56	
7	57	
8	86	
9	9	
10	25	
11	5	
12	3	
13	97	
14	56	
15	89	
16	86	
17	15	
18	74	

BOOK # 2

*DEMONSTRATION PLATE # 12

PLATE #	NORMAL RESPONSE
1	6
2	42
3	56
4	57
5	75
6	5
7	3
8	56
9	27
10	89
11	86
12	15
13	74
14	47
15	
16	
17	
18	

CHECKED BY EV
DATE _____

VISUAL ACUITY RESPONSE

WITHOUT GLASSES LEFT _____ / _____ RIGHT _____ / _____
CHECKED BY _____

WITH GLASSES LEFT _____ / _____ RIGHT _____ / _____ DATE _____

POSITION APPLIED FOR _____

APPLICANT SIGNATURE _____ DATE _____

CORRECTION TO EMPLOYEE ABSENTEE RECORD

10-3-86
AB

TO: Sandy Bearden, Personnel Compensation Ext. 7785

TIME CLERK: Sandra Gough DEPT 35 PHONE# OR EXT 6556

AUTHORIZED BY: H.T. Landry J. Mark Carpenter DATE 9/26/86
(supervisor who signs off on the T&A)

EMPLOYEE NAME: Charles Beth Smith EMP # 250465

Payperiod Date Needing Reported or
Requiring Change 19 To Be Changed 9/11 Input As working 8 Change To working 8 plus
E 7.5

Payperiod Date Needing Reported or
Requiring Change _____ To Be Changed _____ Input As _____ Change To _____

Payperiod Date Needing Reported or
Requiring Change _____ To Be Changed _____ Input As _____ Change To _____

REASON FOR CHANGE: Comp time not submitted
in time to enter on payroll

CITY OF FORT WORTH, TEXAS



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

TERMINATION CHECKS

I UNDERSTAND 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.

Charles B Smith
Signature

05/05/86
Date

CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

Eff Date

EMPLOYEE NUMBER	10-11-86
EMPLOYEE NAME	Charles B Smith
PREPARED BY	Nancy Hogan
DATE	10-1-86

MASTER KEY (TRAN)			
1110	3531111		250465
PAY GROUP	LOCATOR CODE	LEAVE BLANK	EMP. NUMBER

Tax Filing Status - M - Married
S - Single
B - Married filing at single rate

Insurance Company Identifier Number - 10 - Aetna
(Insurance application must accompany this change) 12 - Metrocare
13 - Tarrant Health

Medical Insurance - Coverage
Reclassification card must accompany these changes. If dependents' coverage is not changed within 30 days of the actual occurrence of the change, an Insurability form must be completed and accepted by the insurance company.

- 1- Male Employee
- 2- Female Employee
- 3- Employee and Children
- 4- Employee and Spouse
- 5- Family

10-16-86

FOR PERSONNEL USE ONLY	
TAX FILING STATUS	MARR
TAX EXEMPTIONS	72 FEDP
LOCATION CODE	LOCO 35-31-08
HOURLY RATE TO	72 RATE
ADJUSTED SERVICE DATE	EM 24
CHANGE ANNIV. DATE	EM 20
CHANGE DATE OF EMPLOYMENT	HIRE
CHANGE REHIRE DATE	EM 23
MEDICAL INSURANCE COVERAGE	MCPI
INSURANCE CO. IDENTIFIER #	MIP1
WORK EXTENSION OR PHONE NUMBER	WEXT
ADDRESS TO LINE 1 POST OFFICE OR RFD #	ADR1
LINE 2 STREET NO.	ADR2
LINE 3 CITY STATE ZIP	ADR3
EMERGENCY TELEPHONE	ETEL
EMER. CONTACT NAME	EMCN
RELATIONSHIP	RELA
SPOUSE FIRST NAME	NASP
SPOUSE BIRTH DATE	SPDB
HOME TELEPHONE AREA CODE	ARCD
HOME TELEPHONE NO.	TELE
ACTUAL MARITAL STATUS	MARS
ACTUAL DEPENDENTS	DEPE
EMPLOYEE NAME TO	NAME
EMPLOYEE STATUS TO	47 STAT

NO SPACES OR DASHES

NO SPACES OR DASHES

NO SPACES OR DASHES

NO SPACES OR DASHES

↓ LAST NAME STARTS HERE

T - TERMINATED
A - ACTIVE
I - INACTIVE



White - To Personnel
Yellow - Retained by Dept.

CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

EFFECTIVE DATE	10-20-86
EMPLOYEE NAME	Charles B. Smith
PREPARED BY	Nancy Logan
DATE PREPARED	10-21-86

MASTER KEY (TRAN)			
PAY GROUP	LOCATOR CODE	LEAVE BLANK	EMP. NUMBER
1110353111			250445

Tax Filing Status - M - Married
(Attach W-4) S - Single
B - Married filing at single rate

Insurance Company Identifier Number - 10 - Aetna
(Insurance application must accompany this change) 12 - Metrocare
13 - Tarrant Health

Medical Insurance - 1- Male Employee
Coverage 2- Female Employee
Reclassification card 3- Employee and Children
must accompany these 4- Employee and Spouse
changes. If dependents' 5- Family
coverage is not changed within 30 days of the actual occurrence of the change, an Insurability form must be completed and accepted by the insurance company.

10-23-86
JL

		FOR PERSONNEL USE ONLY			
<input type="checkbox"/>	TAX FILING STATUS	MARR	ATTACH W-4		
<input type="checkbox"/>	TAX EXEMPTIONS	72 FEDP			
<input type="checkbox"/>	LOCATION CODE	LOCO			
<input type="checkbox"/>	HOURLY RATE TO	72 RATE			
<input type="checkbox"/>	ADJUSTED SERVICE DATE	EM24			
<input type="checkbox"/>	CHANGE ANNIV. DATE	EM20			
<input type="checkbox"/>	CHANGE DATE OF EMPLOYMENT	HIRE			
<input type="checkbox"/>	CHANGE REHIRE DATE	EM23			
<input type="checkbox"/>	MEDICAL INSURANCE COVERAGE	MCP1			
<input type="checkbox"/>	INSURANCE CO. IDENTIFIER #	MIP1			
<input type="checkbox"/>	WORK EXTENSION OR PHONE NUMBER	WEXT	NO SPACES OR DASHES		
<input type="checkbox"/>	ADDRESS TO LINE 1 POST OFFICE OR RFD #	ADR1			
<input type="checkbox"/>	LINE 2 STREET NO.	ADR2			
<input type="checkbox"/>	LINE 3 CITY STATE ZIP	ADR3			
<input type="checkbox"/>	EMERGENCY TELEPHONE	ETEL	AREA CODE NO SPACES OR DASHES		
<input type="checkbox"/>	EMER. CONTACT NAME	EMCN			
<input type="checkbox"/>	RELATIONSHIP	RELA			
<input type="checkbox"/>	SPOUSE FIRST NAME	NASP			
<input type="checkbox"/>	SPOUSE BIRTH DATE	SPDB	NO SPACES OR DASHES		
<input checked="" type="checkbox"/>	HOME TELEPHONE AREA CODE	ARCD			
<input checked="" type="checkbox"/>	HOME TELEPHONE NO.	TELE	NO SPACES OR DASHES		
<input type="checkbox"/>	ACTUAL MARITAL STATUS	MARS			
<input type="checkbox"/>	ACTUAL DEPENDENTS	DEPE			
<input type="checkbox"/>	EMPLOYEE NAME TO	NAME	↓ LAST NAME STARTS HERE		
<input type="checkbox"/>	EMPLOYEE STATUS TO	47STAT	T - TERMINATED A - ACTIVE I - INACTIVE		



OTHER	
-------	--

White - To Personnel
Yellow - Retained by Dept.

Personnel Action Request

A. ☒ Personnel Appointment ☐ Termination or Separation ☐ Change of Assignment ☒ Request to Fill Vacant Position (RVP) ☐ REVISED PERSONNEL QUOTA (RPQ) ☐ Merit Increase ☐ OVERAGE

B. Employee Name XXXXXXXX Smith Michael Charla Ray B.
 Last First Middle
 Employee No. 250465 Soc. Sec. No. XXXXXXXXXXXX Race XX C
 Birthdate XXXXXX Retirement XXXXXX XX F

C.

Personnel Data

	FUND	DP	DV	SC	KEY	POS#	STEP	ANN.DATE	INDEX CODE	HOURLY RATE	SHIFT
CURRENT STATUS	001 XXX				S01	001	Z	00-00-00	270298	6.50	A
NEW STATUS	001				W02	057	A	00-00-00	272203	9.92	A

	DEPT. NAME	ACT. NAME	LOCATOR CODE	AUTH. POS.	HOURS	WEEKS
CURRENT STATUS	POLICE	TRAINING	1124	XX .00	.00	.00
NEW STATUS	Police	Training	1124	1.0000	80	52

Reason for Change (See reverse side of page for codes) 121 XXXX

D. CALCULATION OF PAY FROM					
	INDEX CODE	HOURS		RATE	AMOUNT
Current		Regular	Vacation		
Pay					
Period					

VACATION USED DURING PAY PERIOD
Hours _____

Prior		Regular	Vacation		
Pay					
Period					
Sick Leave Unused					
Total Gross Pay					

Dep D-0 4676
Dep S-1 Y #4

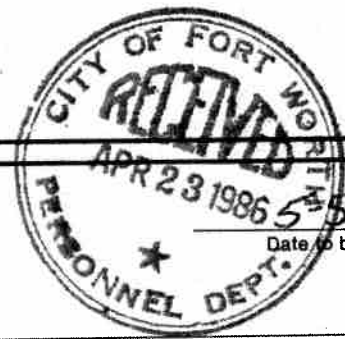
E. TERMINATE POSITION				Revised Personnel Quota		ADD POSITION							
a. JOB TITLE	b. KEY	c. Posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	a. JOB TITLE	b. KEY	c. Posn.	d. Gr.	e. Authorized Position	f. Hr.	g. Wk	h. PROJECTED SALARY
JUSTIFICATION OF REQUEST: (RPQ or RVP)													
WEXT 870-6500													
Trainee Class #73													

CITY OF FORT WORTH
RECEIVED

F. Request to Fill Vacant Position

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

If not budgeted, method of financing _____



G. Effective date of above Personnel Action 5-5-86

Approved By:

_____ DIVISION HEAD	_____ DATE	<u>Charles L. Boswell</u> BUDGET ADMINISTRATOR	<u>4-22-86</u> DATE
_____ DEPARTMENT HEAD	_____ DATE	<u>CBS/gk</u> PERSONNEL DIRECTOR	<u>5-8-86</u> DATE
_____ OTHER APPROVAL SIGNATURE	_____ DATE		_____ DATE

Personnel Action Request

A. ☐ Personnel Appointment ☒ Change of Assignment ☐ REVISED PERSONNEL QUOTA (RPQ) ☐ Merit Increase
☐ Termination or Separation ☒ Request to Fill Vacant Position (RVP) ☐ OVERAGE

B. Employee Name Smith Charla B.
 Last First Middle
 Employee No. 250465 Soc. Sec. No. _____ Race _____
 Birthdate _____ Retirement _____ Sex _____

C. Personnel Data

	FUND	DP	DV	SC	KEY	POS#	STEP	ANN. DATE	INDEX CODE	HOURLY RATE	SHIFT
CURRENT STATUS	001				W02	057	A	00-00-00	272203	9.92	A
NEW STATUS					X03	384	A	09- ⁰⁵ 06 -87	263020	10.93	D

	DEPT. NAME	ACT. NAME	LOCATOR CODE	AUTH. POS.	HOURS	WEEKS
CURRENT STATUS	Police	Training	1124	1.0000	80	52
NEW STATUS		Patrol	3108			

Reason for Change (See reverse side of page for codes.) 410

D. CALCULATION OF PAY FROM

	INDEX CODE	HOURS	RATE	AMOUNT
Current		Regular	Vacation	
Pay				
Period				

VACATION USED DURING PAY PERIOD
 Hours _____

	Prior	Regular	Vacation		
Pay					
Period					
Sick Leave Unused					
Total Gross Pay					

E. TERMINATE POSITION Revised Personnel Quota ADD POSITION

a. JOB TITLE	b. KEY	c. Posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	a. JOB TITLE	b. KEY	c. Posn.	d. Gr.	e. Authorized Position	f. Hr.	g. Wk	h. PROJECTED SALARY
JUSTIFICATION OF REQUEST: (RPQ or RVP) Commission Date <u>9-⁵8-86</u> WEXT 877-8017 ID # <u>2214</u> <u>Badge 1221</u>													

F. Request to Fill Vacant Position

Funds for this position are budgeted under: _____ Date to be filled _____

☒ Salaries of regular employees ☐ Not budgeted

☐ Extra help

If not budgeted, method of financing _____

G. Effective date of above Personnel Action 9-13-86

Approved By: _____

DIVISION HEAD _____ DATE _____

DEPARTMENT HEAD [Signature] DATE 9/14/86

OTHER APPROVAL SIGNATURE _____ DATE _____

BUDGET ADMINISTRATOR Charles R. Baswell 9-8-86 DATE _____

PERSONNEL DIRECTOR [Signature] DATE 9-23-86

CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

44 Date

EMPLOYEE NUMBER	4-27-86
EMPLOYEE NAME	Charla B. Smith
PREPARED BY	Nancy Hogan
DATE	4-25-86

MASTER KEY (TRAN)			
1110	3531108	1111	350465
PAY GROUP	LOCATOR CODE	LEAVE BLANK	EMP. NUMBER

Tax Filing Status - M - Married
(Attach W-4) S - Single
B - Married filing at single rate

Insurance Company Identifier Number - 10 - Aetna
(Insurance application must 12 - Metrolcare
accompany this change) 13 - Tarrant
Health

Medical Insurance - Coverage
Reclassification card must accompany these changes. If dependents' coverage is not changed within 30 days of the actual occurrence of the change, an Insurability form must be completed and accepted by the insurance company.

- 1- Male Employee
- 2- Female Employee
- 3- Employee and Children
- 4- Employee and Spouse
- 5- Family

10-3-86
gk

FOR PERSONNEL USE ONLY	
TAX FILING STATUS	MARR
TAX EXEMPTIONS	72 FEDP
LOCATION CODE	35-31-11
HOURLY RATE TO	72 RATE
ADJUSTED SERVICE DATE	EM24
CHANGE ANNIV. DATE	EM20
CHANGE DATE OF EMPLOYMENT	HIRE
CHANGE REHIRE DATE	EM23
MEDICAL INSURANCE COVERAGE	MCP1
INSURANCE CO. IDENTIFIER #	MIP1
WORK EXTENSION OR PHONE NUMBER	WEXT
ADDRESS TO LINE 1 POST OFFICE OR RFD #	ADR1
LINE 2 STREET NO.	ADR2
LINE 3 CITY STATE ZIP	ADR3
EMERGENCY TELEPHONE	ETEL
EMER. CONTACT NAME	EMCN
RELATIONSHIP	RELA
SPOUSE FIRST NAME	NASP
SPOUSE BIRTH DATE	SPDB
HOME TELEPHONE AREA CODE	ARCD
HOME TELEPHONE NO.	TELE
ACTUAL MARITAL STATUS	MARS
ACTUAL DEPENDENTS	DEPE
EMPLOYEE NAME TO	NAME
EMPLOYEE STATUS TO	47 STAT

NO SPACES OR DASHES

NO SPACES OR DASHES

NO SPACES OR DASHES

NO SPACES OR DASHES

↓ LAST NAME STARTS HERE



OTHER *Shift*

White - To Personnel
Yellow - Retained by Dept.

INTER-OFFICE CORRESPONDENCE

TO: H. F. Hopkins, Chief of Police

FROM: Personnel Department

This will certify that:

Name: Clarence B. Smith

Address: [REDACTED]

Telephone Number: _____

Has taken the (TRAINEE) (CADET) examination with the following results:

Date: 1/14/86

Test Score: 57

Director of Personnel

By: [Signature]

White: Chief of Police
Yellow: File

Date: _____

cc:stgk

5-8-86

AFFIRMATIVE ACTION / EQUAL EMPLOYMENT SURVEY

DATE: 01-09-86

NAME: Charla Beth Smith

POSITION APPLIED FOR: Police Officer

The following information is being requested in order to comply with government regulations and affirmative action responsibilities. This data will be kept **CONFIDENTIAL** and it will be separated from your Application for Employment.

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age or handicap.

Please CHECK ONE: ☐ Male ☐ Female

RACE / ETHNIC GROUP (only check one):

☐ Black ☒ Caucasian ☐ Hispanic ☐ Other

AGE GROUP:

☐ under 21 yrs. ☐ 41-50 yrs.
☒ 21-30 yrs. ☐ 51-60 yrs.
☐ 31-40 yrs. ☐ 61 yrs. and over

HANDICAP STATUS: ☐ Yes ☒ No If "yes," please explain

ARE YOU A RESIDENT OF FORT WORTH? ☒ Yes ☐ No

If "no," please check one:

☐ Tarrant County ☐ Other county in Texas
☐ Dallas County ☒ Out of State
☐ Other

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/27/88

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	3108	05-05-86	X03	8

ABSENTEE CODES	V	S	P	M	*	OTHER		
	VAC	SICK	PERS	REG	*	USED		
	HOURS	HOURS	HOLIDAY	HOLIDAY	*	COURT/JURY		

FORWARD FROM LAST YEAR	78.54	78.54	7.50	16.00	16.00	*	WITHOUT	
YEARS ACCRUAL	120.12	120.12		8.00	64.00	*	MILITARY	
TOTAL TIME OFF DUTY	72.00	2.00	7.50	24.00	16.00	*	CITY BUSIN	
BALANCE FOR YEAR	126.66	196.66			64.00	*	DISCIPLINE	
BALANCE TO NEXT YEAR	126.66	196.66	7.50		64.00	*	TRAINING 24.00	

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

THU	01-01-87	H 8.00						
MON	01-19-87	K 8.00						
THU	02-26-87	P 8.00						
FRI	02-27-87	P 8.00						
FRI	04-17-87	S 2.00						
THU	05-21-87	V 8.00						
FRI	05-22-87	V 8.00						
MON	05-25-87	X 8.00						
FRI	07-03-87	K 8.00						
FRI	07-17-87	J 8.00						
THU	08-13-87	V 8.00						
FRI	08-14-87	V 8.00						
SAT	08-15-87	V 8.00						
TUE	08-18-87	V 8.00						
MON	09-07-87	K 8.00						
FRI	10-02-87	V 8.00						
SAT	10-03-87	V 8.00						
TUE	10-06-87	V 8.00						
THU	10-15-87	T 8.00						
FRI	10-16-87	T 8.00						
TUE	11-17-87	T 8.00						
THU	11-26-87	K 8.00						
FRI	11-27-87	K 8.00						
SUN	12-06-87	P 8.00						
FRI	12-25-87	K 8.00						

NOV 12-26-88 K 8.00

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

02/02/90

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4235	05-09-86	X03	C

ABSENTEE CODES	V	S	COMP	P	H	OTHER		
	VAC	SICK	TIME	PERS	REG	USED		
	HOURS	HOURS		HOLIDAY	HOLIDAY	COURT/JURY		
						WITHOUT		
						MILITARY		
FORWARD FROM LAST YEAR	158.73	293.28	7.50		72.00	CITY BUSIN		
YEARS ACCRUAL	120.12	120.12	17.25	8.00	64.00	DISCIPLINE		
TOTAL TIME OFF DUTY	96.00	113.50		8.00	80.00	TRAINING 24.00		
BALANCE FOR YEAR	182.90	299.90	24.75		56.00			
BALANCE TO NEXT YEAR	182.90	299.90	24.75		56.00			

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

MON	01-02-89	K 8.00	SUN	07-30-89	E .50			
WED	01-11-89	S 3.00	THU	08-03-89	E 1.25			
MON	01-16-89	K 8.00	THU	08-17-89	E .75			
FRI	01-20-89	E .75	FRI	08-18-89	J 8.00			
WED	02-01-89	J 8.00	SAT	08-19-89	V 8.00			
THU	02-02-89	J 8.00	SUN	08-20-89	V 8.00			
SAT	02-25-89	E .50	WED	08-23-89	S 8.00			
WED	03-01-89	S 8.00	THU	08-24-89	S 8.00			
THU	03-02-89	S 8.00	FRI	08-25-89	S 8.00			
FRI	03-03-89	E .25	SAT	08-26-89	S 8.00			
SAT	03-04-89	J 8.00	SUN	08-27-89	S 8.00			
SUN	03-05-89	J 8.00	WED	08-30-89	S 8.00			
FRI	03-10-89	P 8.00	THU	08-31-89	S 8.00			
SAT	03-11-89	J 8.00	FRI	09-01-89	S 8.00			
SUN	03-12-89	J 8.00	SAT	09-02-89	S 8.00			
FRI	03-17-89	E .25	SUN	09-03-89	S 8.00			
SUN	03-26-89	E 1.00	MON	09-04-89	K 8.00			
SAT	04-01-89	E .25						
WED	04-05-89	E .75						
WED	04-12-89	T 8.00	FRI	10-27-89	T 8.00			
THU	04-13-89	T 8.00	SAT	10-28-89	E .75			
SUN	04-16-89	J 8.00	SAT	11-04-89	V 8.00			
WED	04-19-89	E 1.75	SUN	11-05-89	E 2.50			
WED	04-26-89	V 8.00	FRI	11-10-89	E 1.25			
THU	04-27-89	V 8.00	THU	11-23-89	K 8.00			
FRI	04-28-89	V 8.00	FRI	11-24-89	K 8.00			
SAT	04-29-89	V 8.00	FRI	12-22-89	V 8.00			
SUN	04-30-89	V 8.00	SAT	12-23-89	V 8.00			
SUN	05-21-89	J 8.00	SUN	12-24-89	V 8.00			
WED	05-24-89	J 8.00	MON	12-25-89	K 8.00			
MON	05-29-89	K 8.00						
SUN	06-04-89	E 1.00						
WED	06-14-89	E 1.50						
SUN	06-25-89	E 1.75						
TUE	07-04-89	K 8.00						
THU	07-06-89	S 8.00						
FRI	07-07-89	S 6.50						
SAT	07-15-89	V 8.00						
FRI	07-21-89	E .50						

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

06/13/91

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4253	05-05-86	X03	D

ABSENTEE CODES	V	S	P	H	OTHER	
	VAC	SICK	COMP	PERS	REG	USED
	HOURS	HOURS	TIME	HOLIDAY	HOLIDAY	COURT/JURY
						WITHOUT
						MILITARY
FORWARD FROM LAST YEAR	182.90	299.90	24.75		56.00	* CITY BUSIN
YEARS ACCRUAL	120.12	120.12	11.75	16.00	64.00	* DISCIPLINE
TOTAL TIME OFF DUTY	136.00	64.00			56.00	* TRAINING 64.00
BALANCE FOR YEAR	167.02	356.02	36.50	16.00	64.00	
BALANCE TO NEXT YEAR	167.02	356.02	36.50		64.00	

DAY	DATE	CODE	AND HOURS ABSENT	DAY	DATE	CODE	AND HOURS ABSENT
MON	01-01-90	K	8.00	FRI	09-07-90	E	.25
FRI	01-12-90	V	8.00	TUE	09-18-90	S	8.00
SAT	01-13-90	V	8.00	WED	09-19-90	S	8.00
MON	01-15-90	K	8.00	THU	09-20-90	S	8.00
TUE	01-30-90	S	8.00	FRI	09-21-90	S	8.00
SAT	02-10-90	D	1.00	SAT	09-22-90	S	8.00
SUN	02-11-90	D	1.00	THU	09-27-90	V	8.00
MON	02-12-90	D	1.00	FRI	09-28-90	V	8.00
THU	03-15-90	T	8.00	SAT	09-29-90	V	8.00
FRI	03-16-90	T	8.00	WED	10-17-90	E	1.50
TUE	03-20-90	J	8.00	SAT	10-27-90	V	8.00
FRI	03-23-90	J	8.00	FRI	11-02-90	E	1.75
MON	04-02-90	T	8.00	THU	11-22-90	K	8.00
TUE	04-03-90	T	8.00	FRI	11-23-90	K	8.00
WED	04-04-90	T	8.00	SAT	11-24-90	E	1.00
THU	04-05-90	T	8.00	TUE	11-27-90	E	.75
FRI	04-06-90	T	8.00	WED	11-28-90	E	1.50
SAT	04-07-90	S	8.00	FRI	11-30-90	E	2.00
SAT	04-21-90	V	8.00	FRI	12-14-90	J	8.00
THU	04-26-90	V	8.00	FRI	12-21-90	J	8.00
SAT	05-19-90	V	8.00	SAT	12-22-90	J	8.00
TUE	05-22-90	V	8.00	TUE	12-25-90	H	8.00
WED	05-23-90	V	8.00	WED	12-26-90	J	8.00
THU	05-24-90	V	8.00				
FRI	05-25-90	V	8.00				
SAT	05-26-90	V	8.00				
MON	05-28-90	K	8.00				
THU	06-21-90	T	8.00				
WED	07-04-90	K	8.00				
TUE	07-24-90	S	8.00				
WED	08-15-90	E	1.50				
THU	08-16-90	E	.25				
SAT	08-18-90	V	8.00				
TUE	08-21-90	V	8.00				
WED	08-22-90	V	8.00				
SAT	08-25-90	E	.25				
SAT	09-01-90	E	.75				
MON	09-03-90	K	8.00				
THU	09-06-90	E	.25				

ENVIRONMENTAL FORMS RECYCLED 

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/05/93

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4153	05-05-86	X03	E

ABSENTEE CODES	V	S		P	H	OTHER		
	VAC	SICK		PERS	REG	USED		
	HOURS	HOURS		HOLIDAY	HOLIDAY	COURT/JURY		
*****						WITHOUT		
*****						MILITARY		
FORWARD FROM LAST YEAR	207.14	431.14		34.00	8.00	64.00	CITY BUSIN	
YEARS ACCRUAL	120.12	120.12		52.75	16.00	64.00	DISCIPLINE	
TOTAL TIME OFF DUTY	128.00	50.00		3.25	24.00	56.00	TRAINING 72.00	
BALANCE FOR YEAR	199.26	501.26		83.50		72.00	FAMILY 25.00	
BALANCE TO NEXT YEAR	199.26	501.26		83.50		72.00	*****	

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

WED	01-01-92	K 8.00	THU	08-13-92	P 8.00			
MON	01-20-92	K 8.00	SUN	08-16-92	E 1.50			
			SUN	08-23-92	T 8.00			
THU	02-13-92	S 8.00	SAT	08-29-92	E .75			
WED	02-26-92	T 8.00	SUN	08-30-92	V 8.00			
THU	02-27-92	T 8.00	MON	09-07-92	K 8.00			
SAT	02-29-92	U 1.50	WED	09-09-92	V 8.00			
FRI	03-20-92	U 1.00	THU	09-10-92	V 8.00			
SAT	03-21-92	J 8.00	FRI	09-11-92	V 8.00			
SUN	03-22-92	J 8.00	SAT	09-12-92	V 8.00			
WED	03-25-92	S 8.00	SUN	09-13-92	V 8.00			
THU	03-26-92	S 2.00	FRI	09-18-92	E .75			
FRI	03-27-92	S 8.00	THU	10-01-92	E 1.00			
THU	04-02-92	S 8.00	SUN	10-04-92	S 8.00			
FRI	04-03-92	S 8.00	WED	10-07-92	E 1.50			
SUN	05-03-92	E 1.50	THU	10-08-92	E 1.50			
FRI	05-15-92	U .75	SUN	10-11-92	E 3.25			
SAT	05-16-92	V 8.00	WED	10-14-92	E 1.00			
SUN	05-17-92	V 8.00	FRI	10-16-92	E 3.00			
WED	05-20-92	V 8.00	THU	10-22-92	P 8.00			
THU	05-21-92	V 8.00	FRI	10-23-92	J 8.00			
FRI	05-22-92	V 8.00	SAT	10-24-92	J 8.00			
SAT	05-23-92	V 8.00	SUN	10-25-92	J 8.00			
SUN	05-24-92	V 8.00	WED	10-28-92	J 8.00			
MON	05-25-92	K 8.00	THU	10-29-92	E 1.00			
			SAT	10-31-92	E 7.75			
			SAT	11-07-92	E 2.25			
			THU	11-26-92	K 8.00			
SAT	05-30-92	V 8.00	FRI	11-27-92	K 8.00			
SUN	05-31-92	V 8.00	SUN	11-29-92	E 2.25			
WED	06-17-92	E 2.25	MON	12-07-92	T 8.00			
FRI	06-19-92	E .25	TUE	12-08-92	T 8.00			
WED	06-24-92	E .75	WED	12-09-92	T 8.00			
SUN	06-28-92	E 1.25	THU	12-10-92	T 8.00			
WED	07-01-92	E 1.00	FRI	12-11-92	T 8.00			
FRI	07-03-92	K 8.00 E 2.25	FRI	12-18-92	T 8.00			
FRI	07-17-92	E 1.50	WED	12-23-92	V 8.00			
SAT	07-18-92	E 2.50	THU	12-24-92	P 8.00			
TUE	07-21-92	E 12.00	FRI	12-25-92	H 8.00			

PYAP14-03

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/05/94

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA S	POLICE	250465	110	35	4153	05-05-86	X03	E

ADSENTEE CODES

V

S

P

H

OTHER

VAC
HOURSSICK
HOURSCOMP
TIMEPERS
HOLIDAYREG
HOLIDAY*
USED
COURT/JURY

FORWARD FROM LAST YEAR

199.26

501.26

93.50

72.00

*
MILITARY

80.00

YEARS ACCRUAL

135.98

120.12

14.00

8.00

64.00

*
DISCIPLINE

TOTAL TIME OFF DUTY

128.00

26.00

33.00

8.00

24.00

*
TRAINING

88.00

BALANCE FOR YEAR

207.24

595.38

64.50

112.00

BALANCE TO NEXT YEAR

207.24

595.38

64.50

112.00

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
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SAT 12-26-92 V 8.00

TUE 08-24-93 T 8.00

SUN 12-27-92 V 8.00

WED 09-01-93 T 8.00

FRI 01-01-93 K 8.00

FRI 09-03-93 U 4.00

MON 01-10-93 K 8.00

SAT 09-04-93 V 8.00

[REDACTED]

SUN 09-05-93 V 8.00

[REDACTED]

MON 09-06-93 K 8.00

WED 02-03-93 U 8.00

MON 09-13-93 D 8.00

THU 02-04-93 U 8.00

TUE 09-14-93 D 8.00

FRI 02-05-93 U 8.00

WED 09-15-93 D 8.00

THU 02-06-93 D 8.00

THU 09-16-93 D 8.00

WED 02-07-93 T 8.00

FRI 09-17-93 D 8.00

FRI 02-08-93 V 8.00

MON 09-20-93 D 8.00

SAT 02-09-93 V 8.00

TUE 09-21-93 D 8.00

WED 02-10-93 S 6.00

WED 09-22-93 D 8.00

FRI 02-11-93 U 1.00

THU 09-23-93 D 8.00

SUN 02-12-93 E 2.00

FRI 09-24-93 D 8.00

SAT 02-13-93 E .75

SAT 10-29-93 U 4.00

FRI 02-14-93 T 8.00

SUN 10-10-93 J 0.00

THU 02-15-93 E 2.75

WED 10-11-93 E .75

WED 02-16-93 V 8.00

FRI 10-22-93 V 8.00

FRI 02-17-93 E 2.00

SAT 10-23-93 E 1.50

MON 02-18-93 K 8.00

WED 10-27-93 T 0.00

WED 02-19-93 E .75

THU 11-25-93 K 8.00

THU 02-20-93 J 8.00

FRI 11-26-93 K 8.00

WED 02-21-93 E 1.00

SAT 11-27-93 E .75

MON 02-22-93 K 8.00

SUN 11-28-93 E .50

WED 02-23-93 V 6.00

SAT 12-04-93 S 4.00

THU 02-24-93 V 8.00

FRI 12-10-93 E .50

FRI 02-25-93 V 8.00

SAT 12-19-93 P 0.00

FRI 02-26-93 V 8.00

SUN 12-19-93 V 8.00

SAT 02-27-93 V 8.00

WED 12-22-93 V 8.00

SUN 02-28-93 V 8.00

THU 12-23-93 V 8.00

WED 02-29-93 S 8.00

FRI 12-24-93 H 8.00

FRI 02-30-93 E .75

WED 03-01-93 T 8.00

WED 03-02-93 T 8.00

THU 03-03-93 T 8.00

FRI 03-04-93 T 8.00

MON 03-05-93 T 8.00

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/20/95

NAME	DEPARTMENT	EMP NO	PAY GR	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SHITH CHARLA B	POLICE	250465	110	35	4153	05-05-86	X03	E

ABSENTEE CODES	V VAC HOURS	S SICK HOURS	P COMP TIME	H PERS HOLIDAY	H REG HOLIDAY	OTHER USED
FORWARD FROM LAST YEAR	207.24	595.38	64.50		112.00	*
YEARS ACCRUAL	135.98	120.12	71.50	8.00	56.00	*
TOTAL TIME OFF DUTY	144.00	71.00	15.00	8.00	32.00	*
BALANCE AT PAYROLL 26	199.22	644.50	120.00		136.00	*

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
SAT	12-25-93	V 8.00	WED	05-18-94	E 4.00	FRI	10-07-94	E 1.75
SUN	12-26-93	V 8.00	FRI	05-20-94	E 1.00	TUE	10-11-94	E .25
FRI	12-31-93	U 5.00	SAT	05-21-94	J 8.00	TUE	10-18-94	E 2.25
SAT	01-01-94	K 8.00	FRI	05-27-94	V 8.00	FRI	10-21-94	E .75
THU	01-05-94	E 1.50	SAT	05-29-94	V 8.00	SAT	11-05-94	P 8.00
FRI	01-07-94	E 1.50	SUN	05-29-94	V 8.00	THU	11-24-94	K 8.00
FRI	01-14-94	V 8.00	MON	05-30-94	K 8.00	FRI	11-25-94	K 8.00
SAT	01-15-94	V 8.00	SAT	06-04-94	V 8.00	SUN	11-27-94	E 18.00
SUN	01-16-94	V 8.00	SUN	06-05-94	V 8.00	SAT	12-03-94	U 8.00
MON	01-17-94	K 8.00	FRI	06-10-94	E .75	SAT	12-10-94	E 2.25
THU	01-20-94	S 8.00	SUN	06-12-94	E 2.25	FRI	12-16-94	E 6.75
TUE	01-25-94	T 8.00	WED	06-15-94	E .75	WED	12-21-94	J 8.00
SAT	02-12-94	E .25	THU	06-23-94	E 1.50	THU	12-22-94	J 8.00
			SUN	06-26-94	S 4.00	FRI	12-23-94	J 8.00
			WED	06-29-94	E 1.00			
			FRI	07-01-94	E 2.00			
			MON	07-04-94	K 8.00			
FRI	02-25-94	S 8.00	FRI	07-08-94	S 8.00			
SAT	02-26-94	S 8.00	SAT	07-09-94	S 8.00			
SUN	03-06-94	E .50	FRI	07-15-94	U 3.00			
FRI	03-11-94	V 8.00	SAT	07-23-94	E .75			
SAT	03-12-94	V 8.00	WED	07-27-94	E .75			
SUN	03-13-94	V 8.00	THU	07-28-94	E 1.50			
WED	03-16-94	V 8.00	SAT	07-30-94	E 1.00			
THU	03-17-94	V 8.00	THU	08-04-94	E 1.00			
SAT	03-19-94	E .50	SAT	08-13-94	E .75			
FRI	03-25-94	S 3.50	FRI	08-19-94	E 1.00			
SAT	03-26-94	S 3.00	WED	08-31-94	E .75			
SUN	03-27-94	S 8.00	THU	09-01-94	E .75			
THU	03-31-94	E .25	FRI	09-02-94	E 3.00			
SAT	04-02-94	V 8.00	MON	09-05-94	K 8.00			
SUN	04-03-94	E 1.00	SAT	09-10-94	E 1.00			
WED	04-06-94	E .75	THU	09-15-94	E 1.00			
FRI	04-08-94	E .75	WED	09-21-94	S 4.50			
THU	04-14-94	E 1.00	FRI	09-23-94	E 1.25			
FRI	04-15-94	E 1.50	SAT	09-24-94	V 8.00			
SUN	04-24-94	E .50	TUE	09-27-94	V 8.00			
WED	04-27-94	S 8.00	SAT	10-01-94	E 1.50			
			TUE	10-04-94	E 2.50			

EMPLOYEE NAME C B SMITH	FIRST NAME N CHARLA	LOA DATE LOA G	REASON L H E A	LOA RETURN DATE LOA R	SEX S E X C F	EDC E D C C	MARITAL STATUS M A R R I E D D	DEP D E P E	STATUS S T A T A	DATE CHANGE MADE 12/16/91
STREET ADDRESS	DATE OF BIRTH 05-05-86	JOB CODE X03	WHEN H1 JOB 10-05-91	JOB TITLE POLICE OFFICER	SALT GRADE EX03	POS NO.				
STREET ADDRESS	DATE OF BIRTH	HRLY RATE 14.9700	P.P. SALV	AN. SALARY 31137.60	NORMAL HOURS 80.00	S 01	ADJ S.D. 05-05-86			
CITY	STATE	TERMINATION DATE	REASON T H E A	REHIRE R E H I R E	NEXT EVAL	SUPERVISOR S U P V	JCC SEC NO	REHIRE DT 05-05-86		

SALARY, JOB AND EVALUATION HISTORY CHRONOLOGICALLY									
EFFECTIVE DATE	TYPE CHANGE	EVAL CODE	NEW P.P. SALV./RATE	AMOUNT OF CHANGE	% CHANGE	JOB CODE	JOB TITLE	SUPERVISOR	
10-05-91		255	14.9700	1622.40	5.500	X03	POLICE OFFICER		
09-07-91		250	14.1900	1164.80	4.100	X03	POLICE OFFICER		
06-29-91		710	13.6300			X03	POLICE OFFICER		
09-02-90		250	13.6300	1352.00	5.000	X03	POLICE OFFICER		
10-07-89		255	12.9800			X03	POLICE OFFICER		
10-07-89		255	12.9800	1040.00	4.000	X03	POLICE OFFICER		
09-09-89		250	12.4800	1227.20	5.000	X03	POLICE OFFICER		
10-02-88		255	11.8900	374.40	1.500	X03	POLICE OFFICER		
12-05-87		250	11.7100	1164.80	5.000	X03	POLICE OFFICER		
10-01-87		255	11.1500			X03	POLICE OFFICER		

EMPLOYEE KEY 300354153	EMPLOYEE NAME C B SMITH	DATE CHANGE MADE
SPOUSE NAME	DATE OF BIRTH	HOME TELEPHONE #
		WORK EXT
		EMERGENCY CONTACT NAME
		RELATIONSHIP
		EMERGENCY TEL #

EDUCATION INFORMATION					
LEVEL	NAME	YR	MAJOR	SUBJECT	DATE
		MAJ YR			

BENEFITS (EMPLOYER AND EMPLOYEE CONTRIBUTIONS)			
BENEFICIARY	RELATIONSHIP	COVERAGE	
10,000		0.00 21 1	

RUN DATE PAGE EMPLOYEE KEY COMPANY NAME
08/07/92 4732 300354153 250465 CITY OF FORT WORTH

EMPLOYEE PROFILE

EMPLOYEE NAME C B SMITH	FIRST NAME CHARLA	LOA DATE	REASON L H E A	LOA RETURN DATE L O A R	SEX T	DOB C	MARITAL STATUS M A R I E D	DEP D	STATUS S T A T A	DATE CHANGE MADE 12/16/91
STREET ADDRESS	DATE OF HIRE 05-05-86	JOB CODE X03	WHEN IN JOB	JOB TITLE POLICE OFFICER	SALY GRADE EX03	POS. NO.				
STREET ADDRESS	DATE OF BIRTH	REASON R A T E	NETLY RATE 14.9700	PP SALY	AN SALARY 31137.60	NORMAL HOURS 80.00	S 01	ADJ. SSN 05-05-86		
CITY	STATE	TERMINATION DATE	REASON T E R M	REHIRE R E H I R E	NETLY EVAL	SUPERVISOR	SOC. SEC. NO.	REHIRE DT 05-05-86		

ALARY, JOB AND EVALUATION HISTORY CHRONOLOGICALLY

EFFECTIVE DATE	TYPE CHANGE	EVAL CODE	NEW P.P. SALY / RATE	AMOUNT OF CHANGE	% CHANGE	JOB CODE	JOB TITLE	SUPERVISOR
10-05-91		255	14.9700	1622.40	5.500	X03	POLICE OFFICER	
09-07-91		250	14.1900	1164.80	4.100	X03	POLICE OFFICER	
06-29-91		710	13.6300			X03	POLICE OFFICER	
09-08-90		250	13.6300	1352.00	5.000	X03	POLICE OFFICER	
10-07-89		255	12.9800			X03	POLICE OFFICER	
10-07-89		255	12.9800	1040.00	4.000	X03	POLICE OFFICER	
09-09-89		250	12.4800	1227.20	5.000	X03	POLICE OFFICER	
10-08-88		255	11.8900	374.40	1.500	X03	POLICE OFFICER	
12-05-87		250	11.7100	1164.80	5.000	X03	POLICE OFFICER	
10-01-87		255	11.1500			X03	POLICE OFFICER	

EMPLOYEE KEY 300354153	EMPLOYEE NAME 250465 C B SMITH	DATE CHANGE MADE				
PHONE NAME	DATE / P BIRTH	HOME TELEPHONE #	WORK EXT	EMERGENCY CONTACT NAME	RELATIONSHIP	EMERGENCY TEL #
		817 4416777	7635255			

EDUCATION INFORMATION					
LEVEL	NAME	YR	MAJOR	SUBJECT	DATE
		M O Y R	M A J O R	S U B J E C T	D A T E
			T R A I N I N G S		

MERITS (EMPLOYER AND EMPLOYEE CONTRIBUTIONS)					
BENEFICIARY		RELATIONSHIP		COVERAGE	
10,000				0.00	21 1

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) Charla B. Smith

SWORN TO AND SUBSCRIBED before me this 5th day of September,
19 86.

Sylvia Ploner
Notary Public in and for
the State of Texas

OATH OF OFFICE

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

Instructions: Fill in left half of this form. Don't tear sheets apart. Sign and submit with application. Notify Personnel of any change in status.

Print Title of Position Applied for Police Officer

How did you learn of this job opening?
☐ City Bulletin ☐ TEC ☐ Radio Station

City Recruiter (Name) _____

Newspaper (Name) _____

Other _____

PRINT

Name Charla Beth Smith

Address _____

City, State & Zip Code _____

Signature Charla Beth Smith

61 1/9
Recruitment Division: 870-7750
Testing Division: 870-7792
Job Line (24 Hours): 870-7760

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 certification to a vacancy.

Your application: Has been ranked _____
standing on list _____

Your application has been disqualified for:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Experience |
| <input type="checkbox"/> License | <input type="checkbox"/> Received Late |
| <input type="checkbox"/> Other _____ | |
- ☐ 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 which will be given:

Date: 1/19/86 **Time:** 8:30 a.m.

Place: Personnel Testing **Other:** 1000 Calvert

- Bring gym clothes -

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

CITY OF FORT WORTH, TEXAS

PLEASE PRINT

POSITION APPLIED FOR <u>Police Officer</u>	DATE <u>01-09-86</u>	HOME PHONE [REDACTED]	BUSINESS PHONE																				
NAME <u>Charles B. Smith</u>		SOCIAL SECURITY NUMBER [REDACTED]	BIRTH DATE [REDACTED]																				
PRESENT RESIDENCE (STREET, CITY, STATE, ZIP CODE) [REDACTED]																							
DO YOU HAVE ANY CURRENT OR PREVIOUS PHYSICAL DISABILITIES OR INJURIES? IF "YES," BRIEFLY DESCRIBE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			PREVIOUSLY EMPLOYED BY CITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WHEN: DEPT:																				
DO YOU POSSESS A VALID TEXAS DRIVER'S LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OPERATORS <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CHAUFFEUR	LICENSE NUMBER [REDACTED]																				
		EXPIRATION DATE [REDACTED]	VERIFY																				
ARE YOU WILLING TO WORK:																							
other than between 7 am - 5 pm part-time rotating shift at any location in Fort Worth weekends		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no																					
IN WHAT LANGUAGES ARE YOU PROFICIENT:																							
<table border="1"><thead><tr><th>LANGUAGE</th><th>READ</th><th>SPEAK</th><th>WRITE</th><th>UNDERSTAND</th></tr></thead><tbody><tr><td>English</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				LANGUAGE	READ	SPEAK	WRITE	UNDERSTAND	English	✓	✓	✓	✓										
LANGUAGE	READ	SPEAK	WRITE	UNDERSTAND																			
English	✓	✓	✓	✓																			
Have you ever been <u>convicted</u> or pleaded no contest for any offense other than traffic violations with fines of \$25 or less? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details (Charges, penalties, where, when, currently on parole, probated sentence):																							
Are you currently pending trial or judgment for any offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							

SECTION II: ACADEMIC/VOCATIONAL PREPARATION

Circle the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

High school graduate? ☒ Yes ☐ No Date MAY 1980 School Waynoka High Location Waynoka, Oklahoma
City/State

GED certificate Yes ☐ No ☒ Date _____ Location _____ City/State _____

COLLEGE ATTENDED	LOCATION	DATE FROM / TO	CREDITS EARNED SEMESTER HRS.	MAJOR	MINOR	TYPE DEGREE	DATE
DWOK State Univ	ALVA, OK	1980-1984	124	Psychology/Law Enforcement		BS	12-84

Trade schools, military schools, business colleges, special courses, special licenses or certificates pertinent to position applied for: All transcripts or certificates are subject to verification.

COURSE	INSTITUTION	DATES	TOTAL CLASS HOURS	LICENSE OR CERTIFICATE ISSUED

REFERENCE	TITLE	REFERENCE	TITLE
<u>Carry Pierce</u>	<u>OK Highway Patrol</u>	<u>BARBARA Clarke</u>	<u>Advertising Agent</u>
ADDRESS [REDACTED]		ADDRESS <u>Box 562 Basalt Co.</u>	
PHONE	NATURE OF ASSOCIATION <u>Friend</u>	PHONE	NATURE OF ASSOCIATION <u>Friend</u>

IF NOW EMPLOYED, ARE YOU WILLING TO HAVE YOUR PRESENT EMPLOYER CONTACTED ☐ 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 ADDRESS <u>WAL MART 2001 6th ALVA OK</u>		DATES EMPLOYED (MO./YR.) FROM <u>8-83</u> TO <u>6-85</u>	Position held <u>Customer Service Manager</u> Describe in detail the work you did, equipment operated, skills employed. <u>I ran a cash register, handled refunds, exchanges, complaints, I handled cash deposits. I ordered merchandise, supervised checkers, stocked shelves.</u>
TYPE OF BUSINESS <u>Retail</u>	DEPARTMENT ASSIGNED <u>All</u>	SALARY STARTING <u>3.50</u> LAST <u>4.25 hr</u>	
NAME AND TITLE OF SUPERVISOR <u>Ron White - manager</u> PHONE: _____		REASON FOR LEAVING <u>Wanted to use Education</u>	
NAME OF COMPANY AND ADDRESS <u>Beverly Enterprise HARDNER KS, Achenbach Learning Center</u>		DATES EMPLOYED (MO./YR.) FROM <u>4-83</u> TO <u>8-83</u>	Position held <u>Trainer</u> Describe in detail the work you did, equipment operated, skills employed. <u>Assisted & trained mentally retarded adults in personal hygiene & social skills</u>
TYPE OF BUSINESS <u>Training center for mentally retarded adults</u>	DEPARTMENT ASSIGNED <u>Training</u>	SALARY STARTING <u>3.50</u> LAST <u>3.50</u>	
NAME AND TITLE OF SUPERVISOR <u>Rena Nicholson</u> PHONE: _____		REASON FOR LEAVING <u>Hours conflicted with College</u>	
NAME OF COMPANY AND ADDRESS <u>Newsgram 315 5th ALVA OK 73717</u>		DATES EMPLOYED (MO./YR.) FROM <u>8-81</u> TO <u>2-83</u>	Position held <u>Typesetter/Ad Layout</u> Describe in detail the work you did, equipment operated, skills employed. <u>Typeset copy, did advertising layout, dark room work, some press work</u>
TYPE OF BUSINESS <u>Newspaper</u>	DEPARTMENT ASSIGNED <u>Composition</u>	SALARY STARTING <u>3.50</u> LAST <u>4.00 hr</u>	
NAME AND TITLE OF SUPERVISOR <u>Tom Derrickson</u> <u>405</u> PHONE: <u>327-1430</u>		REASON FOR LEAVING <u>He needed full time help</u>	
NAME OF COMPANY AND ADDRESS <u>State of Oklahoma Rt 2 Waynoka OK Little Sahara Rec Area 73860</u>		DATES EMPLOYED (MO./YR.) FROM <u>5-79</u> TO <u>10-79</u> <u>5-80</u> TO <u>10-80</u> <u>5-81</u> TO <u>10-81</u> <u>5-82</u> TO <u>10-82</u>	Position held <u>Seasonal Ranger</u> Describe in detail the work you did, equipment operated, skills employed. <u>I collected fees, enforced laws, assisted tourists, gave first aid, did public relations work, maintenance. I operated a 4 wheel drive pickup & Inter A Rescue dune buggy</u>
TYPE OF BUSINESS <u>Parks & Recreation</u>	DEPARTMENT ASSIGNED <u>Seasonal Ranger</u>	SALARY STARTING <u>\$55 mo</u> LAST <u>\$6.85 mo</u>	
NAME AND TITLE OF SUPERVISOR <u>David Sutton - Superintendent</u> PHONE: _____		REASON FOR LEAVING <u>Season ended</u>	
NAME OF COMPANY AND ADDRESS		DATES EMPLOYED (MO./YR.) FROM TO	Position held Describe in detail the work you did, equipment operated, skills employed.
TYPE OF BUSINESS	DEPARTMENT ASSIGNED	SALARY STARTING LAST	
NAME AND TITLE OF SUPERVISOR PHONE: _____		REASON FOR LEAVING	

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.

Charles Beth Smith
Signature of Applicant

Smith, Charla B
Employee

ENTERED
JAN 04 2012
CFW INS. DEPT.

po

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 information that relates to the following:

	Current Selection	Confidential	Release
Home Address	Confidential	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Home Telephone Number	Confidential	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Security Number	Confidential	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Information that reveals whether I have family members	Confidential	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Emergency Contact Information

When I leave the City's services, I want this request to remain in effect.

Yes

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Employee Signature

Employee ID #

Date

Charla B Smith
250465 / #2214
10-31-11

Smith, Charla B

**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

11/01/10

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4160	05-05-86	X04	Z
<div style="display: flex; justify-content: space-between;"> <div> <p>ABSENTEE CODES</p> <p>VAC HOURS</p> <p>SICK HOURS</p> </div> <div> <p>COMP TIME</p> <p>PERS HOLIDAY</p> <p>H REG HOLIDAY</p> <p>ADJUSTD VAC-LS</p> </div> <div> <p>OTHER USED</p> <p>COURT/JURY</p> <p>TRAINING</p> <p>LVE BNK CNTR</p> <p>WELLNESS</p> </div> </div>								
FORWARD FROM LAST YEAR	543.46	1588.92						
YEARS ACCRUAL	146.16	97.02						
TOTAL TIME OFF DUTY	252.75	79.00						
BALANCE - LAST PAYROLL	436.87	1606.94						
<div style="display: flex; justify-content: space-between;"> <div> <p>DAY</p> <p>DATE</p> <p>CODE AND HOURS ABSENT</p> </div> <div> <p>DAY</p> <p>DATE</p> <p>CODE AND HOURS ABSENT</p> </div> </div>								
MON 12-21-09	V 8.00	MON 05-31-10	H 8.00					
TUE 12-22-09	V 8.00	TUE 06-01-10	V 8.00					
WED 12-23-09	V 8.00	THU 06-03-10	V 2.50					
THU 12-24-09	V 8.00	TUE 06-15-10	C 8.00					
FRI 12-25-09	H 8.00	WED 06-16-10	V 1.50					
SAT 12-26-09	V 8.00	MON 06-21-10	V 8.00					
TUE 12-29-09	S 8.00	TUE 06-22-10	V 8.00					
WED 12-30-09	S 6.00	THU 07-01-10	U 8.00					
FRI 01-01-10	K 8.00	FRI 07-02-10	V 6.50					
FRI 01-15-10	S 8.00	MON 07-05-10	K 8.00					
MON 01-18-10	H 8.00	WED 07-14-10	J 1.50					
THU 01-21-10	V 8.00	WED 07-28-10	V 8.00					
MON 01-25-10	V 8.00	THU 07-29-10	V 6.00					
TUE 01-26-10	T 8.00	WED 08-11-10	V 1.00					
WED 01-27-10	T 8.00	MON 08-16-10	V 8.00					
MON 02-08-10	V 8.00	TUE 08-17-10	V 8.00					
TUE 02-09-10	V 8.00	WED 08-18-10	V 8.00					
WED 02-10-10	V 8.00	THU 08-19-10	V 8.00					
THU 02-11-10	V 8.00	FRI 08-20-10	V 8.00					
THU 02-18-10	U 6.00	WED 08-25-10	S 1.00					
WED 02-24-10	U 1.00	THU 08-26-10	S 8.00					
THU 03-04-10	U 8.00	FRI 08-27-10	U 8.00					
FRI 03-05-10	U 8.00	TUE 08-31-10	S 8.00					
THU 03-18-10	V 2.75	THU 09-02-10	S 8.00					
WED 03-24-10	E 7.50	FRI 09-03-10	S 8.00					
MON 04-05-10	V 8.00	MON 09-06-10	H 8.00					
TUE 04-06-10	V 8.00	WED 09-15-10	E 6.75					
WED 04-07-10	V 8.00	WED 09-22-10	S 8.00					
THU 04-08-10	V 8.00	THU 09-23-10	S 8.00					
FRI 04-09-10	V 8.00	MON 09-27-10	V 1.00					
MON 04-12-10	V 8.00	TUE 09-28-10	% 7.00					
TUE 04-13-10	V 8.00	WED 09-29-10	S 8.00					
THU 04-15-10	V 7.00	FRI 10-01-10	V 7.50					
SAT 04-24-10	E 3.00	TUE 10-05-10	T 8.00					
WED 04-28-10	J 8.00	WED 10-06-10	T 8.00					
FRI 05-07-10	J 4.00	THU 10-07-10	T 8.00					
MON 05-10-10	U 6.50	FRI 10-08-10	T 8.00					
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

HUMAN RESOURCES DEPARTMENT

THE CITY OF FORT WORTH ★ 1000 THROCKMORTON STREET ★ FORT WORTH, TEXAS 76102
817-392-7750 ★ FAX 817-392-8869

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

07/05/10

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4160	05-05-86	X04	M

ABSENTEE CODES	V VAC HOURS	S SICK HOURS	COMP TIME	P PERS HOLIDAY	H REG HOLIDAY	? ADJSTD VAC-LS	OTHER USED LVE BNK CNTR	1.00 12.00

FORWARD FROM LAST YEAR	544.00	1476.80	118.00		128.00	128.00		
YEARS ACCRUAL	180.96	120.12	33.75	12.00	64.00			
TOTAL TIME OFF DUTY	181.50	8.00	39.50	12.00	68.00			
BALANCE - LAST PAYROLL	543.46	1588.92	112.25		124.00	128.00		

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

MON	12-22-08	U 4.00	MON	09-14-09	J 4.00			
TUE	12-23-08	V 8.00	TUE	09-22-09	J 8.00			
WED	12-24-08	V 8.00	WED	09-23-09	V 8.00			
THU	12-25-08	H 8.00	FRI	09-25-09	V 4.00			
FRI	12-26-08	V 8.00	FRI	10-02-09	E 7.50			
WED	12-31-08	U 8.00	MON	10-26-09	V 8.00			
THU	01-01-09	K 8.00	MON	11-09-09	% 4.00			
MON	01-05-09	U 3.00	TUE	11-10-09	V 8.00			
TUE	01-06-09	S 8.00	FRI	11-13-09	V 1.00			
MON	01-19-09	H 8.00	TUE	11-24-09	V 3.00			
FRI	01-23-09	E 6.75	WED	11-25-09	V 8.00			
WED	01-28-09	U 2.50	THU	11-26-09	H 8.00			
MON	02-02-09	V 4.00	FRI	11-27-09	H 8.00			
THU	02-12-09	V 2.50	TUE	12-08-09	P 6.50			
WED	02-25-09	E 8.25	WED	12-09-09	V 2.00			
MON	03-16-09	U 8.00	FRI	12-11-09	V 2.50			
TUE	03-17-09	U 8.00						
WED	03-18-09	U 6.00						
THU	03-19-09	V 8.00						
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						

PYAP14-03

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/09/09

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4160	05-05-86	X04	I

ABSENTEE CODES	V VAC HOURS	S SICK HOURS	COMP TIME	P PERS HOLIDAY	H REG HOLIDAY	? ADJSTD VAC-LS	OTHER USED	
							TRAINING	40.00
							LVE BNK CNTR	1.00

FORWARD FROM LAST YEAR	552.00	1356.68	118.00		127.50	128.00		
YEARS ACCRUAL	184.08	120.12	26.50	16.00	64.00			
TOTAL TIME OFF DUTY	183.50		26.50	16.00	63.50			
BALANCE - LAST PAYROLL	552.58	1476.80	118.00		128.00	128.00		

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

TUE	12-25-07	K 8.00	MON	09-01-08	H 8.00			
TUE	01-01-08	H 8.00	FRI	09-12-08	E 9.00			
MON	01-07-08	U 8.00	WED	10-01-08	V 8.00			
TUE	01-08-08	V 8.00	THU	10-02-08	V 8.00			
FRI	01-18-08	J 5.00	FRI	10-03-08	V 8.00			
MON	01-21-08	K 6.00 H 2.00	MON	10-06-08	V 8.00			
WED	01-30-08	J 8.00	TUE	10-07-08	P 8.00			
FRI	02-08-08	E 6.75	WED	10-08-08	P 8.00			
MON	02-11-08	T 8.00	WED	11-12-08	V 7.00			
TUE	02-12-08	T 8.00	MON	11-24-08	T 8.00			
WED	02-13-08	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	02-22-08	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	03-21-08	E 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	J 3.00	FRI	12-05-08	J 8.00			
THU	05-22-08	U 2.00	WED	12-10-08	J 1.50			
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						
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						
FRI	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						

SCREEN 1 OF 2

CITY OF FORT WORTH

/H09-01

9000

AVAILABLE BALANCES

FIND 250465

PAYGRP 110 DEPT 35 LOCATOR 4160 EMP# 250465

NAME SMITH CHARLA B

HIRE 05-05-1986 FLSA N JOB KEY X04 STEP M

ACTIVE

AS OF PP# 22 ENDED 10-23-2009

RATE 38.3900

ELIG BROUGHT FWD

ACCRUED

USED

AVAILABLE

TYPE OF LEAVE

SW

FROM LAST YR

THIS YR

THIS YR

BALANCE

V VACATION

0

552.00 544

153.12

149.00

556.12 548.1

ST SICK LVE/FAM LVE

.00

.00

.00

.00

S SICK

0

1476.80

101.64

8.00

1570.44

R MAJOR MEDICAL

1

.00

.00

.00

.00

G FUNERAL LEAVE

1

.00

.00

.00

.00

U/E COMP TIME

0

.00

.00

.00

.00

U/E NON-EX COMP

0

118.00

33.75

39.50

112.25

H/J/K HOLIDAY

0

128.00

48.00

52.00

124.00

P PERSONAL HOLIDAY

0

.00

12.00

5.50

6.50

L LEAVE BANK

1

.00

240.00

A PREV SICK

1

.00

.00

.00

.00

LVE BNK DONATED

1.00

F7 - NEXT SCREEN -> /H09-02

F8 - CFW MAIN MENU -> PP01

F9 - TERMINATION SCRNS-> /H06-01

F12 - ALL-SCREEN MAIN MENU

=> _____

REC'D OCT 30 2009

FORT WORTH



ACCRUED PERSONAL LEAVE TRANSFER AUTHORIZATION

I, Charles Smith, Employee Number 250465, hereby
(Please Print)

authorize the City of Fort Worth to transfer 8 hours of my accrued Personal Leave to be
added to the accrued Personal Leave account of Julie Garriety.
Employee Number 095456.

[Donor's rate of pay \$ 37.19 /hour X 8 = \$ 297.52]
(# 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 Smith

Employee's Signature

10-23-09

Date

Recipient's Department Director's Approval:

[Signature]

Signature

10/27/09

Date

Distribution:

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

HUMAN RESOURCES DEPARTMENT

THE CITY OF FORT WORTH ★ 1000 THROCKMORTON STREET ★ FORT WORTH, TEXAS 76102
(817) 871-7750 ★ FAX (817) 871-8869

Appendix 2
City of Fort Worth
Electronic Communications Resources Use
Agreement

SMITH CHARLA B

(Printed name)

250465

(Employee number)

By signing below, the User acknowledges the following:

I understand and acknowledge that it is my responsibility to comply with the City of Fort Worth Administrative Regulation D-7, Electronic Communications Use Policy, which establishes the citywide policy for the use of Electronic Communications Systems, Services and Resources. Electronic Communications Resources subject to this Agreement are the property of the City of Fort Worth and are generally to be used for business purposes only. Limited personal use is authorized as set forth in Section 6.2 of Administrative Regulation D-7. All activity may be monitored for any reason deemed necessary by the City. Unauthorized use may result in disciplinary action up to and including termination.

I hereby assume personal responsibility for all Electronic Communications Resources provided and or assigned to me by the City. I agree to relinquish any and all Electronic Communications Resources provided and or assigned to me to my Department Manager or Supervisor upon request of that Manager or Supervisor or at the time of transfer, resignation, retirement, or termination of my employment from the City of Fort Worth.

In the event any City issued Electronic Communications Resource is lost, stolen or damaged, I agree to notify my Manager or Supervisor immediately. I also agree to call the IT Solutions Help Desk **(817) 392-8800** immediately so that the IT Solutions Security Division may take appropriate action to deactivate the Electronic Communications Resource(s). I further agree to cooperate with any departmental or police investigations regarding any loss or damage to an Electronic Communications Resource.

Pursuant to the City of Fort Worth Personnel Rules and Regulations Disciplinary Actions Alternatives Policy, I understand that I may be charged for lost or damaged Electronic Communications Resources, or to recover costs for the replacement and/or repair of an Electronic Communications Resource which is lost and/or damaged due to my negligence, carelessness, and/or abuse. I also understand that I may face additional disciplinary action for violations of this policy.

Accepted / Acknowledged by:



(User's Signature)

Date:

4-7-08

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 Last: <u>Smith</u>	First: <u>Charla</u>	Middle: <u>B</u>
Employee #: <u>250465</u> (Human Resources will assign for new employees)		
Work Phone: _____	Work Mobile Ph.: _____	Work Pager: _____
Supervisor's Name: <u>Employee's supervisor for performance appraisals etc.</u> Supervisor's Employee #: _____		

Current Position Information if applicable

Position #: 001 356108 00000 X04 004 Budget (New) Position #: 002254
Key Code: X04 Title: Corporal Detective
Grade/Step: I Anniv. Date: 00-00-00 FAC #: GG01 514010 0356108
Hourly Rate: 37.19 Department & Locator Code: 035/9778
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
Key Code: X04 Title: Corporal Detective
Grade/Step: I Anniv. Date: 00-00-00 FAC #: GG01 514010 0355210
Hourly Rate: 37.19 Department & Locator Code: 035/4160
Work Percentage: 1.00 Hours Per Pay Period: 80.00 Shift: B

(S-Key Position ONLY) Shadow Job Key Code: _____ Title: _____
Associated Position(S-key Backfill Vacancy): _____
Position Type: SELECT 20-digit position number from PML Position End Date (S-key Backfill Vacancy/Project): _____
Position Justification: Provide justification information or attach IOC

Terminations (for departments to complete) Time used in the current pay period ONLY

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

Approval

Signature: Pat M... Date: 11/19/08 Title: Employment Specialist

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.

HR office use ONLY	REC'D NOV 20 2008	Date entered: _____	ENT'D DEC 1 2008
Date Received: _____	Filing status: _____	Exemptions: _____	Additional \$: _____
Confidentiality Selections: _____			

CORRECTION TO EMPLOYEE ABSENTEE RECORD

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

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

Employee Name: **SMITH, CHARLA**

Emp ID Number: **250465**

Dept # & Name: **035
VPC/CID/SCRAM**

Locator Code: **9778**

Pay Group: **110**

FLSA Status: ☐ Exempt
☒ Non-Exempt

**RECEIVED
OCT 27 2008**

ENTER INFORMATION TO BE CORRECTED/CHANGED BELOW:

PP # <u>21</u>	Date: <u>10/01/08</u> [To Be Corrected]	<i>Payroll</i> Reported or <u>8</u> Input As: _____	Change or Correct To: <u>V8</u>
PP # <u>21</u>	Date: <u>10/02/08</u> [To Be Corrected]	<i>Payroll</i> Reported or <u>8</u> Input As: _____	Change or Correct To: <u>V8</u>
PP # <u>21</u>	Date: <u>10/03/08</u> [To Be Corrected]	<i>Payroll</i> Reported or <u>8</u> Input As: _____	Change or Correct To: <u>V8</u>
PP # <u>21</u>	Date: <u>10/06/08</u> [To Be Corrected]	<i>Payroll</i> Reported or <u>8</u> Input As: _____	Change or Correct To: <u>V8</u>
PP # <u>21</u>	Date: <u>10/07/08</u> [To Be Corrected]	<i>Payroll</i> Reported or <u>8</u> Input As: _____	Change or Correct To: <u>P8</u>
PP # <u>21</u>	Date: <u>10/08/08</u> [To Be Corrected]	<i>Payroll</i> Reported or <u>8</u> Input As: _____	Change or Correct To: <u>P8</u>
PP # _____	Date: _____ [To Be Corrected]	Reported or _____ Input As: _____	Change or Correct To: _____

Time Clerk: **Debbie Munson**

Date Completed: **10/20/08**

Phone Number: **817-392-4361**

Authorized By: _____

Reason For Change: **Time clerk entered time correctly, payroll error**

Date: 10-21-08

REC'D OCT 28 2008



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 ADVISE ONLY – NON NEGOTIABLE

Earnings	Hours	Amount	Deductions	Amount
REGULAR EARNINGS	80.00	2887.20	MEDICARE	35.83
DEF COMP-NATIONWIDE	.00	100.00-	FEDERAL TAX	398.54
FLSA OVERTIME	.00	12.83	PRES TAX RET CONTRIB	253.17
			HEALTH BENEFITS	[REDACTED]
			[REDACTED]	[REDACTED]
			POLICE ASSOCIATION	49.50
			[REDACTED]	[REDACTED]
			CLEAT	13.85
			[REDACTED]	[REDACTED]
Total Earnings		2800.03	Total Deductions	[REDACTED]

Net Pay

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

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

TIME AND ATTENDANCE RECORD

35 9778

DEPARTMENT POLICE-VPC SCRAM GF

21 22 23 30 1 2 3

PERIOD 09/27/08 - 10/10/08

PAGE

EMPLOYEE NO. NAME	GROUP	LOCATOR	SHIFT	AVAILABLE BALANCES	S A	S U	M O	T U	W E	T H	F R	S A	S U	M O	T U	W E	T H	F R	S A	S U	M O	T U	W E	T H	F R	TOTAL
146700	110	9778	8	S 1668.62																						
JOHNSON CHERYL D				E 78.50	KEY				STEP				EMPLOYED				ANNIVERSARY				86015140100356108					
NON-EXEMPT - HOURLY				K 107.25	X07				C01-D				03-20-89				07-28-09									
80.00 37.89				P .00	1	8	10	1	8	3									9	8	8	9	6	8	0	
1.14																										
VACATION				353.39																						
L .00																										
ECOT 8601 514240 0352108																										
162118	110	9778	A	S 549.44																						
LEVY BRYAN G				E 33.50	KEY				STEP				EMPLOYED				ANNIVERSARY				86015140100356108					
NON-EXEMPT - HOURLY				K 44.00	X03				C01-I				03-02-87													
80.00 32.71				P .00	8				8	8	8	8							8	8	8	8	8	8	0	
OT 6279 514210 0599904																										
VACATION				292.25																						
L .00																										
168725				S 2034.14	KEY				STEP				EMPLOYED				ANNIVERSARY				86015140100356108					
MAJKA FRANK J JR				E 49.75	X03				003-I				11-29-82													
NON-EXEMPT - HOURLY				K 52.00	8																					
80.00 32.71				P .00	8				8	8	8	8						2	9	8	8	8	5	8	0	
.98																										
1.54				VACATION	484.84																					
L .00																										
ECOT 6601 514240 0352108																										
SDF 6279 514210 0359904																										
250465				S 1449.08	KEY				STEP				EMPLOYED				ANNIVERSARY				86015140100356108					
SMITH CHARLA B				E 118.00	X04				C04-F				05-05-80													
NON-EXEMPT - HOURLY				K 138.00																						
80.00 36.09				P 16.00					8	8	8	8	8					8	8	8	8	8	8	8	0	
1.08																										
VACATION				578.10																						
L 240.00																										
274500				S 1992.27	KEY				STEP				EMPLOYED				ANNIVERSARY				86015140100356108					
TILLERSON TRACY A				E 113.50	X04				C06-E				08-03-85				11-18-08									
NON-EXEMPT - HOURLY				K 109.00																						
80.00 34.37				P .00					8	8	8	8	8					8	8	8	8	8	8	8	0	
1.03																										
VACATION				801.46																						
L .00																										
CT 6601 5150100356108																										

T & A CODES

PRINT ALL T & A CODES IN RED

MARK THROUGH CHANGES WITH A RED "X"

I CERTIFY THAT THE ABOVE RECORD IS CORRECT.

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

TIME CLERK

DIVISION HEAD

DP-30

01/16/07

PYAP14-03

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	9778	05-05-86	X04	F
ABSENTEE CODES		VAC HOURS		SICK HOURS		OTHER USED		
FORWARD FROM LAST YEAR		440.00	1137.94					
YEARS ACCRUAL		175.71	120.12					
TOTAL TIME OFF DUTY		81.00	16.00					
BALANCE - LAST PAYROLL		534.71	1242.06					
DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
MON	12-26-05	H 8.00 518.71	WED	09-06-06	J 8.00			
TUE	12-27-05	V 8.00	THU	09-07-06	J 6.00			
MON	01-02-06	H 8.00 donated 16 hr V	FRI	09-15-06	E 13.50			
MON	01-16-06	K 8.00 mbl 12/21/05	FRI	09-22-06	V 3.50			
TUE	01-17-06	J 8.00	FRI	09-29-06	E 8.25			
WED	01-18-06	J 8.00	SUN	10-01-06	U 5.00			
FRI	02-03-06	E 2.25	WED	10-04-06	V 8.00			
MON	02-06-06	V 6.50	MON	10-09-06	U 8.00			
MON	02-13-06	S 8.00	TUE	10-10-06	U 3.00			
TUE	02-14-06	V 8.00	WED	10-11-06	U 3.00			
MON	02-20-06	U 3.50	FRI	10-27-06	E 2.25			
WED	03-01-06	E 3.00	SUN	10-29-06	U 3.50			
FRI	03-10-06	E 5.25	MON	10-30-06	U 3.50			
WED	03-15-06	U 3.50	WED	11-22-06	U 8.00			
FRI	04-07-06	E 9.75	THU	11-23-06	K 8.00			
WED	04-12-06	E 1.50	FRI	11-24-06	K 8.00			
FRI	04-28-06	U 7.00	WED	12-20-06	P 8.00			
MON	05-15-06	S 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	E 10.50						
SAT	06-03-06	E 3.75						
FRI	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. Smith, Employee Number 250465, hereby
(Please Print)

authorize the City of Fort Worth to transfer 16 hours of my accrued Personal Leave to be

added to the accrued Personal Leave account of Audrey Basinger.

Employee Number 400633.

[Donor's rate of pay \$ 36.09 /hour X 16 (# hours donated) = \$ 577.44.]

I realize that my decision to transfer leave time is final and I will not have access to the
leave I have transferred.

CB Smith
Employee's Signature

12-6-07
Date

Recipient's Department Director's Approval:

[Signature]
Signature

12-6-07
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 10 2007

HUMAN RESOURCES DEPARTMENT

THE CITY OF FORT WORTH * 1000 THROCKMORTON STREET * FORT WORTH, TEXAS 76102
817-392-7750 * FAX 817-392-8869

**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

RECEIVED
JAN 29 2008

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: HUMAN RESOURCES-Mary Beth Lane EXT. 6577

TIME CLERK: D. Munson

DATE: 1/22/2008 PHONE # OR EXT. 4350

AUTHORIZED BY:

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

DATE: 1-25-08

EMPLOYEE'S NAME: C.B. SMITH

EMPLOYEE NUMBER: 250465

DEPARTMENT: 35

LOCATOR CODE: 9778

PAY GROUP: 110

FLSA STATUS:

EXEMPT

NON-
EXEMPT

X

PAY PERIOD REQUIRING CHANGE	<u>1</u>	DATE NEEDING TO BE CHANGED	<u>12/24/08</u>	REPORTED OR INPUT AS	<u>P8</u>	CHANGE TO	<u>8</u>
PAY PERIOD REQUIRING CHANGE	<u>1</u>	DATE NEEDING TO BE CHANGED	<u>12/25/07</u>	PAYROLL REPORTED OR INPUT AS	<u>H 8</u>	CHANGE TO	<u>8/ K8</u>
PAY PERIOD REQUIRING CHANGE		DATE NEEDING TO BE CHANGED		PAYROLL REPORTED OR INPUT AS		CHANGE TO	
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	
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.

REC'D FEB 07 2008

ENTERED FEB 11 2008
[Signature]

PAGE

PERIOD 12/22/07 - 01/04/08

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

[illegible]

**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

Dept / Locator
35 9778

Dept / Div / Sect
35 61 08

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

New Step : F
New Hourly Rate : 33.86
New Anniversary Date : 00/00/00
Effective Date : 9/2/2006
Note / Reason Code : 250

Approved By : Pat Morin

Date : 8-16-06

Supervisor / Department Checklist :

- * Is the PRD form filled out completely and signed by the appropriate department personnel?
 - ☐ YES Send the PRD to HRIS/Records for processing
 - ☐ NO Complete the PRD form, acquire appropriate signatures and send to HRIS/Records for processing
- * Is the PRD being submitted for processing prior to the effective date?
 - ☐ YES Send the PRD to HRIS/Records for processing
 - ☐ NO Complete a back pay form and attach it to the PRD form and send to HRIS/Records for processing

FOR HUMAN RESOURCES, HRIS/RECORDS OFFICE USE ONLY

DATE RECEIVED
REC'D AUG 16 2006

DATE INPUT

PROCESSED BY

ENT'D SEP 7 2006

**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	Pay 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

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/09/06

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	9778	05-05-86	X04	E

ABSENTEE CODES	V VAC HOURS	S SICK HOURS	COMP TIME	P PERS HOLIDAY	H REG HOLIDAY	? ADJSTD VAC-LS	OTHER USED	TRAINING	100.00
FORWARD FROM LAST YEAR	480.00	1021.32	94.50		120.00	128.00			
YEARS ACCRUAL	159.90	120.12	50.25	8.00	48.00				
TOTAL TIME OFF DUTY	156.50	3.50	52.25	8.00	44.50				
BALANCE - LAST PAYROLL	483.40	1137.94	92.50		123.50	128.00			

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
FRI	12-31-04	K 8.00	FRI	08-19-05	T 4.00			
WED	01-05-05	S 3.50	MON	08-29-05	V 3.00			
MON	01-10-05	E 3.75	TUE	08-30-05	T 8.00			
MON	01-17-05	J 8.00	WED	08-31-05	T 8.00			
FRI	02-04-05	U 1.50	THU	09-01-05	T 8.00			
SUN	02-06-05	E 12.00	FRI	09-02-05	T 8.00	E 12.00		
MON	02-07-05	T 8.00	MON	09-05-05	H 8.00			
TUE	02-08-05	T 8.00	WED	09-14-05	E 6.00			
WED	02-09-05	T 8.00	SAT	09-17-05	E 3.00			
THU	02-10-05	T 8.00	FRI	09-30-05	J 2.50			
FRI	02-11-05	T 8.00	THU	10-06-05	J 2.00			
WED	02-23-05	E 3.00	MON	10-10-05	V 8.00			
TUE	03-15-05	U 2.25	WED	10-26-05	V 10.00			
WED	03-16-05	U 8.00						
THU	03-24-05	U 1.50	FRI	11-11-05	V 8.00			
FRI	03-25-05	U 8.00	WED	11-23-05	V 8.00			
WED	04-13-05	U 5.50	THU	11-24-05	H 8.00			
MON	04-25-05	U 8.00	FRI	11-25-05	H 8.00			
TUE	04-26-05	U 8.00	MON	11-28-05	T 4.00	V 2.50		
WED	04-27-05	U 2.00	TUE	11-29-05	V 2.00			
MON	05-16-05	V 8.00	WED	11-30-05	V 8.00			
TUE	05-17-05	V 8.00	FRI	12-02-05	V 8.00			
WED	05-18-05	V 8.00	WED	12-07-05	V 8.00			
THU	05-19-05	V 8.00	THU	12-08-05	P 8.00			
FRI	05-20-05	V 8.00	FRI	12-16-05	E 2.25			
MON	05-30-05	K 8.00	MON	12-19-05	V 8.00			
WED	06-08-05	E 3.75	TUE	12-20-05	V 8.00			
THU	06-16-05	U 1.00	WED	12-21-05	V 8.00			
TUE	06-21-05	E 1.50	THU	12-22-05	V 8.00			
FRI	07-01-05	V 3.00	FRI	12-23-05	V 8.00			
MON	07-04-05	H 8.00						
TUE	07-05-05	V 4.00						
WED	07-06-05	T 4.00						
THU	08-04-05	U 4.50						
WED	08-10-05	U 2.00						
THU	08-11-05	T 8.00						
FRI	08-12-05	T 8.00						
MON	08-15-05	V 4.00						



**ACCRUED
PERSONAL LEAVE
TRANSFER AUTHORIZATION**

I, CHARLA B Smith, 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 2766663.

[Donor's rate of pay \$ 32.25 /hour X 40 = \$ 1290.00.]
(# 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.

Charla B Smith
Employee's Signature

12-4-05
Date

Recipient's Department Director's Approval:

[Signature]
Signature

12-7-05
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 12 2005

HUMAN RESOURCES DEPARTMENT

THE CITY OF FORT WORTH ★ 1000 THROCKMORTON STREET ★ FORT WORTH, TEXAS 76102
(817) 871-7750 ★ FAX (817) 871-8869

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/12/05

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	9778	05-05-86	X04	E

ABSENTEE CODES	V	S		P	H	?	OTHER	
	VAC	SICK		PERS	REG	ADJSTD	USED	
	HOURS	HOURS		HOLIDAY	HOLIDAY	VAC-LS	TRAINING	

FORWARD FROM LAST YEAR	431.65	904.58		114.50	128.00			
YEARS ACCRUAL	166.05	124.74		47.00	72.00			
TOTAL TIME OFF DUTY	112.00	8.00		67.00	80.00			
BALANCE - LAST PAYROLL	485.70	1021.32		94.50	120.00			

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

MON	12-15-03	T 8.00	WED	06-23-04	U 5.00			
TUE	12-16-03	T 8.00	MON	07-05-04	K 8.00 E 3.75			
WED	12-17-03	T 8.00	MON	07-19-04	T 8.00			
THU	12-18-03	U 8.00	THU	07-22-04	E 3.00			
FRI	12-19-03	U 8.00	FRI	08-06-04	E 6.00			
TUE	12-23-03	U 1.50	TUE	08-17-04	U 2.00			
THU	12-25-03	H 8.00						
FRI	12-26-03	U 8.00	WED	08-25-04	U 2.00			
THU	01-01-04	H 8.00	TUE	08-31-04	T 8.00			
MON	01-19-04	H 8.00	WED	09-01-04	T 8.00			
THU	01-22-04	U 3.00	THU	09-02-04	T 8.00			
FRI	01-30-04	E 1.50	FRI	09-03-04	T 8.00			
SAT	01-31-04	E 1.50	SAT	09-04-04	E 12.00			
TUE	02-03-04	U 2.00	MON	09-06-04	H 8.00			
WED	02-25-04	J 8.00						
THU	02-26-04	V 2.00	MON	09-20-04	V 8.00			
FRI	02-27-04	V 2.00	TUE	09-21-04	V 8.00			
TUE	03-02-04	T 8.00	WED	09-22-04	V 8.00			
WED	03-03-04	T 8.00	THU	09-23-04	V 8.00			
THU	03-04-04	T 8.00	FRI	09-24-04	V 8.00			
THU	04-08-04	S 8.00	MON	09-27-04	V 8.00			
FRI	04-09-04	U 2.00	TUE	09-28-04	V 8.00			
FRI	04-16-04	T 8.00	THU	09-30-04	E 1.50			
MON	04-19-04	T 8.00	FRI	10-22-04	U 6.00			
TUE	04-20-04	T 8.00	THU	10-28-04	U 8.00			
WED	04-21-04	T 8.00	WED	11-03-04	U 8.00			
THU	04-22-04	T 8.00	THU	11-11-04	U 3.50			
FRI	04-23-04	T 8.00	WED	11-17-04	V 2.00			
FRI	04-30-04	E 5.25	MON	11-22-04	V 2.00			
WED	05-05-04	E 3.00	WED	11-24-04	V 8.00			
MON	05-10-04	V 8.00	THU	11-25-04	K 8.00			
TUE	05-11-04	V 8.00	FRI	11-26-04	K 8.00			
WED	05-12-04	V 8.00	FRI	12-03-04	J 8.00			
THU	05-13-04	V 8.00	MON	12-13-04	P 8.00			
FRI	05-14-04	V 8.00	WED	12-22-04	J 8.00			
WED	05-19-04	E 2.25	THU	12-23-04	J 8.00			
FRI	05-21-04	E 3.00	FRI	12-24-04	H 8.00			
WED	05-26-04	E 7.50						
MON	05-31-04	H 8.00						

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

SMITH CHARLA B, 250465

X04 POLICE CORPORAL

	RATE	STEP	PAY GRADE	ANNIVERSARY DATE
OLD	29.52			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

62

TO: HUMAN RESOURCES-Mary Beth Lane EXT. 6577

TIME CLERK: A. Pompetti

DATE: 8/11/2004 PHONE # OR EXT. 4320

AUTHORIZED BY:

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

DATE: 08-10-04

EMPLOYEE'S NAME: Smith, Charla B.

EMPLOYEE NUMBER: 250465

DEPARTMENT: 35

LOCATOR CODE: 9778

PAY GROUP: 110

FLSA STATUS:

EXEMPT

NON-

EXEMPT

XX

PAY PERIOD REQUIRING CHANGE	<u>17</u>	DATE NEEDING TO BE CHANGED	<u>8-6-04</u>	REPORTED OR INPUT AS	<u>2/ ECOT 4.</u>	CHANGE TO	<u>2/E6 ECOT 4</u>
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	
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	
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: 8-6-04 - Supplemental Compensation Report came in to late to make correct payroll.

AUG 11 2004
 RECEIVED
[Signature]

CITY OF FORT WORTH TIME AND ATTENDANCE RECORD

35 9778

DEPARTMENT POLICE-VPC SCRAM

8178778

17

PAGE 1

PERIOD 07/24/04 - 08/06/04

EMPLOYEE NO. NAME	GROUP	LOCATOR	SHIFT	AVAILABLE BALANCES	S A T	S U N	M O N	T U E	W E D	T H U	F R I	S A T	S U N	M O N	T U E	W E D	T H U	F R I	S A T	S U N	M O N	T U E	W E D	T H U	F R I	TOTAL
175910 MCHORSE BERNIE K	110	9778	B	S 1363.04 E 76.00 K 80.50 P 8.00	KEY	STEP		EMPLOYED		ANNIVERSARY		GG015140100356108														
NON-EXEMPT - HOURLY																										
80.00 28.12																										80
GG01 514240 0356108 ECOT																										8
VACATION																										
108.58																										
L .00																										
279825 SCHLDEFAN SHERRI L	110	9778	B	S 759.24 E 12.00 K 111.00 P .00	KEY	STEP		EMPLOYED		ANNIVERSARY		GG015140100356108														
NON-EXEMPT - HOURLY																										
80.00 28.12																										80
GG01 514240 0356108 ECOT																										4
VACATION																										
349.98																										
L 240.00																										
250465 SMITH CHARLA B	110	9778	B	S 970.50 E 107.75 K 128.00 P 8.00	KEY	STEP		EMPLOYED		ANNIVERSARY		GG015140100356108														
NON-EXEMPT - HOURLY																										
80.00 29.52																										80
GG01 514240 0356108 ECOT																										4
VACATION																										
486.05																										
L 240.00																										
256775 SPIVEY ROGER L	110	9778	B	S 563.58 E 85.00 K 96.00 P .00	KEY	STEP		EMPLOYED		ANNIVERSARY		GG015140100356108														
NON-EXEMPT - HOURLY																										
80.00 31.00																										80
.93																										7.5
VACATION																										
487.70																										
L 240.00																										
288105 WARE PAUL E	110	9778	B	S 1401.20 E 54.75 K 101.50 P .00	KEY	STEP		EMPLOYED		ANNIVERSARY		GG015140100356108														
NON-EXEMPT - HOURLY																										
80.00 34.17																										80
1.03																										
VACATION																										
490.41																										
L 240.00																										

T & A CODES

PRINT ALL T & A CODES IN RED

MARK THROUGH CHANGES WITH A RED "X"

I CERTIFY THAT THE ABOVE
RECORD IS CORRECT.

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

A. Pompetti
TIME CLERK
AKL
DIVISION HEAD

DP-3000-2-75

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/14/04

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	9778	05-05-86	X04	E

ABSENTEE CODES	V	S	P	H	?	OTHER		
	VAC	SICK	PERS	REG	ADJSTD	USED		
	HOURS	HOURS	HOLIDAY	HOLIDAY	VAC-LS	TRAINING		

FORWARD FROM LAST YEAR	440.00	797.71						
YEARS ACCRUAL	159.90	120.12						
TOTAL TIME OFF DUTY	168.25	13.25						
BALANCE - LAST PAYROLL	431.65	904.58						

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
WED	12-25-02	H 8.00	FRI	08-01-03	U 8.00			
THU	12-26-02	V 8.00	FRI	08-08-03	E 2.25			
FRI	12-27-02	V 8.00	SAT	08-09-03	E 2.25			
WED	01-01-03	K 8.00	TUE	08-12-03	T 4.00			
MON	01-20-03	K 8.00	MON	09-01-03	H 8.00			
WED	01-29-03	U 2.50	THU	09-04-03	U 2.50			
FRI	02-14-03	U 5.25	FRI	09-05-03	P 8.00			
MON	02-24-03	U 2.00						
WED	02-26-03	V 4.00	TUE	09-09-03	E 3.00			
WED	03-12-03	E 1.50	THU	09-11-03	E 2.25			
SAT	03-29-03	E 3.00	MON	09-15-03	U 7.00			
SUN	03-30-03	E 3.75	WED	10-01-03	E 1.50			
FRI	04-18-03	U 2.50	MON	10-06-03	V 8.00			
TUE	04-22-03	E 11.25	TUE	10-07-03	V 8.00			
FRI	04-25-03	U 2.50	WED	10-08-03	V 8.00			
WED	04-30-03	U 5.00	THU	10-09-03	V 8.00			
FRI	05-16-03	U .75	FRI	10-10-03	V 8.00			
MON	05-19-03	V 8.00	MON	10-13-03	E 3.00			
TUE	05-20-03	V 8.00	WED	10-15-03	E 10.50			
WED	05-21-03	V 8.00	SUN	10-19-03	U 2.00			
THU	05-22-03	V 8.00	TUE	10-21-03	U 1.00			
FRI	05-23-03	V 8.00	TUE	10-28-03	U .50			
MON	05-26-03	K 8.00	WED	10-29-03	V 3.00			
FRI	05-30-03	E 3.25	FRI	10-31-03	V 2.00			
WED	06-04-03	U 1.00	TUE	11-04-03	V 7.00			
WED	06-18-03	U 2.00	WED	11-05-03	J 8.00			
TUE	07-01-03	E 3.00	MON	11-10-03	V 2.25			
THU	07-03-03	E 1.75	WED	11-19-03	E 6.75			
FRI	07-04-03	H 8.00	MON	11-24-03	T 8.00			
TUE	07-08-03	E 3.25	TUE	11-25-03	T 8.00			
THU	07-10-03	E 3.00	WED	11-26-03	T 8.00			
SUN	07-13-03	S 5.25	THU	11-27-03	H 8.00			
MON	07-14-03	S 8.00	FRI	11-28-03	H 8.00			
FRI	07-25-03	E 7.75	MON	12-01-03	V 8.00			
MON	07-28-03	U 3.00	TUE	12-02-03	V 8.00			
TUE	07-29-03	V 6.00	WED	12-03-03	V 8.00			
WED	07-30-03	V 8.00	THU	12-04-03	V 8.00			
THU	07-31-03	U 8.00	FRI	12-05-03	V 8.00			

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/07/03

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	9778	05-05-86	X04	E

ABSENTEE CODES	V VAC HOURS	S SICK HOURS	COMP TIME	P PERS HOLIDAY	H REG HOLIDAY	OTHER USED	CITY BUSIN TRAINING	8.00 72.00
FORWARD FROM LAST YEAR	437.91	716.59	87.50		110.50			
YEARS ACCRUAL	159.90	120.12	49.75	8.00	64.00			
TOTAL TIME OFF DUTY	104.25	39.00	40.25	8.00	60.50			
BALANCE - LAST PAYROLL	498.56	797.71	97.00		114.00			

DAY	DATE	CODE	AND HOURS	ABSENT	DAY	DATE	CODE	AND HOURS	ABSENT
THU	12-20-01	U	3.50		TUE	08-06-02	U	8.00	
FRI	12-21-01	U	8.00		FRI	08-16-02	E	3.00	
MON	12-24-01	U	8.00		WED	08-28-02	V	4.50	
TUE	12-25-01	H	8.00		MON	09-02-02	H	8.00	
THU	12-27-01	S	3.00		SAT	09-07-02	E	5.25	
SUN	12-30-01	S	4.00		FRI	09-20-02	E	5.25	
MON	12-31-01	S	8.00		MON	10-07-02	V	8.00	
TUE	01-01-02	H	8.00		TUE	10-08-02	V	8.00	
MON	01-21-02	H	8.00		WED	10-09-02	V	8.00	
FRI	01-25-02	E	3.75		THU	10-10-02	V	8.00	
MON	01-28-02	J	4.50		FRI	10-11-02	V	8.00	
THU	02-14-02	U	1.25		MON	10-21-02	T	8.00	
SAT	02-23-02	E	6.75		TUE	10-22-02	T	8.00	
MON	02-25-02	E	3.75		WED	10-23-02	T	8.00	
WED	02-27-02	E	5.75		MON	11-04-02	E	1.50	
WED	03-27-02	B	8.00		WED	11-06-02	E	2.75	
MON	04-01-02	V	8.00		THU	11-28-02	H	8.00	
FRI	04-12-02	T	8.00		FRI	11-29-02	H	8.00	
MON	04-15-02	S	8.00		THU	12-05-02	V	6.75	
MON	04-22-02	T	8.00		FRI	12-06-02	P	8.00	
TUE	04-23-02	T	8.00		TUE	12-10-02	V	1.50	
WED	04-24-02	T	8.00		WED	12-11-02	V	1.50	
THU	04-25-02	T	8.00		FRI	12-13-02	V	2.00	
FRI	04-26-02	T	8.00						
FRI	05-10-02	U	1.50						
MON	05-20-02	V	8.00						
TUE	05-21-02	V	8.00						
WED	05-22-02	V	8.00						
THU	05-23-02	V	8.00						
FRI	05-24-02	V	8.00						
MON	05-27-02	H	8.00						
MON	06-03-02	E	6.00						
WED	06-12-02	E	3.75						
WED	06-19-02	E	2.25						
TUE	06-25-02	S	8.00						
THU	07-04-02	K	8.00						
THU	07-18-02	S	8.00						
FRI	07-19-02	U	2.00						
MON	08-05-02	U	8.00						



**ACCRUED
PERSONAL LEAVE
TRANSFER AUTHORIZATION**

I, Charla Smith, 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 James Clamon.

Employee Number 047805.

[Donor's rate of pay \$ 29.52/hour X 40 (# hours donated) = \$ 1,180.80.]

I realize that my decision to transfer leave time is final and I will not have access to the
leave I have transferred.

Charla Smith 11-3-03
Employee's Signature Date

Recipient's Department Director's Approval:

Ralph Mendez 11-3-03
Signature Date

RECEIVED

Distribution:

Original - HR Compensation/Donor's Personnel File

Yellow - Recipient's Personnel File

Pink - Recipient's Copy

Gold - Donor's copy

HUMAN RESOURCES DEPARTMENT

THE CITY OF FORT WORTH ★ 1000 THROCKMORTON STREET ★ FORT WORTH, TEXAS 76102
(817) 871-7750 ★ FAX (817) 871-8869

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL RECORDS

EXT. 7776

TIME CLERK

Beronica Bribusca

DATE

3/18/03

PHONE # OR EXT.

877-8401

AUTHORIZED BY

Jay M. [Signature]

(Supervisor who signs the T & A)

DATE

03-20-03Blanca [Signature] for TJB

(Supervisor authorized on T & A)

DATE

3-21-03Sophie Mata 3/26/03

EMPLOYEE'S NAME

C.B. Smith

EMPLOYEE NUMBER

250465

DEPARTMENT

Police

LOCATOR CODE

7775

PAY GROUP

110

FLSA STATUS

PAY PERIOD
REQUIRING
CHANGE06DATE NEEDING
TO BE CHANGED2/26/03REPORTED
OR INPUT ASV8

CHANGE TO

V4PAY PERIOD
REQUIRING
CHANGE06DATE NEEDING
TO BE CHANGED2/28/03REPORTED
OR INPUT AS10

CHANGE TO

14PAY PERIOD
REQUIRING
CHANGEDATE NEEDING
TO BE CHANGEDREPORTED
OR INPUT AS

CHANGE TO

PAY PERIOD
REQUIRING
CHANGEDATE NEEDING
TO BE CHANGEDREPORTED
OR INPUT AS

CHANGE TO

PAY PERIOD
REQUIRING
CHANGEDATE NEEDING
TO BE CHANGEDREPORTED
OR INPUT AS

CHANGE TO

REASON FOR CHANGE

inadvertently posted.

RECEIVED

MAR 25 2003

RECORDED
MAR 24 2003
MAR 23 2003

OFFENSE / DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Totals
Received																																
Agg. Sexual Assault																																
Sexual Assault													1																			0
Indecent Exposure													1														1					2
Fail to Register / Non-Compliance																																1
Injury to Elderly/Invalid																																0
Other																																0
Incident Reports			3	1			1													1	1											2
Prisoner Cases																																5
Unfounded																																0
Agg. Sexual Assault																																0
Sexual Assault																																0
Indecent Exposure																												1				1
Fail to Register / Non-Compliance																																0
Injury to Elderly/Invalid																																0
Other												2	1								1											4
Clear-Filled																																0
Agg. Sexual Assault																																0
Sexual Assault									1											1												2
Indecent Exposure											1																					1
Fail to Register / Non-Compliance																																0
Injury to Elderly/Invalid																																0
Other																					1											1
Clear-X M																																0
Agg. Sexual Assault																																0
Sexual Assault																																0
Indecent Exposure																																0
Fail to Register / Non-Compliance																																0
Injury to Elderly/Invalid																																0
Other							1																									1
Arrest Activity																																0
Arrests - Adults																																0
Arrests - Juveniles																																0
Time Usage																																0
Hours Instructing																																0
Hours in Training																																0
Hours Worked			9.00	8.00	9.50	8.00				8.25	8.00	10.00	8.50			8.00	8.00	9.50					6.00	4.00			10.00	14.00				128.75
Hours Worked out of assignment (patrol, on-loan, etc)																																0
Hours Sick and Family																																0
Hours Vacation																																0
Hours Holiday and Personal																																0
Hours Comp																																0
Hours Occupational Injury														5.25									2.00	4.00								11.25
Hours Assisting Other Agencies																																0
Call-outs	1.00											1.00																1.00				3
Warrants																																0
Arrest				2						1								1										1				5
Search																																0
Documentation																																0
Depositions																																0
Statements												1						1										2				3
Data Entry																																0
Sex Offenders																																0
Profiles																																0
Surveillances																																0
Number of Surveillances																																0
Hours on Surveillance																																0
Vehicle																																0
Mileage																																0
February-03																																0
Starting Mileage																																49952
Equipment Number																																146-0173
Ending Mileage																																50998
License Number																																C61-YHV
																																1046

PAGE

PERIOD 02/22/03 - 03/07/03

DP-3000-2

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	03/07
Day of Week	S	S	M	T	W	TH	F	S	S	M	T	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	P8	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
BULAR	7000	203630	MEDICARE	3367	FED TAX 40202
ERTIME	400	17454	PRET XRET	23101	
IFT2	2800	2444			
		12000			
CATION	800	23272			
CM DC		10000-			
CT USE	200	5818			
TOTAL EARNINGS		254618	TOTAL DEDUCTIONS		

SMITH CHARLA B

THIS PART IS FOR YOUR RECORDS

11035 9778

EMP. NO.
250465

FOR PERIOD ENDING

03-07-2003

NON NEGOTIABLE

DP LOCO
35 9778

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

EMP NO	CURRENT INFORMATION EMPLOYEE NAME	DP DV SC
250465	SMITH CHARLA B	35 61 08

KEY: X04	CURRENT STEP D
CLASS POLICE CORPORAL	
ADJ COMM DATE 09-05-1986	
ANNIVERSARY DATE 09-05-2002	CURRENT ANNUAL SALARY \$ 56,472.00
	CURRENT MONTHLY SALARY \$ 4,706.00
LAST CHANGE: DATE 09-22-01	CURRENT HOURLY RATE \$ 27.1500
TYPE OCTOBER INCREASE	

NEW SALARY DATA

NOTE CODE 250

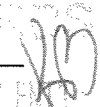
NEW STEP E

NEW ANNIVERSARY DATE 9-5-01

NEW HOURLY RATE \$ 28.51

APPROVED BY 

EFFECTIVE DATE 9-1-02

INPUT SIGNOFF 

35 9778
4-PI-17 EN

AUG 27 2002
RECEIVED

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

12/22/01

NAME SMITH CHARLA B DEPARTMENT POLICE EMP NO 250465 PAY GRP 110 DEPT NO 35 LOCATOR 4151 HIRE DATE 05-05-86 JOB KEY X04 STEP D

 ABSENTEE CODES V S [REDACTED] P H
 VAC SICK [REDACTED] PERS REG
 HOURS HOURS TIME HOLIDAY HOLIDAY

 FORWARD FROM LAST YEAR 418.61 639.22 [REDACTED] 85.75 78.50
 YEARS ACCRUAL 153.80 120.12 [REDACTED] 21.25 8.00 64.00
 TOTAL TIME OFF DUTY 110.50 42.75 [REDACTED] 19.50 8.00 32.00
 BALANCE - LAST PAYROLL 461.91 716.59 [REDACTED] 87.50 110.50

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

MON 12-25-00 H 8.00
 TUE 12-26-00 S 8.00
 MON 01-01-01 K 8.00

437.91
 New Balance

SAT 08-11-01 E 3.00
 TUE 08-21-01 U 8.00
 MON 09-03-01 K 8.00
 THU 09-06-01 E 1.00
 FRI 09-07-01 E 4.00
 MON 09-24-01 V 8.00
 TUE 09-25-01 V 5.50
 TUE 10-02-01 V 8.00
 WED 10-03-01 V 8.00
 THU 10-04-01 V 8.00
 FRI 10-05-01 V 8.00
 WED 10-17-01 E 1.50
 WED 11-14-01 U 3.00
 THU 11-22-01 K 8.00
 FRI 11-23-01 K 8.00
 WED 11-28-01 V 8.00

Donated 24 hrs. to
 Military Leave Program

[REDACTED]
 MON 01-15-01 H 8.00
 THU 02-08-01 T 8.00
 FRI 02-09-01 T 8.00
 MON 02-12-01 U 1.50
 TUE 02-13-01 S 8.00
 WED 02-14-01 S 8.00
 THU 02-15-01 S 8.00
 FRI 02-23-01 E 1.50
 THU 03-08-01 E 1.75
 MON 03-12-01 V 8.00
 FRI 03-23-01 U 3.00
 SAT 03-24-01 V 5.00
 MON 04-02-01 P 8.00
 FRI 04-13-01 S 5.75
 MON 04-16-01 S 5.00
 SAT 04-21-01 E 2.50
 TUE 04-24-01 E 1.75
 WED 04-25-01 E 2.00
 WED 05-02-01 T 8.00
 THU 05-03-01 T 8.00
 FRI 05-04-01 T 8.00
 FRI 05-11-01 J 8.00
 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

SMITH CHARLA B

250465

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

I wish to donate 24 hours of my vacation leave to the Military Leave Fund.

Employee Signature: CBH

Date signed: 2-15-02

RECEIVED

3/13
me

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL RECORDS

EXT. 7776

TIME CLERK: Valarie R. Tijerina DATE: 11/19/2001

PHONE# OR EXT: 922-3460

AUTHORIZED BY: [Signature]

DATE: 11-19-01

(Supervisor who signs the T & A)

Sophia Mata 11-26-01

EMPLOYEES NAME Smith, Charla B.

EMPLOYEE NUM 250465

DEPARTMENT Police

LOCATOR CODE 4151

PAY GROUP 110

FLSA STATUS NON

PAY PERIOD
REQUIRING

DATE NEEDING

REPORTED

CHANGE 22

TO BE CHANGED 10/06/01

OR INPUT AS V8

CHANGE TO DO

PAY PERIOD
REQUIRING

DATE NEEDING

REPORTED

CHANGE 22

TO BE CHANGED 10/11/01

OR INPUT AS DO

CHANGE TO 8

PAY PERIOD
REQUIRING

DATE NEEDING

REPORTED

CHANGE _____

TO BE CHANGED _____

OR INPUT AS _____

CHANGE TO _____

PAY PERIOD
REQUIRING

DATE NEEDING

REPORTED

CHANGE _____

TO BE CHANGED _____

OR INPUT AS _____

CHANGE TO _____

REASON FOR CHANGE: Vacation day was not taken due to flexing time.

NOV 20 2001

[Signature]

CITY OF FORT WORTH, TEXAS

STATEMENT OF EARNINGS AND DEDUCTIONS

EARNINGS	HRS/UNITS	AMOUNT	DEDUCTIONS				YEAR TO DATE	
REGULAR	7200	195480	MEDICARE	2926	FED TAX	33937	GROSS PAY	4804790
OVERTIME	50	2036	PRETXRET	20060	HLTH BEN		FED. TAX	742815
LONGCSRV		6000			POL ASSN	730	PRET	438665-
SHIFT2	5575	4541			CLEAT	1108		
VACATION	800	21720						
USCM DC		10000-						
NXCT ERN	150	000						
TOTAL EARNINGS		219777	TOTAL DEDUCTIONS					

THIS PART IS FOR YOUR RECORDS

SMITH CHARLA B

110354151

EMP NO
250465

FOR PERIOD ENDING 10-19-2001

NON NEGOTIABLE

UNITED WAY CAMPAIGN SEPT 14 - NOV 9 TURN IN YOUR PLEDGE CARD

CITY OF FORT WORTH TIME AND ATTENDANCE RECORD

35 451
DEPARTMENT Police SOUTH

22
PERIOD 10/06/01-10/19/01

[illegible]

T & A CODES

PRINT ALL T & A CODES IN RED

MARK THROUGH CHANGES WITH A RED "X"

I CERTIFY THAT THE ABOVE
RECORD IS CORRECT.

- OLD SICK
- ABSENT ON CITY BUSINESS
- COURT OR JURY SERVICE
- DISCIPLINARY WITHOUT
- COMPENSATORY TIME EARNED
- 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

TIME CLEAR

~~7-1-68~~
DIVISION HEAD

DP-3000-2-75

Employee Number 250465

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 name.) request that the City of Fort Worth maintain information that relates to the following:

	Confidential	Release
Home Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Home Telephone Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Security Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Information that reveals whether I have family members	<input checked="" type="checkbox"/>	<input type="checkbox"/>

When I leave the City's service, I want this request to remain in effect. Yes ☒ No ☐

Charla B. Smith
Signature

3-19-01
Date

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/10/01

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4151	05-05-86	X04	D

* * * * *	* * * * *	* * * * *	* * * * *	* * * * *	* * * * *	* * * * *	* * * * *	* * * * *
ABSENTEE CODES	V	S		P	H	*	OTHER	
	VAC	SICK		PERS	REG	*	USED	
	HOURS	HOURS		HOLIDAY	HOLIDAY	*	TRAINING	48.00
* * * * *								
FORWARD FROM LAST YEAR	420.57	1150.10		119.50	128.00	*		
YEARS ACCRUAL	144.04	120.12		2.25	64.00	*		
TOTAL TIME OFF DUTY	146.00	631.00		36.00	113.50	*		
BALANCE - LAST PAYROLL	418.61	639.22		85.75	78.50	*		

* * * * *	* * * * *	* * * * *	* * * * *	* * * * *	* * * * *	* * * * *	* * * * *	* * * * *
DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
WED	12-22-99	U 4.00	THU	03-16-00	S 8.00	WED	05-10-00	S 8.00
THU	12-23-99	V 8.00	FRI	03-17-00	S 8.00	THU	05-11-00	S 8.00
FRI	12-24-99	H 8.00	MON	03-20-00	S 8.00	FRI	05-12-00	S 8.00
FRI	12-31-99	K 8.00	TUE	03-21-00	S 8.00	MON	05-15-00	S 8.00
MON	01-10-00	T 8.00	WED	03-22-00	S 8.00	TUE	05-16-00	S 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
THU	01-27-00	V 8.00	MON	03-27-00	S 8.00	FRI	05-19-00	S 8.00
FRI	01-28-00	V 2.00	TUE	03-28-00	S 8.00	SAT	05-20-00	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	S 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	S 8.00
FRI	02-04-00	U 8.00	TUE	04-04-00	S 8.00	MON	05-29-00	H 8.00
TUE	02-08-00	S 3.00	WED	04-05-00	S 8.00	FRI	06-09-00	J 1.50
WED	02-09-00	S 2.00	THU	04-06-00	S 8.00			
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			
FRI	02-18-00	S 8.00	THU	04-13-00	S 8.00	WED	07-12-00	J 8.00
MON	02-21-00	S 8.00	FRI	04-14-00	S 8.00	THU	07-13-00	J 8.00
TUE	02-22-00	S 8.00	MON	04-17-00	S 8.00	WED	07-26-00	V 8.00
WED	02-23-00	S 8.00	TUE	04-18-00	S 8.00	THU	07-27-00	V 8.00
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	S 8.00	MON	09-04-00	H 8.00
MON	02-28-00	S 8.00	TUE	04-25-00	S 8.00	THU	09-07-00	V 8.00
TUE	02-29-00	S 8.00	WED	04-26-00	S 8.00	MON	09-25-00	V 8.00
WED	03-01-00	S 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	S 8.00	TUE	05-02-00	S 8.00	FRI	09-29-00	V 8.00
THU	03-09-00	S 8.00	WED	05-03-00	S 8.00	SAT	10-07-00	E 1.50
FRI	03-10-00	S 8.00	THU	05-04-00	S 8.00	WED	11-01-00	S 8.00
MON	03-13-00	S 8.00	FRI	05-05-00	S 8.00	MON	11-06-00	V 8.00
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

PYAP14-03

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/10/01

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4151	05-05-86	X04	D

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

THU	11-09-00	V 8.00						
FRI	11-10-00	V 8.00						
MON	11-13-00	V 8.00						
TUE	11-14-00	J 8.00						
WED	11-15-00	J 8.00						
THU	11-16-00	J 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

01/07/00

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4151	05-05-86	X04	D

*****		*****		*****		*****		*****	
ABSENTEE CODES	V	S		P	H	OTHER			
	VAC	SICK		PERS	REG	USED			
	HOURS	HOURS		HOLIDAY	HOLIDAY	CITY BUSIN 32.00			
*****		*****		*****		*****		*****	
*****		*****		*****		*****		*****	
FORWARD FROM LAST YEAR	367.28	1055.98		107.75	116.00	*			
YEARS ACCRUAL	144.04	120.12		46.75	64.00	*			
TOTAL TIME OFF DUTY	90.75	26.00		35.00	46.00	*			
BALANCE - LAST PAYROLL	420.57	1150.10		119.50	134.00	*			
*****		*****		*****		*****		*****	

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

*****			TUE	07-13-99	T 8.00
WED	12-23-98	V 8.00	WED	07-28-99	T 8.00
THU	12-24-98	V 8.00	FRI	08-06-99	J 8.00
FRI	12-25-98	H 8.00	THU	08-12-99	S 8.00
FRI	01-01-99	K 8.00	WED	09-01-99	S 8.00
WED	01-06-99	E 2.25	MON	09-06-99	K 8.00
MON	01-11-99	B 8.00	THU	09-16-99	J 6.00
TUE	01-12-99	B 8.00	*****		
WED	01-13-99	B 8.00	FRI	10-22-99	P 8.00
THU	01-14-99	B 8.00	WED	11-10-99	V 4.00
FRI	01-15-99	S 8.00	THU	11-25-99	K 8.00
MON	01-18-99	H 8.00	FRI	11-26-99	K 8.00
*****			WED	12-01-99	V .75
MON	02-08-99	V 8.00	FRI	12-03-99	V 8.00
TUE	03-02-99	E 3.00	SAT	12-04-99	V 4.00
WED	03-03-99	E 4.25	SUN	12-05-99	V 1.00
FRI	04-16-99	U 8.00	WED	12-08-99	V 1.00
MON	04-19-99	U 8.00	MON	12-13-99	V 8.00
FRI	04-20-99	E 5.00	TUE	12-14-99	V 8.00
WED	04-21-99	E 7.50	WED	12-15-99	V 8.00
MON	04-26-99	T 8.00	THU	12-16-99	J 8.00
TUE	04-27-99	T 8.00	FRI	12-17-99	J 8.00
WED	04-28-99	T 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	06-23-99	U 3.00			
WED	06-30-99	E 4.50			
SAT	07-03-99	E 5.25			
MON	07-05-99	K 8.00 E 4.00			
THU	07-08-99	E 9.75			

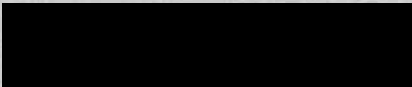

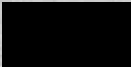
ASSIGNMENT OF BENEFITS

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:**

If more than one person is to be designated, list each one below and the percentage to be received.

PRIMARY	RELATIONSHIP	PERCENTAGE
		
_____	_____	_____
_____	_____	_____

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

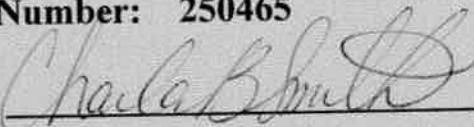
SECONDARY	RELATIONSHIP	PERCENTAGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I understand that this declaration can be changed at any time by my
submission of a replacement document.**

THIS FORM IS A STATEMENT OF INTENT. IT IS NOT A LEGAL DOCUMENT. IT IS
NOT INTENDED TO REPLACE A LAST WILL AND TESTAMENT OR A LETTER OF
ADMINISTRATION OR AFFIDAVIT OF SMALL ESTATE OR JUDGEMENT OF HEIRSHIP.

Printed Name: CHARLA B SMITH

Employee Number: 250465

Signature: 

Date: 11-8-99

3. 5/13/99

REVISED: 4-24-87

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL RECORDS

EXT. 7776

TIME CLERK D. Grabb DATE 5/7/99 PHONE # OR EXT. 92234600

AUTHORIZED BY [Signature] DATE 5-7-99
(Supervisor who signs the T & A)

EMPLOYEE'S NAME Smith, Charla EMPLOYEE NUMBER 250465

DEPARTMENT 35 - Police S. Div. LOCATOR CODE 4151

PAY GROUP 110 FLSA STATUS non exempt

PAY PERIOD
REQUIRING CHANGE 09 DATE NEEDING TO BE CHANGED 4/23 REPORTED OR INPUT AS 8 CHANGE TO 8^E 5.0

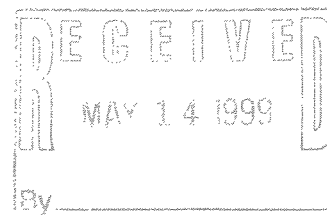
PAY PERIOD
REQUIRING CHANGE _____ DATE NEEDING TO BE CHANGED _____ REPORTED OR INPUT AS _____ CHANGE TO _____

PAY PERIOD
REQUIRING CHANGE _____ DATE NEEDING TO BE CHANGED _____ REPORTED OR INPUT AS _____ CHANGE TO _____

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 OT Slip used after Payroll
Submitted...



MON	12-22-97	J	8.00	THU	10-08-98	V	8.00
THU	12-25-97	K	8.00	FRI	10-09-98	V	8.00
THU	01-01-98	H	8.00	MON	10-26-98	T	8.00
				TUE	10-27-98	T	8.00
MON	01-19-98	H	8.00	WED	10-28-98	T	8.00
TUE	02-17-98	S	8.00	THU	10-29-98	T	8.00
MON	02-23-98	T	8.00	FRI	10-30-98	T	8.00
TUE	02-24-98	T	8.00	THU	11-12-98	T	8.00
WED	02-25-98	T	8.00	THU	11-26-98	K	8.00
THU	02-26-98	T	8.00	FRI	11-27-98	H	8.00
FRI	02-27-98	T	8.00	WED	12-16-98	P	8.00
MON	04-27-98	V	8.00	THU	12-17-98	P	8.00
TUE	05-12-98	J	8.00	FRI	12-18-98	J	8.00
WED	05-13-98	V	8.00				
THU	05-14-98	V	8.00				
FRI	05-15-98	V	8.00				
TUE	05-19-98	T	8.00				
WED	05-20-98	T	8.00				
THU	05-21-98	T	8.00				
FRI	05-22-98	V	8.00				
MON	05-25-98	H	8.00				
FRI	06-05-98	E	6.00				
FRI	06-26-98	E	3.25				
FRI	07-03-98	K	8.00				
MON	07-13-98	S	4.00				
WED	07-15-98	T	8.00				
THU	07-30-98	T	8.00				
FRI	07-31-98	T	8.00				
MON	09-07-98	H	8.00				
WED	09-16-98	U	2.00				
WED	09-23-98	T	4.00				
MON	09-28-98	T	8.00				
TUE	09-29-98	T	8.00				
WED	09-30-98	T	8.00				
THU	10-01-98	T	8.00				
FRI	10-02-98	T	8.00				
MON	10-05-98	V	8.00				
TUE	10-06-98	V	8.00				
WED	10-07-98	V	8.00				

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 (please print legibly)

Charla B. Smith

I request that the following information be kept confidential:

- ☒ **Home Address**
- ☒ **Home Telephone Number**
- ☒ **Family Member Information**

- ☒ **When I leave the City's service, I want this confidentiality request to remain in effect.**

Charla B. Smith
Signature

10-22-98
Date

EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NO
SMITH		CHARLA		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.

Personnel Action Request

A. ☐ Personnel Appointment ☐ Change of Assignment ☐ Revised Personnel Quota (RPQ) ☐ Merit Increase
☐ Termination of Separation ☐ Request to Fill Vacant Position (RVP) ☐ Overage

B. Employee Name Smith Charla B
 Last First Middle
 Employee No. 250465 Soc. Sec. No. _____ Race _____ Sex _____
 Birthdate _____ Retirement _____ Work Ext. _____

Personnel Data										HOURLY RATE/ PAYPERIOD SALARY
	FUND	DP / DV / SC	KEY	POS#	GRADE/ STEP	ANN. DATE	FUND/ACCOUNT/CENTER			
CURRENT STATUS	0301	354801	X04	004	D	09-05-02	0301-514010-0354801			22.70
NEW STATUS		354800		012			035			
	DEPT. NAME				ACT. NAME	LOCATOR CODE	AUTH. POS.	HOURS	WEEKS	SHIFT
CURRENT STATUS	Police				South	4151	1.0000	80	52	B
NEW STATUS										

Reason for change Acct # Chg Only

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

Revised Personnel Quota													
TERMINATE POSITION						ADD POSITION							
a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. Hr.	g. wk	h. PROJECT SALARY
JUSTIFICATION OF REQUEST: (RPQ or RVP)													

F. Request to Fill Vacant Position

Funds for this position are budgeted under: _____ Date to be filled _____

☐ Salaries of regular employees ☐ Extra help ☐ Not budgeted

If not budgeted, method of financing _____

G. Effective date of above Personnel Action 10-10-98 Contact Person Nancy Black Ext. 4-8311

Approved By: _____

_____ DIVISION HEAD	_____ DATE	_____ BUDGET ADMINISTRATOR	_____ DATE
_____ DEPARTMENT HEAD	_____ DATE	_____ PERSONNEL DIRECTOR	_____ DATE
_____ OTHER APPROVAL SIGNATURE	_____ DATE		_____ DATE

DP LOCD
35 4151

CITY OF FORT WORTH
PERSONNEL ACTION REQUEST
FISCAL YEAR 97/'98

EMP NO	CURRENT INFORMATION EMPLOYEE NAME	DP DV SC
250465	SMITH CHARLA B	35 48 02
KEY: X04 CLASS POLICE CORPORAL	CURRENT STEP C	
ANNIVERSARY DATE 09-05-98	CURRENT ANNUAL SALARY \$	
	CURRENT MONTHLY SALARY \$	
LAST CHANGE: DATE 10-11-97 TYPE LATERAL TRAN	CURRENT HOURLY RATE \$	20.5900

NEW SALARY DATA

NOTE CODE 250
NEW STEP D
NEW ANNIVERSARY DATE 09-05-02
NEW HOURLY RATE \$ 21.62

APPROVED BY

Sophie Wata 9-3-98

EFFECTIVE DATE

09-12-98

INPUT SIGNOFF



Personnel Action Request

A. ☐ Personnel Appointment ☐ Change of Assignment ☐ Revised Personnel Quota (RPQ) ☐ Merit Increase
☐ Termination of Separation ☐ Request to Fill Vacant Position (RVP) ☐ Overage

B. Employee Name Smith Charla B
 Employee No. 250465 Soc. Sec. No. _____ Race _____ Sex _____
 Birthdate _____ Retirement _____ Work Ext. _____

C. Personnel Data

	FUND	DP / DV / SC	KEY	POS#	GRADE/STEP	ANN. DATE	FUND/ACCOUNT/CENTER	HOURLY RATE/ PAYPERIOD SALARY
CURRENT STATUS	0601	354802	X04	001	C	09-05-98	0601-514010-0354802	20.59
NEW STATUS		354801		004			0354801	

	DEPT. NAME	ACT. NAME	LOCATOR CODE	AUTH. POS.	HOURS	WEEKS	SHIFT
CURRENT STATUS	Police	South	4151	1.0000	80	52	B
NEW STATUS							

Reason for change Acct # Chg Only

D. Department-Leave Time Used-Current Payperiod

Type of Leave	Hours

Personnel Department Use Only

E. Revised Personnel Quota

TERMINATE POSITION						ADD POSITION							
a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. Hr.	g. wk	h. PROJECTED SALARY

JUSTIFICATION OF REQUEST: (RPQ or RVP)

F. Request to Fill Vacant Position

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

If not budgeted, method of financing _____

Date to be filled _____

G. Effective date of above Personnel Action 08-29-98 Contact Person Pruey Black Ext. 4-8311

Approved By: _____

_____ DIVISION HEAD	_____ DATE	_____ BUDGET ADMINISTRATOR	_____ DATE
_____ DEPARTMENT HEAD	_____ DATE	_____ PERSONNEL DIRECTOR	_____ DATE
_____ OTHER APPROVAL SIGNATURE	_____ DATE		_____ DATE

Sophie Mata 8/27/98

PYAP14-03

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

01/12/98

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4151	05-05-86	X04	C

ABSENTEE CODES	V VAC HOURS	S SICK HOURS	COMP TIME	P PERS HOLIDAY	H REG HOLIDAY	OTHER USED	TRAINING	LVE BNK CNTR
FORWARD FROM LAST YEAR	251.20	843.74	118.00		120.00			
YEARS ACCRUAL	144.04	120.12	24.50	8.00	56.00			
TOTAL TIME OFF DUTY	92.00	16.00	42.00	8.00	60.00			
BALANCE - LAST PAYROLL	303.24	947.86	100.50		116.00			

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
SAT	12-21-96	J 4.00	MON	08-04-97	O 1.00	FRI	09-12-97	O 1.00
TUE	12-24-96	V 8.00	TUE	08-05-97	O 1.00	SAT	09-13-97	O 1.00
WED	12-25-96	H 8.00	WED	08-06-97	O 1.00	SUN	09-14-97	O 1.00
THU	12-26-96	V 8.00	THU	08-07-97	O 1.00	MON	09-15-97	O 1.00
WED	01-01-97	H 8.00	FRI	08-08-97	O 1.00	TUE	09-16-97	O 1.00
THU	01-02-97	J 8.00	SAT	08-09-97	O 1.00	WED	09-17-97	O 1.00
SAT	01-18-97	V 8.00	SUN	08-10-97	O 1.00	THU	09-18-97	O 1.00
MON	01-20-97	K 8.00	MON	08-11-97	O 1.00	FRI	09-19-97	O 1.00
SAT	03-01-97	U 2.00	TUE	08-12-97	O 1.00	SAT	09-20-97	O 1.00
THU	03-06-97	S 8.00	WED	08-13-97	O 1.00	SUN	09-21-97	O 1.00
FRI	03-07-97	S 8.00	THU	08-14-97	O 1.00	MON	09-22-97	O 1.00
SAT	03-08-97	U 8.00	FRI	08-15-97	O 1.00	TUE	09-23-97	O 1.00
TUE	03-11-97	V 8.00	SAT	08-16-97	O 1.00	WED	09-24-97	O 1.00
MON	03-24-97	T 8.00	SUN	08-17-97	O 1.00	MON	09-29-97	P 8.00
MON	04-07-97	E 1.50	MON	08-18-97	O 1.00	TUE	09-30-97	J 8.00
THU	04-17-97	E 1.50	TUE	08-19-97	O 1.00	WED	10-01-97	V 8.00
FRI	05-02-97	J 8.00	WED	08-20-97	O 1.00	TUE	10-07-97	V 8.00
SAT	05-03-97	V 8.00	THU	08-21-97	O 1.00	WED	10-08-97	T 8.00
TUE	05-06-97	V 8.00	FRI	08-22-97	O 1.00	THU	10-09-97	V 8.00
WED	05-07-97	V 8.00	SAT	08-23-97	O 1.00	WED	10-29-97	T 8.00 E 3.00
THU	05-08-97	V 8.00	SUN	08-24-97	O 1.00	MON	11-03-97	T 8.00
THU	05-22-97	E 3.00	MON	08-25-97	O 1.00	TUE	11-04-97	T 8.00
SAT	05-24-97	U 8.00	TUE	08-26-97	O 1.00	WED	11-05-97	T 8.00
SUN	05-25-97	E 3.00	WED	08-27-97	O 1.00	THU	11-06-97	T 8.00
MON	05-26-97	K 8.00	THU	08-28-97	O 1.00	THU	11-27-97	H 8.00
THU	05-29-97	E 6.00	FRI	08-29-97	O 1.00	FRI	11-28-97	H 8.00
FRI	05-30-97	E 2.00	SAT	08-30-97	O 1.00	WED	12-10-97	E 1.50
SAT	05-31-97	E 3.00	SUN	08-31-97	O 1.00	WED	12-17-97	U 1.00
TUE	06-17-97	U 2.00	MON	09-01-97	O 1.00	THU	12-18-97	U 8.00
FRI	06-20-97	U 8.00	TUE	09-02-97	O 1.00			
FRI	07-04-97	K 8.00	WED	09-03-97	O 1.00			
SAT	07-12-97	U 5.00	THU	09-04-97	O 1.00			
MON	07-28-97	O 1.00	FRI	09-05-97	O 1.00			
TUE	07-29-97	O 1.00	SAT	09-06-97	O 1.00			
WED	07-30-97	O 1.00	SUN	09-07-97	O 1.00			
THU	07-31-97	O 1.00	MON	09-08-97	O 1.00			
FRI	08-01-97	O 1.00	TUE	09-09-97	O 1.00			
SAT	08-02-97	O 1.00	WED	09-10-97	O 1.00			
SUN	08-03-97	O 1.00	THU	09-11-97	O 1.00			

EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NO
SMITH		CHARLA		110-35-4156	250465
	CONTROL	STEP	RATE	EFFECTIVE	ANNIV. DATE
OLD	079-355100-X04-001	C	19.6100	THRU 09-26-97	09-05-98
NEW	079-355100-X04-001	C	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 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.

Personnel Action Request

A. ☐ Personnel Appointment ☒ Change of Assignment ☐ Revised Personnel Quota (RPQ) ☐ Merit Increase
☐ Termination of Separation ☐ Request to Fill Vacant Position (RVP) ☐ Overage

B. Employee Name SMITH CHARLA B
Last First Middle
 Employee No. 250465 Soc. Sec. No. _____ Race _____ Sex _____
 Birthdate _____ Retirement _____ Work Ext. _____

C. Personnel Data									
	FUND	DP / DV / SC	KEY	POS#	GRADE/ STEP	ANN. DATE	FUND/ACCOUNT/CENTER	HOURLY RATE/ PAYPERIOD SALARY	
CURRENT STATUS	079	354800	X04	001	C	09-05-98	GR99 514010 0354800	20.59	
NEW STATUS	001	354802		001			GG01 514010 0354802		
	DEPT. NAME	ACT. NAME	LOCATOR CODE	AUTH. POS.	HOURS	WEEKS	SHIFT		
CURRENT STATUS	POLICE	SOUTH ZPO TOL	4156	1.0000	80	52	B		
NEW STATUS		SOUTH NPD 2	4153						

Reason for change 710

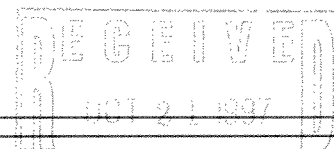
D. Department-Leave Time Used-Current Payperiod

Personnel Department Use Only

Type of Leave	Hours			

E. TERMINATE POSITION						Revised Personnel Quota								ADD POSITION			
a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. Hr.	g. wk	h. PROJECTED SALARY				

JUSTIFICATION OF REQUEST: (RPQ or RVP)



F. Request to Fill Vacant Position

Funds for this position are budgeted under:

☐ Salaries of regular employees ☐ Extra help ☐ Not budgeted

If not budgeted, method of financing _____

G. Effective date of above Personnel Action 10-11-97 Contact Person SHIRLEY CORDRAY Ext. 4/8300
 Approved By: _____

DIVISION HEAD	DATE	BUDGET ADMINISTRATOR	DATE
<i>Sophie Malt</i>	<u>10/21/97</u>		
DEPARTMENT HEAD	DATE	PERSONNEL DIRECTOR	DATE
OTHER APPROVAL SIGNATURE	DATE		DATE

PYAP14-03

CITY OF FORT WORTH
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

02/12/97

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4156	05-05-86	X04	C

ABSENTEE CODES	V VAC HOURS	S SICK HOURS	COMP TIME	P PERS HOLIDAY	H REG HOLIDAY	OTHER USED	TRAINING	76.00
FORWARD FROM LAST YEAR	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 PAYROLL	251.20	843.74	118.00		120.00			

DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT	DAY	DATE	CODE AND HOURS ABSENT
SAT	12-23-95	V 8.00	MON	09-02-96	K 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	SAT	09-28-96	J 8.00			
SAT	01-27-96	U 2.00 V 8.00	TUE	10-01-96	E .75			
SAT	02-03-96	E .75	FRI	10-04-96	J 8.00			
WED	02-07-96	E .75	SAT	10-05-96	J 8.00			
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	T 8.00			
SAT	03-09-96	E 1.75	THU	11-07-96	T 8.00			
SAT	03-16-96	V 8.00	FRI	11-08-96	T 8.00			
SAT	04-06-96	S 1.00	THU	11-28-96	H 8.00			
SAT	04-27-96	E .75	FRI	11-29-96	K 8.00			
THU	05-09-96	T 10.00	SAT	11-30-96	J 8.00			
FRI	05-10-96	T 10.00	TUE	12-03-96	P 8.00			
SAT	05-11-96	V 10.00						
SUN	05-19-96	E 1.50						
SUN	05-26-96	V 8.00						
MON	05-27-96	K 8.00						
SAT	06-22-96	S 8.00						
THU	07-04-96	K 8.00						
SUN	07-07-96	V 7.25						
MON	07-08-96	V 8.00						
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						
FRI	08-16-96	E .50						
SAT	08-17-96	E .25						
TUE	08-20-96	E .75						

EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NO
SMITH		CHARLA		110-35-4156	250465
	CONTROL	STEP	RATE	EFFECTIVE	ANNIV. DATE
OLD	079-354303-X04-001	C	19.0400	THRU 09-27-96	09-05-98
NEW	079-354303-X04-001	C	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
INDIVIDUAL RECORD OF ABSENCE FROM DUTY

02/05/90

NAME	DEPARTMENT	EMP NO	PAY GRP	DEPT NO	LOCATOR	HIRE DATE	JOB KEY	STEP
SMITH CHARLA B	POLICE	250465	110	35	4155	05-05-86	X04	C

ABSENTEE CODES	V	S				OTHER		
	VAC	SICK	COMP	P	H			
	HOURS	HOURS	TIME	PERS	REG	USED		

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	56.00	32.00	29.50	8.00	104.00			
BALANCE - LAST PAYROLL	279.20	732.62	105.75		96.00			

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

SAT	12-24-94	J 8.00	WED	11-22-95	E .75			
MON	12-26-94	K 8.00	THU	11-23-95	H 8.00			
TUE	12-27-94	U 8.00	FRI	11-24-95	K 8.00			
WED	12-28-94	V 8.00	WED	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	SAT	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	FRI	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						
SAT	05-06-95	V 8.00						
MON	05-29-95	K 8.00						
FRI	06-02-95	J 8.00						
TUE	06-27-95	U 2.00						
SAT	07-01-95	V 8.00						
TUE	07-04-95	K 8.00						
TUE	07-18-95	P 8.00						
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						

EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NO
	CONTROL	STEP	RATE	EFFECTIVE	ANNIV. DATE
SMITH		CHARLA		110-35-4155	250465
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:

COMMENTS:

0140

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	11/20/95
EMPLOYEE NAME	Smith, Charles B
PREPARED BY	T. Cantor's
DATE PREPARED	11/27/95

MASTER KEY (TRAN)			
GR795140100354303			
11/0	41/53		25/04/65
PAY GROUP	LOCATOR CODE	LEAVE BLANK	EMP. NUMBER

FOR PERSONNEL USE ONLY	
TAX FILING STATUS	MARR ATTACH W-4
TAX EXEMPTIONS	72 FEDP
LOCATION CODE	LOCO -41-55
HOURLY RATE TO	72 RATE 000
ADJUSTED SERVICE DATE	EM24 M M D D Y Y
CHANGE ANNIV. DATE	EM20 M M D D Y Y
CHANGE DATE OF EMPLOYMENT	HIRE M M D D Y Y
CHANGE REHIRE DATE	EM23 M M D D Y Y

Tax Filing Status - M - Married
(Attach W-4) S - Single
B - Married filing at single rate

Insurance Company Identifier Number - 10 - Aetna
(Insurance application must accompany this change) 12 - Metrocare
13 - Tarrant Health

Medical Insurance - Coverage
Reclassification card must accompany these changes. If dependents' coverage is not changed within 30 days of the actual occurrence of the change, an Insurability form must be completed and accepted by the insurance company.

1- Male Employee
2- Female Employee
3- Employee and Children
4- Employee and Spouse
5- Family

MEDICAL INSURANCE COVERAGE	MCP1
INSURANCE CO. IDENTIFIER #	MIP1
WORK EXTENSION OR PHONE NUMBER	WEXT
ADDRESS TO LINE 1 POST OFFICE OR RFD #	ADR1
LINE 2 STREET NO.	ADR2
LINE 3 CITY STATE ZIP	ADR3
EMERGENCY TELEPHONE	ETEL AREA CODE
EMER. CONTACT NAME	EMCN
RELATIONSHIP	RELA
SPOUSE FIRST NAME	NASP
SPOUSE BIRTH DATE	SPDB M M D D Y Y
HOME TELEPHONE AREA CODE	ARCD
HOME TELEPHONE NO.	TELE
ACTUAL MARITAL STATUS	MARS
ACTUAL DEPENDENTS	DEPE
EMPLOYEE NAME TO	NAME
EMPLOYEE STATUS TO	47 STAT

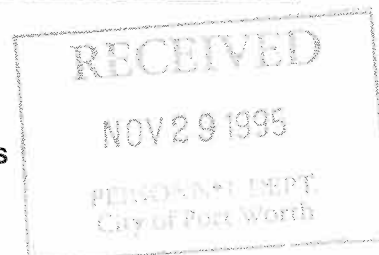
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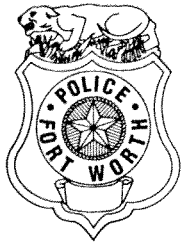


RECORDS

NOV 30 1995

White - To Personnel
Yellow - Retained by Dept.

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

THOMAS R. WINDHAM
CHIEF OF POLICE

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,

A handwritten signature in black ink that reads "THOMAS R. WINDHAM". The signature is written in a cursive style with a large, stylized "T" and "W".

Thomas R. Windham
Chief of Police

sm

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

Personnel Action Request

A. ☐ Personnel Appointment ☒ Change of Assignment ☐ Revised Personnel Quota (RPQ) ☐ Merit Increase
☐ Termination of Separation ☐ Request to Fill Vacant Position (RVP) ☐ Overage

B. Employee Name Smith Charla B
Last First Middle
Employee No. 250465 Soc. Sec. No. _____ Race _____ Sex _____
Birthdate _____ Retirement _____ Work Ext. _____

C. Personnel Data

	FUND	DP / DV / SC	KEY	POS#	GRADE / STEP	ANN. DATE	FUND/ACCOUNT/CENTER	HOURLY RATE / PAYPERIOD SALARY
CURRENT STATUS	6601	0355100	104	006	C	09-05-98	6601-514010-0355100	19.04
NEW STATUS	6679	0354303		001	"	"	6679-514010-0354303	"

	DEPT. NAME	ACT. NAME	LOCATOR CODE	AUTH. POS.	HOURS	WEEKS	SHIFT
CURRENT STATUS	Police	South	4155	1.0000	80	52	B
NEW STATUS	"	"	4153	"	"	"	B

Reason for change 710

D. Department-Leave Time Used-Current Payperiod

Type of Leave	Hours

Personnel Department Use Only

E. Revised Personnel Quota

TERMINATE POSITION						ADD POSITION							
a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. Hr.	g. wk	h. PROJECTED SALARY

JUSTIFICATION OF REQUEST: (RPQ or RVP)

F. Request to Fill Vacant Position

Funds for this position are budgeted under: _____ Date to be filled _____

☐ Salaries of regular employees ☐ Extra help ☐ Not budgeted

If not budgeted, method of financing _____

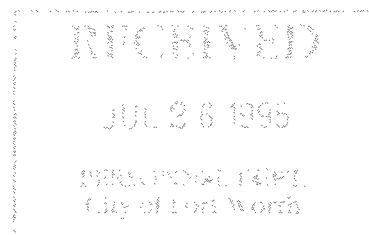
G. Effective date of above Personnel Action 11-11-95 Contact Person Patty Niz Ext. _____

Approved By: _____

_____ DIVISION HEAD	_____ DATE	_____ BUDGET ADMINISTRATOR	_____ DATE
_____ DEPARTMENT HEAD	_____ DATE	_____ PERSONNEL DIRECTOR	_____ DATE
_____ OTHER APPROVAL SIGNATURE	_____ DATE		_____ DATE

SECOND REQUEST

Sharon Williams / sm 7-25-95



CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL RECORDS

EXT. 7776

TIME CLERK Anthony Comtois DATE 6/19/95 PHONE # OR EXT. 922-3460

X AUTHORIZED BY [Signature] DATE 6-19-95
(Supervisor who signs the T & A)

EMPLOYEE'S NAME Smith, Charles B EMPLOYEE NUMBER 250465

DEPARTMENT South - Police LOCATOR CODE 355100

PAY GROUP 110 FLSA STATUS _____

PAY PERIOD
REQUIRING
CHANGE 12 DATE NEEDING
TO BE CHANGED 6/3/95 REPORTED OR
INPUT AS J CHANGE TO 8 reg

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 _____

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 see attached

/ was accidently marked on a
 Day on June 3, I worked
 that day. Please replace the
 3 day. I did take June 2
 off.

CITY OF FORT WORTH, TEXAS

STATEMENT OF EARNINGS AND DEDUCTIONS

EARNINGS	HRS/UNITS	AMOUNT	DEDUCTIONS				YEAR TO DATE	
REGULAR	6400	109888	FED TAX	25460	RETIRE	9686	GROSS PAY	1958528
ERTIME	625	16097	MEDICARE	2249	GROUP INS		FED. TAX	349701
FT2	7025	3785	CREDIT UN	15000	POL ASSN	730	RET	125270
ACC	800	000	POL BENF	305				
CM DC		5000	SAV BOND	769				
IME	1600	27472	DENTAL	429				
SA OT		258						
EX 125		2402						
TOTAL EARNINGS		150098	TOTAL DEDUCTIONS					

THIS PART IS FOR YOUR RECORDS

SMITH CHARLA B

110354155

EMP NO
250465

FOR PERIOD ENDING

06-09-95

NON NEGOTIABLE

SUBJECT TUITION REIMBURSEMENT APPLICATION DEADLINE-JUNE 30



SOUTH DIVISION
DAILY ASSIGNMENT
SECOND WATCH

DATE: JUNE 3, 1995

DAY: SATURDAY

DIVISION COMMANDER
CMDR 3 CAPT B RAY ARMAND 1029
922-3400

WATCH COMMANDER
CMDR 302 (336) C MASON 1675
994-3437
CMDR 304 () (62)
994-3446

UNIT SHOP#

UNIT SHOP#

G210 (297) BS JOHNSON 1759
G220 (296) A/S MA CHALIFOUX 2353
G212 (445) A/C RA KINO 2616
P/O LT WILSON 2799
G214 (344) DA WEILER 2373
G216 (342) SL WOOD 2648
G218 (WGN) (62)
G232 (345) CPL CB SMITH 2214
P/O A AGUILAR 2793

(994-3454)
(999-8818)
G211 (439) BL TRIGG 2652
G213 (339) JG HOLMAN 2767
G215 (341) RJ COSTA 2679
G217 (343) JP MURDOCK 2671
G227 () JK WANZOR 2730

H210 (298) (62)
H212 (348) C SIMMONS 2714
RE WILLIAMS 2164
H214 (350) PK DEGRAEVE 2360
H216 (352) R JOHNSON 2656

(994-3452)
H211 (464) JW REYNOLDS 2621
H213 (349) RG BROTHERTON 2657
H215 (351) RM NOBLES 2742
H217 (353) MK COLLINSWORTH 2400 R

H248 (DSK) RL BANGS 2663

CALL OFFS:

CS HENDRIX 2511...V...(H) RJ WEST 2625.....S...(H)
AF NORRIS 2235...V...(G) JE DEANGELIS 2617...F...(G)
MW LAMBERT 2628...V...(G) SG FINEMAN ON LOAN DIR



SOUTH DIVISION
DAILY ASSIGNMENT
SECOND WATCH

DATE: JULY 20, 1995

DAY: THURSDAY

DIVISION COMMANDER
CMDR 3 CAPT B RAY ARMAND 1029
922-3400

WATCH COMMANDER
CMDR 301 (336) LT A WILKERSON 1833
991-8475
CMDR 304 () LT EL PRICER 1522
994-3446

UNIT SHOP#

UNIT SHOP#

G210 (297) SGT BS JOHNSON 1759
G220 (296) SGT AF NORRIS 2235
G212 (445) DL MORAN 2609
G214 (441) DA WEILER 2373
G216 (443) BL TRIGG 2652
G218 (WGN) (62)

(994-3454)
(999-8818)
G211 (439) RL BANGS 2663
KG MOUTON 2564
G213 (440) MW LAMBERT 2628
G215 (442) CB SMITH 2214
MR RUELAS 2792
G217 (343) JB HADLEY 2544
G227 () G MEDRANO 2233
G231 (342) I ESPINOZA 1926

H210 () (62)
H220 () SGT G GHILESPI 2060
H212 (465) (62)

H211 (464) (62)
H213 (466) LM SANBORN 2592
H215 (468) JL OVERLAND 2274
H217 (353) MK COLLINSWORTH 2400 R
H221 (353) CPL CA HENDRIX 2511
P/O BN BICE 2818

H214 (467) JA PONCE 1869
H216 (469) RE WILLIAMS 2164

H248 (DSK) GW DYSON

CALL OFFS:

SG FINEMAN.....2675....O/L....(G) JP MURDOCK.....2671....V....(G)
DK BRIGANCE.....2513....V....(H) C MASON.....1675....U8....(H)
RM NOBLES.....2742....T....(H) JK WANZOR.....2730....V....(G)
CG SHEDLOCK.....2592....V....(H) WA HIX.....2460....V....(G)
RJ COSTA.....2679....T....(G) CB BLACK.....2214....S....(H)
KL KEISLER.....2704....T....(G)

CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

EFFECTIVE DATE	4/1/95
EMPLOYEE NAME	CHARLA B SMITH
PREPARED BY	Patricia Watts
DATE PREPARED	3/30/95

MASTER KEY (TRAN)			
66015140100355100		X04 004	
110354153			2501405
PAY GROUP	LOCATOR CODE	LEAVE BLANK	EMP. NUMBER

Tax Filing Status - M - Married
(Attach W-4) S - Single
B - Married filing at single rate

Insurance Company Identifier Number - 10 - Aetna
(Insurance application must accompany this change) 12 - Metrolcare
13 - Tarrant Health

Medical Insurance - Coverage
Reclassification card must accompany these changes. If dependents' coverage is not changed within 30 days of the actual occurrence of the change, an Insurability form must be completed and accepted by the insurance company.

1- Male Employee
2- Female Employee
3- Employee and Children
4- Employee and Spouse
5- Family

FOR PERSONNEL USE ONLY	
TAX FILING STATUS	MARR ATTACH W-4
TAX EXEMPTIONS	72 FEDP
LOCATION CODE	LOCO 35-41-55
HOURLY RATE TO	72 RATE 0.00
ADJUSTED SERVICE DATE	EM24 M M D D Y Y
CHANGE ANNIV. DATE	EM20 M M D D Y Y
CHANGE DATE OF EMPLOYMENT	HIRE M M D D Y Y
CHANGE REHIRE DATE	EM23 M M D D Y Y
MEDICAL INSURANCE COVERAGE	MCP1
INSURANCE CO. IDENTIFIER #	MIP1
WORK EXTENSION OR PHONE NUMBER	WEXT
ADDRESS TO LINE 1 POST OFFICE OR RFD #	ADR1
LINE 2 STREET NO.	ADR2
LINE 3 CITY STATE ZIP	ADR3
EMERGENCY TELEPHONE	ETEL AREA CODE
EMER. CONTACT NAME	EMCN
RELATIONSHIP	RELA
SPOUSE FIRST NAME	NASP
SPOUSE BIRTH DATE	SPDB M M D D Y Y
HOME TELEPHONE AREA CODE	ARCD
HOME TELEPHONE NO.	TELE
ACTUAL MARITAL STATUS	MARS
ACTUAL DEPENDENTS	DEPE
EMPLOYEE NAME TO	NAME
EMPLOYEE STATUS TO	47 STAT

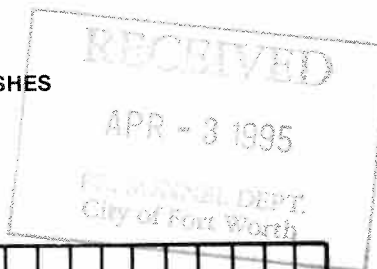
NO SPACES OR DASHES

NO SPACES OR DASHES

NO SPACES OR DASHES

NO SPACES OR DASHES

↓ LAST NAME STARTS HERE



T - TERMINATED
A - ACTIVE
I - INACTIVE

OTHER

White - To Personnel
Yellow - Retained by Dept.

CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

EFFECTIVE DATE	3/4/95
EMPLOYEE NAME	SMITH, C.B.
PREPARED BY	Patricia Carter
DATE PREPARED	3/19/95

MASTER KEY (TRAN)			
GG015140100.355100 104006			
PAY GROUP	LOCATOR CODE	LEAVE BLANK	EMP. NUMBER
1103541151			25041615

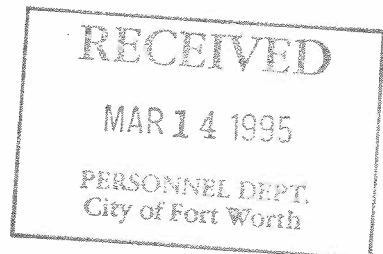
Tax Filing Status - M - Married
(Attach W-4) S - Single
B - Married filing at single rate

Insurance Company Identifier Number - 10 - Aetna
(Insurance application must accompany this change) 12 - Metrocare
13 - Tarrant Health

Medical Insurance - Coverage
Reclassification card must accompany these changes. If dependents' coverage is not changed within 30 days of the actual occurrence of the change, an Insurability form must be completed and accepted by the insurance company.

1- Male Employee
2- Female Employee
3- Employee and Children
4- Employee and Spouse
5- Family

		FOR PERSONNEL USE ONLY			
TAX FILING STATUS		MARR	ATTACH W-4		
TAX EXEMPTIONS	72	FEDP			
LOCATION CODE		LOCO	- 411-53		
HOURLY RATE TO	72	RATE			
ADJUSTED SERVICE DATE		EM24			
CHANGE ANNIV. DATE		EM20			
CHANGE DATE OF EMPLOYMENT		HIRE			
CHANGE REHIRE DATE		EM23			
MEDICAL INSURANCE COVERAGE		MCP1			
INSURANCE CO. IDENTIFIER #		MIP1			
WORK EXTENSION OR PHONE NUMBER		WEXT			
ADDRESS TO LINE 1 POST OFFICE OR RFD #		ADR1	NO SPACES OR DASHES		
LINE 2 STREET NO.		ADR2			
LINE 3 CITY STATE ZIP		ADR3			
EMERGENCY TELEPHONE		ETEL	AREA CODE		
EMER. CONTACT NAME		EMCN	NO SPACES OR DASHES		
RELATIONSHIP		RELA			
SPOUSE FIRST NAME		NASP			
SPOUSE BIRTH DATE		SPDB			
HOME TELEPHONE AREA CODE		ARCD	NO SPACES OR DASHES		
HOME TELEPHONE NO.		TELE	NO SPACES OR DASHES		
ACTUAL MARITAL STATUS		MARS	NO SPACES OR DASHES		
ACTUAL DEPENDENTS		DEPE			
EMPLOYEE NAME TO		NAME	LAST NAME STARTS HERE		
EMPLOYEE STATUS TO	47	STAT			
<p>T - TERMINATED A - ACTIVE I - INACTIVE</p>					
OTHER					



MAR 14 1995

Personnel Action Request

A. ☐ Personnel Appointment ☒ Change of Assignment ☐ Revised Personnel Quota (RPQ) ☐ Merit Increase
☐ Termination of Separation ☐ Request to Fill Vacant Position (RVP) ☐ Overage

B.
Employee Name Smith Charles B
Last First Middle
Employee No. 250465 Soc. Sec. No. _____ Race _____ Sex _____
Birthdate _____ Retirement _____ Work Ext. _____

Personnel Data									
	FUND	DP / DV / SC	KEY	POS#	GRADE/STEP	ANN. DATE	FUND/ACCOUNT/CENTER	HOURLY RATE/PAYPERIOD SALARY	
CURRENT STATUS	GG01	355100	X03	093	E	000000	GG01 514010	0355100	
NEW STATUS	GG01	355100	X04	006	A	010796	GG01 514010	0355100	16.26

	DEPT. NAME	ACT. NAME	LOCATOR CODE	AUTH. POS.	HOURS	WEEKS	SHIFT
CURRENT STATUS	Police	South Div	4153	1.0000	80	52	B
NEW STATUS	Police	South Div	4151	1.0000	80	52	A

Reason for change 410

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

E. TERMINATE POSITION						Revised Personnel Quota								ADD POSITION			
a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. Hr.	g. wk	h. PROJECTED SALARY				

JUSTIFICATION OF REQUEST: (RPQ or RVP)

F. Request to Fill Vacant Position

Funds for this position are budgeted under:

☐ Salaries of regular employees ☐ Extra help ☐ Not budgeted

If not budgeted, method of financing _____

Date to be filled 1-7-95

G. Effective date of above Personnel Action 1-7-95

Approved By: _____

DIVISION HEAD _____ DATE _____

DEPARTMENT HEAD _____ DATE _____

OTHER APPROVAL SIGNATURE Sharon Williams DATE 1-12-95

Contact Person Sandy Gough Ext. 4-8304

RECEIVED
JAN 12 1995
PERSONNEL DEPT.
City of Fort Worth

BUDGET ADMINISTRATOR _____ DATE _____

PERSONNEL DIRECTOR _____ DATE _____

BY NAG JAN 17 1995

REVISED: 4-24-87

BY SB

DS

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL RECORDS

EXT. 7776

TIME CLERK Peterson Watts DATE 12/5/94 PHONE # OR EXT. 922-3410

AUTHORIZED BY Sharon Wyllie DATE 12-8-94
(Supervisor who signs the T & A)

EMPLOYEE'S NAME Charla B Smith EMPLOYEE NUMBER 250465

DEPARTMENT Police 35 LOCATOR CODE 4153B

PAY GROUP 110 FLSA STATUS _____

PAY PERIOD
REQUIRING
CHANGE 21 DATE NEEDING
TO BE CHANGED 10/1 REPORTED OR
INPUT AS 8reg CHANGE TO 8reg/E1.5

PAY PERIOD
REQUIRING
CHANGE 21 DATE NEEDING
TO BE CHANGED 10/4 REPORTED OR
INPUT AS 8reg CHANGE TO 8reg/E25 ^{2.50 per rate}

PAY PERIOD
REQUIRING
CHANGE 21 DATE NEEDING
TO BE CHANGED 10/7 REPORTED OR
INPUT AS 8reg CHANGE TO 8reg/E1.75

PAY PERIOD
REQUIRING
CHANGE 21 DATE NEEDING
TO BE CHANGED 10/11 REPORTED OR
INPUT AS 8reg CHANGE TO 8reg/E25

PAY PERIOD
REQUIRING
CHANGE _____ DATE NEEDING
TO BE CHANGED _____ REPORTED OR
INPUT AS _____ CHANGE TO _____

REASON FOR CHANGE Officer had comp time earned for
these days posted on T&A, but was not credited
on pay stub for that period

CITY OF FORT WORTH, TEXAS

STATEMENT OF EARNINGS AND DEDUCTIONS

EARNINGS	HRS/UNITS	AMOUNT	DEDUCTIONS	YEAR TO DATE
GULAR	8000	130080	FED TAX 24296	GROSS PAY 2943668
ERTIME	350	8674	MEDICARE 2096	FED. TAX 484575
NGCSRV		3200		RET 184368
IFT2	7175	3703		
T PAY	1600	1456		
EX 125		2579		
TOTAL EARNINGS		144534	TOTAL DEDUCTIONS	

THIS PART IS FOR YOUR RECORDS

SMITH CHARLA B

110354153

EMP. NO.
250465

FOR PERIOD ENDING 10-14-94

NON NEGOTIABLE

FLU SHOTS \$9-AOHC CLINIC-1651 W ROSEDALE 10/1-11/15 M-F 8-5

PATROL SOUTH-B

DF-500

REVISED: 4-24-87

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL RECORDS

EXT. 7776

TIME CLERK Patricia Watts DATE 9/12/94 PHONE # OR EXT. 9223410

AUTHORIZED BY [Signature] DATE 9/12/94
(Supervisor who signs the T & A)

EMPLOYEE'S NAME C.B. Smith EMPLOYEE NUMBER 250465

DEPARTMENT Police LOCATOR CODE 4153

PAY GROUP 110 FLSA STATUS _____

PAY PERIOD
REQUIRING
CHANGE B DATE NEEDING
TO BE CHANGED 9/2 REPORTED OR
INPUT AS 8 reg CHANGE TO 8 reg / E 3

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 _____

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 Overtime slip received after payroll
submitted

REVISED: 4-24-87

CORRECTION TO EMPLOYEE ABSENTEE RECORD

TO: PERSONNEL RECORDS

EXT. 7776

TIME CLERK Patricia Watts DATE 9/17/94 PHONE # OR EXT. 922 3410

AUTHORIZED BY P. R. Alchib- Shan Hills DATE 9/12/94
(Supervisor who signs the T & A)

EMPLOYEE'S NAME A. B. Smith EMPLOYEE NUMBER 250465

DEPARTMENT Police LOCATOR CODE 4153

PAY GROUP 110 FLSA STATUS _____

PAY PERIOD
REQUIRING CHANGE 18 DATE NEEDING TO BE CHANGED 8/31 REPORTED OR INPUT AS 8 reg CHANGE TO 8 reg / E.75

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 _____

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 time posted in error on 9/1/94, officer
had overtime for both 8/31 and 9/1/94 for
E.75

Mail top two pages of this form to: **RECEIVED** 00023
TEXAS WORKERS' COMPENSATION COMMISSION
Central Office, 4000 South IH-35, Southfield Building
Austin, Texas 78704
JAN 13 1994

Send the specified copies to your Workers' Compensation Carrier and the injured employee. Please read instruction sheet CAREFULLY, giving special attention to items marked with an asterisk (*).

TWCC CLAIM # _____

CARRIER'S CLAIM # _____

EMPLOYEE

EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) Smith, Charla B		2. Sex F <input checked="" type="checkbox"/> M <input type="checkbox"/>	
3. Social Security Number [REDACTED]	4. Home Phone [REDACTED]	5. Date of Birth (m-d-y) [REDACTED]	
6. Does the Employee Speak English? If No, Specify Language YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
7. Race White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>		8. Ethnicity Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>	
9. Mailing Address Street or P.O. Box [REDACTED] City [REDACTED] County [REDACTED]			
10. Marital Status Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>			
11. Doctor's Name DR CARLA DEJONDO			
12. [REDACTED]			
15. Date of Injury (m-d-y) 01-07-94		16. Time of Injury 11:40 am <input type="checkbox"/> pm <input checked="" type="checkbox"/>	
17. Date Lost Time Beg. (m-d-y) 01-07-94		18. Nature of Injury SORENESS	
19. Part of Body Injured or Exposed BACK & LEFT ARM		20. How and Why Injury/Illness Occurred During a physical altercation while attempting to arrest a wanted person	
21. Was employee doing his regular job? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		22. Worksite Location of Injury (stairs, dock, etc.) Public Street	
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site Street or P.O. Box 3300 BENBROOK County TARRANT City FT WORTH State TX ZIP Code 76110			
24. Cause of Injury (fall, tool, machine, etc.) Bodily Force			
25. List Witnesses P.A. WOODWARD J.R. McLAULEY			
26. Return to work date (or expected) (m-d-y) No Loss Time		27. Did employee die? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
28. Supervisor's Name SERGEANT D.F. BURGESS		29. Date Reported (m-d-y) 01-09-94	
30. Date of Hire (m-d-y) 5.5.86		31. Was employee hired or recruited in Texas? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
32. Length of Service in Current Position Months 9 Years 7		33. Length of Service in Occupation Months 9 Years 7	
34. Employee Payroll Classification Code 7720			
35. Occupation of Injured Worker POLICE OFFICER		36. Rate of Pay at this Job \$15.49 Hourly \$619.60 Weekly	
37. Full Work Week is: 40 Hours 5 Days		38. Last Paycheck was: \$ _____ for 80 Hours or 10 Days	
39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

40. Name and Title of Person Completing Form Sgt D.F. Burgess		41. Name of Business CITY OF FORT WORTH	
42. Business Mailing Address and Telephone Number Street or P.O. Box 1000 Throckmorton Telephone (817) 871-7766 City Fort Worth State Texas ZIP Code 76102		43. Business Location (If different from mailing address) Number and Street 3128 W. BOLT STREET City FORT WORTH State TEXAS ZIP Code 76110	
44. Federal Tax Identification Number 75-600528		45. Primary Standard Industrial Classification (SIC) Code* (4 digit) 9131 (Municipal Government)	
46. Specific SIC Code* (4 digit)		47. Texas Comptroller Taxpayer No. 1-75-600528-600	
48. Workers' Compensation Insurance Company CITY OF FORT WORTH		49. Policy Number SELF-INSURED (CLAS Inc., Servicing Agency)	
50. Did you request accident prevention services in past 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, did you receive them? YES <input type="checkbox"/> NO <input type="checkbox"/>			
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) X Sgt D.F. Burgess JAN 11 1994 Date 1-10-94 FT. WORTH POLICE DEPT.			

DATE: 5-15-91

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

Officer: CB Smith ID# 2214 Equipment # 147152
 1. Location of Accident/Incident: 1700 Evans
 2. Date/Time of Accident/Incident: 5-15-92 / 2033 at _____ hrs.
 3. Description of Accident/Incident: Rear end

3. In your opinion, what was the primary cause of the Accident/Incident? Driver Distraction
was running a license plate of vehicle - turned to see
people on sidewalk coming from area where people throw
bottles at police cars

6. What could you 'reasonably' have done to prevent this accident? Paid more attention to driving
Not notice usual drug activity in center

7. What else could be done to prevent similar accidents in the future? SAME AS ABOVE

8. How many hours of sleep and rest did you receive the 16 hours preceding or succeeding on-duty status?
7 hrs

9. How many hours of extra part-time work (outside work) or overtime were spent the 16 hours preceding or succeeding on-duty status? List also the number of extra hours worked in the five (5) working days prior to your accident or incident.
N/A

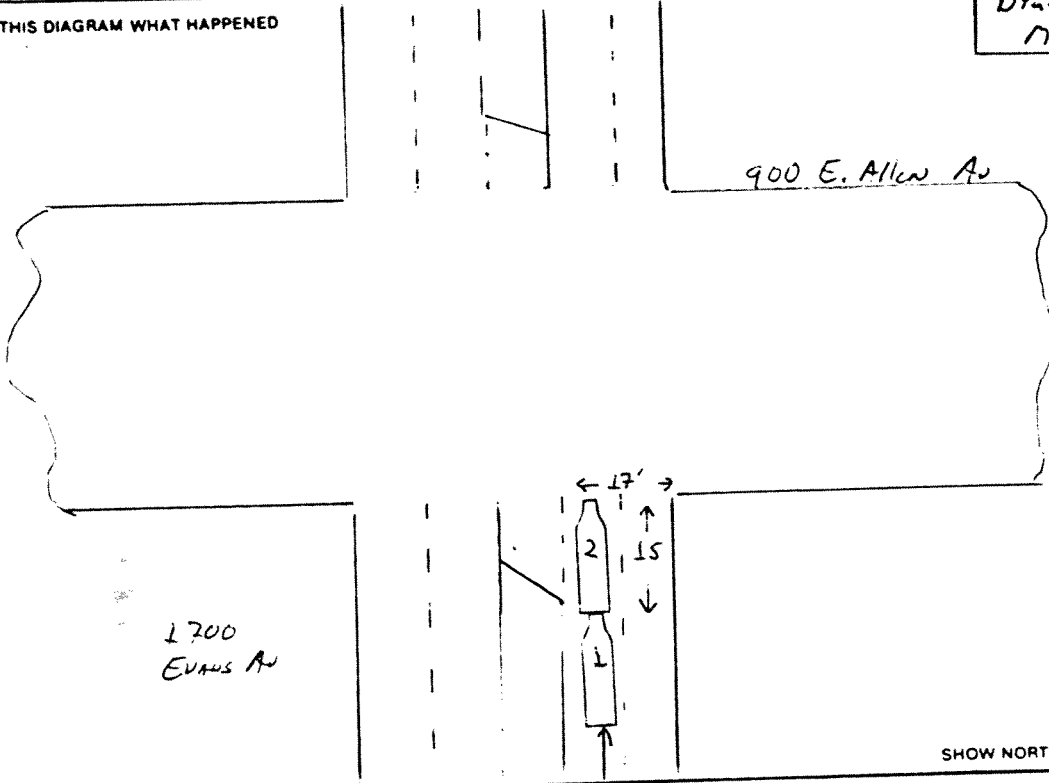
10. How many hours of study in college are you now taking? N/A

to be forwarded directly to Fiscal and Equipment Management, within the first working day following the accident/incident.

ROAD ON WHICH ACCIDENT OCCURRED <u>1700 Evans Av</u> <small>Block Number Street or Road Name Route Number</small>		DO NOT WRITE IN THIS SPACE Local No _____ <div style="font-size: 2em; font-weight: bold;">H C</div> <div style="font-size: 2em; font-weight: bold;">2 P</div> <div style="font-size: 2em; font-weight: bold;">13 B</div>
Check and complete one only AT ITS INTERSECTION WITH <u>NIA</u> <small>Street or Road Name Route Number</small>		
IF NOT AT INTERSECTION <u>15</u> feet <input type="checkbox"/> North <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>900 E. Allen Av</u> <small>Route Number</small> <small>If urban, show nearest intersection, street or reference point. Show milepost or nearest intersecting numbered highway.</small>		
DATE OF ACCIDENT <u>15 May</u> 19 <u>92</u> Day of Week <u>Friday</u> Hour <u>2003</u>		<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Diagram Not to Scale - Measurements are Approximate



SHOW NORTH BY ARROW



ACCIDENT TYPE	WRECKER USED	SURFACE CONDITION	CAUSE CODE	FATALITY	PASS FATALITY	NOL	INS VIO	DWI	DUIC
<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> ICE <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER	DRIVER #1 <u>51</u> #2 #3 #4 PED 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

ACCIDENT STATISTICAL DATA
 Fill in squares with an X in the appropriate categories.
 "CAUSE CODE" is citation code number of the violation that caused the accident.
 A citation does not have to be issued for the code number entry.

WITNESSES

NAME <u>NONE</u>	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____

Where else was investigation made? No Where

Were photographs taken? ☒ Yes ☐ No

Is investigation complete? Yes

on 15 May 92

2274

Mail top two pages of this form to:
TEXAS WORKERS' COMPENSATION COMMISSION
Central Office, 4000 South IH-35, Southfield Building
Austin, Texas 78704
Send the specified copies to your Workers' Compensation
Carrier and the injured employee. Please read instruction
sheet CAREFULLY, giving special attention to items marked
with an asterisk (*).

EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) <u>Smith, Charles B</u>		2. Sex P <input checked="" type="checkbox"/> M <input type="checkbox"/>	
3. Social Security Number [REDACTED]	4. Home Phone [REDACTED]	5. Date of Birth (m-d-y) [REDACTED]	
6. Does the Employee Speak English? If No, Specify Language YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
7. Race White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>		8. Ethnicity Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>	
9. Mailing Address Street or P.O. Box [REDACTED] City [REDACTED] State [REDACTED] ZIP Code [REDACTED] County [REDACTED]			
13. Doctor's Name [REDACTED]			
14. Doctor's Mailing Address [REDACTED]			

RECEIVED	
FEB 11 1993	
PERSONNEL DEPT. City of Fort Worth	
TWCC CLAIM # _____	
CARRIER'S CLAIM # _____	

15. Date of Injury (m-d-y) <u>02-06-93</u>	16. Time of Injury <u>15:36</u> am <input type="checkbox"/> pm <input checked="" type="checkbox"/>	17. Date Lost Time Began (m-d-y) <u>NA</u>
18. Nature of Injury* <u>Exposure to TB</u>		19. Part of Body Injured or Exposed*
20. How and Why Injury/Illness Occurred* <u>Arrested & transported TB carrier</u>		
21. Was employee doing his regular job? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	22. Worksite Location of Injury (stairs, dock, etc.)* <u>in vehicle</u>	
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site Street or P.O. Box <u>309 E Cleander</u> County <u>TARRANT</u> City <u>Ft Worth</u> State <u>TX</u> ZIP Code _____		
24. Cause of Injury (fall, tool, machine, etc.)* <u>Exposure TB</u>		
25. List Witnesses <u>G Medrano, J L H. II</u>		
26. Return to work date/for expected (m-d-y) <u>NA</u>	27. Did employee die? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	28. Supervisor's Name <u>Sgt Baker</u>
		29. Date Reported (m-d-y) <u>02-06-93</u>

30. Date of Hire (m-d-y) <u>05-05-86</u>	31. Was employee hired or recruited in Texas? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	32. Length of Service in Current Position Months <u>9</u> Years <u>6</u>	33. Length of Service in Occupation Months <u>9</u> Years <u>6</u>
34. Employee Payroll Classification Code <u>7720</u>		35. Occupation of Injured Worker <u>Police Officer</u>	
36. Rate of Pay at this Job <u>\$14.97</u> Hourly <u>\$598.80</u> Weekly	37. Full Work Week is: <u>40</u> Hours _____ Days	38. Last Paycheck was: \$ _____ for <u>40</u> Hours or <u>10</u> Days	39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

40. Name and Title of Person Completing Form		41. Name of Business <u>CITY OF FORT WORTH</u>	
42. Business Mailing Address and Telephone Number Street or P.O. Box <u>1000 Throckmorton</u> Telephone <u>(817) 871-7766</u> City <u>Fort Worth</u> State <u>Texas</u> ZIP Code <u>76102</u>		43. Business Location (If different from mailing address) Number and Street _____ City _____ State _____ ZIP Code _____	
44. Federal Tax Identification Number <u>75-600528</u>	45. Primary Standard Industrial Classification (SIC) Code* (4 digit) <u>9131 (Municipal Government)</u>	46. Specific SIC Code* (4 digit)	47. Texas Comptroller Taxpayer No. <u>1-75-600528-600</u>
48. Workers' Compensation Insurance Company <u>CITY OF FORT WORTH</u>		49. Policy Number <u>SELF-INSURED (CLAS Inc., Servicing Agency)</u>	
50. Did you request accident prevention services in past 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, did you receive them? YES <input type="checkbox"/> NO <input type="checkbox"/>			
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) <u>X [Signature]</u> <u>T906</u> Date <u>2-8-93</u>			

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sheet CAREFULLY, giving special attention to items marked
with an asterisk (*).

00023
TWCC CLAIM # _____

CARRIER'S CLAIM # _____

EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS

Empl #

1. Name (Last, First, M.I.) <u>Smith CHARLA B</u>		2. Sex F <input checked="" type="checkbox"/> M <input type="checkbox"/>
3. Social Security Number [REDACTED]	4. Home Phone [REDACTED]	5. Date of Birth (m-d-y) [REDACTED]
6. Does the Employee Speak English? If No, Specify Language YES <input type="checkbox"/> NO <input type="checkbox"/>		
7. Race White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>	8. Ethnicity Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
9. Mailing Address Street or P.O. Box [REDACTED] City [REDACTED] State [REDACTED] ZIP Code [REDACTED] County [REDACTED]		

15. Date of Injury (m-d-y) <u>12-11-92</u>	16. Time of Injury <u>16:00</u> am <input type="checkbox"/> pm <input checked="" type="checkbox"/>	17. Date Last Time Began (m-d-y) <u>NA</u>
18. Nature of Injury* <u>left wrist sprain</u>	19. Part of Body Injured or Exposed* <u>left wrist</u>	
20. How and Why Injury/Illness Occurred* <u>open hand control school - during falls & throws</u>		
21. Was employee doing his regular job? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	22. Worksite Location of Injury (stairs, dock, etc.)* <u>gym</u>	
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site Street or P.O. Box <u>1000 Calvert</u> County <u>TARRANT</u> City <u>FL Worth</u> State <u>TX</u> ZIP Code <u>76102</u>		
24. Cause of Injury (fall, tool, machine, etc.)* <u>Fall - Throws</u>		
25. List Witnesses <u>Wick Maudsley</u>		
26. Return to work date (or expected) (m-d-y) <u>12-12-92</u>	27. Did employee die? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	28. Supervisor's Name <u>Sgt SP Baker</u> <u>1866</u>
		29. Date Reported (m-d-y) <u>12-12-92</u>

30. Date of Hire (m-d-y) <u>05-05-86</u>	31. Was employee hired or recruited in Texas? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	32. Length of Service in Current Position Months <u>7</u> Years <u>6</u>	33. Length of Service in Occupation Months <u>7</u> Years <u>6</u>
34. Employee Payroll Classification Code <u>7720</u>		35. Occupation of Injured Worker <u>POLICE OFFICER</u>	
36. Rate of Pay at this Job <u>\$14.97</u> Hourly <u>\$598.80</u> Weekly	37. Full Work Week is: <u>40</u> Hours <u>5</u> Days	38. Last Paycheck was: <u>\$0</u> for <u>80</u> Hours or <u>10</u> Days	39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

40. Name and Title of Person Completing Form <u>ROBERT W. CONVERY, SGT FWPD</u>		41. Name of Business <u>CITY OF FORT WORTH</u>	
42. Business Mailing Address and Telephone Number Street or P.O. Box <u>1000 Throckmorton</u> Telephone <u>(817) 871-7766</u> City <u>Fort Worth</u> State <u>Texas</u> ZIP Code <u>76102</u>		43. Business Location (If different from mailing address) Number and Street <u>3128 W. Bolt Street</u> City <u>Fort Worth</u> State <u>Texas</u> ZIP Code <u>76110</u>	
44. Federal Tax Identification Number <u>75-600528</u>	45. Primary Standard Industrial Classification (SIC) Code* (4 digit) <u>9131 (Municipal Government)</u>	46. Specific SIC Code* (4 digit)	47. Texas Comptroller Taxpayer No. <u>1-75-600528-600</u>
48. Workers' Compensation Insurance Company <u>CITY OF FORT WORTH</u>		49. Policy Number <u>SELF-INSURED (CLAS Inc., Servicing Agency)</u>	
50. Did you request accident prevention services in past 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, did you receive them? YES <input type="checkbox"/> NO <input type="checkbox"/>			
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) <u>X SGT Robert W. Convery</u> FT. WORTH POLICE DEPT. Date <u>12-12-92</u>			

OFFENSE/ACCIDENT INFORMATION
THEFT OF AUTOMOBILE PROPERTY \$750-20,000 PENAL CODE 31.05 UCR CLASS 1
CRIMINAL STATUTE UCR DISTRICT:
REPORT DATE 02/04/94 RELATED REPORTS: 91406615 DATE CRIM

LOCATION/DATE/TIME/INFORMATION
OFFENSE LOCATION APT. PRA BUSINESS NAME CODE
004900 PERRY ST E440 PAWY SHOP
DATE OF OCCURRENCE TIME OF DAY DAY/PAIR OF OCCURRENCE
02/04/94 1545 0 THU
WEATHER CONDITIONS CLEAR UNIT: 4212 SEAT: 4217

INVESTIGATIVE INFORMATION
REPORTING OFFICER(S): SMITH, C F 2214
INVESTIGATIVE DIVISION NOTIFIED: FAMILY V-
FOLLOW-UP ASSIGNED TO: INVESTIGATOR:

COMPLAINANT INFORMATION
NAME R/S/A DOB
SMITH, C F 2214 0
HOME ADDRESS
TX 76000
BUSINESS ADDRESS OCCUPATION WORK HOURS
REMARKS: DWPD OFFER ID 2214

GENERAL MO INFORMATION
DESCRIPTION OF MO
PARTS USED OR TOOL DESCRIPTION:
OTHER ACTS OR TRADEMARKS

VIEW TRACKING FLAGS --
DRUG RELATED : GANG RELATED ALCOHOL RELATED :
RETRIBUTION ARGUMENT/FIGHT INNOCENT BYSTANDER :

USE OF FORCE -----
W/BLD FOR W/BLD FOR : 155 552 :

FORFEITED VEHICLE INFORMATION
YR MAKE MODEL STYLE LICENSE NUMBER VIN VALUE
95 OLDS 20 91 TX 6344R [REDACTED]
COLOR 1: BLUE/DK COLOR 2: COLOR 3:
ADDITIONAL INFORMATION
CLOCKED BY TOWER BY BILLARD TO 1301 E NORTHSIDE CR/2 PLATES

SUSPECT INFORMATION
NAME R/S/A DOB HEIGHT WEIGHT ALIAS/NICKNAME
B M 49 5 10 153 "BOOBY"
ADDRESS

PHYSICAL DATA
HAIR COLOR: BLK
HAIR STYLE SHORT
SHAVY
FACIAL HAIR: UNK.
FACIAL ORBITERS: UNK.
TEETH: UNK.
COMPLEXION MEDIUM
EYES: UNK.
TATTOOED BODY PARTS: UNK.

TATTOO UNK.
SCAR/SCATH/HAIR/MOLES UNK.
GENERAL APPEARANCE UNK.
SUSPECT WORE UNK.
R/L HANDED UNKNOW
BUILD UNK.
ADDITIONAL DESCRIPTION
WEARING CAP/WHITE TANK TOP/MOD

ARRESTED PERSON #001 INFORMATION

ARREST NUMBER: 000000000 DATE ARRESTED: 08/01/91
NAME R/S/A DOB HEIGHT WEIGHT ALIAS/NICKNAME
INTERSON, ARTHUR D B M 44 12/03/46 6 03 150
ADDRESS: 004324 WILHELM ST
TX
EYE COLOR: BRO HAIR COLOR: BLK
HAIR STYLE MEDIUM
AFRO
FACIAL HAIR: GOATEE
MUSTACHE
FACIAL ORBITTIES: UNK.
TEETH UNK.
COMPLEXION: MEDIUM
TATTOO UNK.
MISSING BODY PARTS UNK.
SCAR/SCATH/HAIR/MOLES UNK.
GENERAL APPEARANCE: UNK.
SUSPECT WORE: CAP / HAT
R/L HANDED: UNKNOWN
BUILD: UNK.
ADDITIONAL DESCRIPTION
WEARING RED BALL CAP/LIGHT BROWN SHIRT AND BLUE JEANS/TXDL 01053137

ARRESTED PERSON #002 INFORMATION

ARREST NUMBER: 000000000 DATE ARRESTED: 08/01/91
NAME R/S/A DOB HEIGHT WEIGHT ALIAS/NICKNAME
ALLEN, ANTONIN C B M 19 12/14/71 6 00 165
ADDRESS: 004117 HATCHER
TX
EYE COLOR: BRO HAIR COLOR: BLK
HAIR STYLE SHORT
FACIAL HAIR: GOATEE
MUSTACHE
EYES UNK.
FACIAL ORBITTIES: UNK.
TEETH: UNK.
COMPLEXION: MEDIUM
SPEECH: UNK.
MISSING BODY PARTS: UNK.
TATTOO: UNK.
SCAR/SCATH/HAIR/MOLES UNK.
GENERAL APPEARANCE UNK.
SUSPECT WORE: UNK.
R/L HANDED: UNKNOWN
BUILD: UNK.
ADDITIONAL DESCRIPTION
WEARING PINK SHIRT/BLUE PLATD JANS/SSS 105 66 2670

ARRESTED PERSON #003 INFORMATION

ARREST NUMBER: 000000000 DATE ARRESTED: 08/01/91

NAME: R/S/A DOB HEIGHT WEIGHT ALIAS/NICKNAME
 ADDRESS: 604244 ASBURY TX
 EYE COLOR: BRO HAIR COLOR: BLK
 HAIR STYLE: SHORT
 FACIAL HAIR: UNK.
 EYES: UNK.
 FACIAL ODORITIES: UNK.
 TEETH: UNK.
 COMPLEXION: MEDIUM
 SCAR/BIPTUMARK/MOLE: UNK.
 GENERAL APPEARANCE: UNK.
 SUSPECT WORK: UNK.
 R/L HAND: UNKNOWN
 BUILD: UNK.
 ADDITIONAL DESCRIPTION:

HAIR IN PONY TAIL/552 456 49 1705/WEARING GREEN SHIRT/JEAN SHORTS

CONFISCATED PROPERTY INFORMATION

PROPERTY DESCRIPTION COMPUTER MONITORS

PROPERTY TYPE	BRAND NAME	SERIAL NUMBER	MODEL NUMBER	ENGRAVING/MARKS
ITEM COLOR	SIZE	MATERIAL	AMOUNT	VALUE CD
NA / /	NA	NA	2	00
REMARKS/COND/STYLE: OTHER RN 0000660				

PROPERTY DESCRIPTION HARD DRIVE CTT

PROPERTY TYPE	BRAND NAME	SERIAL NUMBER	MODEL NUMBER	ENGRAVING/MARKS
ITEM COLOR	SIZE	MATERIAL	AMOUNT	VALUE CD
NA / /	NA	NA	2	00
REMARKS/COND/STYLE: OTHER RN 0000660				

PROPERTY DESCRIPTION FAX MACHINE

PROPERTY TYPE	BRAND NAME	SERIAL NUMBER	MODEL NUMBER	ENGRAVING/MARKS
ITEM COLOR	SIZE	MATERIAL	AMOUNT	VALUE CD
WHI / /	NA	NA	4	00
REMARKS/COND/STYLE: HEWLETT PACKARD				

PROPERTY DESCRIPTION KEYBOARDS

PROPERTY TYPE	BRAND NAME	SERIAL NUMBER	MODEL NUMBER	ENGRAVING/MARKS
ITEM COLOR	SIZE	MATERIAL	AMOUNT	VALUE CD
NA / /	NA	NA	2	00
REMARKS/COND/STYLE: OTHER RN 0256613/TR DRAWERS				

PROPERTY DESCRIPTION DISC

PROPERTY TYPE	BRAND NAME	SERIAL NUMBER	MODEL NUMBER	ENGRAVING/MARKS
ITEM COLOR	SIZE	MATERIAL	AMOUNT	VALUE CD
NA / /	NA	NA	4	00
REMARKS/COND/STYLE:				

ORIGINAL NARRATIVE

1 198-01-01 03
CALLING OFFICER SMITH, C B 2214
345 CORPAC BY SOURCE: G

ON 08-01-91 AT 1545 HRS OFCR C B SMITH 2214, WORKING H212, WAS AT THE SOUTH SIDE SECTOR WHEN A CALL CAME IN FROM AN UNK SUBJECT ADVISING THAT SOME B/MS HAD JUST BROUGHT IN A LOT OF COMPUTER EQUIPMENT TO UNK LOT 5 PAWN SHOP AT 900 E BERRY ST.

THIS INFORMATION WAS GIVEN TO SGT MILLER WHO ADVISED OFCR SMITH TO GO CHECK IT OUT.

ALSO GIVEN WAS A DESCRIPTION OF A B/M WEARING A RED BALLCAP AND A BROWN SHIRT AND STATING THE SUBJECTS WERE IN AN OLD DARK BLUE CHEVROLET VEH.

OFCR SMITH ADVISED OTHER OFCR/S IN THE AREA OF THE INFORMATION AND OFCR P 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 UNK CALLER, OFCRS DID NOT DETAIN HIM. OFCRS THEN ENTERED THE PAWN SHOP AND OBSERVED THE AP1 WHO MATCHED THE DESCRIPTION GIVEN AND ASKED AP1 TO GIVE IDENTIFICATION. OFCRS QUESTIONED AP1 ABOUT ATTEMPTING TO SELL COMPUTER EQUIPMENT AND HE ADVISED HE WAS NOT. AFTER FURTHER QUESTIONING AP1 STATED HE WAS ATTEMPTING TO SELL IT FOR 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 EMPLOYEES.

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 S1 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 BACKYARD AND HE ASSISTED S1 IN LOADING THE CONFISCATED PROPERTY INTO THE CONFISCATED VEH. AP2 STATED THE S1 SAID HE NEEDED SOMEONE WITH IDENTIFICATION TO PAWN THE ITEMS FOR HIM AND SO AP2 DROVE TO AP3'S HOME AND PICKED HER UP AND ASKED HER WHERE THEY COULD FIND SOMEONE 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.

AP2 ADVISED THAT S1 HAD BEEN INSIDE THE STORE WITH THE APS, BUT MUST HAVE SEEN THE OFCR/S AND GONE OUTSIDE BEFORE OFCRS ENTERED THE STORE.

AP2 ADVISED THAT THE S1 USED TO LIVE ON BRENTWOOD STAIR RD IN A TOWNHOUSE, BUT THAT HIS MOTHER HAD KICKED HIM OUT A COUPLE OF MONTHS AGO AND AP2 NO LONGER KNEW WHERE S1 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.

AP2 STATED HE BELIEVED THE VACANT HOUSE THAT HE GOT THE PROPERTY FROM WAS ON MITCHELL OR MILLER ST.

ALL THREE APS WERE ARRESTED 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 SCENE.

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

WAS LOADED AND LOADED THE CONFISCATED PROPERTY INTO OFCR SMITH'S
PATROL UNIT AND THIS ALSO WAS TRANSPORTED TO 350 W BELKNAP ST TO THE
PROPERTY YARD WHERE IT WAS PARKED AND TAGGED BY BOTH OFCR SMITH AND
WALDENADO.

THE CONFISCATED VEH WAS PD PULLED BY BALLARD WRECKER TO 1301 E
NORTHSIDE DR.

SP CRSD CALIFD.

SCT KING - ENTERED BY H027

POSS 325 END OF REPORT

91213 1917

OFFENSE/INCIDENT INFORMATION
PORT STATUS: PENDING UCR DISPOSITION:
DATE: 03/04/91 DATE CRM:
PENAL CODE: LDR CLASS: 05.322

LOCATION/DATE/TIME/INFORMATION
OFFENSE LOCATION: APT. FRA BUSINESS NAME: CODE: DE
204 E BELKNAP ST A360 WARD/CURE LAW OFFICE 0707 01
DATE OF OCCURRENCE: TIME OF DAY: DAY(S) OF OCCURRENCE
03/04 09:04/04 300 0730 2ED THU
OTHER CONDITIONS: CLEAR UNIT: A116 BEAT: A216

INVESTIGATIVE INFORMATION
REPORTING OFFICER(S): DEPORTO, L A 1133
INVESTIGATIVE DIVISION NOTIFIED: CSSU FAMILY V: N
FOLLOW-UP ASSIGNED TO: BURG INVESTIGATOR:

COMPLAINANT INFORMATION
NAME: R/S/A: DOB:
CLOX, ROSEMARY W F 27 04/21/64
HOME ADDRESS: CT
713 LITTLE FOX TX 76108 PHONE: 246-7303
CURRENT ADDRESS: OCCUPATION: WORK HOURS:
204 E BELKNAP BOOKKEEPER
PHONE: 332-1172

GENERAL MO INFORMATION
DESCRIPTION OF MO:
RE USED? UNKNOWN TOOL DESCRIPTION:
RE ACTS OF TRADEMARKS:
-- CRIME TRACKING FLAGS --
GANG RELATED: ALCOHOL RELATED:
ARGUMENT/TIGHT: INNOCENT BYSTANDER:
USE OF FORCE:
FOR: FOR: FOR: FOR: FOR:

BURGLARY MO INFORMATION
PT OF ENTRY: REAR DOOR
PT OF EXIT: REAR DOOR
MOD OF BREAKING:
INSTRUMENT USED: BODILY FORCE
ALARM SYSTEM: CENTRAL STA.
ALARM PROTECTION: MOTION
CLAMP ELEMENTS: BURGLARIZED IN PAST 12 MOS.
BREAK METHOD:
EFFECTS ACTIONS: MALICIOUS DESTRUCTION K9
ATTENDANT WAS: AT HOME

DAMAGED PROPERTY INFORMATION
PROPERTY DESCRIPTION: REAR DOOR AND DOOR FRAME /9
PROPERTY TYPE: BRAND NAME: SERIAL NUMBER: MODEL NUMBER: ENGRAVING/MARKS:
COLOR: SIZE: MATERIAL: AMOUNT: VALUE: CD: K9
/ / 100 00
MARKS/COND/STYLE:

PROPERTY DESCRIPTION COMPUTER KEYBOARD

PROPERTY TYPE	BRAND NAME	SERIAL NUMBER	MODEL NUMBER	ENGRAVING/MARKS
CCOMPUT	PREMIER	0241031		
ITEM COLOR	SIZE	MATERIAL	AMOUNT	VALUE
/ /			1	29

REMARKS/COND/STYLE: TOTAL FOR COMPUTER \$1400

DATE 08/01/91

PROPERTY DESCRIPTION COMPUTER MONITOR

PROPERTY TYPE	BRAND NAME	SERIAL NUMBER	MODEL NUMBER	ENGRAVING/MARKS
CCOMPUT	PREMIER	0000660		
ITEM COLOR	SIZE	MATERIAL	AMOUNT	VALUE
/ /			1	29

REMARKS/COND/STYLE:

DATE 08/01/91

PROPERTY DESCRIPTION COMPUTER KEYBOARD

PROPERTY TYPE	BRAND NAME	SERIAL NUMBER	MODEL NUMBER	ENGRAVING/MARKS
CCOMPUT	PREMIER	0256615		
ITEM COLOR	SIZE	MATERIAL	AMOUNT	VALUE
/ /			1	29

REMARKS/COND/STYLE: TOTAL FOR COMPUTER \$1400

DATE 08/01/91

PROPERTY DESCRIPTION HARD DRIVE CTT

PROPERTY TYPE	BRAND NAME	SERIAL NUMBER	MODEL NUMBER	ENGRAVING/MARKS
	NA	NA	MD1208PTS3	NA
ITEM COLOR	SIZE	MATERIAL	AMOUNT	VALUE
NA / /	NA	NA	2	00

REMARKS/COND/STYLE:

DATE 08/01/91

SUPPLEMENT #01 NARRATIVE

DECLR ENTRY BY: 505

CALLING OFFICER: SMITH, D B 2214

CRD CODING BY: SOURCE:

WHILE INVESTIGATING REPORT NUMBER 91407248, OFCR LEARNED THAT THE RECOVERED PROPERTY HAD BEEN TAKEN IN THIS OFFENSE.

S2, S3 AND S4 WERE ARRESTED ON A CHARGE OF THEFT OF STOLEN PROPERTY \$750-20,000, AND THE S1 WAS NOT APPREHENDED OR CHARGED.

THE RECOVERED PROPERTY WAS TAGGED AND PLACED INTO THE FORT WORTH POLICE PROPERTY ROOM BY OFCR SMITH AND MALDONADO.

THE CONFISCATED VEH WAS TOWED BY BALLARD WRECKER SERVICE TO 1301 F NORTHSIDE DR.

NO CRSU WAS CALLED.

SGT KING - ENTERED BY H027

PD58 525 END OF REPORT

91213 1919

EMPLOYEE STATUS REPORT

		PG-DEPT-LOC	EMP-NO		
SMITH	CHARLA	110-35-4235	250465		
CONTROL	STEP	RATE	EFFECTIVE		
ANNIV. DATE					
OLD	001-353100-X03-201	C	12.4800	THRU 10-06-39	09-05-90
NEW	001-353100-X03-201	C	12.9800	BEGIN 10-07-39	09-05-90

COMMENTS:

THE ABOVE EMPLOYEE MAY REFLECT A SALARY INCREASE DUE TO THE APPROVED FISCAL YEAR 1989-1990 MARKET MAINTENANCE. SOME EMPLOYEES' RATES MAY HAVE CHANGED DUE TO A PERFORMANCE INCREASE APPROVED DURING THE FIRST 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 AN INCREASE BASED ON PERFORMANCE ONLY. POLICE/FIRE PERSONNEL SALARY INCREASES WERE MADE EFFECTIVE 10-07-89. 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 FOLLOWING CHANGES HAVE BEEN MADE.

1. MANAGEMENT PAY PLAN, KEY CODES D, E AND F, RANGES ARE BEING EXTENDED FROM A 30% SPREAD TO A 50% FROM MINIMUM TO MAXIMUM.

2. ADMINISTRATIVE PAY PLAN, KEY CODES A, B, C AND G, RANGES ARE BEING EXTENDED FROM A 40% SPREAD TO 50% SPREAD FROM MINIMUM TO MAXIMUM.

NON-EXEMPT PAY PLAN

1. KEY CODES J, K, P AND Q, RANGES ARE BEING EXTENDED FROM A 25% SPREAD TO 45% SPREAD FROM MINIMUM TO MAXIMUM.

2. KEY CODES M AND N, RANGES ARE BEING 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%.

00023

Mail top two pages of this form to:

TEXAS WORKERS' COMPENSATION COMMISSION
Central Office, 4000 South IH-35, Southfield Building
Austin, Texas 78704

Send the specified copies to your Workers' Compensation
Carrier and the injured employee. Please read instruction
sheet CAREFULLY, giving special attention to items marked
with an asterisk (*).

EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS

Empl #250465

1. Name (Last, First, M.I.) <u>SMITH, Charla B</u>		2. Sex F <input checked="" type="checkbox"/> M <input type="checkbox"/>
3. Social Security Number [REDACTED]	4. Home Phone () [REDACTED]	5. Date of Birth (m-d-y) [REDACTED]
6. Does the Employee Speak English? If No, Specify Language YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
7. Race White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>	8. Ethnicity Hispanic <input type="checkbox"/> Native American <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
9. Mailing Address Street or P.O. Box [REDACTED] City [REDACTED] State [REDACTED] ZIP Code [REDACTED] County [REDACTED]		
13. Doctor's Name [REDACTED]		
14. Doctor's Mailing Address (Street or P.O. Box) [REDACTED] City [REDACTED] State [REDACTED] ZIP Code [REDACTED]		

15. Date of Injury (m-d-y) <u>01.04.92</u>	16. Time of Injury <u>20:15</u> am <input type="checkbox"/> pm <input checked="" type="checkbox"/>	17. Date Last Time Began (m-d-y) <u>N/A</u> <u>NO LOST TIME</u>
18. Nature of Injury* <u>Pain to Right hand</u>	19. Part of Body Injured or Exposed* <u>Right hand</u>	
20. How and Why Injury/Illness Occurred* <u>Employee answered call reference fight. Employee was trying to gain control of suspect. Suspect was resisting and officer felt pain to Right hand.</u>		
21. Was employee doing his regular job? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	22. Worksite Location of Injury (stairs, dock, etc.)* <u>sidewalk - parking lot</u>	
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site Street or P.O. Box <u>4200 S. FRUY</u> County <u>TARRANT</u> City <u>FT. WORTH</u> State <u>TX.</u> ZIP Code [REDACTED]		
24. Cause of Injury (fall, tool, machine, etc.)* <u>Beetle Force</u>		
25. List Witnesses <u>Sgt S.W. Halfmann 1906</u>		
26. Return to work date/for expected (m-d-y) <u>N/A</u> <u>NO LOST TIME</u>	27. Did employee die? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	28. Supervisor's Name <u>Sgt. K.R. Crawford</u> <u>1974</u>
29. Date Reported (m-d-y) <u>01.04.92</u>		

30. Date of Hire (m-d-y) <u>05.05.86</u>	31. Was employee hired or recruited in Texas? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	32. Length of Service in Current Position Months <u>3</u> Years <u>5</u>	33. Length of Service in Occupation Months <u>7</u> Years <u>5</u>
34. Employee Payroll Classification Code <u>7720</u>		35. Occupation of Injured Worker <u>Police officer</u>	
36. Rate of Pay at this Job <u>\$14.97</u> Hourly <u>\$598.80</u> Weekly	37. Full Work Week is: <u>40</u> Hours <u>5</u> Days	38. Last Paycheck was: <u>\$497.60</u> for <u>80</u> Hours or <u>10</u> Days	
		39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

40. Name and Title of Person Completing Form <u>Sgt. S.W. Halfmann 1906</u>		41. Name of Business <u>CITY OF FORT WORTH</u>	
42. Business Mailing Address and Telephone Number Street or P.O. Box <u>1000 Throckmorton</u> Telephone <u>(817) 871-7766</u> City <u>Fort Worth</u> State <u>Texas</u> ZIP Code <u>76102</u>		43. Business Location (If different from mailing address) Number and Street <u>3128 W. Bolt Street</u> City <u>Fort Worth</u> State <u>Texas</u> ZIP Code <u>76110</u>	
44. Federal Tax Identification Number <u>75-600528</u>	45. Primary Standard Industrial Classification (SIC) Code* (4 digit) <u>9131 (Municipal Government)</u>	46. Specific SIC Code* (4 digit)	47. Texas Comptroller Taxpayer No. <u>1-75-600528-600</u>
48. Workers' Compensation Insurance Company <u>CITY OF FORT WORTH</u>		49. Policy Number <u>SELF-INSURED (CLAS Inc., Servicing Agency)</u>	
50. Did you request accident prevention services in past 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, did you receive them? YES <input type="checkbox"/> NO <input type="checkbox"/>			
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) <u>X [Signature] 1906</u> Date <u>JAN 7 1992</u> <u>1-4-92</u>			

PRXP65-01

CITY OF FORT WORTH
PERSONNEL DEPARTMENTRUN DATE
10/23/91

EMPLOYEE STATUS REPORT

				PG-DEPT-LOC	EMP-NO
	CONTROL	STEP	RATE	EFFECTIVE	ANNIV. DATE
SMITH	CHARLA			110-35-4153	250465
OLD	001-355100-X03-093	E	14.1900	THRU 10-04-91	00-00-00
NEW	001-355100-X03-093	E	14.9700	BEGIN 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.

Personnel Action Request

A. ☐ Personnel Appointment ☒ Change of Assignment ☐ Revised Personnel Quota (RPQ) ☐ Merit Increase
☐ Termination of Separation ☐ Request to Fill Vacant Position (RVP) ☐ Overage

B. Employee Name Smith Charla B
 Last First Middle
 Employee No. 250465 Soc. Sec. No. _____ Race _____ Sex _____
 Birthdate _____ Retirement _____ Work Ext. _____

C. Personnel Data

	FUND	DP / DV / SC	KEY	POS#	GRADE/STEP	ANN. DATE	FUND/ACCOUNT/CENTER	HOURLY RATE/ PAYPERIOD SALARY
CURRENT STATUS	001	35.5200	X03	053	D	9 05 91	GG01 514010 0355200	13.63 / 1090
NEW STATUS		355100		093			GG01 514010 0355100	

	DEPT. NAME	ACT. NAME	LOCATOR CODE	AUTH. POS.	HOURS	WEEKS	SHIFT
CURRENT STATUS	Police	Patrol - West - B	4253	1.0000	80	52	B
NEW STATUS		Patrol - South - B	4153				

Reason for change 710

D. Department-Leave Time Used-Current Payperiod

Type of Leave	Hours

Personnel Department Use Only

E. Revised Personnel Quota

TERMINATE POSITION						ADD POSITION							
a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. BUDGET SALARY	a. JOB TITLE	b. key	c. posn.	d. Gr.	e. Authorized Position	f. Hr.	g. wk	h. PROJECTED SALARY

JUSTIFICATION OF REQUEST: (RPQ or RVP)

F. Request to Fill Vacant Position

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

If not budgeted, method of financing _____

RECEIVED
 JUN 21 1991
 PERSONNEL DEPT.
 City of Fort Worth

Date to be filled _____

G. Effective date of above Personnel Action 6-29-91 Contact Person _____ Ext. _____

Approved By:

_____ DIVISION HEAD	_____ DATE	_____ BUDGET ADMINISTRATOR	_____ DATE
_____ DEPARTMENT HEAD	_____ DATE	_____ PERSONNEL DIRECTOR	_____ DATE
_____ OTHER APPROVAL SIGNATURE	_____ DATE		_____ DATE

DP LOCD
35 4253

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

EMP NO	CURRENT INFORMATION EMPLOYEE NAME	DP DV SC
250465	SMITH CHARLA B	35 31 00

KEY: X03
CLASS POLICE OFFICER

CURRENT STEP C

ANNIVERSARY DATE 09-05-90

CURRENT ANNUAL SALARY \$ 26,998.40

CURRENT MONTHLY SALARY \$ 2,249.86

LAST CHANGE: DATE 10-07-89

CURRENT HOURLY RATE \$ 12.9800

TYPE OCTOBER INCREASE

NEW SALARY DATA

NOTE CODE 250

NEW STEP D

NEW ANNIVERSARY DATE 9-05-91

NEW HOURLY RATE \$ 13.63

APPROVED BY

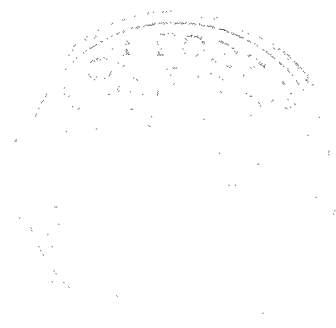
Sharon Williams

EFFECTIVE DATE

9-03-90

INPUT SIGNOFF

43
9-14-90



CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

EFFECTIVE DATE	01-11-90
EMPLOYEE NAME	C B Smith
PREPARED BY	Jayne R. Doherty
DATE PREPARED	01-16-90

MASTER KEY (TRAN)											
1110		4235				250465					
PAY GROUP		LOCATOR CODE		LEAVE BLANK		EMP. NUMBER					

		FOR PERSONNEL USE ONLY									
<input type="checkbox"/>	TAX FILING STATUS	MARR									
		ATTACH W-4									
<input type="checkbox"/>	TAX EXEMPTIONS	72 FEDP									
<input type="checkbox"/>	LOCATION CODE	LOCO									
<input type="checkbox"/>	HOURLY RATE TO	72 RATE									
<input type="checkbox"/>	ADJUSTED SERVICE DATE	EM24									
<input type="checkbox"/>	CHANGE ANNIV. DATE	EM20									
<input type="checkbox"/>	CHANGE DATE OF EMPLOYMENT	HIRE									
<input type="checkbox"/>	CHANGE REHIRE DATE	EM23									
<input type="checkbox"/>	MEDICAL INSURANCE COVERAGE	MCP1									
<input type="checkbox"/>	INSURANCE CO. IDENTIFIER #	MIP1									
<input type="checkbox"/>	WORK EXTENSION OR PHONE NUMBER	WEXT									
<input type="checkbox"/>	ADDRESS TO LINE 1 POST OFFICE OR RFD #	ADR1									
<input checked="" type="checkbox"/>	LINE 2 STREET NO.	ADR2									
<input checked="" type="checkbox"/>	LINE 3 CITY STATE ZIP	ADR3									
<input type="checkbox"/>	EMERGENCY TELEPHONE	ETEL									
<input type="checkbox"/>	EMER. CONTACT NAME	EMCN									
<input type="checkbox"/>	RELATIONSHIP	RELA									
<input type="checkbox"/>	SPOUSE FIRST NAME	NASP									
<input type="checkbox"/>	SPOUSE BIRTH DATE	SPDB									
<input checked="" type="checkbox"/>	HOME TELEPHONE AREA CODE	ARCD									
<input type="checkbox"/>	HOME TELEPHONE NO.	TELE									
<input type="checkbox"/>	ACTUAL MARITAL STATUS	MARS									
<input type="checkbox"/>	ACTUAL DEPENDENTS	DEPE									
<input type="checkbox"/>	EMPLOYEE NAME TO	NAME									
<input type="checkbox"/>	EMPLOYEE STATUS TO	47STAT									

Tax Filing Status - M - Married
(Attach W-4) S - Single
B - Married filing at single rate

Insurance Company Identifier Number - 10 - Aetna
(Insurance application must accompany this change) 12 - Metrolcare
13 - Tarrant Health

Medical Insurance - Coverage
Reclassification card must accompany these changes. If dependents' coverage is not changed within 30 days of the actual occurrence of the change, an Insurability form must be completed and accepted by the insurance company.

1- Male Employee
2- Female Employee
3- Employee and Children
4- Employee and Spouse
5- Family

9-25-90

NO SPACES OR DASHES

NO SPACES OR DASHES

NO SPACES OR DASHES

NO SPACES OR DASHES

↓ LAST NAME STARTS HERE



White - To Personnel
Yellow - Retained by Dept.

DP LOCO
35 4235

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

CURRENT INFORMATION
EMPLOYEE NAME
SMITH CHARLA B
DP DV SC
35 31 00
EMP NO
250465
KEY: X03
CLASS POLICE OFFICER
CURRENT STEP B
ANNIVERSARY DATE 09-05-89
CURRENT ANNUAL SALARY \$ 24,731.20
CURRENT MONTHLY SALARY \$ 2,060.93
CURRENT HOURLY RATE \$ 11.8900
LAST CHANGE: DATE 10-08-88
TYPE OCTOBER INCREASE

NEW SALARY DATA

NOTE CODE 250
NEW STEP C
NEW ANNIVERSARY DATE 9-05-90
NEW HOURLY RATE \$ 12.48

APPROVED BY

Sharon Williams

EFFECTIVE DATE

9-01-89

INPUT SIGNOFF

4/3

9-19-89



CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

EFFECTIVE DATE	3-3-89
EMPLOYEE NAME	Charles B. Smith
PREPARED BY	Beverly Wade
DATE PREPARED	3-6-89

MASTER KEY (TRAN)											
1110			354235						250465		
PAY GROUP			LOCATOR CODE			LEAVE BLANK			EMP. NUMBER		

Tax Filing Status - M - Married
(Attach W-4) S - Single
B - Married filing at single rate

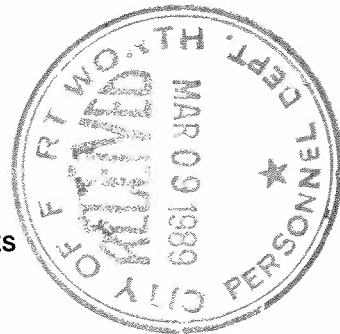
Insurance Company Identifier Number - 10 - Aetna
(Insurance application must accompany this change) 12 - Metrocare
13 - Tarrant Health

Medical Insurance - Coverage 1- Male Employee
2- Female Employee
3- Employee and Children
4- Employee and Spouse
5- Family

Reclassification card must accompany these changes. If dependents' coverage is not changed within 30 days of the actual occurrence of the change, an Insurability form must be completed and accepted by the insurance company.

4/3
3/10/89

		FOR PERSONNEL USE ONLY			
<input type="checkbox"/> TAX FILING STATUS		M	A	R	R
ATTACH W-4					
<input type="checkbox"/> TAX EXEMPTIONS	7	2	F	E	D
<input type="checkbox"/> LOCATION CODE		L	O	C	O
<input type="checkbox"/> HOURLY RATE TO	7	2	R	A	T
<input type="checkbox"/> ADJUSTED SERVICE DATE		E	M	2	4
<input type="checkbox"/> CHANGE ANNIV. DATE		E	M	2	0
<input type="checkbox"/> CHANGE DATE OF EMPLOYMENT		H	I	R	E
<input type="checkbox"/> CHANGE REHIRE DATE		E	M	2	3
<input type="checkbox"/> MEDICAL INSURANCE COVERAGE		M	C	P	1
<input type="checkbox"/> INSURANCE CO. IDENTIFIER #		M	I	P	1
<input type="checkbox"/> WORK EXTENSION OR PHONE NUMBER		W	E	X	T
NO SPACES OR DASHES					
<input type="checkbox"/> ADDRESS TO LINE 1 POST OFFICE OR RFD #		A	D	R	1
<input checked="" type="checkbox"/> LINE 2 STREET NO.		A	D	R	2
<input checked="" type="checkbox"/> LINE 3 CITY STATE ZIP		A	D	R	3
<input type="checkbox"/> EMERGENCY TELEPHONE		E	T	E	L
NO SPACES OR DASHES					
<input type="checkbox"/> EMER. CONTACT NAME		E	M	C	N
<input type="checkbox"/> RELATIONSHIP		R	E	L	A
<input type="checkbox"/> SPOUSE FIRST NAME		N	A	S	P
<input type="checkbox"/> SPOUSE BIRTH DATE		S	P	D	B
NO SPACES OR DASHES					
<input type="checkbox"/> HOME TELEPHONE AREA CODE		A	R	C	D
<input checked="" type="checkbox"/> HOME TELEPHONE NO.		T	E	L	E
NO SPACES OR DASHES					
<input type="checkbox"/> ACTUAL MARITAL STATUS		M	A	R	S
<input type="checkbox"/> ACTUAL DEPENDENTS		D	E	P	E
↓ LAST NAME STARTS HERE					
<input type="checkbox"/> EMPLOYEE NAME TO		N	A	M	E
<input type="checkbox"/> EMPLOYEE STATUS TO	4	7	S	T	A
<div style="display: flex; justify-content: center; gap: 10px;"> T - TERMINATED A - ACTIVE I - INACTIVE </div>					



White - To Personnel
Yellow - Retained by Dept.

CITY OF FORT WORTH
PERSONNEL DEPARTMENTRUN DATE
12/06/88

EMPLOYEE STATUS REPORT

		PG-DEPT-LOC	EMP-NO		
SMITH	CHARLA	110-35-4235	250455		
CONTROL	STEP	RATE	EFFECTIVE	ANNIV. DATE	
OLD	001-353100-X03-201	5	11.7100	THRU 10-07-88	09-05-88
NEW	001-353100-X03-201	3	11.8900	BEGIN 10-08-88	09-05-89

COMMENTS:

THE ABOVE EMPLOYEE'S PAY RATE MAY REFLECT A SALARY INCREASE DUE TO THE APPROVED 1 1/2% ACROSS-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 RECEIVE THE 1 1/2% INCREASE.

POLICE AND FIRE CIVIL SERVICE EMPLOYEES ALSO RECEIVED THE ACROSS-THE-BOARD INCREASE, PLUS REINSTATEMENT OF THE STEPS FROZEN DURING THE FY 87/88 BUDGET YEAR. THE SALARY RANGES FOR POLICE AND FIRE CIVIL SERVICE CLASSIFICATIONS 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.

No STATE REPORT

P-100 (0001)

B.11 (0972)

Non-CHARGEABLE Accident

PRELIMINARY INFORMATION

OFFICER ASSIGNMENT: (1)PATROL X (2)TRAFFIC (3)CID (4)SID (5)SOD (6)TSB (7)ASB
WATCH: 1 2 X 3 PERMANENT DISTRICT: (1)E/ABC (2)S/DEF (3)W/GHI X (4)N/JKL (5)SSB
ACCIDENT X INCIDENT EQMT #: 147-0755 WEATHER CONDITION: (1)FAIR X (2)RAIN (3)ICE (4)SNOW
ROAD SURFACE: (1)GOOD X (2)ROUGH (3)SLIPPERY (4)CONST LIGHT CONDITION: (1)DAY (2)DARK X (3)DAWN (4)DUSK
DATE OF OCCURRENCE: 5-11-88 DAY OF WEEK: (1)SUN (2)MON (3)TUE (4)WED X (5)THUR (6)FRI (7)SAT
TIME OF OCCURRENCE: 2030 ROAD TYPE: (1)RESIDENTIAL X (2)FRWY (3)MAJOR ARTERY X (4)PRNG LVL (5)OTHER
INVESTIGATION MADE BY POLICE: (1)YES X (2)NO CRIME SCENE CONTACTED: (1)YES X (2)NO SUPERVISOR PRESENT: (1)YES X (2)NO

NAME: C.B. SMITH ID #: 2214 OFFICER INVOLVED
COMMISSION DATE: 9-05-86 YRS/MTN OF SVC: 2 yrs.
DOB: [REDACTED] AGE: 26 RACE: (1)WHITE X (2)BLACK (3)HISPANIC (4)OTHER SEX: (1)MALE (2)FEMALE

VEHICLE #1 (POLICE VEHICLE) Tx. Exe/
YR/MAKE/CLR: 1986/Ford/White BODY STYLE: (1)2-DR (2)4-DR X (3)P/U (4)HTRCV (5)VAN VEH LIC # [REDACTED]
INJURIES TO OCCUPANTS: (1)NONE X (2)COMPLAINTS (3)SWELLING (4)ABRASIONS (5)UNCONSCIOUS (6)DEATH
WITNESSES NAME: ADDRESS: HOME PHONE: OFFICE PHONE:
LEGALLY PARKED: (1)YES (2)NO X SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT: 12 MPH DAMAGE RATING: Underst
ASSGNMT AT TIME OF OCCURRENCE: (1)ROLL CALL DAMAGE (2)ON CALL (3)ON PATROL X (4)ON VIOLATION (5)PRISONER DAMAGE

VEHICLE #2
YR/MAKE/CLR: N/A BODY STYLE: (1)2-DR (2)4-DR (3)P/U (4)HTRCV (5)VAN VEH LIC #:
DRIVER: ADDRESS: HOME PHONE: BUSINESS PHONE:
OWNER: ADDRESS: HOME PHONE: BUSINESS PHONE:
INSURANCE CARRIER: POLICY #:
INJURIES TO OCCUPANT: (1)NONE (2)COMPLAINTS (3)SWELLING (4)ABRASIONS (5)UNCONSCIOUS (6)DEATH
WITNESSES NAME: ADDRESS: HOME PHONE: OFFICE PHONE:
LEGALLY PARKED: (1)YES (2)NO SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT: MPH DAMAGE RATING:

216 INSURANCE

(CHECK APPROPRIATE AREA)

CITY BLANKET COVERAGE: X (NO POLICY # REQUIRED) MEMBERS MUTUAL: POLICY # PERSONAL: POLICY #

DESCRIPTION OF ACCIDENT OR INCIDENT

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 SUMMARY

DEGREE OF NEGLIGENCE OF CITY DRIVER: (1)NONE (2)FAILED TO TAKE ADEQUATE PRECAUTIONS (3)FAILED TO TAKE ANY PRECAUTION
ACTION TAKEN: SIGNATURE OF DRIVER OF CITY VEHICLE: [Signature]
SIGNATURES: REPORTING SUPERVISOR: [Signature] PERMANENT SUPERVISOR: [Signature]
SIGNATURES: DIVISION HEAD: [Signature] BUREAU HEAD: [Signature]
DATE OF REPORT: STATE REPORT MADE: (1)YES (2)NO

*NOTE: REPORTING SUPERVISOR/DRIVER IS RESPONSIBLE FOR DELIVERY OF VEHICLE TO BODY SHOP FOR ESTIMATE.

OFFICER ASSIGNMENT: (1)PATROL ☒ (2)TRAFFIC ☐ (3)INV. BUREAU ☐ (4)ADM. BUREAU ☐ (5)TECH. BUREAU ☐
PLATOON: 1 ☐ 2 ☒ 3 ☐ PERMANENT DISTRICT: (1)AD ☐ (2)CD ☐ (3)EF ☐ (4)GH ☒ (5)R1 ☐ (6)R2 ☐ (7)R3 ☐ (8)R4 ☐ (9)R5 ☐
REPORTED: (1)ACCIDENT ☒ (2)DAMAGE ☒ CITY EQUIPMENT NUMBER: 763 WEATHER CONDITION: (1)FAIR ☐ (2)RAIN ☒ (3)ICE ☐
ROAD SURFACE: (1)GOOD ☐ (2)ROUGH ☐ (3)SLIPPERY ☒ LIGHT CONDITION: (1)DAWN ☐ (2)DAYLIGHT ☐ (3)DUSK ☐ (4)DARK ☒
DATE OF OCCURRENCE: 12-13-87 DAY OF WEEK: (1)SUN ☒ (2)MON ☐ (3)TUE ☐ (4)WED ☐ (5)THUR ☐ (6)FRI ☐ (7)SAT ☐
TIME INTO SHIFT AT TIME OF ACCIDENT IN MINUTES: 284 MINUTES INVESTIGATION MADE BY POLICE: (1) YES ☒ (2)NO ☐
CRIME SCENE SEARCH UNIT CONTACTED: (1) YES ☒ (2)NO ☐ SUPERVISOR PRESENT: (1)YES ☒ (2)NO ☐

OFFICER INVOLVED

NAME: Smith, Charles B. ID# 2214 COMMISSION DATE: 9-5-86 YEARS OF SERVICE 1 yr 3 mos.
DOB: [REDACTED] AGE: 25 RACE: (1)WHITE ☒ (2)BLACK ☐ (3)HISPANIC ☐ (4)OTHER ☐ SEX: (1)MALE ☐ (2)FEMALE ☒

VEHICLE #1 (POLICE VEHICLE)

COLOR: wht YEAR: 86 MAKE: Ford BODY STYLE: 2 Door ☐ 4 Door ☒ P/U ☐ MTRCY ☐ TRK ☐ Veh. Lic# [REDACTED]
INJURIES TO OCCUPANTS: (1)NONE ☒ (2)COMPLAINS ☐ (3)SWELLING ☐ (4)ABRASIONS ☐ (5)UNCONSCIOUS ☐
WITNESSES NAME: _____ ADDRESS: _____ HOME PHONE: _____ OFFICE PHONE: _____
LEGALLY PARKED: (1)YES ☐ (2)NO ☐ SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT: 30 DAMAGE RATING: LF-1
ASSIGNMENT AT TIME OF OCCURRENCE: (1)ROLL CALL DAMAGE ☐ (2)ON CALL ☒ (3)ON PATROL ☐ (4)ON VIOLATION ☐ (5)PRISONER DAMAGE ☐

VEHICLE # 2

COLOR: Blk YEAR: 80 MAKE: Chev BODY STYLE: 2 Door ☒ 4 Door ☐ P/U ☐ MTRCY ☐ TRK ☐ Veh. Lic# [REDACTED]
DRIVER: Whitehead, James W ADDRESS: Box 148 Boyd Tr. HOME PHONE: 817-523-7828 BUS. PHONE: —
OWNER: Whitehead, Bill ADDRESS: Box 148 Boyd Tr. HOME PHONE: 523-7389 BUS. PHONE: —
INSURANCE CARRIER: Southern Farm Bureau POLICY # 20264398

INJURIES TO OCCUPANT: (1)NONE ☒ (2)COMPLAINS ☐ (3)SWELLING ☐ (4)ABRASIONS ☐ (5)UNCONSCIOUS ☐
WITNESSES NAME: _____ ADDRESS: _____ HOME PHONE: _____ OFFICE PHONE: _____
LEGALLY PARKED: (1)YES ☐ (2)NO ☐ SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT: 20 DAMAGE RATING: RBO-2

216 INSURANCE

(CHECK APPROPRIATE AREA)

CITY BLANKET COVERAGE: ☒ (NO POLICY # REQUIRED) MEMBERS MUTUAL: _____ POLICY # _____ PERSONAL: _____ POLICY # _____

DESCRIPTION OF ACCIDENT OR DAMAGE

On 12-13-87 officer Smith 2214 was dispatched on sig 63 w/ C467 who had two subjects on the ground at 1941 hrs. Officer Smith was in the outside lane west bound in the 6400 Blk of camp Bowie approaching the Intersection of 3300 Ridglen. Officer Smith had reached for her Red + Blue lights + given to proceed through the intersection with a red signal light on her direction of travel. Officer Smith looked up + observed vehicle #2 in the Intersection heading North bound. Officer Smith due to the slippery roads Officer Smith attempted to turn Right to avoid the accident + slide into vehicle 2.

ADMINISTRATIVE SUMMARY

GREAT OF NEGLIGENCE OF CITY DRIVER: (1)NONE ☐ (2)FAILED TO TAKE ADEQUATE PRECAUTIONS ☐ (3)FAILED TO TAKE ANY PRECAUTIONS ☐
ACTION TAKEN: _____ SIGNATURE OF DRIVER OF CITY VEHICLE: CB Smith 2214
SIGNATURES: REPORTING SUPERVISOR: [Signature] PERMANENT SUPERVISOR: Sgt JH Britt
SIGNATURES: DIVISION HEAD: _____ BUREAU HEAD: _____
DATE OF REPORT: 12-13-87



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

THOMAS R. WINDHAM
CHIEF OF POLICE

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,

A handwritten signature in dark ink, reading "Thomas R. Windham".

Thomas R. Windham
Chief of Police

TRW/pv

08
DATE RECEIVED 3/4/88
PERSONNEL DEPARTMENT
CITY OF FORT WORTH



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

THOMAS R. WINDHAM
CHIEF OF POLICE

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.

08
DATE RECEIVED 3/4/88
POLICE DEPARTMENT
CITY OF FORT WORTH

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 0001 hours.

Respectfully submitted,


Thomas R. Windham
Chief of Police

TRW/pv

08
3/4/88
PERSONNEL DEPARTMENT
CITY OF 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 from 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, Texas 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 examiner. If you elect to appeal to a hearing examiner, you 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 0955 hours.


Thomas R. Windham
Chief of Police

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

08
DATE RECEIVED 3/4/88
PERSONNEL DEPARTMENT
CITY OF FORT WORTH

TO: IAD

RECEIPT OF NOTIFICATION

This is to acknowledge receipt of 1 DAY SUSPENSION
for Officer/Civilian C.B. SMITH
on 3/1/88.

CB Smith 2214
Recipient

Delivered by Capt. A. L. Lindsey
Date 3/1/88
Time 12:15 HRS.

Return to Internal Affairs Division

OS
DATE RECEIVED 3/4/88
PERSONNEL DEPARTMENT
CITY OF FORT WORTH

PRXP65-01

CITY OF FORT WORTH
PERSONNEL DEPARTMENT

RUN DATE
12/18/87

EMPLOYEE STATUS REPORT

SMITH	CHARLA	PG-DEPT-LOC	EMP-NO	
CONTROL	STEP	RATE	EFFECTIVE	ANNIV. DATE
OLD 001-353100-X03-201	A	10.9300	THRU 09-30-87	09-05-87
NEW 001-353100-X03-201	A	11.1500	BEGIN 10-01-87	09-05-87

COMMENTS:

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

ONLY SWORN POLICE AND FIRE PERSONNEL RECEIVED AN ACROSS-THE-BOARD 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.

DP LOCO
35 3108

CITY OF FORT WORTH
PERSONNEL ACTION REQUEST
FISCAL YEAR 86/87

EMP NO	CURRENT INFORMATION EMPLOYEE NAME	DP DV SC
250465	SMITH CHARLA B	35 31 00
KEY: X03 CLASS POLICE OFFICER	CURRENT STEP A	
ANNIVERSARY DATE 09-05-87	CURRENT ANNUAL SALARY \$ 23,192.00	
	CURRENT MONTHLY SALARY \$ 1,932.66	
LAST CHANGE: DATE 10-01-87	CURRENT HOURLY RATE \$ 11.1500	
TYPE OCTOBER INCREASE		

NEW SALARY DATA

NOTE CODE 250

NEW STEP B

NEW ANNIVERSARY DATE 9/05/88

NEW HOURLY RATE \$ 11.71

APPROVED BY gmc

EFFECTIVE DATE 12/05/87

INPUT SIGNOFF 40
12-15-87

OFFICER ASSIGNMENT: (1)PATROL ☒ (2)TRAFFIC ☐ (3)INV. ☐ (4)AL ☐ REAU ☐ (5)TECH. BUREAU ☐
PLATOON: 1 ☐ 2 ☒ 3 ☐ PERMANENT DISTRICT: (1)AD ☐ (2)CD ☐ (3)EF ☐ (4)R1 ☐ (5)R2 ☐ (6)R3 ☐ (7)R4 ☐ (8)R5 ☐
REPORTED: (1)ACCIDENT ☐ (2)DAMAGE ☐ CITY EQUIPMENT NUMBER: 126-0743 WEATHER CONDITION: (1)FAIR ☒ (2)RAIN ☐ (3)ICE ☐
ROAD SURFACE: (1)GOOD ☒ (2)ROUGH ☐ (3)SLIPPERY ☐ LIGHT CONDITION: (1)DAWN ☐ (2)DAYLIGHT ☐ (3)DUSK ☐ (4)DARK ☒
DATE OF OCCURRENCE: 6-6-87 DAY OF WEEK: (1)SUN ☐ (2)MON ☐ (3)TUE ☐ (4)WED ☐ (5)THUR ☐ (6)FRI ☐ (7)SAT ☒
TIME INTO SHIFT AT TIME OF ACCIDENT IN MINUTES: 370 MINUTES INVESTIGATION MADE BY POLICE: (1) YES ☐ (2) NO ☐
CRIME SCENE SEARCH UNIT CONTACTED: (1) YES ☒ (2) NO ☐ SUPERVISOR PRESENT: (1) YES ☒ (2) NO ☐

OFFICER INVOLVED
NAME: C.B. Smith ID# 2214 COMMISSION DATE: 9-5-86 YEARS OF SERVICE 9 MOS
DOB: [REDACTED] AGE: 25 RACE: (1)WHITE ☒ (2)BLACK ☐ (3)HISPANIC ☐ (4)OTHER ☐ SEX: (1)MALE ☐ (2)FEMALE ☐

VEHICLE #1 (POLICE VEHICLE)

COLOR: WHITE YEAR: 86 MAKE: FORD BODY STYLE: 2 Door ☐ 4 Door ☒ P/U ☐ HTRCY ☐ TRK ☐ Veh. Lic. [REDACTED]
INJURIES TO OCCUPANTS: (1)NONE ☒ (2)COMPLAINS ☐ (3)SWELLING ☐ (4)ABRASIONS ☐ (5)UNCONSCIOUS ☐
WITNESSES NAME: BLAND, EDDIE J. ADDRESS: 5724 WHITMAN HOME PHONE: 294-8485 OFFICE PHONE: [REDACTED]
LEGALLY PARKED: (1)YES ☐ (2)NO ☒ SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT: 5 MPH DAMAGE RATING: LBQ-1 BP-2
ASSIGNMENT AT TIME OF OCCURRENCE: (1)ROLL CALL DAMAGE ☐ (2)ON CALL ☐ (3)ON PATROL ☐ (4)ON VIOLATION ☐ (5)PRISONER DAMAGE ☐

VEHICLE #2

COLOR: GRN YEAR: 79 MAKE: AUDI BODY STYLE: 2 Door ☐ 4 Door ☒ P/U ☐ HTRCY ☐ TRK ☐ Veh. Lic. [REDACTED]
DRIVER STOKES, VICTORIA L. ADDRESS 7337 CHANNEL VIEW HOME PHONE 346-0710 BUS. PHONE [REDACTED]
OWNER SAME ADDRESS SAME HOME PHONE SAME BUS. PHONE [REDACTED]
INSURANCE CARRIER [REDACTED] POLICY # [REDACTED]

INJURIES TO OCCUPANT: (1)NONE ☒ (2)COMPLAINS ☐ (3)SWELLING ☐ (4)ABRASIONS ☐ (5)UNCONSCIOUS ☐
WITNESSES NAME: BLAND, EDDIE J. ADDRESS: 5724 WHITMAN HOME PHONE: 294-8485 OFFICE PHONE: [REDACTED]
LEGALLY PARKED: (1)YES ☐ (2)NO ☒ SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT: 40 MPH DAMAGE RATING: LFQ 3

216 INSURANCE

(CHECK APPROPRIATE AREA)
CITY BLANKET COVERAGE: ☒ (NO POLICY # REQUIRED) MEMBERS MUTUAL: [REDACTED] POLICY #: [REDACTED] PERSONAL: [REDACTED] POLICY #: [REDACTED]

DESCRIPTION OF ACCIDENT OR DAMAGE

AT APPROXIMATELY 2139 HRS OFFICER SMITH # 2214 COMPLETED
CALL AT 4625 GRANBURY RD AND OBSERVED A MOTORCYCLE
SOUTHBOUND ON GRANBURY AT AN EXCESSIVE SPEED. AS DRIVER
OF VEHICLE #1 ENTERED THE ROADWAY TO PURSUE MOTORCYCLE,
SHE WAS STRUCK BY VEHICLE #2 WHO WAS NORTHBOUND ON
GRANBURY. DRIVER OF VEHICLE #1 FAILED TO YIELD RIGHT OF
WAY TO VEHICLE #2 DUE TO OBSTRUCTED VIEW OF NORTHBOUND
LANE OF TRAFFIC.

ADMINISTRATIVE SUPPLY

DEGREE OF NEGLIGENCE OF CITY DRIVER: (1)NONE ☐ (2)FAILED TO TAKE ADEQUATE PRECAUTIONS ☐ (3)FAILED TO TAKE ANY PRECAUTIONS ☐
ACTION TAKEN: [REDACTED] SIGNATURE OF DRIVER OF CITY VEHICLE: [REDACTED]
SIGNATURES: REPORTING SUPERVISOR: J.E. James PERMANENT SUPERVISOR R.S. BABCOCK
SIGNATURES: DIVISION HEAD: [REDACTED] BUREAU HEAD: [REDACTED]
DATE OF REPORT: [REDACTED]

Student's Name CHARLA BETH SMITH

Social Security No. [REDACTED]
 Home Address [REDACTED]
 Date of Entrance August 25, 1980
 Date of Birth [REDACTED]
 Place of Birth Waynoka, Oklahoma
 Parent or Guardian [REDACTED]
 Parent's Address [REDACTED]
 Entrance Units from High School

Waynoka High School
 Waynoka, Oklahoma

Date of H.S. Graduation May 16, 1980

Date of Graduation May 8, 1985

Degree Bachelor of Science
 Major Law Enforcement & Psychology

**Extension Credit

Four Point Grading System:
 A: Excellent F: Failure
 B: Good I: Incomplete
 C: Average W: Withdrew Passing
 D: Passing WF: Withdrew Failing

Explanation of transferred credits:

C: Correspondence study

X: Extension credit

Official transcript if impressed with school seal.
 Honorable dismissal granted unless otherwise stated.

Chris Blue
 Date 11-15-85

DEPARTMENT AND NUMBER	COURSE DESCRIPTION	SEM HRS	GR	DEPARTMENT AND NUMBER	COURSE DESCRIPTION	SEM HRS	GR
FIRST SEMESTER, 1980-1981				FIRST SEMESTER 1982-1983			
SMITH, CHARLA B 445-66-7377				SMITH, CHARLA B 445-66-7377			
PSYC 1113	GEN PSYCHOLOGY	3	A	PSYC 4102	PSY-EXCEP CHLD	2	A
HIST 1483	AM HIS TO 1865	3	C	PSYC 4122	THERAPY	2	B
BIOL 1114	GEN BIOLOGY	4	C	ENGL 4480	CREATIVE WRIT	2	W
ENGL 1113	GRAMMAR & COMP	3	B	PSYC 3162	MOTIVATION	2	A
H&PE 1112	PERSONAL HLTH	2	A	SOC 1113	INTR SOCIOLOGY	3	B
SECOND SEMESTER, 1980-1981				SECOND SEMESTER 1982-1983			
SMITH, CHARLA B 445-66-7377				SMITH, CHARLA B 445-66-7377			
ENGL 1213	GRAMMAR & COMP	3	C	PSYC 2113	PSY-ADJUSTMENT	3	A
H&PE 2211	INJ & FIRST AID	1	A	PSYC 3512	ADOL GUIDANCE	2	A
PSYC 3123	PSY CHILD-ADOL	3	C	PSYC 4253	COGNITIVE PSY	3	B
SOC 1113	INTR SOCIOLOGY	2	W	LWEN 4223	COURT PROCED	3	A
SPCH 1113	FUND OF SPEECH	3	C	LWEN 4152	CORRECTIONS	2	A
POLS 1113	AM FED GOV POL	3	B	LWEN 1223	CRM LAW II	3	A
H&PE 2221	ADV FIRST AID	1	A	PSYC 4222	EXPERIMENT PSY	2	C
FIRST SEMESTER, 1981-1982				PSYC 4480	HYPNOSIS	1	A
SMITH, CHARLA B 445-66-7377				SUMMER 1983			
MLSC 1331	RIFLE MARKSMAN	1	A	SMITH, CHARLA B 445-66-7377			
SOCW 3114	HUMAN BEHAVIOR	4	A	LWEN 3103 CRIM INVESTIG			
TYP 2413	PRIN TYPEWRIT	3	C	FIRST SEMESTER 1983-84			
HUM 2413	INTRO TO LIT	3	A	SMITH, CHARLA B 445-66-7377			
MLSC 2331	PISTOL MRKSMAN	1	A	LWEN 4142	SEARCH & SEIZ	2	B
LWEN 1112	INT LAW ENFORC	2	A	LWEN 4480	SEMINAR	2	B
SOCW 4300	INTERVIEW TECH	1	S	SOCW 4300	COMMUNIC TECH	3	A
SECOND SEMESTER 1981-1982				SOC 4523	JUVEN DELINQ	3	A
SMITH, CHARLA B 445-66-7377				PSYC 4213	STATISTICS	3	C
PSYC 4163	PERSONALITY	3	A	LWEN 1123	CRM LAW, AD JUS	3	A
H EC 1113	FAMILY LIFE ED	3	A	PSYC 3243	PHYSIOLOGY PSY	2	W
PSYC 4113	ABNORMAL PSYCH	3	B	SECOND SEMESTER 1983 - 1984			
PSYC 4143	SOCIAL PSYCHOL	3	A	SMITH, CHARLA B 445-66-7377			
SOC 4603	ALCOHOLISM	2	A	LWEN 2122	POLI PTRL&SERV	2	B
LWEN 2212	CRIMINAL EVID	2	A	LWEN 3332	ORG CRM JUS SY	2	A
FIRST SEMESTER 1984-1985				LWEN 3423	POL PR/YTH OFF	3	B
SMITH, CHARLA B 445-66-7377				SOCW 4205	FIELD EXPR	5	A
POLS 3123 URBAN GOVT				H&PE 2361	SQUARE DANCING	1	B

NOTE: This information is for your use.
 No other party is to have access to it
 without prior written consent of the
 student.

MICROFILMED

124

OFFICER ASSIGNMENT: (1)PATROL ☐ (2)TRAFFIC ☐ (3)INV. ☐ (4)AL. ☐ REAU ☐ (5)TECH. BUREAU ☐
PLATOON: 1 ☐ 2 ☐ 3 ☐ PERMANENT DISTRICT: (1)AB ☐ (2)CD ☐ (3)EF ☐ (4)GH ☐ (5)RI ☐ (6)R2 ☐ (7)R3 ☐ (8)R4 ☐ (9)R5 ☐
REPORTED: (1)ACCIDENT ☐ (2)DAMAGE ☐ CITY EQUIPMENT NUMBER: 147-0759 WEATHER CONDITION: (1)FAIR ☐ (2)RAIN ☐ (3)ICE ☐
ROAD SURFACE: (1)GOOD ☐ (2)ROUGH ☐ (3)SLIPPERY ☐ LIGHT CONDITION: (1)DAMN ☐ (2)DAYLIGHT ☐ (3)DUSK ☐ (4)DARK ☐
DATE OF OCCURRENCE: 04-25-87 DAY OF WEEK: (1)SUN ☐ (2)MON ☐ (3)TUE ☐ (4)WED ☐ (5)THUR ☐ (6)FRI ☐ (7)SAT ☐
TIME INTO SHIFT AT TIME OF ACCIDENT IN MINUTES: 420 MINUTES INVESTIGATION MADE BY POLICE: (1) YES ☐ (2)NO ☐
CRIME SCENE SEARCH UNIT CONTACTED: (1) YES ☐ (2)NO ☐ SUPERVISOR PRESENT: (1)YES ☐ (2)NO ☐

OFFICER INVOLVED

NAME: Charla B Smith ID# 2214 COMMISSION DATE: 09-05-86 YEARS OF SERVICE 11 mos
DOB: [REDACTED] AGE: 25 RACE: (1)WHITE ☐ (2)BLACK ☐ (3)HISPANIC ☐ (4)OTHER ☐ SEX: (1)MALE ☐ (2)FEMALE ☐

VEHICLE #1 (POLICE VEHICLE)

COLOR: White YEAR: 1986 MAKE: Ford BODY STYLE: 2 Door ☐ 4 Door ☐ P/U ☐ MTRCY ☐ TRK ☐ Veh. Lic# [REDACTED]
INJURIES TO OCCUPANTS: (1)NONE ☐ (2)COMPLAINS ☐ (3)SWELLING ☐ (4)ABRASIONS ☐ (5)UNCONSCIOUS ☐
WITNESSES NAME: RD Blakley 2048 ADDRESS: 350 W Belknap HOME PHONE: OFFICE PHONE: 877-8017
LEGALLY PARKED: (1)YES ☐ (2)NO ☐ SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT: 5-8 mph DAMAGE RATING: LF-2
ASSIGNMENT AT TIME OF OCCURRENCE: (1)ROLL CALL DAMAGE ☐ (2)ON CALL ☐ (3)ON PATROL ☐ (4)ON VIOLATION ☐ (5)PRISONER DAMAGE ☐

VEHICLE # 2

COLOR: Silver YEAR: 1984 MAKE: Datsun BODY STYLE: 2 Door ☐ 4 Door ☐ P/U ☐ MTRCY ☐ TRK ☐ Veh. Lic# [REDACTED]
DRIVER Scott C. Meyer ADDRESS 109 Mary Ann HOME PHONE BUS. PHONE
OWNER ADDRESS HOME PHONE BUS. PHONE
INSURANCE CARRIER POLICY #
INJURIES TO OCCUPANT: (1)NONE ☐ (2)COMPLAINS ☐ (3)SWELLING ☐ (4)ABRASIONS ☐ (5)UNCONSCIOUS ☐
WITNESSES NAME: ADDRESS: HOME PHONE: OFFICE PHONE:
LEGALLY PARKED: (1)YES ☐ (2)NO ☐ SPEED OF VEHICLE IMMEDIATELY BEFORE ACCIDENT: 0 DAMAGE RATING:

216 INSURANCE

(CHECK APPROPRIATE AREA)
CITY BLANKET COVERAGE: X (NO POLICY # REQUIRED) MEMBERS MUTUAL: POLICY #: PERSONAL: POLICY#

DESCRIPTION OF ACCIDENT OR DAMAGE

LOCATION: 100 St Elizabeth Plaza (Inside St Francis Village)
CSSU: ML Dantzker 1992 working unit W22
Unit #1 was second vehicle in pursuit of unit #2. Unit #2 turned into the 100 blk of St Elizabeth Plaza in St Francis Village, with unit #2 following. When Unit #1 reached the end of St Elizabeth Plaza, the driver of Unit #2 made a u-turn & headed back toward unit #1. Unit #1 turned to right to avoid unit #2. Unit #2 moved to the left & struck the left front quarter of unit #1, causing injury to Officer Smith.

Accident was worked by Tarrant County Sheriff Office.

VIN Number for unit #2 is 2FABP4365X193753

ADMINISTRATIVE SUMMARY

DEGREE OF NEGLIGENCE OF CITY DRIVER: (1)NONE ☐ (2)FAILED TO TAKE ADEQUATE PRECAUTIONS ☐ (3)FAILED TO TAKE ANY PRECAUTIONS ☐
ACTION TAKEN: SIGNATURE OF DRIVER OF CITY VEHICLE: [Signature]
SIGNATURES: REPORTING SUPERVISOR: [Signature] PERMANENT SUPERVISOR: Sgt. R.S. Babcock "1235"
SIGNATURES: DIVISION HEAD: [Signature] BUREAU HEAD:
DATE OF REPORT: 04-25-87 STATE REPORT MADE

VEHICLE ACCIDENT AND INCIDENT REVIEW FOR
FOR REVIEWING ACCIDENTS/INCIDENTS
(Not a Replacement for 0105 Form)

1. Officer: CB Smith ID# 2214 Equipment # 759
2. Location of Accident/Incident: 100 St. Elizabeth PLAZA
3. Date/Time of Accident/Incident: 4-25-87 at 2213 hrs.
4. Description of Accident/Incident: Unit WAS in pursuit of suspect vehicle. Sus veh made a U-turn & headed toward the Unit. Unit stopped to avoid collision & suspect vehicle veered TOWARD officer striking officers Unit in the left front quarter panel

5. In your opinion, what was the primary cause of the Accident/Incident? Suspect vehicle rammed officers vehicle

What could you 'reasonably' have done to prevent this accident? Nothing

What also could be done to prevent similar accidents in the future?

How many hours of sleep and rest did you receive the 16 hours preceding or succeeding on-duty status? 10 hrs

How many hours of extra part-time work (outside work) or overtime were spent the 16 hours preceding or succeeding on-duty status? List also the number of extra hours worked in the five (5) working days prior to your accident or incident.

1/2 hr overtime - NO part-time work

How many hours of study in college are you now taking? NONE

is forwarded directly to Fiscal and Equipment Management, within the first working day following the accident/incident.

road on which
accident occurred ST. CLARE

check and
complete one-
only

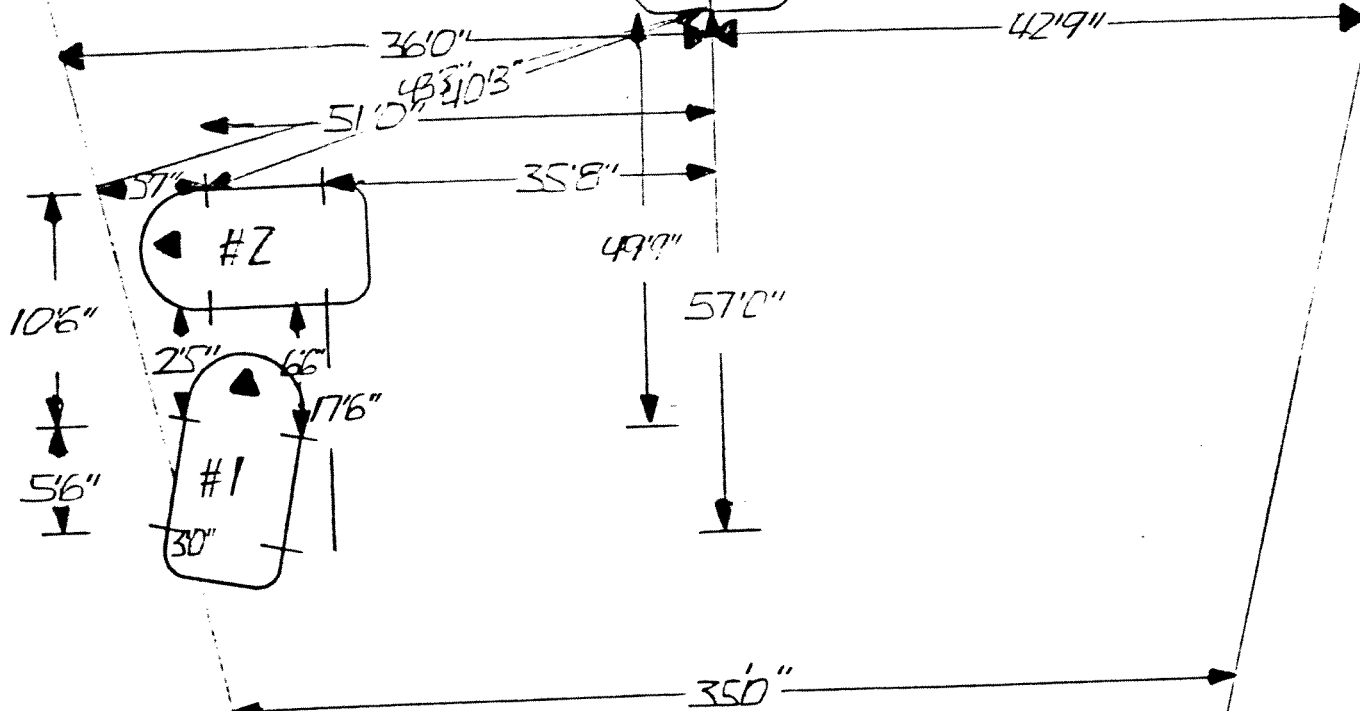
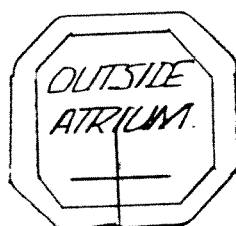
at its intersection with _____

if not at intersection 200 ft ☐ N ☐ S ☐ E ☒ W of ALVERNIA

date of
accident APRIL 25 19 87 day of
week SATURDAY hour 1005 ~~PM~~ p.m.

ST. CLARE

◀-(N)



MAJOR ACCIDENT
04-25-87 SATURDAY
PROPORTIONAL - NOT TO SCALE
DRAWN BY DEPUTY J.M. UTLEY #52-134

DEAD END

SERVICE NO.87193969
ENTRY DATE 04/26/87
ENTRY TIME 0337

FORT WORTH POLICE DEPARTMENT
OFFENSE/INCIDENT REPORT
DEPARTMENTAL COPY

SERVICE NO.87193969
PAGE 1

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
OFFENSE LOCATION APT. PRA BUSINESS NAME CODE
007300 S HULEN ST T650 PUBLIC STREET 1008
DATES OF OCCURANCE TIME OF DAY DAY(S) OF OCCURANCE SAT
04/25/87 2200
WEATHER CONDITIONS: COOL UNIT: F214

INVESTIGATIVE INFORMATION
REPORTING OFFICER(S): BLAKELY, RD 2048
INVESTIGATIVE DIVISION NOTIFIED: CSSU
DANTZKER, ML
FOLLOW-UP ASSIGNED TO: GENE INVESTIGATOR:

UPDATED COMPLAINANT INFORMATION
NAME R/S/A DOB
STEINER, BA 2228 0
HOME ADDRESS

TX 00000
BUSINESS ADDRESS OCCUPATION WORK HOURS

INJURED COMPLAINANT
PERSON TAKEN TO TAKEN BY CONDITION
HARRIS PATROL VEH FAIR
BRUISED CHEST/SPRANG LEFT ARM

REPORTING PERSON #001 INFORMATION
NAME R/S/A DOB HEIGHT WEIGHT SSN RELATION
SMITH, CB 2214 0 APT. CITY ST PHONE
HOME ADDRESS FORT WORTH TX
CITY ST PHONE
BUSINESS ADDRESS FORT WORTH TX

REMARKS STRAIN BACK/TRANS TO HARRIS

SUSPECT VEHICLE #001 INFORMATION
YR MAKE MODEL STYLE LICENSE NUMBER VIN VALUE
84 DATS 300 2D TX
COLOR 1: GRAY COLOR 2: COLOR 3:

ARRESTED PERSON #001 INFORMATION
ARREST NUMBER: 000000000 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
EYES: UNK.
FACIAL ODDITIES: UNK.
TEETH: UNK.
COMPLEXION: UNK
SPEECH: UNK.

TATTOO: UNK. SERVICE NO. 87193969 FORT WORTH POLICE DEPARTMENT SERVICE NO. 87193969
ENTRY DATE 04/26/87 OFFENSE/INCIDENT REPORT PAGE 2
ENTRY TIME 0337 DEPARTMENTAL COPY
SCAR/BIRTHMARK/MOLE: UNK.
GENERAL APPEARANCE: UNK.
SUSPECT WORE: UNK.
R/L HANDED: UNKNOWN
BUILD: UNK.

ARRESTED PERSON #002 INFORMATION
ARREST NUMBER: 000000000 DATE ARRESTED: 04/25/87
NAME R/S/A DOB HEIGHT WEIGHT ALIAS/NICKNAME
CRANEY, RICHARD A B M 22 02/01/65 6 03 180
ADDRESS: 005205 LOCKE AV
FW TX
EYE COLOR: BRN HAIR COLOR: BLK
HAIR STYLE: SHORT
AFRO
FACIAL HAIR: MUSTACHE
FACIAL ODITIES: UNK.
TEETH: UNK.
COMPLEXION: UNK.
SPEECH: UNK.
MISSING BODY PARTS: UNK.
TATTOO: UNK.
SCAR/BIRTHMARK/MOLE: UNK.
GENERAL APPEARANCE: UNK.
SUSPECT WORE: UNK.
R/L HANDED: UNKNOWN
BUILD: UNK.

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 TIME OFCR 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

ENTRY DATE 04/26/87

OFFENSE/INCIDENT REPORT

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IONALLY RAMMED INTO RP1'S PATROL VEH AND THEN CAME TO A REST. OFCR 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 AP1 PUSHED OFCR BACKWARDS. AP1 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 AP.

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 PLACING AP2 IN CUSTODY. AP1 AND AP2 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 REGISTERED 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 AP 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 PROCESSING 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

FD45 004

END OF REPORT

87116 2042

CITY OF FORT WORTH PERSONNEL EMPLOYEE CHANGE SHEET

001-35-31-00-105-001

EFFECTIVE DATE	1-3-87
EMPLOYEE NAME	CHARLA B. SMITH
PREPARED BY	NANCY HOGAN
DATE PREPARED	12-23-86

MASTER KEY (TRAN)			
110553108			250410
PAY GROUP	LOCATOR CODE	LEAVE BLANK	EMP. NUMBER

Tax Filing Status - M - Married
(Attach W-4) S - Single
B - Married filing at single rate

Insurance Company Identifier Number - 10 - Aetna
(Insurance application must 12 - Metrocare
accompany this change) 13 - Tarrant
Health

Medical Insurance - Coverage
Reclassification card must accompany these changes. If dependents' coverage is not changed within 30 days of the actual occurrence of the change, an Insurability form must be completed and accepted by the insurance company.

- 1- Male Employee
- 2- Female Employee
- 3- Employee and Children
- 4- Employee and Spouse
- 5- Family

FIB 1-10-87

		FOR PERSONNEL USE ONLY			
<input type="checkbox"/> TAX FILING STATUS		MARR	ATTACH W-4		
<input type="checkbox"/> TAX EXEMPTIONS	72	FEDP			
<input type="checkbox"/> LOCATION CODE		LOCO			
<input type="checkbox"/> HOURLY RATE TO	72	RATE			
<input type="checkbox"/> ADJUSTED SERVICE DATE		EM24	M M	D D	Y Y
<input type="checkbox"/> CHANGE ANNIV. DATE		EM20	M M	D D	Y Y
<input type="checkbox"/> CHANGE DATE OF EMPLOYMENT		HIRE	M M	D D	Y Y
<input type="checkbox"/> CHANGE REHIRE DATE		EM23	M M	D D	Y Y
<input type="checkbox"/> MEDICAL INSURANCE COVERAGE		MCP1			
<input type="checkbox"/> INSURANCE CO. IDENTIFIER #		MIP1			
<input type="checkbox"/> WORK EXTENSION OR PHONE NUMBER		WEXT	NO SPACES OR DASHES		
<input type="checkbox"/> ADDRESS TO LINE 1 POST OFFICE OR RFD #		ADR1			
<input type="checkbox"/> LINE 2 STREET NO.		ADR2			
<input type="checkbox"/> LINE 3 CITY STATE ZIP		ADR3			
<input type="checkbox"/> EMERGENCY TELEPHONE		ETEL	AREA CODE		NO SPACES OR DASHES
<input type="checkbox"/> EMER. CONTACT NAME		EMCN			
<input type="checkbox"/> RELATIONSHIP		RELA			
<input type="checkbox"/> SPOUSE FIRST NAME		NASP			
<input type="checkbox"/> SPOUSE BIRTH DATE		SPDB	M M	D D	Y Y
<input type="checkbox"/> HOME TELEPHONE AREA CODE		ARCD	NO SPACES OR DASHES		
<input type="checkbox"/> HOME TELEPHONE NO.		TELE	NO SPACES OR DASHES		
<input type="checkbox"/> ACTUAL MARITAL STATUS		MARS			
<input type="checkbox"/> ACTUAL DEPENDENTS		DEPE	LAST NAME STARTS HERE		
<input type="checkbox"/> EMPLOYEE NAME TO		NAME			
<input type="checkbox"/> EMPLOYEE STATUS TO	47	STAT	<div style="display: flex; align-items: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin-right: 5px;"></div> <div> T - TERMINATED A - ACTIVE I - INACTIVE </div> </div>		

OTHER	
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White - To Personnel
Yellow - Retained by Dept.