

Document Imaging Request Cover Sheet



Date: 08/23/05

Total # of pages: 12

Agency: Florida Department of State

Sender's Name: Philip Williams

Sender's Phone #: 850-245-6576

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X

To: People First HR Service Center
Fax Number: (904) 828-6093

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State of Florida People First
HR Administration
PO Box 44290
Jacksonville, FL 32231-4290

Re: Personnel Documents to be Imaged

Please complete all of the information below for personnel records submitted for imaging. Please use a separate line for each employee.

Employee Name	Employee ID	Page Count	If sealed docs, place a check here	Requestor Name for sealed docs
Kathleen McGregor evaluation	[REDACTED]	11		
		+		



State of Florida

EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer
 The State of Florida does not tolerate violence in the workplace.

Where to Find Vacancy Information:

- On the Internet: <http://jobsdirect.state.fl.us>
- Jobs and Benefits Centers - Consult your local telephone directory
- State Agency Personnel Offices

FOR OFFICIAL USE ONLY			
Agency Authorized Signature	Date	Class Code	Status

POSITION APPLIED FOR	
Agency:	_____
Title:	_____
Position Number:	_____ Date Available: _____
Counties of Interest:	_____
Minimum Acceptable Salary:	_____

- GENERAL INSTRUCTIONS**
- Type or print in ink this application in its entirety.
 - Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
 - Submit your application to the office announcing the vacancy no later than the close of business on the announced deadline date.
 - Sign your name in the Certification Section (page 4). All information you submit is subject to verification.
 - Notify the agency's hiring authority in advance if you require special disability accommodations to participate in the employment process.

HOW DO WE CONTACT YOU?

Your Name: Kathleen McGeoghe

Social Security Number: [REDACTED]

Your Mailing Address: 3436 Theesher Dr.

City: Tallahassee County: Leon State: FL Zip Code: 32312

Home Phone: _____ Business Phone: _____ SUNCOM (State Employees)

E-mail Address: cerridwren@hotmail.com

EDUCATION

HIGH SCHOOL:

NAME / LOCATION OF SCHOOL: Memorial High School Eau Claire WI

RECEIVED: Diploma Other (specify) _____ None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		
<u>U of WI - Eau Claire</u>	<u>Eau Claire, WI</u>	<u>75</u>	<u>79</u>			<u>Biology/History</u>	
<u>U of Chicago</u>	<u>Chicago, IL</u>	<u>79</u>	<u>80</u>			<u>West Eastern Languages</u>	
<u>Washington U.</u>	<u>St. Louis, MO</u>	<u>80</u>	<u>82</u>			<u>Art History</u> <u>Archaeology</u>	<u>BA</u>

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO
<u>National Center for Paralegal Training, Atlanta GA</u>		<u>92</u>	<u>92</u>			<u>Paralegal</u>	<input checked="" type="checkbox"/>	

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, etc.

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: Division of Elections, State of Florida
Address: Collins Building, Tallahassee, FL Phone No.: (850) 245-6220
Your Job Title: _____ Supervisor's Name: Paul Craft
FROM: 12 / 12 / 01 TO: 9 / 20 / 02 HOURS PER WEEK: 20 (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities: Prepare correspondence, draft revisions of the Florida Voting Systems Standards, proofread documents

Reason For Leaving: Moved to Australia

2 Name of Next Previous Employer: Self
Address: 4970 Coastal Highway, Crawfordville Phone No.: (850) 926-7234
Your Job Title: Consultant Supervisor's Name: _____
FROM: 1 / 194 TO: 8 / 1 / 02 HOURS PER WEEK: Varied (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities: Prepared Corporate and Personal Income tax forms, managed Personnel files and prepared payrolls, filed sales and employment tax forms, assisted in training new employees, maintaining inventories and redesigning interior spaces for local bars and restaurants

Reason For Leaving: Moved to Australia

3 Name of Next Previous Employer: Leon Pub
Address: 215 E 6th Ave, Tallahassee, FL Phone No.: (_____) _____
Your Job Title: Manager Supervisor's Name: Bill Hasselback
FROM: 12 / 1 / 92 TO: 9 / 1 / 02 HOURS PER WEEK: Varied (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities: Prepared payroll, served customers, prepared product orders, prepared all tax returns, maintained accounts payable

Reason For Leaving: Moved to Australia

4 Name of Next Previous Employer: Cross Creek Restaurant

Address: _____ Phone No.: (____) _____

Your Job Title: Hostess Supervisor's Name: Jim Garner

FROM: 11 / 1 / 1989 TO: 6 / 1 / 1992 HOURS PER WEEK: _____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: Seated customers and cashiered

Reason For Leaving: Opened new Pub ~~at~~

5 Name of Next Previous Employer: King & Spalding, Atlanta, GA

Address: _____ Phone No.: (____) _____

Your Job Title: Legal Assistant Supervisor's Name: Deborah Thompson

FROM: 9 / 1 / 1986 TO: 3 / 1 / 1989 HOURS PER WEEK: _____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: Proof read documents, incorporated new businesses, prepared blue sky filings for the Securities Exchange Commission, maintained corporate record books, performed legal research, assisted in corporate mergers and acquisitions

Reason For Leaving: Moved to Tallahassee

6 Name of Next Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07, F.S.? YES NO

**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see §119.07, F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where? _____ Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where? _____ Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP

The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY? YES NO

SELECTIVE SERVICE SYSTEM REGISTRATION

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION? YES NO

N/A

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: *Joshua McEggs*

DATE: *20 Nov. 2008*

DRIVER LICENSE
CLASS E
Florida



LICENSE NUMBER
M262-50458-672-0

KATHLEEN A. MCEGOR
1801 LEHMAN ST
EAU CLAIRE, WI 54701

BIRTH DATE	SEX	HGT.	REST.	ENDORSE.
05-12-58	F	5-03		
ISSUED	EXPIRES	DUPLICATE		
04-30-03	05-12-07	00-00-00		

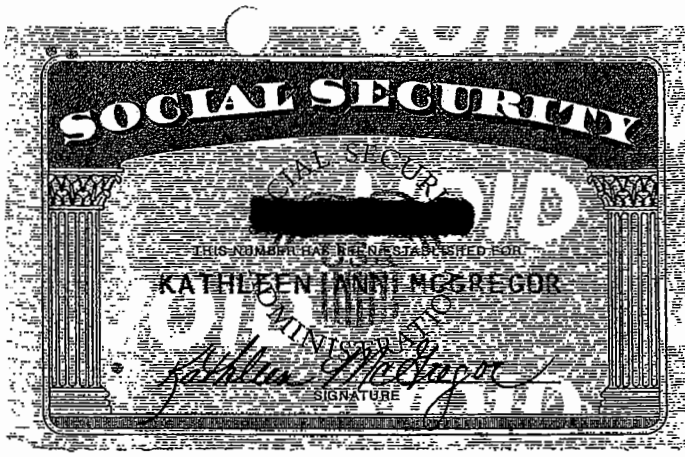
Kathleen McEgor



ORGAN DONOR

X060304307490

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



SOCIAL SECURITY

VOID

THIS NUMBER HAS BEEN ESTABLISHED FOR

KATHLEEN ANN MCGREGGOR

Kathleen McGreggor
SIGNATURE



EMPLOYMENT APPLICATION

Equal Opportunity Employer / Affirmative Action Employer
 The State of Florida does not tolerate violence in the workplace.

FOR OFFICIAL USE ONLY

	/ /		
Agency Authorized Signature	Date	Class Code	Status

POSITION APPLIED FOR

Agency: DOS – State
 Title: MANAGEMENT ANALYSTS
 Position Number: 45000917–51224017–20040615162555 Date Available: 06/
 Counties Of Interest: Leon
 Minimum Acceptable Salary: 34000

Where to Find Vacancy Information:

- Jobs and Benefits Centers – Consult your local telephone directory
- Submit your application online at <https://jobs.myflorida.com/> or mail to the People First Service Center at: People First Staffing Admin. PO Box 44058 Jacksonville, FL 32231–4058 or fax to (904) 636–2627

GENERAL INSTRUCTIONS

- Type or print in ink this application in its entirety.
- Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
- Sign your name in the Certification Section. All information you submit is subject to verification.
- Notify the agency's hiring authority in advance if you require special disability accommodations to participate in the employment process.

HOW DO WE CONTACT YOU?

Kathleen McGregor
 Your Name

[REDACTED]
 Social Security Number

2404 Balsam Terrace
 Your Mailing Address

Tallahassee Leon FL 32303
 City County State Zip Code

(850)212–0585 (850)245–6220 205–6220
 Home Phone Business Phone SUNCOM (State Employees)

cerridwren@hotmail.com
 E-mail Address

EDUCATION

HIGH SCHOOL:

NAME/LOCATION OF SCHOOL: Memorial High School Eau Claire, WI	RECEIVED: <input checked="" type="checkbox"/> Diploma <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> None
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YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		
University of Wisconsin–Eau Claire	Eau Claire, Wisconsin	05/74	05/79	0	100	Biology/History	None
University of Chicago	Chicago, Illinois	09/79	06/80	12	0	Near Eastern Languages	None
Washington University in St. Louis	St. Louis, Missouri	08/80	05/82	0	48	Art History/Archaeology	BA

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

JOB RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENT, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)	CREDIT HOURS EARNED	COURSE OF STUDY	TRAINING COMPLETED?
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		FROM	TO	CLASS	CLOCK		YES	NO
National Center for Paralegal Training	Atlanta, Georgia	05/92	10/92			Paralegal	X	

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

LICENSE, REGISTRATION, CERTIFICATION:	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY
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PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: Division of Elections

Address: Collins Building
Tallahassee, FL 32399
United States

Phone No:(850)245-6220

Your Job Title: Government Analyst
FROM: 11/20/03 TO: 06/18/04

Supervisor's Name:Paul Craft
HOURS PER WEEK:40

Duties and Responsibilities:
Review and analyze county security procedures, prepare and edit reports, publications, rules and proposed legislation, research and analyze legal and technical issues, assist in voting systems testing, conduct election observations

Reason For Leaving:
Still employed

Your name, if different during employment:

2 Name of Next Previous Employer: Division of Elections

Address: Collins Building
Tallahassee, FL 32399
United States

Phone No:(850)245-6220

Your Job Title: OPS
FROM: 12/12/01 TO: 09/20/02

Supervisor's Name:Paul Craft
HOURS PER WEEK:35

Duties and Responsibilities:
Prepare correspondence, draft revisions of the Florida Voting System Standards, proof documents

Reason For Leaving:
Moved to Australia

Your name, if different during employment:

3 Name of Next Previous Employer: Kathleen McGregor

Address: 4970 Coastal Highway
Crawfordville, FL 32327
United States

Phone No:(850)926-7234

Your Job Title: Consultant
FROM: 03/01/94 TO: 08/30/02

Supervisor's Name:Kathleen McGregor
HOURS PER WEEK:25

Duties and Responsibilities:
Prepared corporate and personal income taxes, managed personnel files, prepared payrolls. filed sales and employment taxes, assisted in employee training, maintained inventories and redesigned interior spaces for local bars and restaurants

Reason For Leaving:
Moved to Australia

Your name, if different during employment:

4 Name of Next Previous Employer: The Leon Pub

Address: 215 E. 6th Ave
Tallahassee, FL 32302
United States

Phone No:(850)425-4639

Your Job Title: Manager
FROM: 12/21/92

TO: 12/06/01

Supervisor's Name:Bill Hasselback
HOURS PER WEEK:65

Duties and Responsibilities:

Prepared corporate and personal income taxes, maintained inventories, trained new employees, maintained accounts payable records, served customers

Reason For Leaving:

Began working for Division of Elections

Your name, if different during employment:

5 Name of Next Previous Employer: King & Spalding

Address: 191 Peachtree St
Atlanta, GA 30303
United States

Phone No:(404)572-4600

Your Job Title: Legal Assistant
FROM: 09/01/86

TO: 09/30/89

Supervisor's Name:Debra Thompson
HOURS PER WEEK:55

Duties and Responsibilities:

Proof documents, incorporate new businesses, prepare blue sky filings for the Securities Exchange Commission, perform legal research, manage corporate records, conduct investigations in products liability cases, assist in corporate mergers and acquisitions

Reason For Leaving:

Moved to Tallahassee

Your name, if different during employment:

6 Name of Next Previous Employer: Georgia Department of Natural Resources

Address: Panola Mountain State Park
Stockbridge, GA 30334
United States

Phone No:(404)657-0029

Your Job Title: Curator of Collections
FROM: 03/01/84

TO: 04/30/86

Supervisor's Name: Billy Townsend
HOURS PER WEEK:40

Duties and Responsibilities:

Managed state conservation laboratory, supervised laboratory staff, performed artifact conservation and registration, prepared annual budget requests, maintained department accounts, designed, fabricated and installed museum exhibits.

Reason For Leaving:

Funding cuts

Your name, if different during employment:

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.
Strong knowledge of Florida Election Law and Voting System Standards, strong knowledge of Federal Voting System Standards

EXEMPTION FROM PUBLIC DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER S119.07, F.S.? YES NO

**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see S119.07, F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges?

Where convicted?

Date of Conviction:

HAVE YOU PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges?

Where convicted?

Date of Conviction:

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges?

Where convicted?

Date of Conviction:

NOTE: A "Yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP

The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY? YES NO

SELECTIVE SERVICE SYSTEM REGISTRATION

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION? YES NO N/A



**DEPARTMENT OF STATE
PUBLIC EMPLOYEE PERFORMANCE EVALUATION SYSTEM
CAREER SERVICE PERFORMANCE PLAN AND EVALUATION FORM**

Employee Name: McGregor, Kathleen A.

Position No.: 00917

Class Title: Government Analyst I

Evaluation Period:

Division: Elections

Initial Probationary

Bureau/Section: Voting Systems Certification

Final Probationary

Interim

Annual

Public Employee Performance Evaluation System: The Public Employee Performance Evaluation System is a performance planning and evaluation system. The planning portion is intended to identify the performance expectations and competencies that the employee is responsible for achieving during the evaluation period. The performance plan includes both core performance expectations and competencies applicable to all Career Service positions as well as job specific performance expectations and competencies that are linked to the duties and requirements of the position. The performance expectations established during planning are not intended to account for all assignments and work expectations, but only those that have been identified as critical or as a high priority. The evaluation portion assesses the employee's performance in achieving those expectations and competencies and is used to inform the employee of his/her strong and weak points and areas where improvement is needed, to identify training needs, to foster career and professional development, and as a basis for awarding merit increases, salary increases and annual lump-sum bonuses.

RECEIVED
JUL 29 2005
DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Performance evaluations shall be completed for Career Service employees as follows:

(a) **For Career Service employees in probationary status** - A performance evaluation for all Career Service employees in probationary status shall be completed (i) within thirty (30) calendar days prior to the end of six (6) months from the date of the employee's original appointment, promotion, reassignment or demotion to the position (initial probationary review) and (ii) within thirty (30) calendar days prior to the end of twelve (12) months from the date of the employee's original appointment, promotion, reassignment or demotion to the position (final probationary review).

(b) **For permanent status Career Service employees** - A performance evaluation for all Career Service employees with permanent status shall be completed at least two (2) times per year -- on or before April 15 and on or before October 15. Supervisors may conduct more frequent performance evaluations, as they deem appropriate.

The intent of the performance evaluation process is to track the employee's job performance and progress throughout the year and increase communication between supervisors and employees. **Supervisors are expected to regularly provide employees with constructive feedback regarding the employee's job performance throughout the year and to inform the employee of performance deficiencies and areas where improvement is needed.** At any time, if an employee is not achieving performance expectations, the supervisor should document any deficiencies in the evaluation, identify the corrective actions required by the employee before the next evaluation date, and discuss with the employee.

PART I - PERFORMANCE PLANNING SECTION

Part I is to be completed by the supervisor and the employee following discussion of the core and specific performance expectations and competencies for the position. The Performance Planning Period is the 12-month period from the date of appointment or the date of the employee's last performance evaluation.

Performance Planning Period From: 07 / 01 / 2004 To 06 / 30 / 2005

This is to acknowledge that the performance expectations contained in this document have been discussed.

Employee's Signature: Kathleen McGregor **Date:** 29 July 2005

Supervisor's Signature: David R. Dandy **Date:** 7/29/05

Reviewing Authority Signature: Paulle CA **Date:** 7/28/05

PART II - PERFORMANCE EVALUATION SECTION

Part II contains the performance expectations and competencies upon which the employee will be evaluated during the review period and the rating scale to be used. The supervisor shall rate the employee's performance in each area at the end of each evaluation period using the rating scale.

Initial Probationary or Interim Performance Evaluation Period From: / / To: / /
--

Final Probationary or Annual Performance Evaluation Period From: 02 / 01 / 2005 To: 06 / 30 / 2005

The following rating scale is to be used when evaluating the employee's job performance:

- 5 – Employee's performance far exceeds expectations.
- 4 – Employee's performance often exceeds expectations.
- 3 – Employee's performance consistently achieves expectations.
- 2 – Employee's performance sometimes meets expectations and needs improvement.
- 1 – Employee's performance is consistently below expectations.
- N – **Not applicable or unable to determine:** Performance expectation is no longer applicable for the employee at the time of the evaluation or the rater does not have enough information to evaluate the employee in this area.

Additional sheets may be attached, as needed.

CORE PERFORMANCE EXPECTATION/COMPETENCY #1		
DEPARTMENT VALUES. Employee demonstrates, models and reinforces the Department's fundamental values of <i>fairness, cooperation, respect, commitment, excellence, honesty and teamwork</i> in his or her interactions with co-workers, supervisors, and customers; in the personal contributions to work assignments and projects; and when representing the agency or the State. Employee must have consistently demonstrated these values in all areas at all times in order to far exceed expectation.		
5 – Far Exceeds Expectations 4 – Often Exceeds Expectations 3 – Consistently Achieves Expectations 2 – Needs Improvement 1 – Consistently Below Expectations N – Not applicable/Unable to determine	A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.	
	Initial Probationary or Interim	Final Probationary or Annual
	SCORE:	SCORE:4
SUPERVISOR'S COMMENTS (Comments <u>must</u> be provided in support of a 1, 2, 4 or 5 evaluation.)		
Initial Probationary or Interim Evaluation:		
Final Probationary or Annual Evaluation:		
Ms. McGregor has strong attributes relative to commitment, excellence and honesty. Interactions with others met expectations, but have since progressed to above average expectation. Expect Ms. McGregor's next review will show performance in all areas that far exceeds expectations.		

CORE PERFORMANCE EXPECTATION/COMPETENCY #2

QUALITY OF WORK. Employee produces work products which demonstrate professional competency, meet the intended objectives, and reflect acceptable quality in attention to detail, accuracy and content.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:5

SUPERVISOR'S COMMENTS (Comments must be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

This is one of Ms. McGregor's strongest assets. She has produced election observation reports, analyzed the over and under votes from the '04 general election, and has maintained the county security procedures and the voting system standards, all with excellent attention to detail, accuracy and content.

CORE PERFORMANCE EXPECTATION/COMPETENCY #3

TECHNICAL SKILLS. Employee demonstrates knowledge and understanding of the methods, techniques and procedures needed to effectively perform job duties and effectively applies methods, techniques and procedures to achieve objectives. Employee demonstrates ability to learn and apply new methods, techniques and procedures as required without undue supervisory intervention.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:4

SUPERVISOR'S COMMENTS (Comments must be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

Ms. McGregor's understanding of Florida's Election Laws, administrative rules, and the voting system standard is superb. A key element of her present assignment is utilization of an MS Access database. This at times has been a source of frustration that Ms. McGregor is seeking to mitigate by investing time in developing her database skills through formal training. This activity dovetails into an overall training plan that is expected to enhance Ms. McGregor's technical skills. Fully expect to see Ms. McGregor to far exceed expectations in her technical skills over the next twelve to eighteen month period.

CORE PERFORMANCE EXPECTATION/COMPETENCY #4

INITIATIVE. Employee is a "self-starter" who takes a proactive approach to addressing issues and solving problems. Employee is motivated to succeed and contributes ideas to improve work processes. Employee willingly accepts new or additional tasks and responsibilities and seeks to improve his/her knowledge, skills and abilities.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:5

SUPERVISOR'S COMMENTS (Comments **must** be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

Ms. McGregor is well known for her willingness to accept new or additional tasks and apply herself fully to achieving the Division's mission. Typical examples are her recent involvement with certain county and vendor issues and her project management assignment for a museum exhibit on voting systems.

CORE PERFORMANCE EXPECTATION/COMPETENCY #5

PLANNING & ORGANIZATION. Employee prioritizes work for the most efficient handling and elimination of unnecessary activities. Employee is well-organized and operates efficiently to achieve objectives.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:5

SUPERVISOR'S COMMENTS (Comments **must** be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

Ms. McGregor's planning and organization skills far exceed expectation.



CORE PERFORMANCE EXPECTATION/COMPETENCY #6

ADAPTABILITY. Employee is able to adapt to changes in routines, work load, assignments, and situations and works well under a variety of work conditions.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:5

SUPERVISOR'S COMMENTS (Comments **must** be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

Again, Ms. McGregor's willingness to accept last minute changes to work assignments and the variety of tasks assigned to her lend support to how well Ms. McGregor can adapt to these changes.

CORE PERFORMANCE EXPECTATION/COMPETENCY #7

DEPENDABILITY. Employee is reliable and completes assignments in a timely manner. Employee follows-up with appropriate parties, where needed, to ensure that work is completed. Employee follows attendance and leave procedures and can be counted on when needed to perform tasks or assignments.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:5

SUPERVISOR'S COMMENTS (Comments **must** be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

Ms. McGregor has shown that she is very dependable and reliable in completing her assignments in a timely manner. Her recent experience reviewing a vendor's application for certification far exceeded expectations, and she performed this review in a timely and efficient manner.



CORE PERFORMANCE EXPECTATION/COMPETENCY #8

PERSONAL CONDUCT & RELATIONSHIPS. Employee is courteous, cooperative, exhibits a positive attitude, and conforms conduct to expected standards. Employee develops and maintains effective working relationships with supervisor, co-workers, other Department employees and, where applicable, staff of other government agencies and members of the public.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:4

SUPERVISOR'S COMMENTS (Comments must be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

This is an area that Ms. McGregor often exceeds expectations, but needs further development of her people skills to enable her to far exceed expectations.

CORE PERFORMANCE EXPECTATION/COMPETENCY #9

TEAMWORK & COOPERATION. Employee is a team player and works cooperatively with others. Employee willingly assists co-workers and others to achieve objectives. Employee shares resources and willingly imparts job knowledge to others.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:5

SUPERVISOR'S COMMENTS (Comments must be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

Examples of Ms. McGregor's teamwork and cooperation are exhibited in her support of testing voting systems.

CORE PERFORMANCE EXPECTATION/COMPETENCY #10

COMMITMENT TO AGENCY MISSION. The employee, through his or her work and conduct, demonstrates a commitment to the Department's mission to (i) reduce the burden on those served, (ii) continually improve the way business is conducted, (iii) increase outputs, and (iv) improve processes.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

SCORE:

Final Probationary or Annual

SCORE:5

SUPERVISOR'S COMMENTS (Comments **must** be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

No doubt, Ms. McGregor excels in all aspects of this competency. She is totally committed to the mission and to continually improving processes.

SPECIFIC PERFORMANCE EXPECTATION/COMPETENCY #1

Use this space or attach additional sheets to describe a job-specific performance expectation or competency.

Conduct research and analysis on technical and legal issues.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

SCORE:

Final Probationary or Annual

SCORE:N

SUPERVISOR'S COMMENTS (Comments **must** be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

Ms. McGregor has not had an opportunity to excel in this area. Her involvement with election support, special assignments, and qualification testing activities has been her primary focus the past six months.

SPECIFIC PERFORMANCE EXPECTATION/COMPETENCY #2

Use this space or attach additional sheets to describe a job-specific performance expectation or competency.
Conduct system validation examinations with attention to detail, completeness, and timeliness.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:N

SUPERVISOR'S COMMENTS (Comments **must** be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

Ms. McGregor has not had an opportunity to perform an actual system validation examination. Also, she has not had an opportunity to exercise her knowledge and skill in this area except as a team participant in system validation during qualification testing of voting systems.

SPECIFIC PERFORMANCE EXPECTATION/COMPETENCY #3

Use this space or attach additional sheets to describe a job-specific performance expectation or competency.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:

SUPERVISOR'S COMMENTS (Comments **must** be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

SPECIFIC PERFORMANCE EXPECTATION / COMPETENCY #4

Use this space or attach additional sheets to describe a job specific performance expectation or competency.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:

SUPERVISOR'S COMMENTS (Comments **must** be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:

SPECIFIC PERFORMANCE EXPECTATION / COMPETENCY #5

Use this space or attach additional sheets to describe a job specific performance expectation or competency.

- 5 – Far Exceeds Expectations
- 4 – Often Exceeds Expectations
- 3 – Consistently Achieves Expectations
- 2 – Needs Improvement
- 1 – Consistently Below Expectations
- N – Not applicable/Unable to determine

A "1", "2", "3", "4", "5" or "N" must be entered for each performance expectation during the evaluation.

Initial Probationary or Interim

Final Probationary or Annual

SCORE:

SCORE:

SUPERVISOR'S COMMENTS (Comments **must** be provided in support of a 1, 2, 4 or 5 evaluation.)

Initial Probationary or Interim Evaluation:

Final Probationary or Annual Evaluation:



EMPLOYEE PERFORMANCE RATING

Calculate the Employee Performance Rating by adding up all performance expectation rating scores and dividing that number by the number of performance expectations for which a numerical rating (other than "N") was given. Tab after you enter a number to get the total.

A. EMPLOYEE'S INITIAL PROBATIONARY OR INTERIM PERFORMANCE RATING:

(Total score of all performance expectations 0 ÷ Number of performance expectations rated = Employee Performance Rating)

Supervisor's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

Reviewer's Comments:

Employee's Signature: _____ Date: _____

(My signature indicates that this evaluation was discussed with me and does not indicate my agreement or disagreement.)

Employee's Comments:

B. EMPLOYEE'S FINAL PROBATIONARY OR ANNUAL PERFORMANCE RATING: 4.70

(Total score of all performance expectations 47 ÷ Number of performance expectations rated 10 = Employee Performance Rating 4.70)

- Employee HAS satisfactorily completed the probationary period for the position.
- Employee HAS NOT satisfactorily completed the probationary period for the position.

Supervisor's Signature: DJ Dmy Date: 7/28/05

Reviewer's Signature: Paul W. Craft Date: 7/28/05

Reviewer's Comments: Ms. McGregor is responsible for several of this Bureau's high profile successes during the last year. We could not have done it without her.

Employee's Signature: Kathleen McGregor Date: July 29, 2005

(My signature indicates that this evaluation was discussed with me and does not indicate my agreement or disagreement.)

Employee's Comments:

Part III - Lump-Sum Bonus Eligibility Certification

Part III is to be completed by the supervisor at the end of the annual evaluation period for the purpose of determining the employee's eligibility to be considered for a performance-based lump-sum bonus under the Department's *Lump-Sum Performance Bonus Plan*. In order to be considered for a lump-sum bonus, the employee must satisfy all eligibility criteria set forth below.

Please mark the appropriate box with an "X" to indicate that the employee meets (or does not meet) the eligibility criteria and then complete the certification below. A "No" answer to any of the questions will disqualify the employee from consideration for a lump-sum bonus for the current fiscal year.

(1) Employee is a full-time or part-time Career Service employee. YES NO

If employee is part-time, how many hours per week is the employee authorized to work? _____

(2) Employee was employed by the Department prior to July 1 of the current fiscal year and, as of July 1, was employed by the Department in a Career Service or Selected Exempt Service position and has been continually employed by the Department in such a position throughout the bonus distribution period. YES NO

(3) Employee has not been on leave without pay for more than six (6) months consecutively during the current fiscal year. YES NO

(4) Employee has had no sustained disciplinary action and has not been under the provisions of a Performance Improvement Plan (PIP) or corrective action plan during the current fiscal year. YES NO

CERTIFICATION

I hereby certify that the above-referenced employee IS ELIGIBLE IS NOT ELIGIBLE to be considered for a lump-sum bonus for the current fiscal year under the Department's Lump-Sum Bonus Policy.

Supervisor's Signature: David R. Drury

Printed Name: DAVID R. DRURY

Date: 7/28/05



Part III - Lump-Sum Bonus Eligibility Certification

Part III is to be completed by the supervisor at the end of the annual evaluation period for the purpose of determining the employee's eligibility to be considered for a performance-based lump-sum bonus under the Department's *Lump-Sum Performance Bonus Plan*. In order to be considered for a lump-sum bonus, the employee must satisfy all eligibility criteria set forth below.

Please mark the appropriate box with an "X" to indicate that the employee meets (or does not meet) the eligibility criteria and then complete the certification below. A "No" answer to any of the questions will disqualify the employee from consideration for a lump-sum bonus for the current fiscal year.

(1) Employee is a full-time or part-time Career Service employee. YES NO
If employee is part-time, how many hours per week is the employee authorized to work? _____

(2) Employee was employed by the Department prior to July 1 of the current fiscal year and, as of July 1, was employed by the Department in a Career Service or Selected Exempt Service position and has been continually employed by the Department in such a position throughout the bonus distribution period. YES NO

(3) Employee has not been on leave without pay for more than six (6) months consecutively during the current fiscal year. YES NO

(4) Employee has had no sustained disciplinary action and has not been under the provisions of a Performance Improvement Plan (PIP) or corrective action plan during the current fiscal year. YES NO

CERTIFICATION

I hereby certify that the above-referenced employee IS ELIGIBLE IS NOT ELIGIBLE to be considered for a lump-sum bonus for the current fiscal year under the Department's Lump-Sum Bonus Policy.

Supervisor's Signature: _____ *David R. Drury*

Printed Name: _____ *DAVID R. DRURY*

Date: _____ *7/28/05*



6 January, 2006

RECEIVED

JAN 06 2006

**DIV. OF ADMIN. SERVICES
HUMAN RESOURCES**

Mr. David Drury
Chief, Bureau of Voting Systems Certification
Division of Elections
The Collins Building, Room 231

David:

This is to inform you that I am tendering my resignation as Government Analyst I with the Division of Elections effective Friday, 20 January, 2006. If possible, I would like to use my personal holiday and 64 hours of my 185+ hours of comp time to fill up that period.


Kathleen McGregor

DEPARTMENT OF STATE

LEAVE AUDIT

EMPLOYEE NAME	Kathleen McGregor
SOCIAL SEC. #	[REDACTED]
DATES OF EMPLOYMENT	FROM: 01/05/2004 TO: 01/20/2006
CONT. GRED. SVC. DATE	01/05/2004
PAY PLAN	1

IS EMPLOYEE ELIGIBLE FOR PAYMENT OF:

ANNUAL LEAVE: YES _____ X _____ NO _____

SICK LEAVE: YES _____ NO _____

WILL LEAVE BE TRANSFERRED?

YES _____ NO _____ X _____

IF YES, WHAT AGENCY?

ENDING LEAVE BALANCES

ANNUAL _____ SICK _____

REGULAR COMP. _____ PRE ' 73 SICK _____

SPECIAL COMP. 0.0 _____ POST ' 73 SICK _____

LEAVE BALANCES WERE TRANSFERRED AS FOLLOWS:

ANNUAL _____ SICK _____
PRE ' 73 SICK _____

PLEASE PAY EMPLOYEE AS FOLLOWS;

ANNUAL 214.50 _____ SICK 0.00 _____

SPECIAL COMP. 58.25 _____ 1/8 OF PRE ' 73 SICK _____
1/4 OF POST ' 73 SICK _____

SIGNATURE _____ February 9, 2006 COPES

PERSONNEL ACTION REQUEST FORM

FORM STATUS: VIEW
EMPLOYEE MOVEMENT
Completed

Accessed by: [REDACTED] as PHILIP L WILLIAMS

Exit Print Form

I - PAR form 239747 was completed . Press the EXIT button to leave the PAR. Do not use the back button.

Type of Action

Employee Movement MV012 - Voluntary Separation	Reason Code 53 - Terminate Initiated - Employee	Last Day Paid 01/20/2006	Form Number 239747
---	--	-----------------------------	-----------------------

Name

Full Name KATHLEEN A MCGREGOR	Employee Number [REDACTED]
----------------------------------	-------------------------------

From Position

Position Title GOVERNMENT ANALYST I	Position Number 45000917	Pay Band/Grade 007	Position FTE 1.00
Broadband/Class Title MANAGEMENT ANALYSTS	Broadband/Class Number 13-1111-03	Job Type Career Service	Position Overlap <input type="checkbox"/>
Agency DOS - State	FLAIR Org Code 45100250000	Salary Range 27,542 - 70,881	
Bureau/Office Bureau of Voting System Certification	City TALLAHASSEE	County 037	
Office Location 00765	Telephone No 850-245-6220	SunCom No 205-6220	

Salary

	CURRENT	NEW
	Monthly	
Period		
Base Salary	2966.80	2966.80
On Call		
Lead Worker		
Agency Unique		
Market Based Pay		
Hazardous		
Trainer		
Temp Special Duty		
Comp Area Diff		
Uniform Allowance		
Military Allowance		
Total Period Salary	2966.80	2966.80

Is this appointment at the minimum for the class? No Yes If No, % above minimum (provide justification below)

Perquisites No Yes (If Yes, provide details in the Justification section)

Justification/Special Requests

None given.

Approval

Pos #	Title	Name	Status	Time Stamp	Reje
45000028	HUMAN RESOURCE/LABR RELATION COM	PHILIP L WILLIAMS	Submitted	01/20/2006 12:26:58	



DEPARTMENT OF STATE EMPLOYEE SEPARATION CHECKLIST

Employee Name: Kathleen Mc Gregor
 Division: Elections
 Title: GOVERNMENT Analyst I Position #: _____
 Last Day Worked: 20 January 2006 Eligible for Rehire? Yes No

REC
 DIV. OF
 HUMAN
 RESOURCES
 JAN
 17 2006
 IVE

Reason for Separation

- Transferring to another State Agency: _____
 Accepted a position outside State Government.
 Other: _____

Attachments to Separation Checklist

- | | | | | | | | |
|---|-----------------------------|------------------------------|---|---|-----------------------------|------------------------------|----------------------------------|
| YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | Employee's Resignation Letter | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> | American Express Corporate Card |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employee's Final Evaluation (for period from date of last evaluation to separation date). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Telephone Credit Card |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Final Monthly Attendance & Leave Report | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Key(s) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parking Tag | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | State Purchasing Card |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Capitol Access/ID Card | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other items: <u>See attached</u> |

Returned to Central Computing Facility (CCF)

- YES NO N/A Control Access Form (<http://dosintraweb/ccf/ccf/cacf.cfm>):
 Forward completed form to: Department of State, Central Computing Facility, MS #12

Leave Information

If eligible, does employee request payment for: Annual: Yes No Sick: Yes No
 If member of Sick Leave Pool and transferring to another State Agency, does employee wish for their SLP membership to transfer? Yes No
 Upon separation from State Government, an employee (with 12 months continuous service) may elect to donate up to 16 hours of unused/unpaid sick leave to the Department of State Sick Leave Pool. Yes No
 Number of Hours donated: _____

Final Paycheck Information

- Final Warrant to be picked up by employee: At Division At Human Resources Office
 Final Warrant to be mailed to 2404 BALSAM TERRACE TALLAHASSEE, FL 32303
 Forwarding address for year-end W-2 statement: SAME

CONTINUATION OF HEALTH INSURANCE: If you are leaving State Government, you may call the Office of Human Resources at 245-6550 for information on continuing your healthcare coverage under COBRA.

Kathleen Mc Gregor
 Signature of Employee
16 Jan 2006
 Date Signed

David R. Dancy
 Signature of Supervisor or Representative
1/17/06
 Date Signed

Forward completed Separation Checklist and appropriate items to:
 DEPARTMENT OF STATE, OFFICE OF HUMAN RESOURCES,
 MAIL STATION #2 107 W. GAINES STREET, THE COLLINS BUILDING, TALLAHASSEE, FL

Key Service Dates

Employee ID #: Ms KATHLEEN A MCGREGOR
Title: 45000917 - GOVERNMENT ANALYST I Agency: DOS - State

Key Service Dates->Overview

Effective Date	End Date	Date Type 1	Date 1	Date Type 2	Date 2
<input checked="" type="radio"/> 01/21/2006	12/31/9999	State Hire Date	01/05/2004	Agency Hire Date	01/05/2004
<input type="radio"/> 09/01/2004	01/20/2006	State Hire Date	01/05/2004	Agency Hire Date	01/05/2004

1/1

Key Service Dates->Details

State Hire Date	<input type="text"/> 01/05/2004		PHC/Phy Anniversary Date	<input type="text"/>
Agency Hire Date	<input type="text"/> 01/05/2004		Special Recognition Date	<input type="text"/>
Continuous Service Date	<input type="text"/>		Date of Separation	<input type="text"/> 01/21/2006
Creditable Service Months	<input type="text"/> 0024		Last Day Worked	<input type="text"/> 01/20/2006
SES/SMS Leave Acc. Months/Day	<input type="text"/> 00 / <input type="text"/> 00		Date of Retirement	<input type="text"/>
CS Leave Accrual Date	<input type="text"/> 01/05/2004		Date of Death	<input type="text"/>

Attachment to Separation Checklist for Kathleen McGregor:

Special DOS - Div of Elections Badge No. 9

Toshiba Laptop - DOS Property ID #00025142

Toshiba Laptop - DOS Property ID #99924813

Sony Ericsson EDGE PC Card GC83 - Two

Serial No: TE60013788

Serial No: TE60013802

Car Charger for State Cell Phone

Sprint PCS Phone No: 850-212-6918

DRD
1/17/06

RECEIVED

JAN 17 2006

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

MEMORANDUM

TO: Patsy Kinsey
Payroll Coordinator

FROM: David Vermette *DV*
A&L/Payroll manager

DATE: February 9, 2006

SUBJECT: Pay Actions

SS NUMBER	EMPLOYEE NAME	ACTION	HOURS
██████████	Michelene Lucas	Jan LWOP	32
██████████	Kathleen McGregor	Annual Leave Payout Special Comp Payout	214.50 58.25
██████████	Nancy Whitfield	Annual Leave Payout	336.75

CC: Lavonne Bright

Patsy:
Do not process payouts until
Thursday. Thanks
Dave

FROM

EMPLOYEE

SOCIAL SECURITY# POS # POS F.T.E SVC EFFECTIVE DATE
 ██████████ 945241 0 00 09/23/02

EMPLOYEE NAME
 MCGREGOR, KATHLEEN

COPEZ ORGANIZATION
 451001100000000000000000 OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 91 OPS TEMPORARY APPOINTMENT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 0709 00 Y 0000

OFFICIAL CLASS TITLE
 OPS WRITER

TO

EMPLOYEE

SOCIAL SECURITY# POS # POS F.T.E SVC EFFECTIVE DATE
 ██████████ 945241 0 00 01/04/04

EMPLOYEE NAME
 MCGREGOR, KATHLEEN

COPEZ ORGANIZATION
 451001100000000000000000 OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 91 OPS TEMPORARY APPOINTMENT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 0709 00 Y 0000

OFFICIAL CLASS TITLE
 OPS WRITER

ACTION

98 MISCELLANEOUS CHANGE

ACTION

06 SEPARATION

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	0	0	12	12	1

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF	APPRAISAL
01	00	.00	ZZ	0000		

SAMAS ACCOUNT CODE INTER DEPT.
 45101000132451001000010451000 01100003VF

SAMAS ORGANIZATION
 45100110000 OFFICE OF THE DIVISION DIRECTOR

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	0	0	12.00	12.00	1

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF	APPRAISAL
01	00	.00	ZZ	0000		

SAMAS ACCOUNT CODE INTER DEPT.
 45101000132451001000010451000 01100003VF

SAMAS ORGANIZATION
 45100110000 OFFICE OF THE DIVISION DIRECTOR

LEAVE WITHOUT PAY

HOURS	FROM	TO
0		

LEAVE WITHOUT PAY

HOURS	FROM	TO
0		

LOCATION

LOCATION	PHYSICAL COUNTY	HEADQUARTER COUNTY
TALLAHASSEE	LEON	LEON

LOCATION

LOCATION	PHYSICAL COUNTY	HEADQUARTER COUNTY
TALLAHASSEE	LEON	LEON

SEPARATIONS AND TERMINAL LEAVE

REASONS FOR SEPARATION	ANNUAL	SICK PRE 73	POST 73	SPC. COMP
END OF APPOINTMENT PERIOD	0	0	0	0

ANNUAL PAID	SICK PAID	SPECIAL COMP PAID

COMMENTS

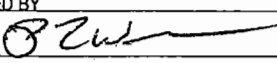
ADD'L COMP:	TRAIN	HAZARDOUS	COORD	TEMP SPEC
	000.00	000.00	000.00	000.00

BROADBAND CODE:	PAYBAND CODE:
43-6011-2	003

EXECUTIVE SEC & ADMIN ASSISTANTS

AGY EXPIRE DATE 00/00/0000 AGY EXP HRS 0.00 TOT LIMIT HRS 1018.50

REQUESTED BY _____ DATE _____

APPROVAL  _____ DATE 7/6/04

Employee Group/Subgroup

Object ID:

Object Type:

Employee Group/Subgroup->Overview

	Position ID	Description	Effective Date	End Date
<input checked="" type="radio"/>	45000917	GOVERNMENT ANALYST I	04/19/2003	12/31/9999
<input type="radio"/>	45000917	GOVERNMENT ANALYST I	04/01/2003	04/18/2003

1/1

Employee Group/Subgroup->Details

Effective Date * End Date *

Position * GOVERNMENT ANALYST I

Employee Group *

Employee Subgroup *

Additional Attributes

Object ID: 45000917 GOVERNMENT ANALYST I

Object Type: Position

Additional Attributes->Overview

Position ID	Description	Effective Date	End Date
45000917	GOVERNMENT ANALYST I	04/19/2003	12/31/9999
45000917	GOVERNMENT ANALYST I	04/01/2003	04/18/2003

1/1

Menu New

Additional Attributes->Details

Effective Date: 04/19/2003* End Date: 12/31/9999*

Position: 45000917 GOVERNMENT ANALYST I

Date Established: 10/10/1990* Bond Indicator:

Function Code: 0000 Abuse Screen:

Contract Length: 12 Drug Screen:

Number of Pay Periods: 0.0 Instructor Indicator:

Sworn/Certified:

Security Level Check: 0 - No security screen required

Security Check Reason: N - Security check not required

Rescreen Nbr of Months: 000

Shift Code: REGULAR - REGULAR*

Default Work Schedule: 5-08 - Five days a week / 8 hours a day

FLSA Work Period:

DL Class: N - FL No DL Required*

HSMV City Location:

HSMV Location Code: 0000

HSMV Troop Assignment: 00 -

Edit Save Cancel

FROM

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 000000 POS F.T.E 0 SVC 00 EFFECTIVE DATE 0

EMPLOYEE NAME

COPE'S ORGANIZATION

APPOINTMENT TYPE 00 APPOINTMENT STATUS STATUS EXPIRE

PAY PLAN CLASS CBU INCL. ANNIV. DATE

00 00 0000

OFFICIAL CLASS TITLE

TO

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 945241 POS F.T.E 0 SVC 00 EFFECTIVE DATE 11/24/03

EMPLOYEE NAME

MCGREGOR, KATHLEEN

COPE'S ORGANIZATION 451001100000000000000000 OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE 91 APPOINTMENT STATUS OPS TEMPORARY APPOINTMENT STATUS EXPIRE

PAY PLAN CLASS CBU INCL. ANNIV. DATE

0709 00 Y 0000

OFFICIAL CLASS TITLE

OPS WRITER

ACTION

00

ACTION

01 ORIGINAL APPOINTMENT

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
	0	0	0	0	0

CAD LEADWORKER SHIFT ON CALL CONTACT OTHER

.00 .00 .00 .00 .00 .00

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL

00 00 .00 0000

SAMAS ACCOUNT CODE INTER DEPT.

SAMAS ORGANIZATION

00000000000 OFFICE OF THE DIVISION DIRECTOR

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	0	0	12.00	12.00	1

CAD LEADWORKER SHIFT ON CALL CONTACT OTHER

.00 .00 .00 .00 .00 .00

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL

01 00 .00 ZZ 0000

SAMAS ACCOUNT CODE INTER DEPT.

45101000132451001000010451000 01100003VF

SAMAS ORGANIZATION

45100110000 OFFICE OF THE DIVISION DIRECTOR

LEAVE WITHOUT PAY

HOURS FROM TO

LEAVE WITHOUT PAY

HOURS FROM TO

0

LOCATION

LOCATION PHYSICAL COUNTY HEADQUARTER COUNTY

UNKNOWN UNKNOWN

LOCATION

LOCATION PHYSICAL COUNTY HEADQUARTER COUNTY

TALLAHASSEE LEON LEON

SEPARATIONS AND TERMINAL LEAVE

REASONS FOR SEPARATION	ANNUAL	SICK PRE 73	POST 73	SPC. COMP
	0	0	0	0

ANNUAL PAID SICK PAID SPECIAL COMP PAID

COMMENTS

ADD'L COMP:	TRAIN	HAZARDOUS	000.00	000.00
COORD	000.00	TEMP SPEC	000.00	000.00

BROADBAND CODE: PAYBAND CODE: EXECUTIVE SEC & ADMIN ASSISTANTS

AGY EXPIRE DATE 00/00/0000 AGY EXP HRS 0.00 TOT LIMIT HRS 794.50

REQUESTED BY: [Signature] DATE 11/26/03

APPROVAL: [Signature] DATE 11/26/03

DEPARTMENT OF STATE OPS CHECKLIST

EMPLOYEE NAME: Kathleen McGregor

DIVISION: Elections

HIRE DATE: 24 Nov. 2003

I hereby acknowledge that I have attended and completed the Department of State's New Employee Orientation on the date indicated below and that I completed the forms and was provided with copies of the documents listed herein. I further acknowledge that the Department of State provided me with training and/or instruction on sexual harassment in the workplace, including the types of behaviors that can be considered sexual harassment, during my New Employee Orientation.

I understand that it is my responsibility to read and familiarize myself with all agency policies and procedures and I agree to comply with the provisions contained therein. I further understand that my failure to comply with agency policies and/or procedures may result in disciplinary action, up to and including dismissal.

- W-4 CARD
- EDUCATIONAL PROGRAM VERIFICATION
- AFFIDAVIT (CURRENT STATE EMPLOYMENT)
- ADDENDUM TO APPLICATION (EMPLOYMENT OF RELATIVES)
- EMPLOYMENT ELIGIBILITY VERIFICATION (VERIFICATION OF CITIZENSHIP)
- OPS INFORMATION
- OPS PAY SCHEDULE
- SEXUAL HARASSMENT POLICY & ACKNOWLEDGEMENT
- VIOLENCE IN THE WORKPLACE POLICY
- CORVEL HANDBOOK (WORKER'S COMPENSATION)
- INTERNET AND E-MAIL POLICY
- POLICY GUIDELINES FOR ELECTRONIC MESSAGES
- RULES OF CONDUCT
- VEHICLE POLICY

Kathleen McGregor
SIGNATURE

25 Nov. 2003
DATE

**DEPARTMENT OF STATE
AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF: LEON

RECEIVED

NOV 24 2003
DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

I affirm that:

I am not currently employed either part-time or full-time by another state agency of the State of Florida, in any capacity, including Other Personal Services (OPS).

OR

I am currently employed either part-time or full-time by another state agency of the State of Florida, in some capacity, including Other Personal Services (OPS).

Name of Agency

Position Title


I further affirm that I will support, protect and defend the Constitution and Government of the United States and of the State of Florida when employed by or an officer of the Department of State and recipient of public funds as such employee or officer.

Kathleen McGregor
Signature

Kathleen McGregor
Print or Type Name

Affirmed and subscribed before me on this 24th day of November 2003

Kathy J. McCullars
(Signature of Notary Public - State of Florida)

 Kathy J. McCullars
MY COMMISSION # DD155297 EXPIRES October 31, 2006
(Print, Type or Stamp Commission Name of Notary Public)

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced: FL DL

DEPARTMENT OF STATE
Appointment Action Form

logged
in
pw

This section to be completed by hiring Division, please complete all appropriate blanks.

LAST: McGregor FIRST: Kathleen M.I. A SS#: [REDACTED]

ADDRESS: 3436 Thresher Drive CITY: Tallahassee ST FL ZIP CODE 32312

HOME PHONE: 850-224-4095

POSITION #: 945241 TITLE: OPS Writer CLASS CODE: _____

EFFECTIVE DATE OF APPT: 11/24/03 TIME: 8 AM JOA NO.: _____ OR RECLASSIFICATION: Y N

SAMAS ACCOUNT CODE (29 DIGITS): 45101000132451001000003000000 EO NO.: 11VF

PAYROLL ORG CODE NO.: 451001\$0 HIRED FROM PROMO/REASSIGN FILE: Y N

CAREER SERVICE/SES/SMS ONLY

TYPE OF APPOINTMENT:

Select Type: (choose one...)

CHOOSE ONE: (see note*)

Monthly Salary: _____ Minimum Salary Above Min. % Promotional Increase _____

Career Service (choose one...) F.T.E.: 1.00 .50 Appointment Status: (choose one...)

If hired from another state agency, list agency name: _____

*NOTE: Original salary that is above the minimum or promotional increase above 10% must have justification stated and is subject to approval of Assistant Secretary.

RECEIVED
NOV 21 2003
DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

COMPLETE THIS SECTION FOR OPS ONLY

OPS Hours per week 40 Temporary: (1040 hours within 12 months) Other: (choose one...)
Funding Change Only Hourly Salary: 12.00 *(If student, attach copy of registrations/schedule)

Division: Elections Bureau: Voting Sys Certification Section: _____

Work Location: Room 231, Collins Building, Tallahassee, FL 32399-0250
(Building, Address, and Zip Code) Work Phone: 850-245-6220

Name and Title of Immediate Supervisor: Paul Craft Phone: 850-245-6220

Hired under Veterans' preference rule: Y N Agency Rehire: Y N

(Disable Veteran Probationary Period = 12 months)

Relative of DOS employee: Y N EEO INFO: Race W White Sex: F M DOB: 5/12/58

Form completed by: Paul W. Craft

APPROVAL: Sarah Jane Bradshaw DIVISION DIRECTOR DATE 11/21/03

alt

THIS SECTION TO BE COMPLETED BY OFFICE OF HUMAN RESOURCES:

Citizen: _____ Marital Status: _____ W-4 Allowance: _____ Selective Service #: _____

APPROVALS:

Assistant Secretary of State/Chief of Staff Date: _____

Deputy Secretary of State Date: 11/21/03

Human Resources Date: 11/24/03

IMPORTANT: This form MUST BE PRINTED ON YELLOW PAPER

**DEPARTMENT OF STATE
ADDENDUM TO APPLICATION**

List all relatives currently employed by the Department of State (Secretary of State's Office):

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DIVISION (if known)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please print 'none' below if you have no relatives employed by the Department of State (Secretary of State's Office):

5. None

Kathleen McGregor
Signature

Kathleen McGregor
Print Name

11/25/03
Date

EMPLOYEE ACKNOWLEDGEMENT

In order to provide the most timely and suitable quality medical care in the event of an injury on the job, we have instituted a Managed Care Program for Workers' Compensation with the CorCare Network and CorVel Corporation.

The following procedures must be followed for all work-related injuries and illnesses. It is important to note that Florida Statute 440.134(17) states "...Treatment received outside the Workers' Compensation Managed Care Arrangement is not compensable unless authorized by the carrier prior to the treatment date."

- Report promptly any work-related injury to the supervisor.
- Follow the Primary Care Physician or "PCP's" instructions for any medical specialist referral or treatment.
- Ensure all medical treatment is handled only through the PCP (Primary Care Physician).
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- Follow established grievance procedures to resolve any dissatisfaction with medical treatment. I understand that a grievance form and a copy of the grievance procedures will be provided to me in the event that I am injured on the job.
- A directory of medical care providers and a manual explaining fully the managed care process is available at my request through my employer.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury and your duties under our Managed Care Program.

KATHLEEN MCGREGOR
Print Name

25 Nov. 2003
Date

Kathleen McGregor
Employee Signature

Employer Representative

AN EMPLOYEE MANUAL, AS WELL AS A COPY OF THE CORCARE PPO DIRECTORY
IS MADE AVAILABLE FROM YOUR EMPLOYER OR ADJUSTER UPON YOUR REQUEST.

DEPARTMENT OF STATE VEHICLE POLICY

Your job duties may require the use of a state vehicle. Any state vehicle you are assigned is your responsibility and shall be used only for the conduct of official state business. Any misuse, abuse, or unauthorized use of such vehicle or any other state vehicle will result in dismissal if such misuse, abuse or unauthorized use occurs during your probationary period. Such misuse, abuse or unauthorized use occurring after you have gained permanent status will result in disciplinary action in accordance with the Department of State "Standards for Disciplinary Action". State vehicles are not for your personal use and shall not be used for such purpose.

You may not have additional keys made. If you do so, this will be considered a willful violation of rules, regulations, and policies and will be dealt with in accordance with the "Standards for Disciplinary Action" as contained in the Employee Handbook. Also, please remember to utilize the safety belts. Failure to do so may also result in disciplinary action.

Should you have any questions or desire additional information concerning this matter, please contact the Human Resources office. Drive carefully.

I acknowledge having read these instructions and fully understand my responsibility.


Signature


Date



RECEIVED

JAN 12 2004

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Jeb Bush
Governor

STATE OF FLORIDA
DEPARTMENT OF STATE

DIVISION OF ELECTIONS

Glenda E. Hood
Secretary of State

MEMORANDUM

TO: Edward C. Kast - Director

FROM: Paul W. Craft, Chief, Bureau of Voting Systems Certification *Paul*

DATE: January 6, 2004

SUBJECT: Reorganization of the Bureau of Voting System Certification.

As we have discussed, recent personnel changes, a number of new certification and HAVA projects, and the beginning of the 2004 election cycle required re-examination of the resources that I have committed to the various projects and programs in the Bureau. The package of documents accompanying this memorandum is intended to reorganize the bureau, in a manner which I believe will best position the Bureau and its staff to meet the many challenges that await in the next few months.

The package accomplishes the following:

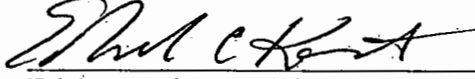
- Requests the Announcement of Vacant Position # 001006, the manager of the Voting Systems Certification Program
- Transfers supervision of Computer Programmer Position #001013 to Position # 00305, the Chief of Corporate Applications and System Support – DOS
- Transfers supervision of Systems Project Analyst Position #001014 to Position # 00305, the Chief of Corporate Applications and System Support - DOS
- Transfers supervision of Systems Project Consultant Position #001015 to Position # 00305, the Chief of Corporate Applications and System Support – DOS
- Changes the PD of position # 00305 to reflect supervision of positions # 001013, 001014, and 001015.
- Reclassifies position # 01009 from a Public Relations Specialist to an Administrative Assistant I
- Temporarily appoints OPS Administrative Assistant, Amber Barrett to position #01009. *Exp. 1/7/04 km*
- Changes the PD of position # 00091 to reflect the reclassification in subordinate position #01009 and the loss of position #01007.
- Updates the Duties and KSA's of Management Analyst Position # 000917 to reflect the needs for that position.
- Temporarily appoints OPS Management Analyst, Kate McGregor to position # 000917

- Updates the Duties and requirements of Systems Project Consultant position #00918 to reflect the assignment of duties as a voting systems examiner and the additional requirements for Travel, extended work hours.
- Grants a Special Salary increase of 5% to Rebekah Neitzel, the incumbent of position #00918 for assuming significant additional duties and responsibilities.
- Grants a Special Salary increase of 5% to Sandy Tremaine, the incumbent of position number 000986, for effectively handling an increased workload in recent months.

I would like to make all these changes effective as of January 5, 2004.

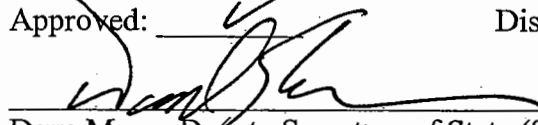
Please give me a call if you have any questions.

Approved: ✓ Disapproved: _____



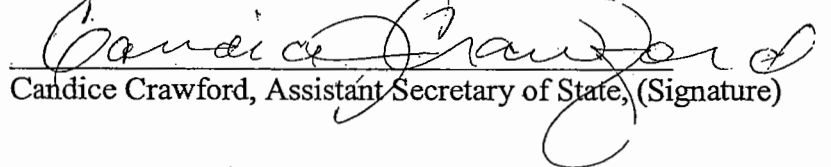
Ed Kast, Director (Signature)

Approved: ✓ Disapproved: _____



Dave Mann, Deputy Secretary of State (Signature)

Approved: ✓ Disapproved: _____



Candice Crawford, Assistant Secretary of State, (Signature)

Williams, Philip

From: McGregor, Kathleen A "Kate"
Sent: Friday, July 02, 2004 11:47 AM
To: Williams, Philip
Cc: Craft, Paul; Drury, David R.
Subject: Resignation

Philip,

This is to inform you that I'm resigning my OPS position with the Division of Elections effective January 4, 2004 in order to pursue a full-time job. If you have any questions, please do not hesitate to contact me.

Kate McGregor

DEPARTMENT OF STATE Appointment Action Form

*100524
15W*

This section to be completed by hiring Division, please complete all appropriate blanks.

LAST: McGregor FIRST: Káthleen M.I. A SS#: [REDACTED]
 ADDRESS: 3436 Thresher Drive CITY: Tallahassee ST FL ZIP CODE 32312
 HOME PHONE: 850-224-4095
 POSITION #: 00917 TITLE: Mangement Analysts GOV ANALYST I CLASS CODE: 2224
 EFFECTIVE DATE OF APPT: 1/5/04 TIME: 8 AM JOA NO.: _____ OR RECLASSIFICATION: Y N
 SAMAS ACCOUNT CODE (29 DIGITS): 45101000132451001000003000000 EO NO.: 11
 PAYROLL ORG CODE NO.: 45100150 HIRED FROM PROMO/REASSIGN FILE: Y N

CAREER SERVICE/SES/SMS ONLY

TYPE OF APPOINTMENT:

Select Type: Original

CHOOSE ONE: (see note*)

Monthly Salary: \$2,863.71 Minimum Salary Above Min. % Promotional Increase % Current Salary

Career Service Career Service F.T.E.: 1.00 .50 Appointment Status: Temporary
OVERLAP

If hired from another state agency, list agency name: _____

***NOTE:** Original salary that is above the minimum or promotional increase above 10% must have justification stated and is subject to approval of Assistant Secretary.

COMPLETE THIS SECTION FOR OPS ONLY

OPS Hours per week 40 Temporary: (1040 hours within 12 months) Other : (choose one...)
 Funding Change Only Hourly Salary: _____ *(If student, attach copy of registrations/schedule)

Division: Elections Bureau: Voting Sys Certification Section: _____
 Work Location: Room 231, Collins Building, Tallahassee, FL 32399-0250
 (Building, Address, and Zip Code) Work Phone: 850-245-6220
 Name and Title of Immediate Supervisor: Paul Craft Phone: 850-245-6220
 Hired under Veterans' preference rule: Y N Agency Rehire: Y N
 (Disable Veteran Probationary Period = 12 months)
 Relative of DOS employee: Y N EEO INFO: Race W White Sex: F M DOB: 5/12/58
 Form completed by: Paul W. Craft

APPROVAL: Paul Craft DIVISION DIRECTOR DATE _____

RECEIVED

THIS SECTION TO BE COMPLETED BY OFFICE OF HUMAN RESOURCES:

Citizen: _____ Marital Status: _____ W-4 Allowance: _____ Selective Service #: _____

APPROVALS: [Signature]
Assistant Secretary of State/Chief of Staff
[Signature]
Deputy Secretary of State
[Signature]
Human Resources

JAN 09 2004

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Date: _____
 Date: 1/7/04
 Date: 1/13/04

IMPORTANT! This form MUST BE PRINTED ON YELLOW PAPER

DEPARTMENT OF STATE NEW EMPLOYEE CHECKLIST

EMPLOYEE NAME: Kathleen McGregor

POSITION TITLE: Analyst

HIRE DATE: 5 Jan. 2004

I hereby acknowledge that I have attended and completed the Department of State's New Employee Orientation on the date indicated below and that I completed the forms and was provided with copies of the documents listed herein. I further acknowledge that the Department of State provided me with training and/or instruction on sexual harassment in the workplace, including the types of behaviors that can be considered sexual harassment, during my New Employee Orientation.

I understand that it is my responsibility to read and familiarize myself with all agency policies and procedures and I agree to comply with the provisions contained therein. I further understand that my failure to comply with agency policies and/or procedures may result in disciplinary action, up to and including dismissal.

FORMS COMPLETED:

RECEIVED

JAN 13 2004

DIV. OF ADMN. SERVICES
HUMAN RESOURCES

- W-4 CARD
- AFFIDAVIT (CURRENT STATE EMPLOYMENT)
- ADDENDUM TO APPLICATION (EMPLOYMENT OF RELATIVES)
- EMPLOYMENT ELIGIBILITY VERIFICATION (I-9 FORM VERIFICATION OF CITIZENSHIP)
- STATE VEHICLE OPERATION RULES
- CERTIFICATION OF PRIOR STATE SERVICE
- DIRECT DEPOSIT POLICY CERTIFICATION OF ACKNOWLEDGEMENT
- DIRECT DEPOSIT AUTHORIZATION FORM
- CORVEL EMPLOYEE ACKNOWLEDGMENT FORM

DOCUMENTS PROVIDED:

- DEPARTMENT OF STATE EMPLOYEE HANDBOOK (Rev. 8/2003) & ACKNOWLEDGMENT
- ATTENDANCE AND LEAVE POLICY & PROCEDURES (Rev. 10/2000)
- CAREER SERVICE GRIEVANCE PROCEDURE
- CELLULAR TELEPHONE USAGE POLICY
- RULES OF CONDUCT & STANDARDS FOR DISCIPLINARY ACTION (Rev. 1/23/2002)

- NON-DISCRIMINATION AND SEXUAL HARRASSMENT POLICY (Rev. 1/3/03)
- INTERNET AND E-MAIL POLICY (Rev. 1/5/01)
- POLICY GUIDELINES FOR ELECTRONIC MESSAGES
- PUBLIC EMPLOYEE PERFORMANCE PLANNING & EVALUATION SYSTEM POLICY AND PROCEDURES
- FAMILY MEDICAL LEAVE ACT INFORMATION
- LUMP-SUM BONUS AWARDS POLICY
- MENTORING/COMMUNITY VOLUNTEER POLICY
- CARDHOLDER PURCHASING CARD PROGRAM POLICY
- SALARY ADDITIVES POLICY
- SICK LEAVE POOL POLICY
- INTERAGENCY SICK LEAVE TRANSFER POLICY
- TRAVEL & INCIDENTAL EXPENSE REVOLVING FUND POLICY
- TRAVEL POLICY
- TUITION ASSISTANCE POLICY
- VIOLENCE IN THE WORKPLACE POLICY
- WORKERS' COMPENSATION HANDBOOK (CORVEL CORPORATION)
- STATE EMPLOYEE BENEFITS PACKAGE **

** I understand that state employee insurance enrollment forms of insurance policies must be submitted within the first 60 days of initial employment. If enrollment forms are submitted at a later date, I understand that they will only be accepted during the annual open enrollment period or if accompanied by a medical statement form subject to approval by the Administrator.

Athleen McHargue
EMPLOYEE SIGNATURE

13 Jan 2004
DATE OF RECEIPT

DRIVER LICENSE
CLASS E
Florida



The Sunshine State

LICEN
MBER

M262-501-58-672-0

KATHLEEN A MCGREGOR
1801 LEHMAN ST
EAU CLAIRE, WI 54701

BIRTH DATE	SEX	HGT.	REST.	ENDORSE.
05-12-58	F	5-03		
ISSUED	EXPIRES	DUPLICATE		
04-30-03	05-12-07	00-00-00		

Kathleen McGregor



ORGAN DONOR

X060304307490

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

DRIVER LICENSE
CLASS E
Florida



LICENSE NUMBER
M262-50-58-672-0

KATHLEEN A. McREGOR
1801 LEHMAN ST
EAU CLAIRE, WI 54701

BIRTH DATE	SEX	HGT.	REST.	ENDORSE.
05-12-58	F	5-03		

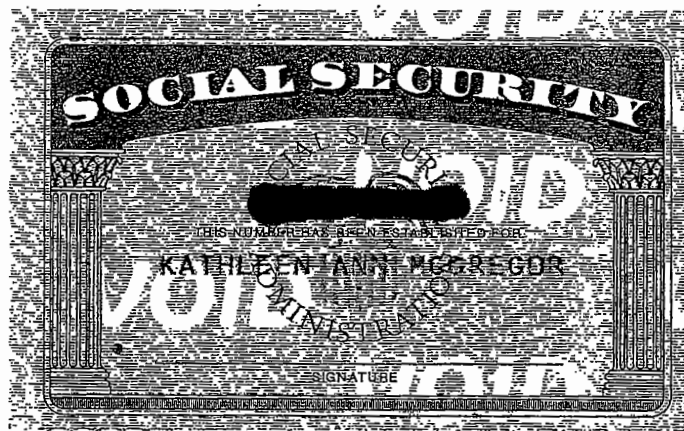
ISSUED	EXPIRES	DUPLICATE
04-30-03	05-12-07	00-00-00

Kathleen McRegor



ORGAN DONOR
X060304307490

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



**DEPARTMENT OF STATE
CERTIFICATION OF PRIOR STATE SERVICE**

Kathleen McGregor
NAME

N/A
PRIOR NAME

[REDACTED]
SOCIAL SECURITY NUMBER

Elections
DIVISION

5 Jan. 2004
HIRE DATE

Please indicate below all state agencies where you were previously employed. **Do not include O.P.S. or Contract employment.**

AGENCY	DATE(S) OF EMPLOYMENT
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____

Check here if 'none'

Kathleen McGregor
SIGNATURE

13 Jan. 2004
DATE

CC: Attendance and Leave

**DEPARTMENT OF STATE
CERTIFICATION OF PRIOR STATE SERVICE**

Kathleen McGregor
NAME

N/A
PRIOR NAME

[REDACTED]
SOCIAL SECURITY NUMBER

ELECTIONS
DIVISION

5 Jan. 2004
HIRE DATE

Please indicate below all state agencies where you were previously employed. Do not include O.P.S. or Contract employment.

AGENCY

DATE(S) OF EMPLOYMENT

_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____

Check here if 'none'

Kathleen McGregor
SIGNATURE

13 Jan. 2004
DATE

CC: Attendance and Leave

REPORT OF PERSONNEL ACTION

DATE PRINTED 01/14/04 DOCUMENT 001
 EMPLOYEE MCGREGOR, KATHLEEN

FROM

EMPLOYEE

SOCIAL SECURITY# [REDACTED] POS# 000000 POS F.T.E 0 SVC 01 EFFECTIVE DATE

EMPLOYEE NAME

COPEL ORGANIZATION
 00000000000000000000000000000000

APPOINTMENT TYPE 00 APPOINTMENT STATUS STATUS EXPIRE

PAY PLAN CLASS CBU INCL. ANNIV. DATE

TITLE

TO

EMPLOYEE

SOCIAL SECURITY# [REDACTED] POS# 000917 POS F.T.E 1 SVC 01 EFFECTIVE DATE 01/05/04

EMPLOYEE NAME MCGREGOR, KATHLEEN

COPEL ORGANIZATION
 45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATIO

APPOINTMENT TYPE 01 APPOINTMENT STATUS TEMPORARY STATUS EXPIRE 07/05/04

PAY PLAN CAREER SERVICE CLASS 2224 CBU 05 INCL. N ANNIV. DATE 0105

TITLE GOVERNMENT ANALYST I

ACTION

00

ACTION

01 ORIGINAL APPOINTMENT

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	2863.71	2863.71	16.52	16.52	1

CAD LEADWORKER SHIFT ON CALL CONTACT OTHER

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL

SAMAS ACCOUNT CODE INTER DEPT.

SAMAS ORGANIZATION
 000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	2863.71	2863.71	16.52	16.52	1

CAD LEADWORKER SHIFT ON CALL CONTACT OTHER

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL

01 00 .00 HA 0000 NEW IN POSITION

SAMAS ACCOUNT CODE INTER DEPT.

45101000132451001000001000000 BUREAU OF VOTING SYSTEMS CERTIFICATION

LEAVE WITHOUT PAY

HOURS FROM TO

LEAVE WITHOUT PAY

HOURS FROM TO

LOCATION

LOCATION PHYSICAL COUNTY HEADQUARTER COUNTY

UNKNOWN UNKNOWN

LOCATION

LOCATION PHYSICAL COUNTY HEADQUARTER COUNTY

LEON LEON

SEPARATIONS AND TERMINAL LEAVE

REASONS FOR SEPARATION	ANNUAL	SICK PRE 73	POST 73	SPC. COMP
	0	0	0	0

ANNUAL PAID SICK PAID SPECIAL COMP PAID

COMMENTS

ADD'L COMP: TRAIN 000.00 HAZARDOUS 000.00 ADD'L COMP: TRAIN 000.00 HAZARDOUS 000.00

COORD 000.00 TEMP SPEC 000.00 COORD 000.00 TEMP SPEC 000.00

BROADBAND CODE: PAYBAND CODE: MANAGEMENT ANALYSTS

REQUESTED BY APPROVAL *[Signature]* DATE 01/14/04

REPORT OF PERSONNEL ACTION

DATE PRINTED 01/14/04 DOCUMENT 001
 EMPLOYEE MCGREGOR, KATHLEEN

FROM

EMPLOYEE

SOCIAL SECURITY# ██████████ POS# 000000 POS F.T.E 0 SVC 01 EFFECTIVE DATE

EMPLOYEE NAME

COPEL ORGANIZATION
 00000000000000000000000000000000

APPOINTMENT TYPE 00 APPOINTMENT STATUS STATUS EXPIRE

PAY PLAN CLASS CBU INCL. ANNIV. DATE

TITLE

TO

EMPLOYEE

SOCIAL SECURITY# ██████████ POS# 000917 POS F.T.E 1 SVC 01 EFFECTIVE DATE 01/05/04

EMPLOYEE NAME MCGREGOR, KATHLEEN

COPEL ORGANIZATION
 45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATIO

APPOINTMENT TYPE 01 APPOINTMENT STATUS TEMPORARY STATUS EXPIRE 07/05/04

PAY PLAN CAREER SERVICE CLASS 2224 CBU 05 INCL. N ANNIV. DATE 0105

TITLE GOVERNMENT ANALYST I

ACTION

00

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00
W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
00	00	.00	0000		

SAMAS ACCOUNT CODE INTER DEPT.

SAMAS ORGANIZATION
 000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION

ACTION

01 ORIGINAL APPOINTMENT

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	2863.71	2863.71	16.52	16.52	1
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00
W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	00	.00	HA	0000	NEW IN POSITION

SAMAS ACCOUNT CODE 45101000132451001000001000000 INTER DEPT. 0150000011

SAMAS ORGANIZATION
 45100150000 BUREAU OF VOTING SYSTEMS CERTIFICATION

LEAVE WITHOUT PAY

HOURS FROM TO

0

LEAVE WITHOUT PAY

HOURS FROM TO

0

LOCATION

LOCATION PHYSICAL COUNTY HEADQUARTER COUNTY

UNKNOWN UNKNOWN

LOCATION

LOCATION PHYSICAL COUNTY HEADQUARTER COUNTY

LEON LEON

SEPARATIONS AND TERMINAL LEAVE

REASONS FOR SEPARATION	ANNUAL	SICK PRE 73	POST 73	SPC. COMP
	0	0	0	0
ANNUAL PAID	SICK PAID		SPECIAL COMP PAID	

COMMENTS

ADD'L COMP: TRAIN 000.00 HAZARDOUS 000.00 ADD'L COMP: TRAIN 000.00 HAZARDOUS 000.00
 COORD 000.00 TEMP SPEC 000.00 COORD 000.00 TEMP SPEC 000.00

BROADBAND CODE: PAYBAND CODE: MANAGEMENT ANALYSTS BROADBAND CODE: 13-1111-3 PAYBAND CODE: 007

REQUESTED BY APPROVAL *[Signature]* DATE 01/14/04

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge having received the State of Florida Employee Handbook. I accept my responsibility to read and understand this handbook, including the State's policy on discipline and standards of conduct. I understand the topics discussed in this handbook represent the general policies of the State and that my employing agency may impose additional requirements, depending upon the nature of my position and the authority granted by the agency.

Employee Name: Kathleen McGregor
(Please print)

Kathleen McGregor 13 Jan 2004
Employee Signature Date

OATH OF LOYALTY

STATE OF FLORIDA
COUNTY OF LEON

I, Kathleen McGregor, a citizen or authorized non-citizen of the State of Florida and of the United States of America, and being employed by or an officer of the Department of State and a recipient of public funds as such employee or officer, do hereby solemnly swear and affirm that I will support the Constitutions of the United States of America and the State of Florida.

Kathleen McGregor
Signature

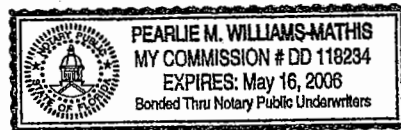
Sworn to and subscribed before me
this 13th day of January
2004.

Personally known or produced identification

Type of Identification Produced Passport

Pearlie M. Williams Mathis
NOTARY

(SEAL)



Please sign and return this acknowledgement through your supervisor to the People First Service Center.

**DEPARTMENT OF STATE
AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF: LEON

I affirm that:

I am not currently employed either part-time or full-time by another state agency of the State of Florida, in any capacity, including Other Personal Services (OPS).

OR

I am currently employed either part-time or full-time by another state agency of the State of Florida, in some capacity, including Other Personal Services (OPS).

Name of Agency

Position Title

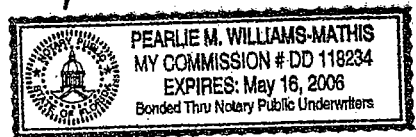
I further affirm that I will support, protect and defend the Constitution and Government of the United States and of the State of Florida when employed by or an officer of the Department of State and recipient of public funds as such employee or officer.

Kathleen McGregoe
Signature

Kathleen McGregoe
Print or Type Name

Affirmed and subscribed before me on this 13th day of January, 2004

Pearlie M. Williams Mathis
(Signature of Notary Public - State of Florida)



(Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known _____ **OR** Produced Identification

Type of Identification Produced: Passport

**DEPARTMENT OF STATE
ADDENDUM TO APPLICATION**

List all relatives currently employed by the Department of State (Secretary of State's Office):

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DIVISION (if known)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please print 'none' below if you have no relatives employed by the Department of State (Secretary of State's Office):

5. NONE


Signature

KATHLEEN MCGREGOR
Print Name

13 JANUARY 2004
Date

ACKNOWLEDGMENT OF RECEIPT

DEPARTMENT OF STATE NON-DISCRIMINATION
AND SEXUAL HARASSMENT POLICY
(ANNUAL ACKNOWLEDGMENT 2006)

I hereby acknowledge that I have received, reviewed, understand, and agree to comply with the Department of State's *Non-Discrimination and Sexual Harassment Policy (Rev. 1/03/03)*. I understand that violation of this policy may result in disciplinary action, up to and including termination of employment.

Kathleen McGregor
Name - Printed

Kathleen McGregor
Signature

Elections
Division

4 January, 2006
Date

RECEIVED

JAN 09 2006

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES


DEPARTMENT OF STATE VEHICLE POLICY

Your job duties may require the use of a state vehicle. Any state vehicle you are assigned is your responsibility and shall be used only for the conduct of official state business. Any misuse, abuse, or unauthorized use of such vehicle or any other state vehicle will result in dismissal if such misuse, abuse or unauthorized use occurs during your probationary period. Such misuse, abuse or unauthorized use occurring after you have gained permanent status will result in disciplinary action in accordance with the Department of State "Standards for Disciplinary Action". State vehicles are not for your personal use and shall not be used for such purpose.

You may not have additional keys made. If you do so, this will be considered a willful violation of rules, regulations, and policies and will be dealt with in accordance with the "Standards for Disciplinary Action" as contained in the Employee Handbook. Also, please remember to utilize the safety belts. Failure to do so may also result in disciplinary action.

Should you have any questions or desire additional information concerning this matter, please contact the Human Resources office. Drive carefully.

I acknowledge having read these instructions and fully understand my responsibility.


Signature

13 Jan. 2004
Date

**ACKNOWLEDGMENT OF RECEIPT
DEPARTMENT OF STATE EMPLOYEE HANDBOOK**

I hereby acknowledge that I have received a copy of the Department of State Employee Handbook.

I understand and agree that it is my responsibility to thoroughly review and become familiar with the entire contents of the Department of State Employee Handbook and to comply with all of the provisions contained therein. I further understand and agree that it is my responsibility to request an explanation or clarification from my supervisor, Department manager, and/or the Office of Human Resources if I have any questions concerning the matters contained in this handbook.

I further understand and agree that the Department of State Employee Handbook is not a contract of employment and is not intended to address all situations or circumstances that could arise during my employment with the agency. I understand and agree that the Department of State Employee Handbook is provided in addition to and not in substitution for any written or traditional rules, policies, or procedures of the agency as may be adopted from time to time and that I am responsible for complying with same.

Kathleen McGregor
Employee's Printed Name

Kathleen McGregor
Signature of Employee

Elections
Division

13 Jan. 2004
Date

EMPLOYEE ACKNOWLEDGEMENT

In order to provide the most timely and suitable quality medical care in the event of an injury on the job, we have instituted a Managed Care Program for Workers' Compensation with the CorCare Network and CorVel Corporation.

The following procedures must be followed for all work-related injuries and illnesses. It is important to note that Florida Statute 440.134(17) states "...Treatment received outside the Workers' Compensation Managed Care Arrangement is not compensable unless authorized by the carrier prior to the treatment date."

- Report promptly any work-related injury to the supervisor.
- Follow the Primary Care Physician or "PCP's" instructions for any medical specialist referral or treatment.
- Ensure all medical treatment is handled only through the PCP (Primary Care Physician).
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- Follow established grievance procedures to resolve any dissatisfaction with medical treatment. I understand that a grievance form and a copy of the grievance procedures will be provided to me in the event that I am injured on the job.
- A directory of medical care providers and a manual explaining fully the managed care process is available at my request through my employer.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury and your duties under our Managed Care Program.

Kathleen McGregor
Print Name

13 Jan. 2004
Date

Kathleen McGregor
Employee Signature

Employer Representative

AN EMPLOYEE MANUAL, AS WELL AS A COPY OF THE CORCARE PPO DIRECTORY
IS MADE AVAILABLE FROM YOUR EMPLOYER OR ADJUSTER UPON YOUR REQUEST.

DEPARTMENT OF STATE DIRECT DEPOSIT POLICY

In accordance with Chapter 96-310, Laws of Florida, which amended Section 110.113, Florida Statutes, effective July 1, 1996; **all new State of Florida employees are required to participate in the payroll direct deposit program.**

The use of direct deposit is now a condition of employment for an individual appointed to a position in state government on or after July 1, 1996 (*See Note below). **The Direct Deposit Form accompanied by a voided check must be submitted to the Bureau of Human Resources within 30 days from the initial date of employment or an exemption must be requested.**

If you do not have a qualifying account, you are encouraged to check with various financial institutions and establish one. If you wish to request an exemption, you must request the exemption and explain the hardship in a letter addressed to the Comptroller and forwarded to the Bureau of Human Resources for endorsement. Failure to enroll in the direct deposit program or failure to obtain an approved exemption signifies non-compliance.

Should you have any questions, please contact the Bureau of Human Resources.

CERTIFICATION OF ACKNOWLEDGEMENT

Please complete the following: (Please print name.)

I, KATHLEEN MCGREGOR, understand participation in the direct deposit program is a condition of employment and to comply I must complete a Direct Deposit Form or request an exemption within 30 days of employment.

Kathleen McGregor
Signature

13 Jan. 2004
Date

***Note:** In accordance with Chapter 2001-043, Laws of Florida, Section 110.113, Florida Statutes, was further amended to provide that, effective January 1, 2002, all state employees **regardless of date of state employment**, shall be required to participate in the payroll direct deposit program as a condition of employment.

ACKNOWLEDGMENT OF RECEIPT

DEPARTMENT OF STATE NON-DISCRIMINATION
AND SEXUAL HARASSMENT POLICY
(ANNUAL UPDATE 2004)

I hereby acknowledge that I have received, reviewed, understand, and agree to comply with the Department of State's *Non-Discrimination and Sexual Harassment Policy (Rev. 1/03/03)*.
(Signed original to Human Resources for file; copy kept by employee)

KATHLEEN MCGREGOR
Name - Printed

Kathleen McGregor
Signature

Elections
Division

20 January 2004
Date

RECEIVED

JAN 28 2004
DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

YOUR NAME: Kathleen McGregor

POSITION TITLE FOR WHICH YOU ARE APPLYING: MANAGEMENT ANALYSTS

POSITION NUMBER:
45000917-51224017-20040615162555

VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, *or*
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, *or*
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, *or*
4. The unremarried widow or widower of a veteran who died of a service-connected disability.

A DD214 or comparable document which serves as a certificate of release or discharge *must be furnished at the time of application*. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in S1.01, F.S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903.

A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? None of the above
(Please indicate the number from Veterans' Preference Information section above.)

HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA? No

ARE YOU A RESIDENT OF THE STATE OF FLORIDA? No

NOTE: If you are claiming Veterans' Preference you **must** meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

EEO SURVEY

Although the following information is not mandatory, it is requested to aid the State of Florida in its commitment to Equal Employment Opportunity and Affirmative Action. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Suite 100, Tallahassee, FLorida 32301-4857.

POSITION TITLE FOR WHICH YOU ARE APPLYING: MANAGEMENT ANALYSTS

POSITION NUMBER: 45000917-51224017-20040615162555

SEX:

MALE FEMALE NON-DISCLOSED

DATE OF BIRTH: 05/12/1958

RACE: Non-disclosed

CERTIFICATION

I am aware that any omissions, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNED ELECTRONICALLY USING PASSWORD

DATE:6/18/2004

Employee Time Entry

Employee ID #: Ms KATHLEEN A MCGREGOR

Title: 45000917 - GOVERNMENT ANALYST I Agency: DOS - State

Employee Time Entry->Overview

Payroll Period	Week Begin Date	Week End Date
<input checked="" type="radio"/> 06/01/2005-06/30/2005	06/24/2005	06/30/2005
<input type="radio"/> 07/01/2005-07/31/2005	07/01/2005	07/07/2005
<input type="radio"/> 07/01/2005-07/31/2005	07/08/2005	07/14/2005

18/30

Employee Time Entry->Details

Pay Period :	Available Annual Hours :	Available Slick Hours :	Available Regular Comp. Hours :	Available Special Comp. Hours :	Available Personal Holiday:	Available FLSA Hours :	Total Pay Period Hours :
<input type="text"/> 06/24/2005 - 06/30/2005	<input type="text"/> 147.37	<input type="text"/> 147.37	<input type="text"/> 204.00	<input type="text"/> 25.50	<input type="text"/> 0.00	<input type="text"/>	<input type="text"/> 176.00

Charge Object/Project	Activity	Sub Activity	Hours Type	FMLA FSWP	Schedule							Total	Reject / Comment	
					06/24 Fri	06/25 Sat	06/26 Sun	06/27 Mon	06/28 Tue	06/29 Wed	06/30 Thu			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 1000	<input type="checkbox"/>	8.00	0.00	0.00	8.00	8.00	8.00	0.00	0.00	32.00	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0054	<input type="checkbox"/>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.50	7.50	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 1000	<input checked="" type="checkbox"/>	8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	<input checked="" type="checkbox"/> Please correct Pe
Total					8.00	0.00	0.00	8.00	8.00	8.00	8.00	7.50	39.50	
Schedule					8.00	0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00	

Comment:

I hereby certify that I have reviewed this record and that it represents a true and correct record of hours worked, authorized overtime and authorized leave. Intentional falsification of this report shall be cause for dismissal in accordance with the Florida Administrative Code

*While employees are encouraged to report all hours of mentoring or volunteer service, hours volunteered in excess of the limit established in the Florida Administrative Code, shall not be counted as administrative leave or for other employee compensation or benefit purposes.

Organizational Work Assignment

Employee ID #: [REDACTED] Ms KATHLEEN A MCGREGOR

Title: [REDACTED] Agency: DOS - State

Organizational Work Assignment->Overview

- 07/01/2005 DOS - State 45000917 GOVERNMENT ANALYST I 451002500000000000000000 Bureau of Voting System Certification
- 09/01/2004 DOS - State 45000917 GOVERNMENT ANALYST I 451001500000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION

1/1

Menu New

Organizational Work Assignment->Details

Effective Date	07/01/2005	End Date	01/20/2006
Agency	4500 DOS - State	Sub Agency	0001
Employee Group	2 Excluded	Employee Subgroup	01 Career Service
Class/ Broadband	13-1111-03	Class/ Broadband Description	MANAGEMENT ANALYSTS
Position Number	45000917	Position Name	GOVERNMENT ANALYST I
Org Code	451002500000000000000000	Org. Name	Bureau of Voting System Certification
FLAIR account code	4510100013245100200000100000	Flair Org Code	451002500000
Payroll Area	UM * Monthly		
Manager/Direct Supervisor	Not Assigned	Time Administrator	Not Assigned
Requisition Manager	Not Assigned	Time Admin./Req.Manager	Ms SANDRA L TREMAINE

Edit Save Cancel

STATE OF FLORIDA

DEPARTMENT OF STATE

DIV OF ELECTIONS

ELECTION RECORDS/LAWS/CODE

REPORT OF PERSONNEL ACTION

DATE PRINTED

DOCUMENT 003

07/21/04

EMPLOYEE

MCGREGOR, KATHLEEN

FROM

TO

EMPLOYEE

SOCIAL SECURITY# POS# POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000917 1 01 02/01/04

EMPLOYEE NAME

MCGREGOR, KATHLEEN

COPEL ORGANIZATION

45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION

APPOINTMENT TYPE

01 TEMPORARY STATUS EXPIRE 07/05/04

PAY PLAN

CLASS CBU INCL. ANNIV. DATE
 CAREER SERVICE 2224 05 N 0105

TITLE

GOVERNMENT ANALYST I

EMPLOYEE

SOCIAL SECURITY# POS# POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000917 1 01 07/01/04

EMPLOYEE NAME

MCGREGOR, KATHLEEN

COPEL ORGANIZATION

45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION

APPOINTMENT TYPE

01 PROBATIONARY STATUS EXPIRE 07/01/05

PAY PLAN

CLASS CBU INCL. ANNIV. DATE
 CAREER SERVICE 2224 05 N 0105

TITLE

GOVERNMENT ANALYST I

ACTION

99 ERROR CORRECTION

ACTION

07 STATUS CHANGE

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	2863.71	2863.71	16.52	16.52	1

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	00	.00	HA	0001	NEW IN POSITION

SAMAS ACCOUNT CODE INTER DEPT.

451010001324510010000010000000 0150000011

SAMAS ORGANIZATION

45100150000 BUREAU OF VOTING SYSTEMS CERTIFICATION

LEAVE WITHOUT PAY

HOURS FROM TO

LOCATION

LOCATION	PHYSICAL COUNTY	HEADQUARTER COUNTY
	LEON	LEON

LOCATION

LOCATION	PHYSICAL COUNTY	HEADQUARTER COUNTY
	LEON	LEON

SEPARATIONS AND TERMINAL LEAVE

REASONS FOR SEPARATION	ANNUAL	SICK PRE 73	POST 73	SPC. COMP
	0	0	0	0

ANNUAL PAID	SICK PAID	SPECIAL COMP PAID

COMMENTS

ADD'L COMP:	TRAIN	000.00	HAZARDOUS	000.00	ADD'L COMP:	TRAIN	000.00	HAZARDOUS	000.00
	COORD	000.00	TEMP SPEC	000.00		COORD	000.00	TEMP SPEC	000.00

BROADBAND CODE: 13-1111-3 PAYBAND CODE: 007 BROADBAND CODE: 13-1111-3 PAYBAND CODE: 007

MANAGEMENT ANALYSTS MANAGEMENT ANALYSTS

REQUESTED BY

DATE

APPROVAL

DATE

7/21/04

STATE OF FLORIDA

DEPARTMENT OF STATE

DIV OF ELECTIONS

ELECTION RECORDS/LAWS/CODE

REPORT OF PERSONNEL ACTION

DATE PRINTED

07/21/04

DOCUMENT 003

EMPLOYEE MCGREGOR, KATHLEEN

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # POS # POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000917 1 01 02/01/04

SOCIAL SECURITY # POS # POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000917 1 01 07/01/04

EMPLOYEE NAME

EMPLOYEE NAME

MCGREGOR, KATHLEEN

MCGREGOR, KATHLEEN

COPEL ORGANIZATION
 45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION

COPEL ORGANIZATION
 45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 01 TEMPORARY 07/05/04

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 01 PROBATIONARY 07/01/05

PAY PLAN CLASS CBU INCL. ANN. DATE
 CAREER SERVICE 2224 05 N 0105

PAY PLAN CLASS CBU INCL. ANN. DATE
 CAREER SERVICE 2224 05 N 0105

TITLE

TITLE

GOVERNMENT ANALYST I

GOVERNMENT ANALYST I

ACTION

ACTION

99 ERROR CORRECTION

07 STATUS CHANGE

PAY

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	2863.71	2863.71	16.52	16.52	1

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	2863.71	2863.71	16.52	16.52	1

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	00	.00	HA	0001	NEW IN POSITION

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	00	.00	HA	0001	NEW IN POSITION

SAMAS ACCOUNT CODE INTER DEPT.

SAMAS ACCOUNT CODE INTER DEPT.

451010001324510010000010000000 0150000011

451010001324510010000010000000 0150000011

SAMAS ORGANIZATION

SAMAS ORGANIZATION

45100150000 BUREAU OF VOTING SYSTEMS CERTIFICATION

45100150000 BUREAU OF VOTING SYSTEMS CERTIFICATION

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS	FROM	TO
0		

HOURS	FROM	TO
0		

LOCATION

LOCATION

LOCATION	PHYSICAL COUNTY	HEADQUARTER COUNTY
	LEON	LEON

LOCATION	PHYSICAL COUNTY	HEADQUARTER COUNTY
	LEON	LEON

SEPARATIONS AND TERMINAL LEAVE

REASONS FOR SEPARATION	ANNUAL	SICK PRE 73	POST 73	SPC. COMP
	0	0	0	0

ANNUAL PAID	SICK PAID	SPECIAL COMP PAID

COMMENTS

ADD'L COMP: TRAIN 000.00 HAZARDOUS 000.00	ADD'L COMP: TRAIN 000.00 HAZARDOUS 000.00
COORD 000.00 TEMP SPEC 000.00	COORD 000.00 TEMP SPEC 000.00
BROADBAND CODE: 13-1111-3 PAYBAND CODE: 007	BROADBAND CODE: 13-1111-3 PAYBAND CODE: 007
MANAGEMENT ANALYSTS	MANAGEMENT ANALYSTS

REQUESTED BY: [Signature] DATE: 7/21/04

APPROVAL: [Signature] DATE: 7/21/04

109300
12
PW

DEPARTMENT OF STATE Appointment Action Form

This section to be completed by hiring Division, please complete all appropriate blanks.

LAST: McGregor FIRST: Kathleen M.I. A SS#: [REDACTED]
 ADDRESS: 2404 Balsam Terrace CITY: Tallahassee ST FL ZIP CODE 32303
 HOME PHONE: 850-224-4095
 POSITION #: 00917 TITLE: Mangement Analysts CLASS CODE: 2224
 EFFECTIVE DATE OF APPT: 7/1/04 TIME: 8 AM JOA NO. [REDACTED] OR RECLASSIFICATION: Y N
 SAMAS ACCOUNT CODE (29 DIGITS): 45101000132451001000003000000 EO NO.: 11
 PAYROLL ORG CODE NO.: 45100150 HIRED FROM PROMO/REASSIGN FILE: Y N

RECEIVED
 JUL 12 2004
 DIV. OF ADMIN. SERVICES
 HUMAN RESOURCES

CAREER SERVICE/SES/SMS ONLY

TYPE OF APPOINTMENT:

Select Type: Original

CHOOSE ONE: (see note*)

Monthly Salary: \$2,863.71 Minimum Salary Above Min. % Promotional Increase % Current Salary

Career Service Career Service F.T.E.: 1.00 .50 > Appointment Status: Permanent

If hired from another state agency, list agency name: Probationary

*NOTE: Original salary that is above the minimum or promotional increase above 10% must have justification stated and is subject to approval of Assistant Secretary.

COMPLETE THIS SECTION FOR OPS ONLY
 OPS Hours per week Temporary: (1040 hours within 12 months) Other : (choose one...)
 Funding Change Only Hourly Salary: [REDACTED] *(If student, attach copy of registrations/schedule)

Division: Elections Bureau: Voting Sys Certification Section: [REDACTED]

Work Location: Room 231, Collins Building, Tallahassee, FL 32399-0250
 (Building, Address, and Zip Code) Work Phone: 850-245-6220

Name and Title of Immediate Supervisor: David Drury Phone: 850-245-6220

Hired under Veterans' preference rule: Y N Agency Rehire: Y N

(Disable Veteran Probationary Period = 12 months)

Relative of DOS employee: Y N EEO INFO: Race W White Sex: F M DOB: 5/12/58

Form completed by: Paul W. Craft

APPROVAL: [Signature] DIVISION DIRECTOR DATE 7/15/04

THIS SECTION TO BE COMPLETED BY OFFICE OF HUMAN RESOURCES:

Citizen: [REDACTED] Marital Status: [REDACTED] W-4 Allowance: [REDACTED] Selective Service #: [REDACTED]

APPROVALS: [Signature]
 Assistant Secretary of State/Chief of Staff

[Signature]
 Deputy Secretary of State

[Signature]
 Human Resources

Date: [REDACTED]
RECEIVED
 Date: JUL 20 2004
 DIV. OF ADMIN. SERVICES
 HUMAN RESOURCES
 Date: 7/20/04

IMPORTANT: This form MUST BE PRINTED ON YELLOW PAPER

ACKNOWLEDGMENT OF RECEIPT

DEPARTMENT OF STATE NON-DISCRIMINATION
AND SEXUAL HARASSMENT POLICY
(ANNUAL UPDATE 2005)

I hereby acknowledge that I have received, reviewed, understand, and agree to comply with the Department of State's *Non-Discrimination and Sexual Harassment Policy (Rev. 1/03/03)*.
(Signed original to Human Resources for file; copy kept by employee)

Kathleen McGregor

Name - Printed

Kathleen McGregor
Signature

Elections

Division

14 Feb 2005

Date

Emp. ID# 

RECEIVED

FEB 14 2005

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Personal Info

Employee ID #: [REDACTED] Ms KATHLEEN A MCGREGOR

Title: [REDACTED] Agency: DOS - State

Personal Info->Overview

Effective Date End Date Last Name First Name Middle Name Confidential Sworn Publish Nickname

07/01/2005 12/31/9999 MCGREGOR KATHLEEN A

05/12/1958 06/30/2005 MCGREGOR KATHLEEN A

1/1

Menu New

Personal Info->Details

Effective Date 07/01/2005 * End Date 12/31/9999 *

Last Name MCGREGOR * Middle Name A

First Name KATHLEEN * Title Ms

Nick Name [REDACTED] Suffix [REDACTED]

Full Name Ms KATHLEEN A MCGREGOR Gender Female

Social Security 392705149 * Date of Birth 05/12/1958 *

Sworn/Certified Confidential Employee Exempt Record Protected Identity Publish Nickname Omit Employee from 411 Directory

Edit Save Cancel

Appointment Status Details

Employee ID #: Ms KATHLEEN A MCGREGOR

Title: 45000917 - GOVERNMENT ANALYST I Agency: DOS - State

Appointment Status Details->Overview

Effective Date	End Date	Appointment Status	Status Expiration Date	Overlap Indicator	Overlap Date
<input checked="" type="radio"/> 07/01/2005	12/31/9999	03	12/31/9999		
<input type="radio"/> 09/01/2004	06/30/2005	02	07/01/2005		

1/1

Appointment Status Details->Details

Effective Date 07/01/2005 * End Date 12/31/9999 *

Shared Indicator

Overlap Indicator

Appointment Status 03 -Permanent * Status Expiration Date 12/31/9999 *

Retention Points 0000

Retention Points Calculation Date

Student Type

Contract Length 12 months

Function Code 0000

PERSONNEL ACTION REQUEST FORM

FORM STATUS: VIEW
EMPLOYEE MOVEMENT
Completed

Accessed by: [REDACTED] as PHILIP L WILLIAMS

I - PAR form 170391 was completed . Press the EXIT button to leave the PAR. Do not use the back button.

Type of Action

Employee Movement MV020 - Status Change	Reason Code Status Change	Effective Date 07/01/2005	Form Number 170391
--	------------------------------	------------------------------	-----------------------

Name

Full Name KATHLEEN A MCGREGOR	Employee Number [REDACTED]
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From Position

Position Title GOVERNMENT ANALYST I	Position Number 45000917	Pay Band/Grade 007	Position FTE 1.00
Broadband/Class Title MANAGEMENT ANALYSTS	Broadband/Class Number 13-1111-03	Job Type Career Service	Position Overlap <input type="checkbox"/>
Agency DOS - State	FLAIR Org Code 45100250000	Salary Range 27,542 - 70,881	
Bureau/Office Bureau of Voting System Certification	City TALLAHASSEE	County 037	
Office Location 00765	Telephone No 850-245-6220	SunCom No 205-6220	

Salary

	CURRENT	NEW
Period	Monthly	
Base Salary	2863.71	2863.71
On Call		
Lead Worker		
Agency Unique		
Market Based Pay		
Hazardous		
Trainer		
Temp Special Duty		
Comp Area Diff		
Uniform Allowance		
Military Allowance		
Total Period Salary	2863.71	2863.71

Is this appointment at the minimum for the class? No Yes If No, % above minimum (provide justification below)

Perquisites No Yes (If Yes, provide details in the Justification section)

Justification/Special Requests

None given.

Approval

	Pos #	Title	Name	Status	Time Stamp	Reje
Manager	4500028	HUMAN RESOURCE/LABR RELATION CO	PHILIP L WILLIAMS	Submitted	08/23/2005 15:34:08	

Vermette, Dave

From: Drury, David R.
Sent: Wednesday, July 06, 2005 1:57 PM
To: Vermette, Dave
Cc: Craft, Paul; McGregor, Kathleen A. "Kate"
Subject: Problems with timecard approval

Dave:

We continue to have problems approving Kate McGregor's time card.

The problem this time concerns the last week in June.
Kate needed to change the "Hours Type" from 1000 to 0054 for Thursday 6/30.
I rejected the week so she could make the change.
She resubmitted the time card, but my approval did not take for that last week.
Everything appears OK, except her resubmitted week did not have a change in color to indicate its current status.
We are all very frustrated with People First.

Also, the Supervisor's approval screen needs to be revised.
When a Supervisor first goes to "Employee time entry Approval", the "Payroll Period" should start with the previous month, not the current month for obvious reasons.
The current implementation requires several extra keystrokes that just should not be necessary, if this were well thought out in the first place.

A similar problem exists with the "Employee Time Entry", in that the current week is at the top of the Payroll Period. I typically am more interested in looking over the previous weeks of the month and care very little about entering time for three weeks ahead of the current week. These screens are just not well thought out. Its like the programmer never had to enter his own time or even cared how efficient this process needs to be. We are wasting a lot of time to enter our time.

David R. Drury
Senior Management Analyst II

Florida Department of State
Division of Elections

Bureau of Voting Systems Certification
107 West Gaines Street, Room 231
Tallahassee, FL 32399-0250
850-245-6220

Please note that Florida has a broad public records law, and that all correspondence sent to me may be subject to disclosure.

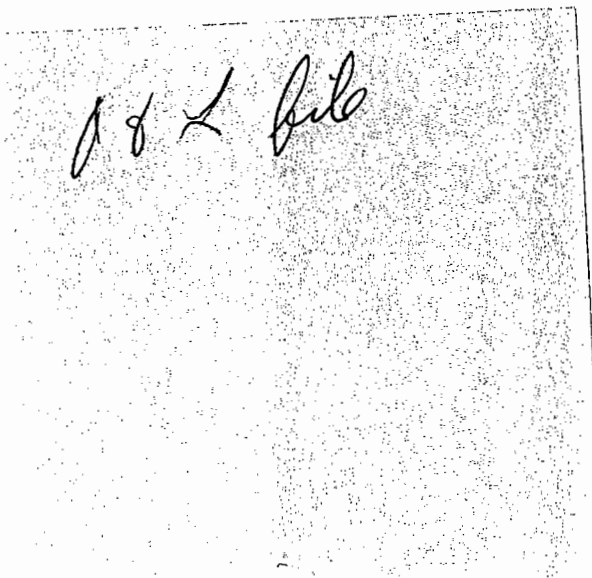
Vermette, Dave

From: Craft, Paul
Sent: Wednesday, July 06, 2005 3:30 PM
To: Vermette, Dave; Umphress, Tommy
Cc: McGregor, Kathleen A. "Kate"; Drury, David R.; Service Request
Subject: People First - Probable Java Issues

Dave,
Kate McGregor has resubmitted her rejected timesheet to David Drury, but the People First system will not allow her to re-submit it.
There is an error message appearing after she enters her password for approval but it flashes too fast for us to read it.

Tommy,
Kate had to change her password today, her machine is still apparently having trouble with Java Script.

*Submitted 6/24 - 8/30 timesheet for employee 7/6/05
Dm*



J & L file

**Acted
Upon**

08/23/2005 15:35:36

Completed

08/23/2005 15:36:14

Liaison

45000022

HUMAN RESOURCE MANAGER - SES

Ms KATHY J MCCULLARS

Approved

08/23/2005 15:34:56

I - PAR form 170391 was completed . Press the EXIT button to leave the PAR. Do not use the back button.

Exit Print Form

Notes/Comments

**Acknowledgement of Policy Concerning
Misuse of Access to Employee Records or Information**

I have received, read and understand the "Misuse of Access to Employee Records or Information Policy."

Kathleen Mc Gregor

Signature of Employee or OPS: *Kathleen Mc Gregor*

Date: *10/8/05*

Manager's Signature: *Paul [Signature]*

Date: *10/10/05*

Note: A copy of this form must be included in the Personnel File.

RECEIVED
OCT 12 2005
DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Employee Time Entry

Employee ID #: XXXXXXXXXX MS KATHLEEN A MCGREGOR

Title: Agency:

Employee Time Entry->Overview

Payroll Period	Week Begin Date	Week End Date
<input checked="" type="radio"/> 12/01/2005-12/31/2005	12/01/2005	12/01/2005
<input type="radio"/> 12/01/2005-12/31/2005	12/02/2005	12/08/2005
<input type="radio"/> 12/01/2005-12/31/2005	12/09/2005	12/15/2005

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Employee Time Entry->Details

Pay Period : 12/01/2005 - 12/01/2005	Available Annual Hours : 199.39	Available Sick Hours : 199.39	Available Regular Comp. Hours : 185.25	Available Special Comp. Hours : 50.25	Available Personal Holiday: 1.00	Available FLSA Hours : <input type="text"/>	Total Pay Period Hours : 176.75
--------------------------------------	---------------------------------	-------------------------------	--	---------------------------------------	----------------------------------	---	---------------------------------

Charge Object/Project	Activity	Sub Activity	Hours Type	FMLA FSWP	Fri	Sat	Sun	Mon	Tue	Wed	12/01 Thu	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	1000	<input type="checkbox"/>	0.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00
Total					0.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00
Schedule					0.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00

Comment:

I hereby certify that I have reviewed this record and that it represents a true and correct record of hours worked, authorized overtime and authorized leave. Intentional falsification of this report shall be cause for dismissal in accordance with the Florida Administrative Code

**While employees are encouraged to report all hours of mentoring or volunteer service, hours volunteered in excess of the limit established in the Florida Administrative Code, shall not be counted as administrative leave or for other employee compensation or benefit purposes.

Employer, remove this section upon completion of the selection process.

YOUR NAME: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

POSITION NUMBER: _____

VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, *or*
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, *or*
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, *or*
4. The unmarried widow or widower of a veteran who died of a service-connected disability.

A DD214 or comparable document which serves as a certificate of release or discharge **must be furnished at the time of application**. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in §1.01, F.S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?
(Please indicate number from Veterans' Preference Information section above.)

HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA?

YES

NO

ARE YOU A RESIDENT OF THE STATE OF FLORIDA?

YES

NO

NOTE: If you are claiming Veterans' Preference you **must** meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

Employer, remove this section prior to the selection process.

EEO SURVEY

Although the following information is not mandatory, it is requested to aid the State of Florida in its commitment to Equal Employment Opportunity and Affirmative Action. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240, 325 John Knox Road, Tallahassee, Florida 32303.

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

POSITION NUMBER: _____

SEX:

MALE

FEMALE

DATE OF BIRTH:

5/12/58

RACE (Check Only One):

WHITE (Non-Hispanic)

BLACK (Non-Hispanic)

HISPANIC

ASIAN or PACIFIC ISLANDER

NATIVE AMERICAN

OTHER (Specify) _____

**Acted
Upon**

01/20/2006 12:31:16

Completed

01/20/2006 12:32:21

Liaison

45000022

HUMAN RESOURCE MANAGER - SES

Ms KATHY J MCCULLARS

Approved

01/20/2006 12:28:54

I - PAR form 239747 was completed . Press the EXIT button to leave the PAR. Do not use the back button.

Exit Print Form

Notes/Comments

Employee Time Entry

Employee ID #: XXXXXXXXXX Ms KATHLEEN A MCGREGOR

Title: Agency: DOS - State

Employee Time Entry->Overview

Payroll Period	Week Begin Date	Week End Date
<input checked="" type="radio"/> 02/01/2006-02/28/2006	02/01/2006	02/02/2006
<input type="radio"/> 02/01/2006-02/28/2006	02/03/2006	02/09/2006
<input type="radio"/> 02/01/2006-02/28/2006	02/10/2006	02/16/2006

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Employee Time Entry->Details

Pay Period :	Available Annual Hours :	Available Sick Hours :	Available Regular Comp. Hours :	Available Special Comp. Hours :	Available Personal Holiday:	Available FLSA Hours :	Total Pay Period Hours :
02/01/2006 - 02/02/2006	214.56	214.56	112.00	58.25	1.00		0.00

Charge Object/Project	Activity	Sub Activity	Hours FMLA		Fri	Sat	Sun	Mon	Tue	02/01	02/02	Total
			Type	FSWP						Wed	Thu	
Total					0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Schedule					0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Comment:

I hereby certify that I have reviewed this record and that it represents a true and correct record of hours worked, authorized overtime and authorized leave. Intentional falsification of this report shall be cause for dismissal in accordance with the Florida Administrative Code

**While employees are encouraged to report all hours of mentoring or volunteer service, hours volunteered in excess of the limit established in the Florida Administrative Code, shall not be counted as administrative leave or for other employee compensation or benefit purposes.

Key Service Dates

Employee ID # [REDACTED] Ms KATHLEEN A MCGREGOR

Title: [REDACTED] Agency: DOS - State

Key Service Dates->Overview

Effective Date	End Date	Date Type 1	Date 1	Date Type 2	Date 2
<input checked="" type="radio"/>	01/21/2006	12/31/9999	State Hire Date 01/05/2004	Agency Hire Date	01/05/2004
<input type="radio"/>	09/01/2004	01/20/2006	State Hire Date 01/05/2004	Agency Hire Date	01/05/2004

1/1

Key Service Dates->Details

State Hire Date	01/05/2004	PHC/Phy Anniversary Date	
Agency Hire Date	01/05/2004	Special Recognition Date	
Continuous Service Date		Date of Separation	01/21/2006
Creditable Service Months	0024	Last Day Worked	01/20/2006
SES/SMS Leave Acc. Months/Day	00 / 00	Date of Retirement	
CS Leave Accrual Date	01/05/2004	Date of Death	

Employee Time Entry

Employee ID #: XXXXXXXXXX Ms KATHLEEN A MCGREGOR

Title: XXXXXXXXXX Agency: DOS - State

Employee Time Entry->Overview

Payroll Period	Week Begin Date	Week End Date
<input checked="" type="radio"/> 01/01/2006-01/31/2006	01/01/2006	01/05/2006
<input type="radio"/> 01/01/2006-01/31/2006	01/06/2006	01/12/2006
<input type="radio"/> 01/01/2006-01/31/2006	01/13/2006	01/19/2006

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Employee Time Entry->Details

Pay Period :	Available Annual Hours :	Available Sick Hours :	Available Regular Comp. Hours :	Available Special Comp. Hours :	Available Personal Holiday:	Available FLSA Hours :	Total Pay Period Hours :
01/01/2006 - 01/05/2006	208.06	208.06	186.00	58.25	1.00		104.00

Charge Object/Project	Activity	Sub Activity	Hours Type	FMLA FSWP	Fri	Sat	01/01 Sun	01/02 Mon	01/03 Tue	01/04 Wed	01/05 Thu	Total
			1000		0.00	0.00	0.00	0.00	8.00	6.00	8.00	22.00
			0054		0.00	0.00	0.00	0.00	0.00	2.00	0.00	2.00
Total					0.00	0.00	0.00	0.00	8.00	8.00	8.00	24.00
Schedule					0.00	0.00	0.00	0.00	8.00	8.00	8.00	24.00

Comment:

I hereby certify that I have reviewed this record and that it represents a true and correct record of hours worked, authorized overtime and authorized leave. Intentional falsification of this report shall be cause for dismissal in accordance with the Florida Administrative Code

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OPS

EMPLOYMENT