

DEPARTMENT OF STATE
CERTIFICATION OF ELIGIBILITY

Applicant's Name Paul W. Craft

Social Security Number [REDACTED]

CLASS TITLE
Computer Audit Analyst

Reviewed By: Paul J. McCullars

Job Title: Personnel Services Specialist

Date: 3/5/91

LICENSURE, REGISTRATION, CERTIFICATION

Examples include Florida Drivers', Chauffeurs', Teacher Certification, RN, LPN, PE, CPA, etc.	License, Registration, or Certification Number.	Date Received	Expiration Date	List other skills you possess and believe relevant to the position you seek.
Florida Certified Public Accountant	AC 0017234	5/22/86	12/31/90	Auditing, Evaluation, Managing, Budget Writing, Computer Events, Problem Solving, and Legal Research

EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as on the application.

1 Name of Present or Last Employer: Florida Department of Revenue
 Address: The Carlton Building, Tallahassee, Florida
 Your Job Title: Tax Audit Specialist III

From 1/87 to Present 40 hrs per wk Annualized Salary: 27,258 / 34,675 (starting/ending) 7
 Supervisor's Name: Mark Zych Title: Tax Audit Specialist Supervisor III Phone No.: 904, 488-0718
 May we contact your employer? YES NO
 Your Name, if different from application: _____
 Duties and Responsibilities: 4/90 to Present - Conferee - Hears protest of Taxpayer and writes the Department's Notice of Decision. Requires High People Skills, Legal Knowledge and writing ability. 6/88 to 4/90 Auditor/Investigator/Management Consultant in Inspector General's Office. Robert Teeve, Supervised. Duties - Audits, Investigations and Special Projects. Heavy use of computers. 1/88 to 6/88 Conferee in Disposition Section. 1/87-1/88 Supervised a team of auditors conducting investigative audit for embezzlement in the Tax Refund Section.
 Reason(s) for Leaving: Seeking advancement

2 Name of Next Previous Employer: Florida Department of Revenue
 Address: The Carlton Building, Tallahassee, Florida
 Your Job Title: Audit Group Supervisor

From 2/93 to 1/87 40 hrs per wk Annualized Salary: 18,395 / 27,258 (starting/ending)
 Supervisor's Name: Arnold Weand * Title: Senior Audit Supervisor Phone No.: 904, 488-0310
 Your Name, if different from application: * Retired - Check with Peter Steffens, Asst Chief Multi State Audit Bureau
 Duties and Responsibilities: Supervised a field audit group of 9-12 auditors. Duties included: training; audit assignment, planning and review. Personally conducted sensitive and investigative audits.
 Reason(s) for Leaving: Seeking a broader base of experience

3 Name of Next Previous Employer: Florida Department of Revenue
 Address: The Carlton Building, Tallahassee, Florida
 Your Job Title: Tax Auditor III

From 8/82 to 2/83 40 hrs per wk Annualized Salary: 15,346 / 16,421 (starting/ending)
 Supervisor's Name: Windel Powell * Title: Audit Group Supervisor Phone No.: 904, 488-0810
 Your Name, if different from application: * Retired - Check with Jay Frielman, Senior Audit Supervisor Office Audit
 Duties and Responsibilities: Conducted Corporate Income Tax and Intangible Tax Audits. Trained new employees
 Reason(s) for Leaving: Promotion

4 Name of Next Previous Employer: Florida Department of Rev. 40
Address: The Carlton Building, Tallahassee, Florida
Your Job Title: Tax Auditor II
From 7/82 to 8/82 40 Annualized Salary: 13,676 / 13,676
mo/day/yr mo/day/yr hrs per wk starting ending
Supervisor's Name: Richard Harrod * Title: Audit Group Super Phone No.: 904, 488-0810
Your Name, if different from application: * Currently a Tax Audit Specialist. Current Phone 488-6387
Duties and Responsibilities: Conducted Corporate Income Tax and Intangible Tax Audits
Reason(s) for Leaving: Promotion

5 Name of Next Previous Employer: Florida Department of Revenue
Address: The Carlton Building, Tallahassee, Florida
Your Job Title: Tax Auditor II
From 1/82 to 7/82 40 Annualized Salary: 13,235 / 13,235
mo/day/yr mo/day/yr hrs per wk starting ending
Supervisor's Name: Richard Harrod * Title: Audit Group Super Phone No.: 904, 488-6387
Your Name, if different from application: _____
Duties and Responsibilities: Conducted Corporate Income Tax Audits
Reason(s) for Leaving: Promotion

6 Name of Next Previous Employer: Hellmark Homes Inc.
Address: 1109 E 6th Ave. Tallahassee, Florida 32303
Your Job Title: Carpenter's Helper
From 8/81 to 12/81 20-30 Annualized Salary: 335/Hour, _____
mo/day/yr mo/day/yr hrs per wk starting ending
Supervisor's Name: Richard Duvall Title: Owner Phone No.: 904 124-7472
Your Name, if different from application: _____
Duties and Responsibilities: Assisted in the construction of a two story single family home. This was a part time job while attending accounting courses at FSU.
Reason(s) for Leaving: Was offered position with DOR.

7 Name of Next Previous Employer: McGregor's Family Restaurant
Address: 1921 W. Tennessee St. Tallahassee, Florida 32304
Your Job Title: Manager
From 6/81 to 7/81 60 Annualized Salary: 13,000 / 13,000
mo/day/yr mo/day/yr hrs per wk starting ending
Supervisor's Name: Russ McGregor Title: Owner Phone No.: Unknown
Your Name, if different from application: _____
Duties and Responsibilities: Managed Staff of 30, Menu Planning, Cost Analysis, Inventory Control, Purchasing.
Employment prior to this in various restaurant management positions and various part time jobs in high school and college (Details upon Request)
Reason(s) for Leaving: Owner Closed Business

AVAILABILITY

Indicate which Florida counties you are available to work in:

- 1. Leon
- 2. Others are negotiable
- 3. Extensive Travel OK
- 4. _____

Part-time Temporary Full-time
 Date available to begin work With appropriate notice
 (Month/Day/Year)

CITIZENSHIP

ARE YOU A CITIZEN OF THE U.S.?
 YES NO

If "No" do you possess an I-151 Card, an I-551 Card, an I-94 Card stamped "Employment Authorized," or any other proof of employment authorization from the Immigration and Naturalization Service.
 YES NO

NOTE: If answer is "No" to both, you are ineligible for employment with the State of Florida. The State of Florida hires only U.S. citizens and lawfully authorized alien workers.

Have you ever been convicted of a felony or first degree misdemeanor? YES NO
 If "Yes," what charges? _____ Date? _____
 Where convicted? _____

Have you ever pleaded ~~noto~~ noto ~~contendere~~ to a crime which is a felony or to a first degree misdemeanor, but had adjudication of guilt withheld by courts? YES NO

If "Yes," to what charges? _____ Date? _____
 Where? _____

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

Are you fluent in any language(s) other than English? YES NO
 If "Yes," which language(s)? _____

VETERANS' PREFERENCE

Check the appropriate block if you are claiming veterans' preference. Documentation substantiating your claim must be furnished at the time of application.

- 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. Veteran's Administration 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 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

_____ BRANCH OF SERVICE _____ DATE OF ENTRY _____ DATE OF DISCHARGE
 Have you claimed and been employed using veterans' preference since October 1, 1987? YES NO
 If "Yes", _____ Name of Employer

NOTE: Under Florida law, preference in appointment shall be given by the state first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 1437, St. Petersburg, Florida 33731. 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.

EEO SURVEY

The following information is requested to aid the State of Florida in its commitment to Equal Employment Opportunity and Affirmative Action. It is unlawful for an employer to fail or refuse to hire any individuals or deprive any individual of employment opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. 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 32399-1570.

- a. SEX: Male Female.
- b. DATE OF BIRTH June 24, 1950
- c. Do you have a disabling or handicapping condition? Yes No
- d. RACE (Check one only).
 - WHITE (NOT HISPANIC ORIGIN) — Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 - BLACK (NOT HISPANIC ORIGIN) — Persons having origins in any of the black racial groups of Africa.
 - HISPANIC — Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
 - ASIAN or PACIFIC ISLANDER — Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent of the Pacific Islands. this area includes, for example: China, Japan, Korea, the Phillipine Islands, and Samoa.
 - AMERICAN INDIAN or ALASKAN NATIVE — Persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.
 - OTHER

CERTIFICATION: I am aware that any omissions, falsifications, misstatements, or misrepresentations 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 and fitness for state 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. I understand that applications submitted for state employment are public records. 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 [Signature] DATE 2/18/91



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: Dept of State

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?

Paul W. Craft, CPA, CISA

Your Name

Social Security Number: [REDACTED]

3582 Velda Woods Drive

Your Mailing Address

Tallahassee, Leon, Florida 32308

City County State Zip Code

Home Phone: 850-894-0036 Business Phone: 850-921-4110 SUNCOM (State Employees): 271-4110

EDUCATION

HIGH SCHOOL:

NAME / LOCATION OF SCHOOL: Wm. J. Woodham High School, Pensacola FL

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		
Tallahassee Community College	Tallahassee, FL	9/69	6/71	As Req.		Basic Studies	A.A.
Florida State University	Tallahassee, FL	1/72	3/76		91	Business	B.S.
Florida State University	Tallahassee, FL	6/81	9/82		19	Accounting	N/A

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
Voluminous as required to achieve and maintain Certified Public Accountant License and Certified Information Systems Auditor status. Detailed records are available								

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
Florida Certified Public Accountant	AC-0017234	5/22/86	12/31/2000	DBPR
Certified Information Systems Auditor	9211564	9/3/92	12/31/99	

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: Florida Department of State, Division of Elections

Address: Room 1801, The Capitol, Tallahassee, FL 32399 Phone No.: (850) 488-7690

Your Job Title: Computer Audit Analyst Supervisor's Name: Ms. Ethel Baxter

FROM: 4 / 8 / 91 TO: Present / / HOURS PER WEEK: 40 ()
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: Management of the Voting Systems Section. This program sets and enforces standards for computer based election systems, licensing their use in Florida, oversees the use of systems by county election offices, and provides technical assistance, expert witness services, educational programs, public information, and management advisory services to county election offices. Duties include public speaking, press contacts, legal research and writing, and supervision of staff.

Reason For Leaving: Seeking advancement.

2

Name of Next Previous Employer: Florida Department of Revenue

Address: The Carlton Building, Tallahassee, Florida 32399 Phone No.: (850) 488-0718

Your Job Title: Tax Audit Specialist III Supervisor's Name: Mark Zych & Bob Teague

FROM: 1 / 2 / 87 TO: 4 / 8 / 91 HOURS PER WEEK: 40 ()
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: 1/87 - 1/88 Supervised task force of auditors investigating embezzlements in the tax refund section through successful prosecutions. 1/88-6/88 Conferee in Disposition Section handling taxpayer protests of tax actions. 6/88 - 4/90 Auditor in the Inspector General's Office, conducting audits, investigations and special projects. 4/90 - 4/91 Conferee in Disposition Section.

Reason For Leaving: To gain experience in EDP Auditing to achieve CISA Certification.

3

Name of Next Previous Employer: Florida Department of Revenue

Address: The Carlton Building, Tallahassee, Florida Phone No.: (850) 488-2635

Your Job Title: Audit Group Supervisor Supervisor's Name: Arnold Weand

FROM: 2 / / 83 TO: 1 / / 87 HOURS PER WEEK: 40 ()
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: Supervised a group of 12 auditors conducting tax audits in North Florida and South Georgia. Duties included training, audit planning, audit review and evaluation of auditors.

Reason For Leaving: To gain experience in technical tax matters.

4 Name of Next Previous Employer: Florida Department of Revenue

Address: The Carlton Building, Tallahassee, Florida Phone No.: (850) 488-2635

Your Job Title: Tax Auditor, I, II, and III Supervisor's Name: Mr. Richard Harrod

FROM: 1 / / 82 TO: 2 / / 83 HOURS PER WEEK: 40 (YOUR NAME IF DIFFERENT DURING EMPLOYMENT)

Duties and Responsibilities: 1/82 - 7/82 Conducting Corporate Income Tax and Intangible Tax Audits.
7/82 - 8/82 Promoted to Tax Auditor II, Duties included training new employees.
8/82 - 2/83 Promoted to Tax Auditor III. Duties included assisting the Audit Group Supervisor with assignment and review of audits.

Reason For Leaving: Promotion

5 Name of Next Previous Employer: See note below.

Address: _____ Phone No.: (_____)

Your Job Title: _____ Supervisor's Name: _____

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

Duties and Responsibilities: _____
Various back to High School, Details available upon request.
Includes 6 years of restaurant management.

Reason For Leaving: _____

6 Name of Next Previous Employer: _____

Address: _____ Phone No.: (_____)

Your Job Title: _____ Supervisor's Name: _____

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

Duties and Responsibilities: _____

Reason For Leaving: _____

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

None to my knowledge

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: _____

DATE: 3/19/01

2+ (is money enough)

Paul W. Craft, C.P.A.

515 Westwood Drive, North
Tallahassee, Florida 32304
Telephone B-(904) ~~488-0717~~ 922-4831
H-(904) 576-0261

Strengths:

I have outstanding skill and experience in:
Leadership, management and communication; budgeting,
auditing, investigative auditing and evaluation; management
consulting including the creation of standards, procedures,
and plans; legal research and writing; computer programming
and application design; independent planning, design and
implementation of projects to deal with complex problems.

History with the Florida Department of Revenue:

- 1/6/82 Hired as a Tax Auditor I
- 7/16/82 Promoted to Tax Auditor II
- 8/11/82 Promoted to Tax Auditor III
- 2/3/83 Promoted to Audit Group Supervisor
- 1/5/87 Accepted lateral transfer to Conferee, Tax Audit
Specialist III, in the Disposition section, Bureau of
Hearings and Appeals. Immediately, at Executive Director's
(Randy Miller) direction was borrowed by the Inspector
General's Office and led a highly successful Internal
Investigative Audit of Refund Section.
- 3/2/88 Returned to Disposition Section. Began performing
the duties of a conferee.
- 9/1/88 Borrowed by the Inspector General and began several
special projects which required expertise in tax matters, tax
audit techniques, and computers.
- 11/1/88 My position was transferred to the Inspector
General's office. Became an assistant to the I.G. I helped
with management and planning. I represented him, when
requested, at executive staff meetings. I was given training
and assignments designed to prepare me for governmental
internal audit management.
- 4/19/90 I was loaned to the Disposition Section and
assigned conferee duties. As of this date, I am on the
Inspector General's Staff and remain on loan helping clear a
backlog of protested cases.

Paul W. Craft
Page 2

Certification: Florida C.P.A. License no AC 0017234 for the period ending December 31, 1992

Education:

B.S. Business, Florida State University, 1976, Hotel and Restaurant Administration.

A.A. Tallahassee Community College, 1971, Basic Studies.

Continuing Education:

Managing Government in Florida, Florida Center for Public Management, through level IV.

Various DOR Tax Auditing Courses.

C.P.A Continuing Education Requirements are up-to-date and include the AICPA 1989 National Governmental Training Program.

Computer Fluency

I am comfortable and experienced with the following software: DOS, thru. version 4.01, including construction of interactive batch files; Norton Utilities; Word Perfect V5.1; Smart Software/Smartware II (spread sheet, word processor and database); Data Perfect; Quattro Pro Spreadsheet; Lotus 123; Digital All in One; GW-Basic; and 20/20 and WPS on VAX/VMS.

Travel - I am accustomed to being available for frequent travel on short notice.

Other Experience:

Prior to joining DOR I pursued a career in Restaurant Management. While attending High School and College, held various positions both full- and part-time to pay expenses and tuition.

Outside Interests: My hobbies include: woodworking, the study of classical guitar, hiking, canoeing, camping, fishing.

I serve as a volunteer with the U.S. Fish and Wildlife Service.

I am Vice President of the St. Marks Refuge Association.

Florida State University

College of Business

Know all Men by these Presents
that the Board of Regents of the Florida State University
upon the recommendation of the Faculty has conferred upon
Paul M. Craft
the degree of

Bachelor of Science

with all the rights, honors and privileges therunto appertaining.

Witness the Seal of the University and the signatures
of its duly authorized officers herunto affixed.

Given at Tallahassee, Florida, this nineteenth day of March, in the year
of our Lord, one thousand nine hundred and seventy-six.

Paul M. Craft
Governor of the State of Florida

Michael T. Spavin
Chancellor of the Board of Regents

E. S. York, Jr.
Chancellor, State Educational System



J. King Rankin
President of the University

Paul M. Craft



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

REFERENCE: STATE OF FLORIDA
DEPARTMENT OF ADMINISTRATION
CAREER SERVICE SYSTEM RULES
CHAPTER 22A-16, F.A.C., AS AMENDED
EMPLOYEE RELATIONSHIPS WITH REGULATED ENTITIES

I HEREBY ACKNOWLEDGE RECEIPT OF THE ABOVE DOCUMENT. I HAVE READ
AND UNDERSTAND:

- A) THE OBLIGATIONS IMPOSED BY THIS CHAPTER TO REPORT ANY APPLICATION FOR OR OFFER OF EMPLOYMENT OR A CONTRACTUAL RELATIONSHIP FOR REMUNERATION WITH AN ENTITY:
- B) THE OBLIGATIONS IMPOSED BY THIS CHAPTER TO REPORT THE ACQUISITION OF ANY FINANCIAL INTEREST IN AN ENTITY; AND
- C) THE OBLIGATIONS IMPOSED BY THIS CHAPTER TO REPORT GIFTS.

Paul W. Craft
EMPLOYEE NAME (PLEASE PRINT)

Paul W. Craft
EMPLOYEE SIGNATURE

4/8/91
DATE



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

OATH OF LOYALTY

STATE OF FLORIDA

COUNTY OF Leon

I, Paul W. Craft, being employed by or an officer of the Department of State and recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Paul W. Craft

Signature

Subscribed and sworn to before me at

this 8th day of April, 1991.

Ralph J. McCullars

Title

Notary Public, State of Florida

My Commission Expires Oct. 24, 1994

Backed thru Troy Fair Insurance Inc.



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF Leon

I, Paul W Craft, do hereby affirm
that I am not currently employed by the State of Florida in
any capacity, i.e. Other Personal Services (OPS), Career Service,
part-time or full-time.

Paul W Craft
Signature

Subscribed and sworn to before me at

This 8th day of April 1991.
Dale J. McClellars

Title _____
Notary Public, State of Florida
My Commission Expires Oct. 24, 1994
Bonded Thru Troy Fain - Insurance Inc

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.	_____	_____	_____

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

5. None to My Knowledge



(Applicant's Signature)

ACKNOWLEDGEMENT OF RECEIPT

DEPARTMENT OF STATE EMPLOYEE HANDBOOK

Employee's Name Paul W. Craft

I hereby acknowledge receipt of the Department of State Employee Handbook.

I confirm that:

I understand it is my responsibility to thoroughly review, and become familiar with, the entire contents of this Handbook, paying particular attention to the portions entitled "Rules of Conduct" and "Standards for Disciplinary Action."

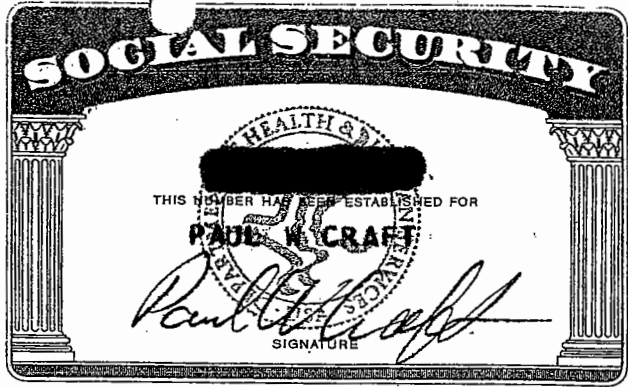
I understand it is my responsibility to request any necessary explanation or clarification from my supervisor(s) or the Bureau of Personnel Services.

I understand I may be disciplined in accordance with the "Standards for Disciplinary Action" for any willful or negligent violation of the "Rules of Conduct."

I understand this signed acknowledgement will become a part of my official personnel file.

Paul W. Craft
Employee's Signature

4-8-91
Date





DEPARTMENT OF STATE EMPLOYEE SEPARATION CHECKLIST RECEIVED

Employee Name: **Paul W. Craft**

Division: **Elections**

DEC 14 2005

Title: **Chief, Bureau of Voting Systems Certification**

DIV. OF ADMIN. SERVICES#: **00366**
HUMAN RESOURCES

Last Day Worked: **11/30/05**

Eligible for Rehire? Yes No

Reason for Separation

- Transferring to another State Agency: _____
- Accepted a position outside State Government.
- Other: **Starting own business**

Attachments to Separation Checklist

- | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-----|-------------------------------------|--------------------------|--------------------------|--|-----|----|-----|-------------------------------------|--------------------------|--------------------------|--|-----|----|-----|-------------------------------------|--------------------------|--------------------------|
| <table border="0"> <tr><td>YES</td><td>NO</td><td>N/A</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | YES | NO | N/A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0"> <tr><td>YES</td><td>NO</td><td>N/A</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | YES | NO | N/A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0"> <tr><td>YES</td><td>NO</td><td>N/A</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | YES | NO | N/A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YES | NO | N/A | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| YES | NO | N/A | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| YES | NO | N/A | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Employee's Resignation Letter | <input checked="" type="checkbox"/> Employee's Final Evaluation (for period from date of last evaluation to separation date). | <input type="checkbox"/> American Express Corporate Card | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Final Monthly Attendance & Leave Report | <input type="checkbox"/> Parking Tag | <input type="checkbox"/> Telephone Credit Card | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Capitol Access/ID Card | <input type="checkbox"/> Key(s) | <input type="checkbox"/> State Purchasing Card | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Other items: see attached sheet | | | | | | | | | | | | | | | | | | |

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 _____

Forwarding address for year-end W-2 statement: P.O. Box 1716, Tallahassee, FL 32302-1716

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.

Signature of Employee

Date Signed

Sarah Jane Bradshaw
Signature of Supervisor or Representative

12/13/05
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

Attachment to Separation Checklist for Paul W. Craft:

Special DOS – Div of Elections Badge No. 4

Toshiba Laptop – DOS property ID # 00025141

HP Tablet – DOS property ID # 00036023

Universal Auto/Air/AC power supply

Iridium Satellite Phone “DOS3” (No DOS Property ID #)

Sprint PCS Phone No.: 850-212-6965 (David Drury has the cell phone now)

Craft, Paul

From: Craft, Paul
Sent: Thursday, December 01, 2005 3:31 PM
To: Bradshaw, Sarah
Cc: Drury, David R.
Subject: Department of State Property

Sarah Jane and David

This has final additions and will serve as my receipt.

Toshiba Laptop – DOS property ID # 00025141
HP Tablet – DOS property ID# 00025012
Universal Auto/Air/AC power supply
Iridium Satellite Phone "DOS3" No DOS Property ID#
Sprint PCS phone #850-212-6965
F-Card
DOS AmEx Card
Department of State ID Card
Collins Building ID Card
Capitol ID Card
Law enforcement style Badge
Verizon Wireless Card
Sprint PCS Aircard (in HP Tablet)
Scramble Parking Tag
3 golf shirts
1 dress shirt.

Collins Bldg - Rm. 231 - Office Key ✓

Thanks
Paul

*Received by Sandra Germaine
Thursday, 12/1/05*

MEMORANDUM

TO: Patsy Kinsey
Payroll Coordinator

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

DATE: Thursday, December 06, 2005

SUBJECT: Pay Actions

SS NUMBER	EMPLOYEE NAME	ACTION	HOURS
[REDACTED]	Dana De Martino	Annual Leave payout	240
[REDACTED]	Paul Craft	Annual Leave payout Sick Leave payout	480 296.5
[REDACTED]	Denise Cerniglia	Annual Leave payout	10.5
[REDACTED]	Dan Bracewell	Annual Leave payout	130.25

CC: Lavonne Bright

DEPARTMENT OF STATE

LEAVE AUDIT

EMPLOYEE NAME	Paul Craft
SOCIAL SEC. #	[REDACTED]
DATES OF EMPLOYMENT	FROM: 4/8/91 TO: 11/30/2005
CONT. CRED. SVC. DATE	1/6/1982
PAY PLAN	9

IS EMPLOYEE ELIGIBLE FOR PAYMENT OF:

ANNUAL LEAVE: YES NO

SICK LEAVE: YES NO

WILL LEAVE BE TRANSFERRED?

YES NO

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 480 SICK 25% 1186.5 += 296.5

SPECIAL COMP. 00.00 1/8 OF PRE ' 73 SICK _____
1/4 OF POST ' 73 SICK 296.5

SIGNATURE *Paul Kenneth* December 2, 2005 COPES

Paul Craft						TO			PAY-PLAN	8			
SSN: [REDACTED]		PF EMPLOYEE I.D. #	[REDACTED]				CLASS CODE	8					
ANNUAL LEAVE		SICK			LEAVE			REGULAR			SPECIAL COMP		
EARNED	USED	TOTALS	EARNED	USED	TOTALS	COMP	TOTALS	EARNED	USED	TOTALS			
PRE 1973	0.000		0.000		0.000		0.000		0.000		0.000		0.000
BALANCE	0.000	0.000	542.500	0.000	0.000	1020.000	0.000		0.000		0.000		0.00
JANUARY 2005	0.000	0.000	542.500	0.000	0.000	1020.000	0.000	0.000	0.000		0.000	0.000	0.000
FEBRUARY	0.000	0.000	542.500	0.000	0.000	1020.000	0.000	0.000	0.000		0.000	0.000	0.000
MARCH	14.666	62.500	494.666	166.500	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
APRIL	14.666	0.000	509.332	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
MAY	14.666	0.000	523.998	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
JUNE	14.666	31.500	507.164	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
JULY	14.666	0.000	521.830	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
AUGUST	14.666	0.000	536.496	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
SEPTEMBER	14.666	0.000	551.162	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
OCTOBER	14.666	0.000	565.828	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
NOVEMBER	14.666	26.250	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
DECEMBER	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
Anniversary Date 3/15													
JANUARY 2006	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
FEBRUARY	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
MARCH	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
APRIL	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
MAY	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
JUNE	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
JULY	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
AUGUST	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
SEPTEMBER	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
OCTOBER	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
NOVEMBER	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000
DECEMBER	0.000	0.000	554.244	0.000	0.000	1186.500	0.000	0.000	0.000		0.000	0.000	0.000

DEPARTMENT OF STATE
 Bureau of Human Resources
PRORATION OF ANNUAL AND SICK LEAVE HOURS FOR PAYMENT
 Paul Craft
 [REDACTED]
SES

ANNUAL LEAVE BALANCE PRIOR TO ANNIVERSARY DATE:		480.000
HOURS ACCRUED ON ANNIVERSARY DATE:	3/16/2005	176.000
SES PRORATED HOURS PER MONTH:		14.666
MONTHS WORKED SUBSEQUENT TO ANNIVERSARY DATE:		9
TOTAL PRORATED ANNUAL LEAVE HOURS:		131.994
ANNUAL LEAVE HOURS USED SUBSEQUENT TO ANNIVERSARY DATE:		120.250
BALANCE OF PRORATED HOURS:		11.744
PRORATED ANNUAL LEAVE HOURS TO BE PAID:		152.000
		0.000
TOTAL ANNUAL LEAVE HOURS: The amount of leave prior to Anv. date plus balance of prorated leave.		491.744
TOTAL ANNUAL LEAVE HOURS TO BE PAID:	N/A	MAXIMUM480HOUR
		480.000

SICK LEAVE BALANCE PRIOR TO ANNIVERSARY DATE:		1082.500
HOURS ACCRUED ON ANNIVERSARY DATE:	01/12/00	104.000
HOURS OVER 480.00 CONVERTED FROM ANNUAL LEAVE BALANCE:		
SES PRORATED HOURS PER MONTH:		8.667
MONTHS WORKED SUBSEQUENT TO ANNIVERSARY DATE:		12
TOTAL PRORATED SICK LEAVE HOURS:		104.004
SICK LEAVE HOURS USED SUBSEQUENT TO ANNIVERSARY DATE:		0.000
BALANCE OF PRORATED HOURS:		104.004
HOURS USED OVER 104 LEAVE BANK:?		0.000
		0.000
GROSS SICK LEAVE BALANCE: The amount of leave prior to Anv. date plus balance of prorated leave.		1186.504
In accordance with Section 110.122 Florida Statutes, eligible employees shall receive payment for one-fourth of all unused sick leave credits. To be eligible for payment of sick leave credits, an employee must have 10 or more years of creditable state service.		25%
		296.626
TOTAL SICK LEAVE HOURS TO BE PAID	N/A	296.626
		296.626

TOTAL ANNUAL AND SICK LEAVE HOURS TO BE PAID **480.000**

TODAYS DATE	01/00/00	PLEASE PAY EMPLOYEE THIS AMOUNT:		
AGENCY HIRE DATE:	01/00/00		SICK:	296.626
STATE HIRE DATE:	01/00/00		ANNUAL:	480.000
CCS DATE:	01/00/00		TOTAL:	776.626
LEAVE ACR DATE:	01/00/00			
ANNIVERSARY DATE:	01/00/00		MONTHS ACCRUED:	1
TERM DATE:	01/00/00			1
		0 control#		

Key Service Dates

Employee ID #: [REDACTED]

Mr PAUL W CRAFT

Title: -

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"/>	12/01/2005	12/31/9999	State Hire Date 03/22/1971	Agency Hire Date 04/08/1991	
<input type="radio"/>	09/01/2004	11/30/2005	State Hire Date 03/22/1971	Agency Hire Date 04/08/1991	

1/1

Menu New

Key Service Dates->Details

State Hire Date	03/22/1971	PHC/Phy Anniversary Date	
Agency Hire Date	04/08/1991	Special Recognition Date	
Continuous Service Date	01/06/1982	Date of Separation	12/01/2005
Creditable Service Months	0286	Last Day Worked	11/30/2005
SES/SMS Leave Acc. Months/Day	03 / 15	Date of Retirement	
CS Leave Accrual Date		Date of Death	

Edit Save Cancel

Employee Time Entry

Employee ID #: Mr PAUL W CRAFT

Title: Agency: DOS - State

Employee Time Entry->Overview

Payroll Period	Week Begin Date	Week End Date
<input checked="" 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
<input type="radio"/> 12/01/2005-12/31/2005	12/16/2005	12/22/2005

27/39

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 :
12/02/2005 - 12/08/2005	624.50	1,179.01			1.00		0.00

Charge Object/Project	Activity	Sub Activity	Hours FMLA Type	Hours FSMP							Total	
				Fri	Sat	Sun	Mon	Tue	Wed	Thu		
Total				0.00	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	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 #: MR PAUL W CRAFT

Title: 45000366 - CHIEF OF VOTING SYSTEM CERTIFICATION-DOS Agency: DOS - State

Key Service Dates-->Overview

Effective Date	End Date	Date Type 1	Date 1	Date Type 2	Date 2
09/01/2004	12/31/9999	State Hire Date	03/22/1971	Agency Hire Date	04/08/1991

1/1

Menu New

Key Service Dates-->Details

State Hire Date	03/22/1971	PHC/Phy Anniversary Date	<input type="text"/>
Agency Hire Date	04/08/1991	Special Recognition Date	<input type="text"/>
Continuous Service Date	01/06/1982	Date of Separation	<input type="text"/>
Creditable Service Months	0286	Last Day Worked	<input type="text"/>
SES/SMS Leave Acc. Months/Day	03 / 15	Date of Retirement	<input type="text"/>
CS Leave Accrual Date	<input type="text"/>	Date of Death	<input type="text"/>

Edit Save Cancel

Dave!

Paul Craft's key service

dates etc. attached.

Phillip took them out of the

system before his November

transfer was approved by I,

Ms. Buchanan on 11/27/2005.

12/02/05

Organizational Work Assignment

Employee ID #: XXXXXXXXXX

Title: Agency:

Organizational Work Assignment->Overview

Effective Date Agency Position # Position Title Org. Code Org. Name
 09/01/2004 DOS - State 45000366 CHIEF OF VOTING SYSTEM CERTIFICATION-DOS 451001500000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION

1/1

Organizational Work Assignment->Details

Effective Date	<input type="text" value="09/01/2004"/>	End Date	<input type="text" value="12/31/9999"/>
Agency	<input type="text" value="4500"/> DOS - State	Sub Agency	<input type="text" value="0001"/>
Employee Group	<input type="text" value="2"/> Excluded	Employee Subgroup	<input type="text" value="08"/> SES
Class/ Broadband	<input type="text" value="11-1021-03"/>	Class/ Broadband Description	<input type="text" value="GENERAL AND OPERATIONS MANAGERS"/>
Position Number	<input type="text" value="45000366"/>	Position Name	<input type="text" value="CHIEF OF VOTING SYSTEM CERTIFICATION"/>
Org Code	<input type="text" value="451001500000000000000000"/>	Org. Name	<input type="text" value="BUREAU OF VOTING SYSTEMS CERTIFICATION"/>
FLAIR account code	<input type="text" value="4510100013245100100000100000"/>	Flair Org Code	<input type="text" value="45100250000"/>
Payroll Area	<input type="text" value="UM"/> * Monthly		
Manager/Direct Supervisor	<input type="text" value="Ms SARAH J BRADSHAW"/>	Time Administrator	<input type="text" value="Not Assigned"/>
Requisition Manager	<input type="text" value="Not Assigned"/>	Time Admin./Req. Manager	<input type="text" value="Ms SANDRA L TREMAINE"/>



STATE OF FLORIDA
DEPARTMENT OF STATE

Jeb Bush
Governor

Glenda E. Hood
Secretary of State

DIVISION OF ELECTIONS

November 4, 2005

Mr. Paul Craft
Chief, Voter Systems Certification
3582 Velda Woods Drive
Tallahassee, FL 32308

Dear Paul:

This letter will serve to confirm that you contacted me on Friday, October 28, 2005, to verbally tender your resignation indicating that you decided to exercise the option of 25 year retirement. Subsequent to that conversation, your official letter of resignation was received and has been accepted, effective at the close of business on November 30, 2005.

It has been a pleasure working with you over the last few years and I hope your plans for the future bring you much happiness and success.

Best regards.

Dawn K. Roberts
Director, Division of Elections

DKR/aw

RECEIVED

NOV 07 2005

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Paul W. Craft
P.O. Box 1716
Tallahassee, Florida 32302-1716

Ms. Dawn K. Roberts
Director, Division of Elections
Florida Department of State
Room 316, R.A. Gray Building
500 South Bronough Street
Tallahassee, FL 32399-0250

Dear Dawn:

I am very proud of the election reforms that we have implemented in Florida and the leadership role that we have taken in national election reform. However, the long hours and frequent travel have taken a tremendous amount of my time away from my family and friends.

With deep regret, I have decided to exercise the option of 25 year retirement, resigning effective November 30, 2005. As a private citizen, I intend to remain active in election reform. I will be available to assist you as a friend and a volunteer employee as you and the Division go through the 2006 election cycle. Please do not hesitate to call if I can be of assistance.

Sincerely,



Paul W. Craft

PWC/

Copies: Dave Mann
Sarah Jane Bradshaw

RECEIVED

NOV 02 2005

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Williams, Philip

From: Tepper, Dave
Sent: Thursday, December 01, 2005 11:36 AM
To: Williams, Philip
Subject: FW: Where's Craft?

Philip:

Please put a copy of this information in Mr. Craft's personnel file.

David Tepper, Chief
Department of State
Bureau of Departmental Services
Room 266, The Collins Building
107 W. Gaines Street
Tallahassee, Florida 32399-0250
Telephone: (850) 245-6550
Facsimile: (850) 245-6597
Email: dtepper@dos.state.fl.us

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are considered to be public records and will be made available to the public and the media upon request. Therefore, your e-mail message may be subject to public disclosure.

-----Original Message-----

From: Craft, Paul
Sent: Wednesday, November 30, 2005 11:08 PM
To: DOSALL
Subject: Where's Craft?

The chapter of my career working with all of you at Department of State, came to a close about an hour ago upon my return from representing the Department at a national summit on voting system certification testing.

I will miss seeing those of you who I worked with and wish you all the best.

If anyone needs to contact me, my contact information is below.

Thank you all and see you around.

Paul

Telephone 212-8884
e-mail craft@paulcraft.net

USPS Mailing address:
P.O. Box 1716
Tallahassee, FL 32302-1716

Fedex and UPS address:
3582 Velda Woods Drive
Tallahassee, FL 32309

PERSONNEL ACTION REQUEST FORM

FORM STATUS: VIEW
EMPLOYEE MOVEMENT
Completed

Accessed by [REDACTED] as PHILIP L WILLIAMS

I - PAR form 217618 was completed . Press the EXIT button to leave the PAR. Do not use the back button.

Type of Action

Employee Movement MV012 - Voluntary Separation <input type="checkbox"/>	Reason Code 56 - Retirement <input type="checkbox"/>	Last Day Paid 11/30/2005	Form Number 217618
--	---	-----------------------------	-----------------------

Name

Full Name PAUL W CRAFT	Employee Number [REDACTED]
---------------------------	-------------------------------

From Position

Position Title CHIEF OF VOTING SYSTEM CERTIFICATION-DOS	Position Number 45000366	Pay Band/Grade 021	Position FTE 1.00
Broadband/Class Title GENERAL AND OPERATIONS MANAGERS	Broadband/Class Number 11-1021-03	Job Type SES	Position Overlap <input type="checkbox"/>
Agency DOS - State	FLAIR Org Code 45100250000	Salary Range 32,409 - 133,450	
Bureau/Office Bureau of Voting System Certification	City TALLAHASSEE	County 037	
Office Location 00765	Telephone No 850-245-6220	SunCom No 205-6221	

Salary

	CURRENT	NEW
Period	Monthly	
Base Salary	6253.35	6253.35
On Call		
Lead Worker		
Agency Unique		
Market Based Pay		
Hazardous		
Trainer		
Temp Special Duty		
Comp Area Diff		
Uniform Allowance		
Military Allowance		
Total Period Salary	6253.35	6253.35

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

Perquisites No (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 CON	PHILIP L WILLIAMS	Submitted	12/01/2005 09:21:03	

Acted Upon 12/01/2005 09:22:51

Completed 12/01/2005 09:24:01

Liaison 45000022 HUMAN RESOURCE MANAGER - SES Ms KATHY J MCCULLARS **Approved** 12/01/2005 09:22:04

I - PAR form 217618 was completed . Press the EXIT button to leave the PAR. Do not use the back button.

Notes/Comments

Key Service Dates

Employee ID #: Mr PAUL W CRAFT

Title: Agency:

Key Service Dates->Overview

Effective Date	End Date	Date Type 1	Date 1	Date Type 2	Date 2
<input checked="" type="radio"/> 12/01/2005	12/31/9999	State Hire Date	03/22/1971	Agency Hire Date	04/08/1991
<input type="radio"/> 09/01/2004	11/30/2005	State Hire Date	03/22/1971	Agency Hire Date	04/08/1991

1/1

Key Service Dates->Details

State Hire Date	<input type="text" value="03/22/1971"/>		PHC/Phy Anniversary Date	<input type="text"/>
Agency Hire Date	<input type="text" value="04/08/1991"/>		Special Recognition Date	<input type="text"/>
Continuous Service Date	<input type="text" value="01/06/1982"/>		Date of Separation	<input type="text" value="12/01/2005"/>
Creditable Service Months	<input type="text" value="0286"/>		Last Day Worked	<input type="text" value="11/30/2005"/>
SES/SMS Leave Acc. Months/Day	<input type="text" value="03"/> / <input type="text" value="15"/>		Date of Retirement	<input type="text"/>
CS Leave Accrual Date	<input type="text"/>		Date of Death	<input type="text"/>

PERSONNEL ACTION REQUEST FORM

FORM STATUS: VIEW
EMPLOYEE MOVEMENT
Completed

did not take

Accessed by: [redacted] as PHILIP L WILLIAMS

- PAR form 217606 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 56 - Retirement	Last Day Paid 11/30/2005	Form Number 217606
---	--------------------------------	-----------------------------	-----------------------

Name Full Name PAUL W CRAFT	Employee Number [redacted]
-----------------------------------	-------------------------------

From Position

Position Title CHIEF OF VOTING SYSTEM CERTIFICATION-DOS	Position Number 45000366	Pay Band/Grade 021	Position FTE 1.00
Broadband/Class Title GENERAL AND OPERATIONS MANAGERS	Broadband/Class Number 11-1021-03	Job Type SES	Position Overlap <input type="checkbox"/>
Agency DOS - State	FLAIR Org Code 45100250000	Salary Range 32,409 - 133,450	
Bureau/Office Bureau of Voting System Certification	City TALLAHASSEE	County 037	
Office Location 00765	Telephone No 850-245-6220	SunCom No 205-6221	

Salary

	<u>CURRENT</u>	<u>NEW</u>
Period Monthly		
Base Salary	6253.35	6253.35
On Call		
Lead Worker		
Agency Unique		
Market Based Pay		
Hazardous		
Trainer		
Temp Special Duty		
Comp Area Diff		
Uniform Allowance		
Military Allowance		
Total Period Salary	6253.35	6253.35

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

Perquisites (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 CO	PHILIP L WILLIAMS	Submitted	12/01/2005 08:37:23	

Acted Upon 12/01/2005 08:55:43

Completed 12/01/2005 09:04:44

Liaison 45000022 HUMAN RESOURCE MANAGER - SES Ms KATHY J MCCULLARS *Approved* 12/01/2005 08:48:31

I - PAR form 217606 was completed . Press the EXIT button to leave the PAR. Do not use the back button.

Exit Print Form

Notes/Comments



STATE OF FLORIDA
DEPARTMENT OF STATE

JEB BUSH
Governor

DAVE MANN
Secretary of State

November 30, 2005

Mr. Paul Craft
Post Office Box 1716
Tallahassee, Florida 32302

Dear Mr. Craft:

Our records indicate that during your employment with the Department of State you were required to file a public disclosure of your financial interests pursuant to Section 112.3145, Florida Statutes. The purpose of this letter is to inform you of certain financial disclosure requirements for state officers, local officers and specified state employees who leave public office or employment.

Pursuant to Chapter 2000-243, Laws of Florida, effective January 1, 2001, "[e]ach state officer, local officer, and specified state employee shall file a final statement of financial interests within 60 days after leaving his or her public position for the period between January 1 of the year in which the person leaves and the last day of office or employment, unless within the 60-day period the person takes another public position requiring financial disclosure under this section or s. 8, Art. II of the State Constitution or otherwise is required to file full and public disclosure or a statement of financial interests for the final disclosure period."

A Final Statement and Financial Interest Form 1F 2004 is enclosed. If you have any questions concerning financial disclosure requirements, please contact the Florida Commission on Ethics at (850) 488-7864, or visit their website at <http://www.ethics.state.fl.us>.

Sincerely,

David A. Tepper, Chief
Bureau of Departmental Services

pc: Personnel File

DEPARTMENT OF STATE Appointment Action Form

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

LAST: Craft FIRST: Paul M.I. W SS#: XXXXXXXXXX
 ADDRESS: 3582 Velda Woods Drive CITY: Tallahassee ST FL ZIP CODE 32308
 HOME PHONE: _____

POSITION #: 00366 TITLE: Chief, Voting Systems Cert. CLASS CODE: 6163
 EFFECTIVE DATE OF APPT: 09/01/03 TIME: 8:00 am JOA NO.: N/A OR RECLASSIFICATION: Y N
 SAMAS ACCOUNT CODE (29 DIGITS): 45101000132451001000001000000 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:

CHOOSE ONE: (see note*) Special Pay Increase
 Monthly Salary: 5919.38 Minimum Salary Above Min. % Promotional Increase % Current Salary

Career Service SES F.T.E.: 1.00 .50 Appointment Status: _____
 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 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 Systems Certification Section: _____
 Work Location: 107 West Gaines Street, Room 231, Collins Building, Tallahassee, Florida 32399
(Building, Address, and Zip Code) Work Phone: 850-245-6220

Name and Title of Immediate Supervisor: Sarah Jane Bradshaw, Assistant Director of Elections Phone: 850-245-6200

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: 06/24/50

Form completed by: Peggy Taff

APPROVAL: *[Signature]* DIVISION DIRECTOR DATE _____

THIS SECTION TO BE COMPLETED BY OFFICE OF HUMAN RESOURCES:

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

APPROVALS: *[Signature]* 8.20.03
 Assistant Secretary of State/Chief of Staff Date: _____

[Signature] 8/20/03
 Deputy Secretary of State Date: _____

Human Resources Date: _____

IMPORTANT! This form MUST BE PRINTED ON YELLOW PAPER



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF ELECTIONS

MEMORANDUM

TO: Dave Mann, Assistant Secretary of State

FROM: Ed Kast, Director, Division of Elections *Ed Kast*

DATE: August 20, 2003

SUBJECT: Salary Increase Request

As you know, my staff endured many long hours and an incredible increase in responsibilities and workload during the 2000 and 2002 election cycles that were beyond the normal call of duty. We are facing a crucial presidential election year in 2004. To prepare for this, I feel it is crucial that salary increases be awarded to the following key employees:

- 1) Sarah Jane Bradshaw, Assistant Director, 7%
- 2) Sharon Larson, Senior Attorney 5%
- 3) Marielba Torres, Senior Attorney 3%
- 4) ~~Connie Evans, Chief, Election Records 4%~~
- 5) Miguel Hernandez, Sr. Section Administrator 3%
- 6) ~~Paul Craft, Chief, Voting Systems 5%~~ *15,919.38*
- 7) Caroline Malkinski, Data Processing Manager 3%
- 8) Mike Lindsey, Sr. Management Analyst II 3%
- 9) Donna Miller, Operations and Mgt Consultant II 3%
- 10) Althera Johnson, Admin. Asst. I 3%

Please give me a call if you have any questions.

Approved: *[Signature]*
 Dave Mann, Deputy Secretary of State

Disapproved: _____

Approved: *[Signature]*
 Candice Crawford, Assistant Secretary of State

Disapproved: _____

Effective Date: 9/1/03

RECEIVED

AUG 21 2003

DIV. OF ADMIN. SERVICES
 HUMAN RESOURCES



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

MEMORANDUM

TO: PAUL W CRAFT

FROM: David Tepper, Chief
Bureau of Departmental Services

DATE: July 22, 2002

SUBJECT: Broadband Classification and Pay System

Among the many recent changes to the State's personnel practices, legislation implementing Governor Bush's *Service First* initiative limited the number of occupational groups allowed in Florida's personnel system. Effective July 1, 2002, the state's old classification and pay systems were replaced with a new "broadband" system in which thousands of narrow classifications and hundreds of narrow pay grades were collapsed into a few broad classifications and wide pay "bands." Instead of emphasizing titles, pay grades, and job descriptions, the focus of broadbanding is to utilize a system that provides incentives for state employees to increase their job-related value by developing new skills and contributing to improve agency service. Through this system, the state will be able to better reward its employees for increased performance and efficiency.

Florida's adoption of a broadbanding classification and pay system is an important component of how the state deals with the challenges of increased demand for government services with ongoing technological advancements. You are the beneficiary of a system that promotes job flexibility, and allows your agency to reward you for improved skills.

Effective July 1, 2002, your classification of CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS has been assigned to the following broadband classification and pay categories:

Job Family: MANAGER
Occupational Group: MANAGER
Occupation: GENERAL AND OPERATIONS MANAGERS
Level: LEVEL 3 - MANAGER
Pay Band: 021
Occupation Code: 11-1021-3

If you would like additional information on the new broadbanding classification and pay system, you may go to <http://www.state.fl.us/dms/hrm/BROADBAND/index.html>, or contact your Human Resources office at 245-6550.

45100150000

STATE OF FLORIDA

DEPARTMENT OF STATE
 DIVISION OF ELECTIONS
 ELECTION RECORDS/LAWS/CODE

REPORT OF PERSONNEL ACTION

DATE PRINTED 06/04/02 DOCUMENT 034
 EMPLOYEE CRAFT,PAUL W

FROM

TO

EMPLOYEE
 SOCIAL SECURITY# [REDACTED] POS # 000366 POS F.T.E 1 SVC 03 EFFECTIVE DATE 03/15/02
 EMPLOYEE NAME CRAFT,PAUL W
 COPE'S ORGANIZATION 451001100000000000000000 OFFICE OF THE DIVISION DIRECTOR
 APPOINTMENT TYPE 01 APPOINTMENT STATUS EXEMPT STATUS EXPIRE
 PAY PLAN CLASS CBU INCL. ANNV. DATE
 SELECTED EXEMPT SER 6163 89 N 0315
 OFFICIAL CLASS TITLE CHIEF OF ELECTION SYSTEMS-DOS

EMPLOYEE
 SOCIAL SECURITY# [REDACTED] POS # 000366 POS F.T.E 1 SVC 03 EFFECTIVE DATE 05/14/02
 EMPLOYEE NAME CRAFT,PAUL W
 COPE'S ORGANIZATION 451001100000000000000000 OFFICE OF THE DIVISION DIRECTOR
 APPOINTMENT TYPE 01 APPOINTMENT STATUS EXEMPT STATUS EXPIRE
 PAY PLAN CLASS CBU INCL. ANNV. DATE
 SELECTED EXEMPT SER 8918 89 N 0315
 OFFICIAL CLASS TITLE CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS

ACTION

ACTION

08 PERFORMANCE EVALUATION

01 ORIGINAL APPOINTMENT */ Title chg*

PAY

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4924.22	4924.22	28.41	28.41	1
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00
W4	EXMPT	ADD WITH RET	INSURANCE	LAST PERF APPRAISAL	
02	01	280.00 HA	0089	EXCELLENT	
SAMAS ACCOUNT CODE			INTER DEPT.		
45101000132451001000001000000			0110000011		
SAMAS ORGANIZATION					
45100150000 OFFICE OF THE DIVISION DIRECTOR					

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4924.22	4924.22	28.41	28.41	1
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00
W4	EXMPT	ADD WITH RET	INSURANCE	LAST PERF APPRAISAL	
02	01	280.00 HA	0089	EXCELLENT	
SAMAS ACCOUNT CODE			INTER DEPT.		
45101000132451001000001000000			0150000011		
SAMAS ORGANIZATION					
45100150000 OFFICE OF THE DIVISION DIRECTOR					

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS 0 FROM TO

LOCATION

LOCATION

LOCATION TALLAHASSEE PHYSICAL COUNTY LEON HEADQUARTER COUNTY LEON

LOCATION TALLAHASSEE PHYSICAL COUNTY LEON HEADQUARTER COUNTY 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

POSITION IS SUPERVISORY...EMPLOYEE HAS BEGUN TRAINING COURSES

REQUESTED BY APPROVAL *Donette S Rahn* DATE 6/4/02

MEMORANDUM

TO: Voter Education Section,
Bureau of Voting Systems Certification

FROM: Donna S. Miller, NVRA Administrator
Bureau of Voting Systems Certification

DATE: April 2, 2002

SUBJECT: Guidelines for Using Paper Shredder

The paper shredder in the Voting Education Section is to be used only for destroying voter registration application forms that do not print correctly. The Bureau of Archives and Records Management provides the procedures for the records management of other materials in the General Records Schedule and the Business Recordkeeping and Retention Guidelines. Please refer to the schedule and the guidelines in the proper management of other materials at <http://dlis.dos.state.fl.us/barm/>.

The paper shredder is not to be used for personal use at any time.

I have read and understand this policy.
Paul W. Craft 5/3/02


Paul W. Craft

Tepper, Dave

From: Tepper, Dave
Sent: Tuesday, June 26, 2001 12:33 PM
To: Cloud, Sandra; Blackshear, Bobbie; Raines, Terry; Veneszee, Wanda; Craft, Paul; Lindsey, Mike; Pollock, Phil; Reddick, Sharon; Guess, Bonnie; Jones, Robert; Shiver, Carl; Marder, Walt; Ferro, David; Zimny, Michael; Lett, Roy; Baker, Henry; Thomas, Sarah; Gilliam, Simond; Allen, Pat; Wilson, Sam; Odom, Candice; Leo, Metria; Lewis, Faye; Morris, Joan; Towels, Giesele; Moore, Andre; Vickers, Marla A; Gay, Kevin; McLendon, Christine; Jennings, Carla; Summerford, Lou; Davis, Sandra; Donaldson, Bill; Mixon, Bernice; Cousson, Robert; Floyd, Garry; Rogg, Daniel; Corbett, Tom
Cc: Mann, Dave; Barratt Wilkins; Clay Roberts; Hal Lench; Jan Matthews; Jay Kassees; John Russi; Peg Richardson; Ed Kast; Gene Bryan; Lorraine Summers; Marilyn Thompson; Art Varnadore; Buddy Bevis; Connie Crawford; Connie Evans; Debra Sears; Diana Patterson; Don Roberts; Fred Gaske; James Miller; Jeana Brunson; Jim Berberich; Joan Jones; Karon Beyer; Linda Downey; Liz Cloud; Loretta Flowers; Lynda Wilson; Sarah Smith
Subject: Mandatory Payroll Direct Deposit
Importance: High

MEMORANDUM

TO: Department of State Employees Not Currently Participating in State Payroll Direct Deposit Program

FROM: David A. Tepper, Chief
Bureau of General Services 

DATE: June 26, 2001

SUBJECT: Mandatory Payroll Direct Deposit

Section 7 of Public Law 2001-43, commonly referred to as "Service First," amended section 110.113(2), Florida Statutes, to make payroll direct deposit mandatory for all salaried employees effective January 1, 2002. The exemption for persons continuously employed since July 1, 1996, is removed.

In order to bring the approximately 18,000 state employees who are not currently participating in the payroll electronic funds transfer (EFT) program into compliance with the new law by the January 1, 2002, effective date, and to ease the burden on the Department of Banking and Finance in converting these employees to the system, state agencies have been requested to begin the process of converting employees to the payroll EFT system in accordance with a schedule developed by DBF. The Department of State has been requested to begin its employee conversion in July, 2001.

Records of the Department of Banking and Finance show that you are not currently participating in the payroll direct deposit program. You will soon be receiving a personalized Direct Deposit Authorization Form from the Bureau of Human Resources to initiate your participation in the program. Please complete and submit the form according to the pre-printed instructions as soon as possible. If you have already submitted a Direct Deposit Authorization Form to the Department of Banking and Finance, or the Department of State, Bureau of Human Resources, you do not have to submit another form. A record of your participation in the payroll direct deposit program will be submitted to the department from the Department of Banking & Finance.

An employee may request an exemption from the mandatory payroll direct deposit program from the Department of Banking and Finance where the employee can demonstrate that participation in the program will result in a hardship to the employee. Requests for exemption must be in writing and should clearly explain why participation in the program will result in a hardship. The request should be signed by the employee and should be submitted to: David Tepper, Chief, Bureau of General Services, The Collins Building, 107 W. Gaines Street,

Room 266, Tallahassee, Florida 399-0250; Mail Station #2.

Please feel free to contact me at 245-6550, or by e-mail, if you have any questions.

PLEASE TYPE OR PRINT CLEARLY

Your Social Security Number: [REDACTED]

Please leave this area blank	
Payroll Organization Code 45-10-01-10-000	Intradepartment Num. 01-10000011

STATE OF FLORIDA
DIRECT DEPOSIT AUTHORIZATION
Robert A Milligan, Comptroller of Florida

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!
 For a Start or Change all boxes must be completed;
 do not leave information blank!
 Please allow 3 to 4 weeks for your direct deposit to begin.

Craft, Paul
 P.o. Box 1716
 Tallahassee, FL 32302-

← You will need to file a new W-4 through your personnel office if any part of your name or address is incorrect. This information was take directly from your current W-4.

This form will start, change, or stop direct deposit for all payments received by you from the State of Florida. You may not have direct deposit to more than one account at one time.

Name: Please be sure your name on this form matches the name on your W-4 on file with your personnel office. Your direct deposit will not start if the names do not match. If you change your name on your W-4, you must also change your name for direct deposit.

Direct Deposit Action Requested:

1. Check **Start** if you don't have direct deposit and wish to sign-up.
2. Check **Change** if you have direct deposit and wish to change your financial institution or just your account number or account type (Checking or Savings). Your current direct deposit is stopped when a change request is received. You will be paid by warrant (check) while the change is being processed.
3. Check **Stop** if you wish to stop your direct deposit. Stops generally are processed the day the are received.
4. Check **Name Change Only** if you are changing your name to correspond to your W-4. Skip to the bottom of the form, sign it and date it.

Payment Types: All payments you receive from the State (salary, retirement, expense reimbursement, etc.) will be direct deposited to the single account designated.

Account Number: Please make sure the account number on the form is correct. If you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

Transit Routing Number: This is the nine-digit number that identifies your financial institution (Bank, Savings and Loan or Credit Union). It is found in the bottom left-hand corner of your personal check.

A DEPOSIT SLIP DOES NOT HAVE THE CORRECT NUMBER

Work Telephone ()	Home Telephone ()
Direct Deposit Action Requested (Check Only One)	(1) Start. <input checked="" type="checkbox"/> (2) Change. <input type="checkbox"/> (3) Stop. <input type="checkbox"/> (4) Name Change Only . . . <input type="checkbox"/>
Are you an employee or Retiree? (Check Only One)	(1) Retiree. <input type="checkbox"/> (2) Employee <input type="checkbox"/> (3) Both. <input type="checkbox"/>
Account Type (Select Only One)	(1) Checking. <input type="checkbox"/> (2) Savings <input type="checkbox"/>
Your Account Number - Start at left, leave unused spaces blank	
Transit Routing Number of Your Financial Institution	
Name of Your Financial Institution	
Telephone number of your Financial Institution ()	
Signature	Date

THIS FORM MUST BE SIGNED AND DATED

Signature above signifies agreement with terms and conditions below.

AGREEMENT

I hereby authorize and request the State of Florida to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error, to my account at the financial institution named. This direct deposit is to remain in effect until withdrawn by: (a) me in writing with sufficient notice to the State to allow adequate time to effect termination; (b) my death or legal incapacity; (c) the financial institution or (d) the State of Florida. Otherwise it will purge 6 months after my last wage payment. It will remain in effect if I start receiving FRS benefits within 6 months of the final wage payment.

Special Note: Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to the state and cause a seven to ten day delay before you receive your salary payment. To find out the status of your direct deposit, or the amount of your deposit, please call our automated response system at (850) 413-7262 or SUNCOM 293-7262.

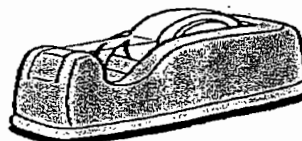
Please return to:

EFT Section
 Office of Comptroller
 101 E. Gaines St., Room 414
 Tallahassee, FL 32399-0350

Or FAX to:

(850) 410-9376,
 SunCom 210-9376
 Voice Phone
 (850) 410-9466,
 SunCom 210-9466

If you fax us your form, retain the original; do not mail it to us
Tape Voided Personal Check or copy of Savings Account ID here



Forms with Deposit Slips will be rejected!

DEPARTMENT OF STATE
Appointment Action Form

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

FULL NAME:
LAST: Craft FIRST: Paul M.I. W SS#: [REDACTED]
ADDRESS: 3582 Velda Woods Drive CITY: Tallahassee ST FL ZIP CODE 32308
POSITION #: 00366 TITLE: Chief of Election Systems CLASS CODE: 6163
EFFECTIVE DATE OF APPT: 03/15/01 TIME: 8:00 a JOA NO.: NA OR RECLASSIFICATION: Y N
SAMAS ACCOUNT CODE (29 DIGITS): 451001100000 EO NO.: 11
PAYROLL ORG CODE NO.: 45100110 HIRED FROM PROMO/REASSIGN FILE: Y N

CAREER SERVICE/SES/SMS ONLY

TYPE OF APPOINTMENT:

Select Type: Original

Monthly Salary: \$4,804.12 CHOOSE ONE (see note):
 Minimum Salary Above Min. % Promotional Increase 5 % Current Salary

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

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 Student* Non-Student Hourly
Funding Change Only *(If student, attach copy of registrations/schedule)

RECEIVED
MAR 20 2001

Division: Elections Bureau: Director's Office Section: _____

Work Location: Elliott Building; Monroe Street, Tallahassee FL 32399
(Building, Address, and Zip Code)

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Name and Title of Immediate Supervisor: Edward C. Kast, Assistant Division Director Phone: 488-7690

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: CF M DOB: 6/24/50

Form completed by: Ed Kast

APPROVAL: [Signature] DIVISION DIRECTOR DATE

THIS SECTION TO BE COMPLETED BY BUREAU OF HUMAN RESOURCES:

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

APPROVAL: [Signature] 3/28/01
Human Resources
Assistant Secretary of State

IMPORTANT! This form MUST BE PRINTED ON YELLOW PAPER

Copies to: Benefits Emp. Actions Recruitment

STATE OF FLORIDA

DEPARTMENT OF STATE

DIVISION OF ELECTIONS

ELECTION RECORDS/LAWS/CODE

REPORT OF PERSONNEL ACTION

DATE PRINTED

DOCUMENT 030

03/22/01

EMPLOYEE CRAFT,PAUL W

FROM

EMPLOYEE

SOCIAL SECURITY # POS # POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000924 1 03 05/31/00

EMPLOYEE NAME

CRAFT,PAUL W

COPE'S ORGANIZATION

451001100000000000000000

OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE

APPOINTMENT STATUS

STATUS EXPIRE

05

PERMANENT

PAY PLAN

CLASS

CBU

INCL.

ANNIV. DATE

CAREER SERVICE

2125

05

N

0706

OFFICIAL CLASS TITLE

COMPUTER AUDIT ANALYST.

TO

EMPLOYEE

SOCIAL SECURITY # POS # POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000366 1 03 03/15/01

EMPLOYEE NAME

CRAFT,PAUL W

COPE'S ORGANIZATION

451001100000000000000000

OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE

APPOINTMENT STATUS

STATUS EXPIRE

01

EXEMPT

PAY PLAN

CLASS

CBU

INCL.

ANNIV. DATE

SELECTED EXEMPT SERVIC

6163

89

N

0315

OFFICIAL CLASS TITLE

CHIEF OF ELECTION SYSTEMS-DOS

ACTION

08 PERFORMANCE EVALUATION

ACTION

01 ORIGINAL APPOINTMENT

PAY

TYPE BASE RATE RATE HR. BASE HR. RATE FTE
 M 4575.35 4575.35 26.4 26.4 1

CAD LEADWORKER SHIFT ON CALL CONTACT OTHER
 0 0 0 0 0 0

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
 02 01 280 HA 0089 PERFORMANCE REVIEW

SAMAS ACCOUNT CODE INTER DEPT.

45101000132451001000001000000

0110000011

SAMAS ORGANIZATION

45100110000

OFFICE OF THE DIVISION DIRECTOR

PAY

TYPE BASE RATE RATE HR. BASE HR. RATE FTE
 M 4804.12 4804.12 27.72 27.72 1

CAD LEADWORKER SHIFT ON CALL CONTACT OTHER
 0 0 0 0 0 0

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
 02 01 280 HA 0089 NOT RATED

SAMAS ACCOUNT CODE INTER DEPT.

45101000132451001000001000000

0110000011

SAMAS ORGANIZATION

45100110000

OFFICE OF THE DIVISION DIRECTOR

LEAVE WITHOUT PAY

HOURS FROM TO

0

LEAVE WITHOUT PAY

HOURS FROM TO

0

LOCATION

LOCATION TALLAHASSEE PHYSICAL COUNTY LEON HEADQUARTER COUNTY LEON

LEON

LOCATION

LOCATION TALLAHASSEE PHYSICAL COUNTY LEON 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

REQUESTED BY

DATE

APPROVAL

Ante S. Ras

DATE

3/22/01

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

Paul W. Craft
NAME

N/A
PRIOR NAME

[REDACTED]
SOCIAL SECURITY NUMBER

Elections
DIVISION

March 15, 2001
HIRE DATE

Please indicate below all state agencies where you were previously employed. **Do not include O.P.S. or Contract employment.** If transferring sick leave from a City/County Governmental authority, please indicate below:

AGENCY	DATE(S) OF EMPLOYMENT
<u>Florida Dept of State</u>	From <u>4-8-91</u> To <u>3-14-01</u>
<u>Florida Dept of Revenue</u>	From <u>1-82</u> To <u>4-8-91</u>
<u>Florida Dept of Commerce</u>	From <u>1970?</u> To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____

_____ Check here if 'none'

Paul W. Craft
SIGNATURE

3-21-01
DATE

CC: Attendance and Leave

DEPARTMENT OF STATE
SES/SMS NEW EMPLOYEE CHECKLIST

EMPLOYEE NAME: Paul W. Craft
POSITION TITLE: Chief of Election Systems
HIRE DATE: March 15, 2001

I HEREBY ACKNOWLEDGE THAT THE FOLLOWING FORMS WERE COMPLETED:

- W-4 CARD
- AFFIDAVIT (CURRENT STATE EMPLOYMENT)
- ADDENDUM TO APPLICATION (EMPLOYMENT OF RELATIVES)
- EMPLOYMENT ELIGIBILITY VERIFICATION (VERIFICATION OF CITIZENSHIP)
- STATE VEHICLE OPERATION RULES
- CERTIFICATION OF PRIOR STATE SERVICE
- DIRECT DEPOSIT CERTIFICATION OF ACKNOWLEDGEMENT
- INTERNET AND E-MAIL POLICY
- SEXUAL HARRASSMENT POLICY & ACKNOWLEDGEMENT
- VIOLENCE IN THE WORKPLACE POLICY
- ATTENDANCE AND LEAVE PROCEDURES
- FAMILY MEDICAL LEAVE ACT
- SICK LEAVE POOL POLICY
- SICK LEAVE TRANSFER PLAN
- SIGNED RECEIPT FOR EMPLOYEE HANDBOOK
- PROTEGRITY WORKERS' COMPENSATION HANDBOOK
- CAREER SERVICE GRIEVANCE PROCEDURE
- STATEMENT OF FINANCIAL INTEREST

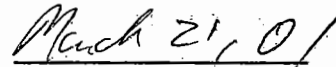
GUIDE TO THE SUNSHINE AMENDMENT/CODE OF ETHICS

SES/SMS MEMORANDUM

I further acknowledge that I have received the new employee benefits package including all benefits information, parking rules and regulations, employee handbook, and a copy of the Department of State's policies and procedures. I understand that 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 open enrollment period or if accompanied by a medical statement form subject to approval by the Administrator.



SIGNATURE




DATE

March 22, 2001

Page Two

STATEMENT

I have accepted the appointment to the position of Chief of Election Systems, Division of Elections, effective March 15, 2001. I understand that this position is exempt from the Career Service System and included in the Selected Exempt Service pursuant to Section 110.205(2), Florida Statutes. I have been advised of my rights upon appointment to this position.



Signature

3-22-01
Date

DT/asr

Attachments

pc: Ben McKay, Chief of Staff

**DEPARTMENT OF STATE
VEHICLE POLICY**

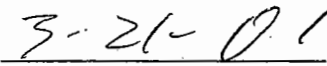
Your job duties may require the use of a state vehicle. Any state vehicle you are assigned is your responsibility and shall be used only for the conduct of official state business. Any misuse, abuse, or unauthorized use of such vehicle or any other state vehicle will result in dismissal if such misuse, 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

DEPARTMENT OF STATE

Appointment Action Form

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

FULL NAME:

LAST: CRAFT FIRST: PAUL M.I. _____ SS#: [REDACTED]

ADDRESS: 3582 Velda Woods Drive CITY: Tallahassee ST FL ZIP CODE 32308

POSITION #: 00924 TITLE: Computer Audit Analyst CLASS CODE: 2125

EFFECTIVE DATE OF APPT: 2/1/01 TIME: 8 am JOA NO.: _____ OR RECLASSIFICATION: Y N

SAMAS ACCOUNT CODE (29 DIGITS): 451001100000 EO NO.: 11

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

CAREER SERVICE/SES/SMS ONLY

TYPE OF APPOINTMENT:

Select Type: Status Change Only

	CHOOSE ONE (see note)				
Monthly Salary:	Minimum Salary	Above Min.	%	Promotional Increase	Current Salary
\$4,575.35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5 %	<input type="checkbox"/>

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

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

COMPLETE THIS SECTION FOR OPS ONLY

OPS Hours per week Student* Non-Student Hourly Salary: 2001
 Funding Change Only *(If student, attach copy of registrations/schedule)

Division: Elections Bureau: Voting Systems Section: HUMAN RESOURCES

Work Location: Room 1801, The Capitol, Tallahassee, FL 32399-0250
(Building, Address, and Zip Code)

Name and Title of Immediate Supervisor: Clay Roberts, Director of Elections Phone: 488-7690

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 Other Sex: F M DOB: _____

Form completed by: Brenda Milton

APPROVAL: DIVISION DIRECTOR DATE

THIS SECTION TO BE COMPLETED BY BUREAU OF HUMAN RESOURCES:

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

APPROVAL

Human Resources

 Assistant Secretary of State

IMPORTANT! This form MUST BE PRINTED ON YELLOW PAPER

Copies to: Benefits Emp. Actions Recruitment

DIVISIONS OF FLORIDA DEPARTMENT OF STATE

Office of the Secretary
Office of International Relations
Division of Elections
Division of Corporations
Division of Cultural Affairs
Division of Historical Resources
Division of Library and Information Services
Division of Licensing
Division of Administrative Services



MEMBER OF THE FLORIDA CABINET

State Board of Education
Trustees of the Internal Improvement Trust Fund
Administration Commission
Florida Land and Water Adjudicatory Commission
Siting Board
Division of Bond Finance
Department of Revenue
Department of Law Enforcement
Department of Highway Safety and Motor Vehicles
Department of Veterans' Affairs

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF ELECTIONS

MEMORANDUM

TO: Dave Mann, Assistant Secretary of State
FROM: Clay Roberts, Director, Division of Elections
DATE: January 18, 2001
SUBJECT: Salary Increase Request for Paul Craft

As you know, my staff endured many long hours and an incredible increase in responsibilities during the past election cycle that were over and beyond the normal call of duty. Paul Craft, Computer Audit Analyst, Voting Systems Section, provided outstanding support during the elections and during the recount controversies. He made several trips during that period to provide on-site support to the supervisors of elections, as well as making sure his area of operation at the Division of Elections kept up with the responsibilities required. Although the election is over, the cycle continues to bring a tremendous increase in workload due to the Civil Rights Hearings, support to the Governor's Task Force on Election Procedures, the upcoming legislative session and an increase in responsibilities involving research, coordination, support and dedication in providing any new voting system procedures that will certainly be forthcoming.

In conjunction with the attached Review and Performance Appraisal, I am requesting an increase in salary for Mr. Craft from \$4,357.36 per month to \$4,575.35 per month. This represents a 5 percent increase for Mr. Craft.

Please do not hesitate to call me if you have any questions.

LCR/blm

Attachment

RECEIVED

JAN 23 2001

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

MEMORANDUM

TO: Paul Craft, Computer Audit Analyst
Division of Elections

FROM: Diana H. Maus, Chief *Diana Maus*
Bureau of Personnel Services

DATE: October 10, 1991

SUBJECT: Below Performance Standards Appraisal

Your immediate supervisor has rated your performance "Below Performance Standards" on your Employee Performance Appraisal. In accordance with Chapter 22A-9.03(3)(b), Personnel Rules, the agency head may extend the probationary period for a designated period up to six months from the date of the appraisal if the employee has been rated Unsatisfactory or Below Performance Standards. However, the employee must be removed from the class if the performance has not improved to Satisfactory or at least the Achieves Performance Standards level within the extended period. If the probationary period is extended, the employee shall be appraised within 30 calendar days prior to the end of each extension.

Therefore, to provide you an opportunity to attain a rating of Achieves Performance Standards, your probationary period has been extended through January 8, 1992.

Should you have any questions or desire additional information concerning this matter, please contact me at 488-1178.

DHM/gh

c: Ms. Dorothy Joyce, Director of Elections
Mr. Sandy Brill, Chief of Info. Mgmt. & Voting Systems
Ms. Judith P. List, Sr. Mgmt. Analyst II
✓ Personnel File



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

April 8, 1991

RECEIVED

APR 10 1991

DIV. OF ADMIN SERVICES
PERSONNEL

Mr. Paul Craft
515 Westwood Drive, North
Tallahassee, Florida 32304

Dear Mr. Craft:

This correspondence is to advise you of the details and conditions of your new appointment with the Department of State.

CLASS TITLE:	Computer Audit Analyst
POSITION NUMBER:	00924
ORGANIZATIONAL UNIT:	Division of Elections
IMMEDIATE SUPERVISOR:	Judith List, Senior Management Analyst
BEGINNING DATE:	April 8, 1991
WORK SCHEDULE:	8:00 a.m. - 5:00 p.m.
BEGINNING SALARY:	\$2,889.59 monthly
STATUS:	Probationary
ANNIVERSARY DATE:	April 1

On behalf of the Secretary of State and the administrative staff, I bid you congratulations on this appointment and wish you well in this new endeavor.

Should any questions arise concerning your employment with us, please do not hesitate to call or stop by the Personnel Services Office. Our telephone number is 488-1176, Suncom 278-1176, and we are in Room 1902 of the Capitol. Please sign one copy of this letter acknowledging your receipt of it and return it to us.

Sincerely,

Gladys V. Herring
Gladys V. Herring
Employee Actions Supervisor
Bureau of Personnel Services

c: Ms. Judith List, Sr. Management Analyst

I acknowledge receipt of this letter:

Paul Craft
Signature

4/19/91
Date

DEPARTMENT OF STATE

APPOINTMENT ACTION FORM

(This section to be completed by hiring Division)

Full Name Craft, Paul W.

Last First Middle Initial

Address 515 Westwood Drive, North, Tallahassee Zip Code 32304

Interviewed By Judith List and Sandy Brill Job Opp. Announc. No. 91-016

Position No. 00924 Title Computer Audit Analyst Class Code 2125

Effective Date of Appointment April 8, 1991 Time 8:00 am

SAMAS Account Code (29 digits) 45-10-1-000133-45100000-00-01000000

Payroll Org. Code Number 4510100000 EO No. 11

Type of Appointment: Original Promotion Demotion Reassignment

Transfer from Revenue Transfer (in excess of 50 miles only)

OPS: Hours per week Student Non-student
(If student, attach copy of registration/schedule.)

Recommended Appointment Status: Probationary Temporary Permanent
Substitute Trainee Emergency

FTE: 1.00 Salary: Monthly \$ 2,889.59 Hourly \$

(NOTE: IF SALARY IS EXCEPTIONAL AND REQUIRES APPROVAL OF ASSIST. SECRETARY, STATE JUSTIFICATION ON REVERSE SIDE OF PAGE)

Division Elections Bureau Information Mgt. Section

Work Location 1802 Capitol, Tallahassee 32399-0250 904/488-7690 SC 278-7690
(Bldg., address & zip code, Phone/Suncom number)

Name & Title of Immediate Supervisor Judith List, Sr. Management Analyst

Hired Under Veteran Preference Rule - Yes No

EEO INFO: Race W Sex M DOB 6-24-50 SS# [REDACTED] Handicapped - Yes No

APPROVAL:

[Signature]
Division Director

Paula Reams
Name of person completing form

(This section to be completed by Personnel Services)

Anniv. Date 4/1 Citizen Marital Status W-4 Allowances

Verification of Selective Service Registration N/A

[Handwritten initials]

RECEIVED

MAR 27 1991

APPROVAL:

[Signature]
Personnel Services

DEPARTMENT OF STATE

NAME OF EMPLOYEE: Paul W. Craft

POSITION TITLE: Computer Audit Analyst

EMPLOYMENT DATE: April 8, 1991

I HEREBY ACKNOWLEDGE THAT THE FOLLOWING FORMS WERE COMPLETED:

- FLORIDA EMPLOYMENT APPLICATION
- PERSONNEL CARD
- W-4 CARD
- OATH OF LOYALTY
- DUAL EMPLOYMENT AFFIDAVIT
- SIGNED RECEIPT FOR EMPLOYEE HANDBOOK
- ADDENDUM TO APPLICATION (EMPLOYMENT OF RELATIVES)
- STATE VEHICLE OPERATION RULES
- EMPLOYMENT ELIGIBILITY VERIFICATION (VERIFICATION OF UNITED STATES CITIZENSHIP)
- CERTIFICATION OF PRIOR STATE SERVICE
- ~~AUTHORIZATION TO RELEASE INFORMATION~~
- WORKERS' COMPENSATION FORM
- M/A RETIREMENT PERSONAL HISTORY RECORD (FRS M-10)

I FURTHER ACKNOWLEDGE THAT I HAVE RECEIVED THE NEW EMPLOYEE PACKAGE INCLUDING ALL BENEFIT INFORMATION, ATTENDANCE AND LEAVE RULES AND REGULATIONS, PARKING RULES AND REGULATIONS, EMPLOYEE HANDBOOK, GRIEVANCE PROCEDURES, AND RETIREMENT INFORMATION. I HAVE HAD ALL BENEFITS EXPLAINED AND UNDERSTAND THAT ENROLLMENT FORMS FOR INSURANCE POLICIES MUST BE SUBMITTED WITHIN THE FIRST 31 DAYS OF INITIAL EMPLOYMENT. IF ENROLLMENT FORMS ARE SUBMITTED AT A LATER DATE, I UNDERSTAND THAT THEY WILL ONLY BE ACCEPTED DURING AN OPEN ENROLLMENT PERIOD OR IF ACCOMPANIED BY A MEDICAL STATEMENT FORM SUBJECT TO APPROVAL BY THE ADMINISTRATOR.

Maria Deady
PERSONNEL REPRESENTATIVE

x Paul W. Craft
EMPLOYEE SIGNATURE

TO: Paul Craft
FROM: Kathy McCullars
DATE: April 8, 1991
SUBJECT: State Vehicle

Your job duties may require the use of a 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 or a minimum ten workday suspension without pay if such misuse, abuse or unauthorized use occurs after you have gained permanent status. State vehicles are not for your personal use and shall not be used for such purpose.

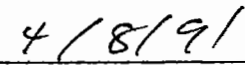
You may not have additional keys made. If you do so, this will be considered willful violation of rules, regulations and policies and will be dealt with in accordance with the "Standards for Disciplinary Actions" as contained in the Employee Handbook. Also, please remember to utilize the safety belts.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

Should you have any questions or desire additional information concerning this matter, please contact me. Drive carefully.

I acknowledge having received a copy of these instructions and fully understand my responsibility.



Employee Signature



Date



97 APR 28 AM 8:47
FILED
SECRETARY OF STATE

April 21, 1997

Mr. David Rancort, Director
Florida Division of Elections
1801 Capitol
Tallahassee, Fl 32399-0250

Great Job!

Craft

Dear David,

I want to take this opportunity to thank you, Sandy, Paul, Mike, and Gary for the combination of professionalism and hospitality accorded Debbie, John, and myself, as well as the Global customers and prospects who were present during the recently completed Accu-Vote Voting System certification process. Would you please convey our appreciation.

As one who is responsible for sales and marketing within our company, it is important to me that our products meet or exceed industry and FEC standards. Having introduced new enhancements and upgrades to the Accu-Vote System over the last several years, we have gained an understanding and appreciation for the comprehensive nature of the Florida Election Equipment Certification Process. As we have discussed previously, complying with the hardware and software standards established by Paul in his certification test plan and then demonstrating the ability of our System to successfully pass the public certification testing process gives us all confidence in the Accu-Vote Voting System. Many jurisdictions outside of Florida are also aware of Florida's comprehensive certification process, so that a Florida Certification gives them a certain level of comfort.

We realize that we are in an event driven, certification dependent business, and accept, in a very positive manner, the challenge presented by Florida Certification requirements and are more than pleased when we successfully complete the process.

Sincerely,

Robert Pickett
Robert Pickett
Sales Manager

RECEIVED
JUN 12 1997

605 O'Neill Drive
Jamestown, NC 27282
(910) 886-3409

DIV. OF ADMIN SERVICES
PERSONNEL



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF ELECTIONS

Room 1801, The Capitol, Tallahassee, Florida 32399-0250

(904) 488-7690

To: PERSONNEL

From: Dorothy W. Joyce
Division Director

A handwritten signature in cursive script, appearing to read "Dorothy W. Joyce".

Date: October 3, 1991

Subject: Extension of Probationary Period
Paul W. Craft
Position 00924, Computer Audit Analyst

Please extend the probationary period of Paul W. Craft for Position 00924, Computer Audit Analyst, to include the period October 8, 1991 through January 8, 1992.

DWJ/jpl

RECEIVED
OCT 7 1991

DIV. - ADMIN SERVICES
PERSONNEL

Handwritten initials in cursive script, possibly "DM".



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

MEMORANDUM

TO: Sandy Brill, Chief
Information Management & Voting Systems
Division of Elections

FROM: Diana H. Maus, Chief *DH Maus*
Bureau of Personnel Services

DATE: October 10, 1991

SUBJECT: Below Performance Standards Appraisal for Paul Craft

In accordance with Chapter 22A-9.03(3)(b), Personnel Rules, the agency head may extend the probationary period for a designated period up to six months from the date of the appraisal if the employee has been rated Unsatisfactory or Below Performance Standards. However, the employee must be removed from the class if the performance has not improved to Satisfactory or at least the Achieves Performance Standards level within the extended period. If the probationary period is extended, the employee shall be appraised within 30 calendar days prior to the end of each extension.

Attached is the Performance Appraisal form for the rating period October 5, 1991 through January 8, 1992. Appraisals must be completed and signed by the employee and supervisor within the extended period. Employees who are not timely evaluated will receive "Achieves Performance Standards" by default, and such action must be reflected in the personnel file.

Should you have any questions or desire additional information concerning this matter, please contact me or Gladys Herring at 488-1178.

DHM/gh

Attachments

c: Dorothy Joyce, Director of Elections
Judith P. List, Sr. Mgmt. Analyst II
✓ Personnel File



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

MEMORANDUM

TO: Judith List, Senior Management Analyst
Division of Elections

FROM: Gladys Herring, ^{Herring} Employee Actions Coordinator
Bureau of Personnel Services

DATE: April 5, 1991

SUBJECT: Employee Performance Plan

In accordance with Chapter 22A-9.02(2), Florida Administrative Code and Administrative Directive 60-19, employees shall not be expected to meet performance standards which have not been defined and identified for them as being part of the requirements of their position. Each Department of State employee will have a performance plan completed within 30 days of the start of an appraisal period -- beginning of employment, probationary period or new annual appraisal period.

Please complete the attached performance plan for ~~Paul Craft~~ and return to me within the time frame specified above.

If you have any questions, please call me at 488-1178 or suncom 278-1178.

/gh

Attachment(s)

Memorandum FLORIDA DEPARTMENT of STATE

TO: Kathy McCullars
FROM: Ethel Baxter *EB*
DATE: April 1, 1991
SUBJECT: Employee Relationships with Regulated Entities

Mr. Paul W. Craft, Computer Audit Analyst, position 00924, will begin work with the Division of Elections, Bureau of Information Management and Voting Systems, on April 8, 1991. We feel Mr. Craft falls under Chapter 22SM-2, Florida Administrative Code, Employee Relationships with Regulated Entities. Therefore, the purpose of this memorandum is to bring this to your attention.

EB/pr

RECEIVED

APR 2 1991

DIV. OF ADMIN SERVICES
PERSONNEL



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF ELECTIONS

Room 1801, The Capitol, Tallahassee, Florida 32399-0250

(904) 488-7690

MEMORANDUM

TO: Dorothy W. Joyce
Division Director

FROM: Sanford C. Brill *SCB*
Data Processing Manager

DATE: March 21, 1991

RE: Computer Audit Analyst Position - Paul Craft

The Division of Elections advertised Position #924, Computer Audit Analyst, in order to find a person who would spearhead the Division's implementation of Section 101.591, Florida Statutes, which mandates that the voting system in each county be audited at least every five years.

We have found an extremely qualified candidate in the person of Paul Craft, who is currently a career service employee with the Department of Revenue. Paul is a Certified Public Accountant (CPA) in Florida; he has had extensive experience in tax auditing and currently serves as a tax conferee.

There are many skills which Paul will bring to the position:

- 1) He is a CPA, and he has had experience developing audit procedures. He will be able to develop the procedures necessary for conducting comprehensive and consistent audits of county voting systems.
- 2) As a tax auditor, Paul has defused many potentially explosive situations. His experience in communicating "bad news" and obtaining constructive resolution of problems will be a valuable asset.

Dorothy W. Joyce
March 21, 1991
Page 2

- 3) As a tax conferee, Paul has had substantial experience interpreting the law and evaluating the interpretations which others have made. This is invaluable background for setting up audit procedures and will provide a high-quality resource for dealing with voting systems statutes and rules.
- 4) Paul has had extensive experience in making audit presentations in writing and in person and in presenting tax audit findings in judicial proceedings. This will be an asset in communicating with supervisors of elections, their staffs, and other county and state officials.
- 5) Paul's CPA background will enable him to contribute in other areas in the Division, particularly if we are called upon to implement public financing of campaigns and other items currently under consideration by the legislature.

Paul is currently a Tax Audit Specialist III (a level 24 position) and earns \$34,675 per year. He has indicated that he is unwilling to take a cut in salary to assume this position. Because of his professional credentials and personal assets, I feel that the Division should meet his salary requirement and bring him on board. His professionalism, his concern with doing the job right, and his personal ethics make him an ideal person to lead the Division's implementation of Section 101.591, Florida Statutes.

Please let me know if I can provide further information.



**FLORIDA
DEPARTMENT
OF
MANAGEMENT
SERVICES**

JEB BUSH
Governor

CYNTHIA A. HENDERSON
Secretary



Division of Human
Resource Management
4050 Esplanade Way
Building 4040, Suite 360
Tallahassee, Florida
32399-0950

Telephone:
850-922-5449

Fax:
850-921-4117

Internet:
www.MyFlorida.com

May 21, 2002

SES.POS.ETS (DOS)
SES.POS.PMP (DOS)
RECEIVED 01-03188

MAY 28 2002

OFFICE OF ADMIN. SERVICES
HUMAN RESOURCES

Mr. David Tepper
Chief of General Services
Department of State
101 West Gaines Street
Tallahassee, Florida 32399-0250

Dear Mr. Tepper:

The Governor's Office of Policy and Budget has approved your request to effect organizational changes within the Division of Elections.

In conjunction with the Office of Policy and Budget's approval and a review of the information provided, we have deleted Position 00366 from the Selected Exempt Service class of Chief of Elections Systems-DOS, Class Code 6163, and reallocated it to the new Selected Exempt Service class of Chief of Voting Systems Certification-DOS, Class Code 8918, Pay Grade 520. This position remains exempt as policy-making under the provisions of Section 110.205(2)(n)1.a., Florida Statutes. In addition, we have abolished the Selected Exempt Service class of Chief of Elections Systems-DOS.

These actions are effective May 14, 2002. A copy of the approved position description is enclosed for your files. If we can be of further assistance in this or any other matter, please feel free to call me.

Sincerely,

Frances M. Brooks, Director
Human Resource Management

FMB/shh Paul W. Craft

Enclosure # [REDACTED]

SAMAS ACCT. CODE: 45101000132451001000001004
ORC CODE: 45100150000

KM
5/31/02



**FLORIDA
DEPARTMENT
OF
MANAGEMENT
SERVICES**

JEB BUSH
Governor

CYNTHIA A. HENDERSON
Secretary

MyFlorida.com



Division of Human
Resource Management
4050 Esplanade Way
Building 4040, Suite 360
Tallahassee, Florida
32399-0950

Telephone:
850-922-5449

Fax:
850-921-4117

Internet:
www.MyFlorida.com

May 21, 2002

RECEIVED

SES.POS.ETS (DOS)
SES.POS.PMP (DOS)
01-03188

MAY 28 2002

OFFICE OF ADMIN. SERVICES
HUMAN RESOURCES

Mr. David Tepper
Chief of General Services
Department of State
101 West Gaines Street
Tallahassee, Florida 32399-0250

Dear Mr. Tepper:

The Governor's Office of Policy and Budget has approved your request to effect organizational changes within the Division of Elections.

In conjunction with the Office of Policy and Budget's approval and a review of the information provided, we have deleted Position 00366 from the Selected Exempt Service class of Chief of Elections Systems-DOS, Class Code 6163, and reallocated it to the new Selected Exempt Service class of Chief of Voting Systems Certification-DOS, Class Code 8918, Pay Grade 520. This position remains exempt as policy-making under the provisions of Section 110.205(2)(n)1.a., Florida Statutes. In addition, we have abolished the Selected Exempt Service class of Chief of Elections Systems-DOS.

These actions are effective May 14, 2002. A copy of the approved position description is enclosed for your files. If we can be of further assistance in this or any other matter, please feel free to call me.

Sincerely,

Frances M. Brooks, Director
Human Resource Management

FMB/shh Paul W. Craft

Enclosure # [redacted]

SAMAS ACCT. CODE: 4510100013245100100000100000
ORC CODE: 45100150000

KM
5/31/02

STATE OF FLORIDA
EMPLOYEE DATA TRANSFER REPORT

RECEIVED

TO: Department of Revenue
118 Carlton Building
Tallahassee, FL 32399-0100

FROM: DEPARTMENT OF STATE
BUREAU OF PERSONNEL SERVICES
1902, THE CAPITOL DEPT. OF REVENUE
TALLAHASSEE, FL 32399-0250

APR 10 1991

EMPLOYEE

Craft Paul W [Redacted]
Last First MI Social Security Number

Service with Exit Agency: From 1/6/82 To 4/5/91

Continuous Service Date _____ Creditable Service Date _____

PAY DATA

Current Class Title Tax Audit Specialist II Status _____

Anniversary Date 4/1 Level of Last Evaluation Achieves Date 9/24/90

Current Base Rate of Pay: Competitive Area Differential _____

Lead Worker Pay _____

Last Salary Increase: From \$ 2,805.43 To \$ 2,889.59

Date 1/1/91 For Annual increase

LEAVE DATA

we will provide leave information when it becomes available

*** Please provide copies of any PRIOR STATE SERVICE certification *** 4/24/91

Leave Accrual Date 6/6/81

Annual Leave Transfer 101.574 Regular Comp Transfer _____

Sick Leave Transfer: Pre 10/1/73 _____ Post 10/1/73 285.355

Family Sick Leave Used this Calendar Year 0

Date Personal Holiday used this Fiscal Year 8/2/90

INSURANCE (Please send original enrollment forms)

State Health: Paid Through 5/91 Last Deduction Date 4/30/91

HMO: Paid Through _____ Last Deduction Date _____

State Life: Paid Through 5/91 Last Deduction Date 4/30/91

COMMENTS: Score C.U. #489 \$1873.37
Anthem Life #258 \$271.63

AGENCY AUTHORIZATION

NAME: Jim Fisher

TITLE: Personnel Technician I

DATE: 4/17/91

TELEPHONE NUMBER: 488-2635

STATE OF FLORIDA
EMPLOYEE DATA TRANSFER REPORT

RECEIVED

TO: Department of Revenue
118 Carlton Building
Tallahassee, FL 32399-0100

FROM: DEPARTMENT OF STATE
BUREAU OF PERSONNEL SERVICES
1902, THE CAPITOL DEPT. OF REVENUE
TALLAHASSEE, FL 32399-0250

APR 10 1991

EMPLOYEE

Craft Paul W [Redacted]
Last First MI Social Security Number

Service with Exit Agency: From 1/6/82 To 4/5/91

Continuous Service Date _____ Creditable Service Date _____

PAY DATA

Current Class Title Tax Audit Specialist II Status _____

Anniversary Date 4/1 Level of Last Evaluation Achieves Date 9/24/90

Current Base Rate of Pay: Competitive Area Differential _____

Lead Worker Pay _____

Last Salary Increase: From \$ 2,805.43 To \$ 2,889.59

Date 1/1/91 For Annual increase

LEAVE DATA

we will provide leave information when it becomes available

*** Please provide copies of any PRIOR STATE SERVICE certification ***

Leave Accrual Date _____

Annual Leave Transfer _____ Regular Comp Transfer _____

Sick Leave Transfer: Pre 10/1/73 _____ Post 10/1/73 _____

Family Sick Leave Used this Calendar Year _____

Date Personal Holiday used this Fiscal Year _____

INSURANCE (Please send original enrollment forms)

State Health: Paid Through 5/91 Last Deduction Date 4/30/91

HMO: Paid Through _____ Last Deduction Date _____

State Life: Paid Through 5/91 Last Deduction Date 4/30/91

COMMENTS: Score C.U. #489 \$ 1873.37
Anthem Life #258 \$ 2716.3

AGENCY AUTHORIZATION

NAME: Jim Foster

TITLE: Personnel Technician I

DATE: 4/17/91

TELEPHONE NUMBER: 488-2635



**Subject: Department of State Non-Discrimination
and Sexual Harassment Policy**

Effective Date: September 19, 1997

Revision Date: April 19, 1999

I. POLICY

The Department of State is committed to providing a work environment that promotes equal employment opportunities and prohibits discriminatory practices, including sexual harassment. Discrimination or harassment of employees, applicants or visitors of the Department of State is illegal, is conduct unbecoming a public employee, and is strictly prohibited. Each employee, job applicant and visitor of the Department of State has a responsibility to assist the agency in preventing workplace discrimination and harassment by promptly notifying appropriate agency officials of such conduct in accordance with this policy.

II. AUTHORITY

- A. Chapters 110, 112, and 760, Florida Statutes.
- B. Chapters 60K-10, 60L-21 and 60L-28, Florida Administrative Code.
- C. Title VII of the Civil Rights Act of 1964.
- D. Americans With Disabilities Act of 1990.
- E. Age Discrimination in Employment Act.

III. EQUAL EMPLOYMENT OPPORTUNITY

The Department of State assures to each job applicant and employee an equal employment opportunity and that all employment actions, as well as all terms, conditions, benefits and privileges of employment, shall be without regard to race, color, religion, sex, national origin, age, disability, marital status, political opinion or affiliation, or any other status or condition protected by state or federal law, except where the absence of such characteristic is a bona fide occupational qualification reasonably necessary for the performance of the particular employment.

IV. SEXUAL HARASSMENT

Sexual harassment is a form of sex discrimination and is illegal. Sexual harassment is defined as *unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature from any person directed towards or in the presence of an employee or applicant when:*

- (1) Submission to such conduct is either explicitly or implicitly a term or condition of an individual's employment;*
- (2) Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or*

(3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Examples of behavior that could be deemed sexual harassment may include, but are not limited to: *touching; pinching; patting; hugging; kissing; repeatedly brushing against someone's body; telling sexually explicit jokes; making suggestive, insulting or obscene comments, innuendos or gestures of a sexual nature; whistling; leering; staring at or "looking a person up and down;" commenting about a person's build or figure; telling stories about a person's sexual experiences, prowess or sexual deficiencies; displaying sexually suggestive pictures, cartoons, calendars, posters or objects, including downloading sexually suggestive images through a computer; repeatedly inquiring about an individual's personal life; pressuring an employee for a date; propositioning an employee or job applicant; or conditioning employment decisions on the granting of sexual favors.*

Both men and women can be victims of sexual harassment and the victim and perpetrator do not have to be of the opposite sex.

The harasser does not have to be the victim's supervisor, but can be a co-worker or non-employee of the agency.

Also, the victim does not have to be the person toward whom the offensive conduct is directed, but could be anyone affected by the offensive conduct.

V. OTHER DISCRIMINATORY CONDUCT PROHIBITED

The Department of State also prohibits verbal or physical conduct that denigrates or shows hostility toward any employee, job applicant or visitor because of his/her race, color, religion, sex, national origin, age, disability, marital status or political opinion or affiliation that (i) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (ii) has the purpose or effect of unreasonably interfering with an individual's work performance; or (iii) otherwise adversely affects an individual's employment opportunities.

Examples of prohibited discriminatory conduct may include, but are not limited to: *epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility toward an individual or group and that is displayed or disseminated in the workplace.*

VI. COMPLAINT PROCEDURE

A. Any employee or job applicant who believes that s/he is being subjected to sexual harassment or other discriminatory conduct as defined in this policy should take the following actions:

(1) Immediately tell the offender that the conduct is not welcome and that you want it to stop. If you do not feel comfortable confronting the offender directly, immediately notify one or more of the agency officials listed in paragraph A(2) below.

(2) Immediately notify your immediate supervisor, any higher-level supervisor or manager in your Division with whom you feel comfortable, the Chief of the Bureau of Human Resources, the General Counsel, or the Office of Inspector General, of the alleged discrimination or harassment. The Chief of the Bureau of Human Resources may be reached at The Elliot Building, 401 S. Monroe Street, Tallahassee, Florida 32399-0250, (850) 488-1176. The General Counsel and the Office of Inspector General may be reached at Room LL-10, The Capitol, Tallahassee, Florida 32399-0250; (850) 414-5536.

B. Any employee who observes or reasonably believes that another employee, job applicant or visitor is being subjected to sexual harassment or other discriminatory conduct as defined in this policy should immediately notify one or more of the agency officials identified in paragraph A(2) above.

C. Any employee or job applicant who believes that s/he is being subjected to sexual harassment or other discriminatory conduct prohibited under this policy may file a formal complaint with the Department. Formal complaints must be in writing using the Department of State's Discrimination/Sexual Harassment Complaint form which may be obtained from any supervisor or the Bureau of Human Resources. The complaint must signed and dated by the complainant and filed with the Chief of the Bureau of Human Resources. The Chief of the Bureau of Human Resources may be reached at The Elliot Building, 401 S. Monroe Street, Tallahassee, Florida 32399-0250, (850) 488-1176. Filing a complaint with the Department does not prohibit an aggrieved person from filing a complaint with other jurisdictional agencies such as the Florida Commission on Human Relations and the Equal Employment Opportunity Commission.

D. All reports or complaints of alleged discrimination or harassment received by any supervisor or manager of the Department of State, whether verbal or in writing, shall be promptly reported to the Chief of the Bureau of Human Resources for further action.

VII. INVESTIGATION

A. Once a report of alleged discrimination or harassment has been made, whether verbally or in writing, the Chief of the Bureau of Human Resources, in conjunction with the Office of General Counsel, will promptly initiate an investigation to determine whether there is reasonable cause to believe that discriminatory conduct in violation of this policy has occurred.

B. Upon conclusion of the investigation, a Report of Findings and Recommendations will be submitted to the Secretary of State, or her/his designee, which may include a recommendation of disciplinary or other corrective action.

VIII. ACTION

A. Following receipt of the Report of Findings and Recommendations, the Secretary of State or her/his designee will render a written decision either dismissing the complaint or taking corrective action, including the issuance of notice of any proposed disciplinary action to be taken.

B. Any person who is found to have engaged in any discriminatory conduct prohibited under this policy shall be subject to disciplinary action, up to and including dismissal.

IX. SUPERVISORY AND MANAGEMENT RESPONSIBILITIES

- A. As representatives of the Department, supervisors and managers are expected to maintain a work environment free of discriminatory and harassing conduct.
- B. Supervisors and managers shall immediately respond to any hint of discriminatory or harassing conduct in the workplace by promptly addressing the situation and advising their superiors.
- C. Any supervisor or manager who has actual knowledge of or has been advised of discriminatory or harassing conduct in the workplace, shall promptly report the matter to the Chief of the Bureau of Human Resources.
- D. Any supervisor or manager who has actual knowledge of or has been advised of discriminatory or harassing conduct in the workplace, and fails to promptly address the situation and report the matter to the Chief of the Bureau of Human Resources, will be subject to disciplinary action, up to and including dismissal.

X. RETALIATION

- A. No employee or job applicant of the Department of State who, in good faith, files a complaint alleging discriminatory conduct, including sexual harassment, provides information regarding alleged discriminatory conduct, or participates in any investigation or proceedings involving alleged discriminatory conduct, shall be subjected to any adverse employment action.
- B. Any employee or job applicant who reasonably believes that s/he has been retaliated against with regard to any term, condition or privilege of employment as a result of filing a complaint alleging discriminatory conduct, including sexual harassment, providing information regarding alleged discriminatory conduct, or participating in any investigation or proceedings involving alleged discriminatory conduct, should immediately report the situation to the Chief of the Bureau of Human Resources, The Elliot Building, 401 South Monroe, Tallahassee, Florida 32399-0250; (850) 488-1176, or the General Counsel, Room LL-10, The Capitol, Tallahassee, Florida; (850) 414-5536. All alleged acts of retaliation will be promptly investigated.
- C. Any employee of the Department of State who is found to have retaliated against an employee or job applicant as provided herein shall be subject to disciplinary action, up to and including dismissal.

XI. CONFIDENTIALITY

- A. All complaints and other records in the custody of the Department of State which relate to a complaint of discrimination are confidential pursuant to section 119.07(3)(q), Florida Statutes, until a finding is made relating to probable cause, the investigation of the complaint becomes inactive, or the complaint or other record is made part of the official record of any hearing or court proceeding.

XII. FILING FALSE COMPLAINTS

A. Any employee of the Department of State who knowingly files a false or bad faith complaint of discrimination, including sexual harassment, shall be subject to disciplinary action, up to and including dismissal.

XIII. ACKNOWLEDGMENT OF RECEIPT

Each employee of the Department of State shall be required to acknowledge his/her receipt of the Department's Non-Discrimination and Sexual Harassment Policy which shall be filed in his/her official personnel file.

Haskins, Jacqueline

From: Tepper, Dave
Sent: Tuesday, September 12, 2000 9:58 AM
To: Haskins, Jacqueline
Subject: FW: List of Training/Seminars Attended by Employees in Voting Systems Section

-----Original Message-----

From: Craft, Paul
Sent: Tuesday, September 12, 2000 9:57 AM
To: Milton, Brenda
Cc: Roberts, Clay; Kast, Ed; Tepper, Dave; Brown, Toshia
Subject: List of Training/Seminars Attended by Employees in Voting Systems Section

Brenda,

Sorry for the delay on this report.

Mike Lindsey and Toshia Brown have attended no seminars.

I have attended the following, to satisfy Continuing Education Requirements for my Certified Public Accountant License and my Certified Information System Auditor qualification. Basically, These licenses jointly require 40 contact hours each year. CPA requires 80 hours every two years, CISA requires 120 hours every three years with a minimum of 24 hours each year (1 contact hour = 50 minutes) I try to plan courses that meet the course content requirements of both licenses.

9/25/99 through 9/27/99 During the Telecommunications Policy Research Conference:

- 105 minutes - Intellectual Property Primer by Julie Cohen, Georgetown University
- 105 minutes - Recent Developments in Copyright and Database Protection by Seth Greenstein of McDermott, Will & Emery
- 82 minutes - Pricing Structures by Hal Varian, University of California at Berkeley
- 95 minutes - Electronic Political Participation by Lorrie Faith Cranor, AT&T Research Labs
- 85 minutes - User Studies by Ken Anderson, Media One
- 84 minutes - Privacy by Joel Reidenberg, Fordam University Law School
- 93 minutes - E-Commerce by Phil Agre, University of California
- 85 minutes - Regulation and Online Activities by Robert Pepper, Federal Communications Commission

4/4/00 to 4/7/2000 During the Tenth Conference on Computers, Freedom and Privacy:

- 187 minutes - Cryptography Tutorial by Brian Lamacchia of Microsoft Corporation
- 30 minutes - Privacy law in different Countries by Colin Bennet, University of Victoria Canada
- 75 minutes - Intellectual Property and the Digital Economy by Pamela Samuelson, UC Berkeley
- 75 minutes - Privacy and Consumer Issues in Authentication, by Deirdre Mulligan, Center for Democracy and Technology
- 75 minutes - Internet Voting: Spurring or Corrupting Democracy, by Lorrie Faith Cranor, AT&T Research Labs

5/10 through 5/11, Three courses by University of North Alabama:

- 400 minutes - Implementing the GASB Reporting Model
- 400 minutes - Single Audit Update and Review
- 400 minutes - Annual Government and Nonprofit Accounting Update

On 6/14/2000 I passed examinations to complete the following Gleim Publications Self Study Courses:

- 500 minutes - Internal Control Concepts
- 400 minutes - Budgeting and Responsibility Accounting
- 400 minutes - Decision Analysis and Information Technology
- 400 minutes - Information Technology and Control

In the coming year I will need yet another 40 contact hours of relevant courses. I would like to expand my technical training with emphasis on Linux operating systems, Development of Applications with Java 2.0 and XML, and Design of Secured Systems.

I would like to expose Mike Lindsey to formal course work in evaluation and secured systems related topics to supplement his experience on the Job.

I would like to expose Toshia Brown to some basic computer science courses and some office management strategy courses so that she will better understand the section's work product.

If I can be of further assistance on this, please feel free to call.

Thanks



**Subject: Department of State Non-Discrimination
and Sexual Harassment Policy**

Effective Date: September 19, 1997

Revision Date: April 19, 1999

I. POLICY

The Department of State is committed to providing a work environment that promotes equal employment opportunities and prohibits discriminatory practices, including sexual harassment. Discrimination or harassment of employees, applicants or visitors of the Department of State is illegal, is conduct unbecoming a public employee, and is strictly prohibited. Each employee, job applicant and visitor of the Department of State has a responsibility to assist the agency in preventing workplace discrimination and harassment by promptly notifying appropriate agency officials of such conduct in accordance with this policy.

II. AUTHORITY

- A. Chapters 110, 112, and 760, Florida Statutes.
- B. Chapters 60K-10, 60L-21 and 60L-28, Florida Administrative Code.
- C. Title VII of the Civil Rights Act of 1964.
- D. Americans With Disabilities Act of 1990.
- E. Age Discrimination in Employment Act.

III. EQUAL EMPLOYMENT OPPORTUNITY

The Department of State assures to each job applicant and employee an equal employment opportunity and that all employment actions, as well as all terms, conditions, benefits and privileges of employment, shall be without regard to race, color, religion, sex, national origin, age, disability, marital status, political opinion or affiliation, or any other status or condition protected by state or federal law, except where the absence of such characteristic is a bona fide occupational qualification reasonably necessary for the performance of the particular employment.

IV. SEXUAL HARASSMENT

Sexual harassment is a form of sex discrimination and is illegal. Sexual harassment is defined as *unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature from any person directed towards or in the presence of an employee or applicant when:*

- (1) *Submission to such conduct is either explicitly or implicitly a term or condition of an individual's employment;*
- (2) *Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or*

(3) *Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.*

Examples of behavior that could be deemed sexual harassment may include, but are not limited to: *touching; pinching; patting; hugging; kissing; repeatedly brushing against someone's body; telling sexually explicit jokes; making suggestive, insulting or obscene comments, innuendos or gestures of a sexual nature; whistling; leering; staring at or "looking a person up and down;" commenting about a person's build or figure; telling stories about a person's sexual experiences, prowess or sexual deficiencies; displaying sexually suggestive pictures, cartoons, calendars, posters or objects, including downloading sexually suggestive images through a computer; repeatedly inquiring about an individual's personal life; pressuring an employee for a date; propositioning an employee or job applicant; or conditioning employment decisions on the granting of sexual favors.*

Both men and women can be victims of sexual harassment and the victim and perpetrator do not have to be of the opposite sex.

The harasser does not have to be the victim's supervisor, but can be a co-worker or non-employee of the agency.

Also, the victim does not have to be the person toward whom the offensive conduct is directed, but could be anyone affected by the offensive conduct.

V. OTHER DISCRIMINATORY CONDUCT PROHIBITED

The Department of State also prohibits verbal or physical conduct that denigrates or shows hostility toward any employee, job applicant or visitor because of his/her race, color, religion, sex, national origin, age, disability, marital status or political opinion or affiliation that (i) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (ii) has the purpose or effect of unreasonably interfering with an individual's work performance; or (iii) otherwise adversely affects an individual's employment opportunities.

Examples of prohibited discriminatory conduct may include, but are not limited to: *epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility toward an individual or group and that is displayed or disseminated in the workplace.*

VI. COMPLAINT PROCEDURE

A. Any employee or job applicant who believes that s/he is being subjected to sexual harassment or other discriminatory conduct as defined in this policy should take the following actions:

- (1) Immediately tell the offender that the conduct is not welcome and that you want it to stop. If you do not feel comfortable confronting the offender directly, immediately notify one or more of the agency officials listed in paragraph A(2) below.

(2) Immediately notify your immediate supervisor, any higher-level supervisor or manager in your Division with whom you feel comfortable, the Chief of the Bureau of Human Resources, the General Counsel, or the Office of Inspector General, of the alleged discrimination or harassment. The Chief of the Bureau of Human Resources may be reached at The Elliot Building, 401 S. Monroe Street, Tallahassee, Florida 32399-0250, (850) 488-1176. The General Counsel and the Office of Inspector General may be reached at Room LL-10, The Capitol, Tallahassee, Florida 32399-0250; (850) 414-5536.

B. Any employee who observes or reasonably believes that another employee, job applicant or visitor is being subjected to sexual harassment or other discriminatory conduct as defined in this policy should immediately notify one or more of the agency officials identified in paragraph A(2) above.

C. Any employee or job applicant who believes that s/he is being subjected to sexual harassment or other discriminatory conduct prohibited under this policy may file a formal complaint with the Department. Formal complaints must be in writing using the Department of State's Discrimination/Sexual Harassment Complaint form which may be obtained from any supervisor or the Bureau of Human Resources. The complaint must signed and dated by the complainant and filed with the Chief of the Bureau of Human Resources. The Chief of the Bureau of Human Resources may be reached at The Elliot Building, 401 S. Monroe Street, Tallahassee, Florida 32399-0250, (850) 488-1176. Filing a complaint with the Department does not prohibit an aggrieved person from filing a complaint with other jurisdictional agencies such as the Florida Commission on Human Relations and the Equal Employment Opportunity Commission.

D. All reports or complaints of alleged discrimination or harassment received by any supervisor or manager of the Department of State, whether verbal or in writing, shall be promptly reported to the Chief of the Bureau of Human Resources for further action.

VII. INVESTIGATION

A. Once a report of alleged discrimination or harassment has been made, whether verbally or in writing, the Chief of the Bureau of Human Resources, in conjunction with the Office of General Counsel, will promptly initiate an investigation to determine whether there is reasonable cause to believe that discriminatory conduct in violation of this policy has occurred.

B. Upon conclusion of the investigation, a Report of Findings and Recommendations will be submitted to the Secretary of State, or her/his designee, which may include a recommendation of disciplinary or other corrective action.

VIII. ACTION

A. Following receipt of the Report of Findings and Recommendations, the Secretary of State or her/his designee will render a written decision either dismissing the complaint or taking corrective action, including the issuance of notice of any proposed disciplinary action to be taken.

B. Any person who is found to have engaged in any discriminatory conduct prohibited under this policy shall be subject to disciplinary action, up to and including dismissal.

IX. SUPERVISORY AND MANAGEMENT RESPONSIBILITIES

- A. As representatives of the Department, supervisors and managers are expected to maintain a work environment free of discriminatory and harassing conduct.
- B. Supervisors and managers shall immediately respond to any hint of discriminatory or harassing conduct in the workplace by promptly addressing the situation and advising their superiors.
- C. Any supervisor or manager who has actual knowledge of or has been advised of discriminatory or harassing conduct in the workplace, shall promptly report the matter to the Chief of the Bureau of Human Resources.
- D. Any supervisor or manager who has actual knowledge of or has been advised of discriminatory or harassing conduct in the workplace, and fails to promptly address the situation and report the matter to the Chief of the Bureau of Human Resources, will be subject to disciplinary action, up to and including dismissal.

X. RETALIATION

- A. No employee or job applicant of the Department of State who, in good faith, files a complaint alleging discriminatory conduct, including sexual harassment, provides information regarding alleged discriminatory conduct, or participates in any investigation or proceedings involving alleged discriminatory conduct, shall be subjected to any adverse employment action.
- B. Any employee or job applicant who reasonably believes that s/he has been retaliated against with regard to any term, condition or privilege of employment as a result of filing a complaint alleging discriminatory conduct, including sexual harassment, providing information regarding alleged discriminatory conduct, or participating in any investigation or proceedings involving alleged discriminatory conduct, should immediately report the situation to the Chief of the Bureau of Human Resources, The Elliot Building, 401 South Monroe, Tallahassee, Florida 32399-0250; (850) 488-1176, or the General Counsel, Room LL-10, The Capitol, Tallahassee, Florida; (850) 414-5536. All alleged acts of retaliation will be promptly investigated.
- C. Any employee of the Department of State who is found to have retaliated against an employee or job applicant as provided herein shall be subject to disciplinary action, up to and including dismissal.

XI. CONFIDENTIALITY

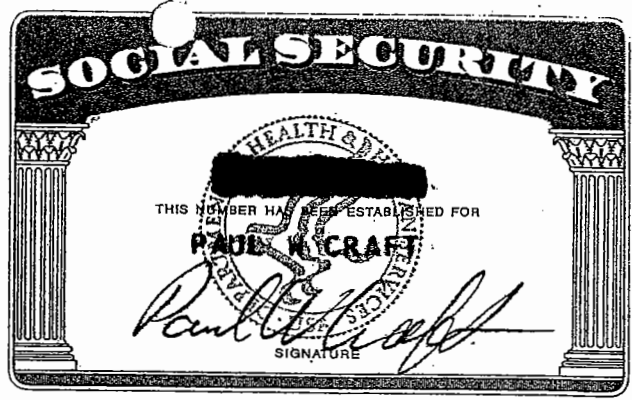
- A. All complaints and other records in the custody of the Department of State which relate to a complaint of discrimination are confidential pursuant to section 119.07(3)(q), Florida Statutes, until a finding is made relating to probable cause, the investigation of the complaint becomes inactive, or the complaint or other record is made part of the official record of any hearing or court proceeding.

XII. FILING FALSE COMPLAINTS

A. Any employee of the Department of State who knowingly files a false or bad faith complaint of discrimination, including sexual harassment, shall be subject to disciplinary action, up to and including dismissal.

XIV. ACKNOWLEDGMENT OF RECEIPT

Each employee of the Department of State shall be required to acknowledge his/her receipt of the Department's Non-Discrimination and Sexual Harassment Policy which shall be filed in his/her official personnel file.



A single, thin, dark diagonal line is drawn across the page.

A thick, dark horizontal band of noise or scanning artifacts spans the width of the page.

A thick, dark horizontal band of noise or scanning artifacts spans the width of the page.

A thick, dark horizontal band of noise or scanning artifacts spans the width of the page.

STATE OF FLORIDA

DEPARTMENT OF STATE

DIV OF ELECTIONS

ELECTION RECORDS/LAWS/CODE

REPORT OF PERSONNEL ACTION

DATE PRINTED

DOCUMENT 041

04/01/04

EMPLOYEE CRAFT,PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY# POS# POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000366 1 03 12/01/03

SOCIAL SECURITY# POS# POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000366 1 03 03/01/04

EMPLOYEE NAME

EMPLOYEE NAME

CRAFT,PAUL W

CRAFT,PAUL W

COPEL ORGANIZATION
 45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATIO

COPEL ORGANIZATION
 45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATIO

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 01 EXEMPT

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 01 EXEMPT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 SELECTED EXEMPT SER 8918 89 N 0315

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 SELECTED EXEMPT SER 8918 89 N 0315

TITLE

TITLE

CHIEF OF VOTING SYSTEM CERTIFICATION-DOS

CHIEF OF VOTING SYSTEM CERTIFICATION-DOS

ACTION

ACTION

14 PAY CHANGE

98 MISCELLANEOUS CHANGE

PAY

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	6036.05	6036.05	34.82	34.82	1

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	6036.05	6036.05	34.82	34.82	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
02	01	280.00	HA	0089	EXCELLENT

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
02	01	280.00	HA	0089	EXCELLENT

SAMAS ACCOUNT CODE INTER DEPT.

SAMAS ACCOUNT CODE INTER DEPT.

45101000132451001000001000000 0150000011

45101000132451001000001000000 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
TALLAHASSEE	LEON	LEON

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 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: 11-1021-3 PAYBAND CODE: 021	BROADBAND CODE: 11-1021-3 PAYBAND CODE: 021
GENERAL & OPERATIONS MANAGERS	GENERAL & OPERATIONS MANAGERS

REQUESTED BY	DATE
APPROVAL	DATE

DEPARTMENT OF STATE

DECEMBER 1, 2003 SALARY INCREASE

COPEX ORG CODE NUMBER: 451001500000000000000000
COPEX ORG NAME: BUREAU OF VOTING SYSTEMS CERTIFICATION
SAMAS ORG CODE NUMBER: 45100150000
INTERDEPARTMENT NUMBER: 0150000011
NAME: CRAFT, PAUL W
SOCIAL SECURITY NUMBER: [REDACTED]
PAY PLAN/CLASS CODE/TITLE: 08/8918/CHIEF OF VOTING SYSTEM CERTIFICATION-D
BROADBAND CODE/TITLE/LEVEL: 11-1021-3/GENERAL & OPERATIONS MANAGERS

CURRENT SALARY INFORMATION

NOVEMBER 30, 2003 BASE SALARY: 5,919.38
NOVEMBER 30, 2003 GROSS SALARY: 5,919.38

NEW SALARY INFORMATION

DECEMBER 1, 2003 PAY INCREASE: 116.67
NEW BASE SALARY: 6,036.05
NEW GROSS SALARY: 6,036.05

2003-2004 SALARY INCREASE OF 2.00% OF NOVEMBER 30, 2003 BASE RATE OF PAY
THE MINIMUM INCREASE FOR MONTHLY IS \$41.67.
THE MAXIMUM INCREASE FOR MONTHLY IS \$116.67.
MAXIMUM PAY ADJUSTMENT = \$ 116.67

DATE PRINTED

DOCUMENT 037

04/08/03

EMPLOYEE CRAFT,PAUL W

ELECTION RECORDS/LAWS/CODE

FROM

EMPLOYEE

SOCIAL SECURITY# ██████████ POS# 000366 POS F.T.E 1 SVC 03 EFFECTIVE DATE 01/01/03

EMPLOYEE NAME CRAFT,PAUL W

COPEL ORGANIZATION 451001500000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATIO

APPOINTMENT TYPE 01 APPOINTMENT STATUS EXEMPT STATUS EXPRE

PAY PLAN CLASS CBU INCL. ANNV. DATE
SELECTED EXEMPT SER 8918 89 N 0315

TITLE
CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS

TO

EMPLOYEE

SOCIAL SECURITY# ██████████ POS# 000366 POS F.T.E 1 SVC 03 EFFECTIVE DATE 04/07/03

EMPLOYEE NAME CRAFT,PAUL W

COPEL ORGANIZATION 451001500000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATIO

APPOINTMENT TYPE 01 APPOINTMENT STATUS EXEMPT STATUS EXPRE

PAY PLAN CLASS CBU INCL. ANNV. DATE
SELECTED EXEMPT SER 8918 89 N 0315

TITLE
CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS

ACTION

98 MISCELLANEOUS CHANGE

ACTION

50 EMPLOYEE PERFORMANCE REVIEW

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	5637.5	5637.5	32.52	32.52	1

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

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
02	01	280.00	HA	0089	EXCELLENT

SAMAS ACCOUNT CODE INTER DEPT. 0150000011

SAMAS ORGANIZATION BUREAU OF VOTING SYSTEMS CERTIFICATION

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	5637.5	5637.5	32.52	32.52	1

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

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
02	01	280.00	HA	0089	EXCELLENT

SAMAS ACCOUNT CODE INTER DEPT. 0150000011

SAMAS ORGANIZATION 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
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
	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: 11-1021-3 PAYBAND CODE: 021

GENERAL & OPERATIONS MANAGERS

PERFORMANCE EVALUATION SUPERVISORY 1 : 00.00
PERFORMANCE EVALUATION SUPERVISORY 2 : 04.90
PERFORMANCE EVALUATION PEER 1 : 00.00

PERFORMANCE EVALUATION PEER 2 : 00.00

REQUESTED BY _____ DATE _____

APPROVAL *[Signature]* _____ DATE *4/8/03*

DATE PRINTED

DOCUMENT 038

04/08/03

EMPLOYEE CRAFT, PAUL W

ELECTION RECORDS/LAWS/CODE

FROM					TO				
------	--	--	--	--	----	--	--	--	--

EMPLOYEE				
SOCIAL SECURITY#	POS #	POS F.T.E	SVC	EFFECTIVE DATE
[REDACTED]	000366	1	03	01/01/03
EMPLOYEE NAME				
CRAFT, PAUL W				
COPE'S ORGANIZATION				
45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION				
APPOINTMENT TYPE	APPOINTMENT STATUS	STATUS EXPIRE		
01	EXEMPT			
PAY PLAN	CLASS	CBU	INCL.	ANNIV. DATE
SELECTED EXEMPT SER	8918	89	N	0315
TITLE				
CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS				

EMPLOYEE				
SOCIAL SECURITY#	POS #	POS F.T.E	SVC	EFFECTIVE DATE
[REDACTED]	000366	1	03	04/07/03
EMPLOYEE NAME				
CRAFT, PAUL W				
COPE'S ORGANIZATION				
45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION				
APPOINTMENT TYPE	APPOINTMENT STATUS	STATUS EXPIRE		
01	EXEMPT			
PAY PLAN	CLASS	CBU	INCL.	ANNIV. DATE
SELECTED EXEMPT SERVIC	8918	89	N	0315
TITLE				
CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS				

ACTION

98 MISCELLANEOUS CHANGE

ACTION

99 ERROR CORRECTION *Revised Date*

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	5637.5	5637.5	32.52	32.52	1
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00
W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
02	01	280.00	HA	0089	EXCELLENT
SAMAS ACCOUNT CODE			INTER DEPT.		
45101000132451001000001000000			0150000011		
SAMAS ORGANIZATION					
45100150000			BUREAU OF VOTING SYSTEMS CERTIFICATION		

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	5637.5	5637.5	32.52	32.52	1
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00
W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
02	01	280.00	HA	0089	EXCELLENT
SAMAS ACCOUNT CODE			INTER DEPT.		
45101000132451001000001000000			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
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
	0	0	0	0

ANNUAL PAID	SICK PAID	SPECIAL COMP PAID

COMMENTS			
ADD'L COMP:	TRAIN	000.00	HAZARDOUS 000.00
	COORD	000.00	TEMP SPEC 000.00
BROADBAND CODE:	11-1021-3	PAYBAND CODE:	021
GENERAL & OPERATIONS MANAGERS			

REQUESTED BY: *[Signature]* DATE: 4/8/03

APPROVAL: *[Signature]* DATE: 4/8/03



DEPARTMENT OF STATE
PUBLIC EMPLOYEE PERFORMANCE EVALUATION SYSTEM

SMS/SES PERFORMANCE PLAN AND EVALUATION FORM

SENIOR MANAGEMENT SERVICE

SELECTED EXEMPT SERVICE

EMPLOYEE NAME: Paul Craft

DEPARTMENT: STATE

POSITION: Chief

POSITION #: 366

DIVISION: Elections

BUREAU: Voting Systems Certification

PERFORMANCE EVALUATION PROCESS

The Public Employee Performance Evaluation System is a planning and evaluation system. The planning portion is intended to identify specific performance expectations and competencies that the employee is responsible for achieving during the evaluation period and the evaluation portion assesses the employee's performance in achieving those expectations and competencies. The performance expectations developed during planning are not intended to account for all assignments and work expectations, but only those identified as critical or a higher priority. Performance evaluations for all Senior Management Service (SMS) and Selected Exempt Service (SES) employees shall be done at least annually on April 15. The performance evaluation is used as a tool to inform the employee of his or her strong points, areas where improvement is needed, to identify training needs, to foster career and professional development, and as the basis for awarding performance-based salary increases and annual lump-sum bonuses.

PART I. PERFORMANCE PLANNING SECTION

Performance Planning Period: From: 3 / 15 / 2002 To: 3 / 15 / 2003

This is to acknowledge that the performance expectations and competencies contained in this document have been discussed and established for the period set forth above.

Employee's Signature: Paul W Craft Date: 3/15/03
Supervisor's Signature: Sarah Jane Broadshaw Date: 3/15/03

PART II. PERFORMANCE EVALUATION SECTION

Performance Evaluation Period: From: 03 / 15 / 2002 To: 03 / 15 / 2003

Use the following rating scale to evaluate the employee's performance in each area below. Tab after entering Rating to automatically calculate.

- 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.

RECEIVED

APR 02 2003

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

CORE PERFORMANCE EXPECTATIONS & COMPETENCIES	RATING	COMMENTS <small>(Comments must be provided for a rating of 1, 2, 4 or 5)</small>
I. Organizational Efficiency, Productivity and Effectiveness: Planning — Bases plans on department mission and goals and a thorough analysis of relevant facts; justifies costs and benefits; sets realistic goals and schedules.	5	Paul is fully aware of the department's mission and manages his bureau accordingly.
Controlling — Develops performance or quality control standards; measures results; takes corrective action and resolves performance problems.	5	He is meticulous in the development of performance standards for his bureau.

handling and elimination of unnecessary activities; operates efficiently.	5	
Results Planning/Achievement — Plans organizational goals and standards, and established measurement criteria; uses monitoring procedures to review progress; achieves planned goals in timely manner.	5	His development of the Central Voter Database is just one example of Paul's planning and organizing abilities.
Work Products — Produces reports, correspondence, and other work products which meet the intended objectives, are produced in a timely manner, demonstrate professional competency, and reflect acceptable quality.	4	Paul's reports and correspondence are professional and meet required objectives.
Budget Management — Maintains appropriate budgetary controls; monitors activities and initiates timely and effective correcting actions; stays within budget; makes appropriate budgetary recommendations.	N	
Managing Change — Initiates change effectively and adapts to necessary changes in operations; motivates employees to have positive attitude towards operational changes.	5	The only constant thing in Paul's bureau is change. He handles this outstandingly.
Directing/Leadership — Sets challenging goals; delegates and coordinates effectively; promotes innovation in achieving goals; sets examples for subordinates.	5	While the workload is challenging enough, Paul still sets goals for his staff to demonstrate their professional skills.
Staffing — Selects qualified people; matches employee skills and abilities with job requirements; assigns staff appropriately for workload; identifies, develops, and improves technical skills of subordinates.	5	Paul's personnel are highly skilled individuals that are motivated. He selects the right person for the right job.
Performance Appraisal/Feedback — Effectively evaluates subordinates; encourages and initiates regular discussion of performance with subordinates; takes appropriate and timely action with marginal or failing performers; recognizes and rewards good performance.	4	He has a total open door policy with his staff. Paul works well with his subordinates.
Discipline Administration — Uses progressive and corrective discipline to improve performance/behavioral problems.	5	Paul is a motivator who uses corrective actions when needed.
Equal Opportunity — Actively supports and works toward fulfilling the agency's affirmative action efforts; recognizes and coordinates the development of employees and promotional opportunities for employees.	5	Paul fully supports affirmative action.
Commitment to Agency Mission — Employee, through his/her work and conduct, demonstrates 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	Paul is completely dedicated to the mission and is always looking for ways to improve all processes.
II. Individual Efficiency, Productivity and Effectiveness:		Paul has a analytical mind that is an asset in solving problems and making decisions.
Problem Analysis/Decision Making — Analyzes problems comprehensively; makes timely, practical decisions.		
Technical Skills — Has knowledge of methods, techniques and skills required in own and/or related functions; applies specific methods, procedures and techniques in functional area.		He is highly skilled and is known nationally for his expertise.

RECEIVED

APR 02 2003

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

organization's relationship with other ex s; understands organizational sub-unit relationships and dependencies; acts accordingly.	5	ager : demonstrates his outstanding abilities.
Communication Skills — Communicates effectively both verbally and in writing; presents concepts and ideas in a clear and understandable way; keeps others informed of necessary information.	5	Paul's communication skills are commendable.
Self-Direction — Is personally well organized; uses time effectively; acts independently.	5	Paul is highly organized and performs independent functions in an outstanding manner.
Self-Motivation — Is motivated to succeed; stretches personal resources; builds on strengths and works on deficiencies.	5	Paul is a self-starter!
Human Relations Skills — Communicates clearly and listens effectively; keeps others informed; deals effectively with conflict.	5	His communication skills allow him to work well with others.
Relationships — Develops and maintains effective working relationships with other departmental managers, state managers, legislature, media, service recipients, and the public.	5	Paul has a great rapport with all facets of his working connections.
Department Values — Employee demonstrates, models and reinforces the Department's fundamental values of <i>fairness, cooperation, respect, commitment, excellence, honesty</i> and <i>teamwork</i> in his/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 demonstrated these qualities and values consistently in all areas and without fail in order to far exceed expectation.	5	Paul is a valuable asset to the department. He has a "can do" attitude and is a team player.

USE THIS SECTION TO ADD JOB-SPECIFIC PERFORMANCE EXPECTATIONS & COMPETENCIES

EMPLOYEE'S TOTAL PERFORMANCE RATING (All rating scores) 103

÷ Number of Factors Rated 21 (Tab after entering Number of Factors Rated to get the overall rating.)

EMPLOYEE'S OVERALL PERFORMANCE RATING

(Total Performance Rating ÷ Number of Factors Rated) **4.90**

RECEIVED

APR 02 2003

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Comments:

Paul does an outstanding job managing his bureau. During the past year, he has performed numerous difficult tasks, including completing the Central Voter Database under budget and on time. Paul is a valuable member of the Division of Elections' team.

Appraiser's Signature:

Sarah Jane Bradshaw

Date: 3/15/2003

Comments:

Paul consistently contributes to the mission of the Division of Elections and the Department of State. He is a very valuable asset. I rely on him daily to keep the division running so smoothly.

Reviewer's Signature:

Ed A. Kent

Date: 3/15/2003

Comments:

RECEIVED

APR 02 2003

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Employee's Signature:

Paul W. Craft

Date: 3/15/03

SES must be printed on green paper
SMS must be printed on yellow paper

PART III. LUMP-SUM BONUS ELIGIBILITY CERTIFICATION

(For Selected Exempt Service Only)

This certification 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 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

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

(3) Employee has had no sustained disciplinary action 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 Performance Bonus Policy*.

Supervisor's Signature

Printed Name: _____

Date: _____

RECEIVED

APR 02 2003

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

FROM

EMPLOYEE

SOCIAL SECURITY# ██████████ POS# 000366 POS F.T.E 1 SVC 03 EFFECTIVE DATE 04/07/03

EMPLOYEE NAME

CRAFT,PAUL W

COPE'S ORGANIZATION
 45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION

APPOINTMENT TYPE 01 APPOINTMENT STATUS EXEMPT STATUS EXPIRE

PAY PLAN CLASS CBU INCL. ANNV. DATE
 SELECTED EXEMPT SER 8918 89 N 0315

TITLE

CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS

TO

EMPLOYEE

SOCIAL SECURITY# ██████████ POS# 000366 POS F.T.E 1 SVC 03 EFFECTIVE DATE 09/01/03

EMPLOYEE NAME

CRAFT,PAUL W

COPE'S ORGANIZATION
 45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATION

APPOINTMENT TYPE 01 APPOINTMENT STATUS EXEMPT STATUS EXPIRE

PAY PLAN CLASS CBU INCL. ANNV. DATE
 SELECTED EXEMPT SER 8918 89 N 0315

TITLE

CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS

ACTION

99 ERROR CORRECTION

ACTION

71 ADDED DUTIES AND RESPONSIBILITY

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	5637.5	5637.5	32.52	32.52	1
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00
W4	EXMPT	ADD WITH RET	INSURANCE	LAST PERF APPRAISAL	
02	01	280.00 HA	0089	EXCELLENT	
SAMAS ACCOUNT CODE			INTER DEPT.		
45101000132451001000001000000			0150000011		
SAMAS ORGANIZATION					
45100150000 BUREAU OF VOTING SYSTEMS CERTIFICATION					

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	5919.38	5919.38	34.15	34.15	1
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
.00	.00	.00	.00	.00	.00
W4	EXMPT	ADD WITH RET	INSURANCE	LAST PERF APPRAISAL	
02	01	280.00 HA	0089	EXCELLENT	
SAMAS ACCOUNT CODE			INTER DEPT.		
45101000132451001000001000000			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
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
	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: 11-1021-3	PAYBAND CODE: 021	BROADBAND CODE: 11-1021-3	PAYBAND CODE: 021

GENERAL & OPERATIONS MANAGERS

REQUESTED BY _____ DATE _____

APPROVAL *Paul W. Craft* _____ DATE 9/19/03

DEPARTMENT OF STATE
OCTOBER 1, 2002 SALARY INCREASE

COPEX ORG CODE NUMBER: 451001500000000000000000
COPEX ORG NAME: BUREAU OF VOTING SYSTEMS CERTIFICATION
SAMAS ORG CODE NUMBER: 45100150000
INTERDEPARTMENT NUMBER: 0150000011
NAME: CRAFT, PAUL W
SOCIAL SECURITY NUMBER: [REDACTED]
PAY PLAN/CLASS CODE/TITLE: 08/8918/CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS
BROADBAND CODE/TITLE/LEVEL: 11-1021-3/GENERAL & OPERATIONS MANAGERS

/3

CURRENT SALARY INFORMATION

SEPTEMBER 30, 2002 BASE SALARY: 5,500.00
SEPTEMBER 30, 2002 GROSS SALARY: 5,500.00

NEW SALARY INFORMATION

OCTOBER 1, 2002 PAY INCREASE: 137.50
NEW BASE SALARY: 5,637.50
NEW GROSS SALARY: 5,637.50

2002-2003 SALARY INCREASE OF 2.50% OF SEPTEMBER 30, 2002 BASE RATE OF PAY
IN ACCORDANCE WITH THE 2002 GENERAL APPROPRIATIONS ACT

DIVISIONS OF FLORIDA DEPARTMENT OF STATE

Office of the Secretary
Office of International Relations
Division of Elections
Division of Corporations
Division of Cultural Affairs
Division of Historical Resources
Division of Library and Information Services
Division of Licensing
Division of Administrative Services



MEMBER OF THE FLORIDA CABINET

State Board of Education
Trustees of the Internal Improvement Trust Fund
Administration Commission
Florida Land and Water Adjudicatory Commission
Siting Board
Division of Bond Finance
Department of Revenue
Department of Law Enforcement
Department of Highway Safety and Motor Vehicles
Department of Veterans' Affairs

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF ELECTIONS

MEMORANDUM

14/71

TO: Dave Mann, Assistant Secretary of State
FROM: *CR* Clay Roberts, Director, Division of Elections
DATE: July 18, 2002
SUBJECT: Salary Increase Request for Paul Craft

Effective 8/1/02

As you know, the division has been mandated numerous responsibilities in the past two legislative sessions. Paul Craft, Bureau Chief, Voting Systems Section, has had the majority of these responsibilities placed upon he and his bureau. While having to establish the newly formed bureau, he has also had the monumental task of establishing the Central Voter Registration Database to be functional by the mandated June 1, 2002 date. This database will be a major ongoing project for Mr. Craft and will certainly increase his responsibilities. Additionally, he is in charge of working with numerous vendors on the certification of the various voting systems to ensure the systems meet the needs of Florida before the upcoming elections.

In conjunction with the attached Review and Performance Appraisal, I am requesting an increase in salary for Mr. Craft from \$4,924.22 per month to \$5,500.00 per month.

Please do not hesitate to call me if you have any questions.

LCR/eck

Attachment

Approved
Ward

RECEIVED

JUL 18 2002

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Done
8/7/02
pu

DTV



STATE OF FLORIDA MANAGEMENT PERFORMANCE APPRAISAL

SENIOR MANAGEMENT SERVICE

SELECTED EXEMPT SERVICE

EMPLOYEE NAME: Paul Craft

DEPARTMENT: STATE

POSITION NAME: Chief, Voting Systems Certification

DIVISION: Elections

RATING PERIOD: From 3/16/01

To 3/16/02

LOCATION: Tallahassee, FL

OVERALL APPRAISAL

EXCELLENT

EFFECTIVE

NEEDS IMPROVEMENT

CRITICAL ELEMENTS

Appraisal

Excellent	Effective	Needs Improvement	Not Applicable
-----------	-----------	-------------------	----------------

Comments related to the critical elements appraised including performance-related strengths and development needs.

I. Organizational Efficiency, Productivity and Effectiveness:
Planning — Bases plans on department mission and goals and a thorough analysis of relevant facts; justifies costs and benefits; sets realistic goals and schedules.

Controlling — Develops performance or quality control standards; measures results; takes corrective action and resolves performance problems.

Organizing — Arranges work for the most efficient handling and elimination of unnecessary activities; operates efficiently.

Results Planning/Achievement — Plans organizational goals and standards, and established measurement criteria; uses monitoring procedures to review progress; achieves planned goals in timely manner.

Work Products — Produces reports, correspondence, and other work products which meet the intended objectives, are produced in a timely manner, demonstrate professional competency, and reflect acceptable quality.

Budget Management — Maintains appropriate budgetary controls; monitors activities and initiates timely and effective correcting actions; stays within budget; makes appropriate budgetary recommendations.

Managing Change — Initiates change effectively and adapts to necessary changes in operations; motivates employees to have positive attitude towards operational changes.

Directing/Leadership — Sets challenging goals; delegates and coordinates effectively; promotes innovation in achieving goals; sets examples for subordinates.

Staffing — Selects qualified people; matches employee skills and abilities with job requirements; assigns staff appropriately for workload; identifies, develops, and improves technical skills of subordinates.

Performance Appraisal/Feedback — Effectively evaluates subordinates; encourages and initiates regular discussion of performance with subordinates; takes appropriate and timely action with marginal or failing performers; recognizes and rewards good performance.

Discipline Administration — Uses progressive and corrective discipline to improve performance/behavioral problems.

CRITICAL ELEMENTS	Appraisal				Comments related to the critical elements appraised including performance-related strengths and development needs.
	Excellent	Effective	Needs Improvement	Not Applicable	
Equal Opportunity — Actively supports and works toward fulfilling the agency's affirmative action efforts; recognizes and coordinates the development of employees and promotional opportunities for employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II. Individual Efficiency, Productivity and Effectiveness: Problem Analysis/Decision Making — Analyzes problems comprehensively; makes timely, practical decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Skills — Has knowledge of methods, techniques and skills required in own and/or related functions; applies specific methods, procedures and techniques in functional area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conceptual Skills — Conceptualizes the organization's relationship with other entities; understands organizational sub-unit relationships and dependencies; acts accordingly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presentations — Develops clear, well-organized and logical presentations; reduces complex issues to simple terms; is sensitive to audience levels.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Direction — Is personally well-organized; uses time effectively; acts independently.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Motivation — Is motivated to succeed; stretches personal resources; builds on strengths and works on deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human Relations Skills — Communicates clearly and listens effectively; keeps others informed; deals effectively with conflict.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relationships — Develops and maintains effective working relationships with other departmental managers, state managers, legislature, media, service recipients, and the public.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:	<p><i>Paul has expended numerous hours in organizing the central water registration database while organizing the newly established bureau under his control. This work has been outstanding in both these areas. He is a key figure in the division's policymaking process.</i></p>				
Appraiser's Signature:	<i>[Signature]</i>			Date:	<i>3/15/02</i>
Comments:	<p><i>Paul has been consistently been given impossible tasks and done them well. I rank him among the very top managers in state government.</i></p>				
Reviewer's Signature:	<i>[Signature]</i>			Date:	<i>3/21/02</i>
Comments:					
Employee's Signature:	<i>[Signature]</i>			Date:	<i>3/15/02</i>

SES must be printed on green paper
SMS must be printed on yellow paper

FROM

EMPLOYEE

SOCIAL SECURITY# POS# POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000366 1 03 07/01/02

EMPLOYEE NAME
 CRAFT,PAUL W

COPEZ ORGANIZATION
 45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATIO

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 01 EXEMPT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 SELECTED EXEMPT SER 8918 89 N 0315

TITLE
 CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS

TO

EMPLOYEE

SOCIAL SECURITY# POS# POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000366 1 03 08/01/02

EMPLOYEE NAME
 CRAFT,PAUL W

COPEZ ORGANIZATION
 45100150000000000000000000000000 BUREAU OF VOTING SYSTEMS CERTIFICATIO

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 01 EXEMPT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 SELECTED EXEMPT SERVIC 8918 89 N 0315

TITLE
 CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS

ACTION

93 MISCELLANEOUS CHANGE

ACTION

71 ADDED DUTIES AND RESPONSIBILITY

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4924.22	4924.22	28.41	28.41	1

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

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERFORM APPRAISAL
02	01	280.00	HA	0089	EXCELLENT

SAMAS ACCOUNT CODE INTER DEPT.
 45101000132451001000001000000 -0150000011

SAMAS ORGANIZATION
 45100150000 BUREAU OF VOTING SYSTEMS CERTIFICATION

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	5500	5500	31.73	31.73	1

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

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERFORM APPRAISAL
02	01	280.00	HA	0089	EXCELLENT

SAMAS ACCOUNT CODE INTER DEPT.
 45101000132451001000001000000 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
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
	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: 11-1021-3 PAYBAND CODE: 021	BROADBAND CODE: 11-1021-3 PAYBAND CODE: 021
GENERAL & OPERATIONS MANAGERS	GENERAL & OPERATIONS MANAGERS

REQUESTED BY _____ DATE _____
 APPROVAL *[Signature]* _____ DATE *8/5/02*

STATE OF FLORIDA

DEPARTMENT OF STATE

DIVISION OF ELECTIONS

ELECTION RECORDS/LAWS/CODE

REPORT OF PERSONNEL ACTION

DATE PRINTED

DOCUMENT 034

06/04/02

EMPLOYEE CRAFT,PAUL W

FROM

EMPLOYEE

SOCIAL SECURITY# POS# POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000366 1 03 03/15/02

EMPLOYEE NAME
 CRAFT,PAUL W

COPE'S ORGANIZATION
 451001100000000000000000 OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 01 EXEMPT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 SELECTED EXEMPT SER 6163 89 N 0315

OFFICIAL CLASS TITLE
 CHIEF OF ELECTION SYSTEMS-DOS

TO

EMPLOYEE

SOCIAL SECURITY# POS# POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000366 1 03 05/14/02

EMPLOYEE NAME
 CRAFT,PAUL W

COPE'S ORGANIZATION
 451001100000000000000000 OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 01 EXEMPT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 SELECTED EXEMPT SER 8918 89 N 0315

OFFICIAL CLASS TITLE
 CHIEF OF VOTING SYSTEMS CERTIFICATION-DOS

ACTION

08: PERFORMANCE EVALUATION

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4924.22	4924.22	28.41	28.41	1

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

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
 02 01 280.00 HA 0089 EXCELLENT

SAMAS ACCOUNT CODE INTER DEPT.
 45101000132451001000001000000 0110000011

SAMAS ORGANIZATION
 45100150000 OFFICE OF THE DIVISION DIRECTOR

ACTION

01: ORIGINAL APPOINTMENT

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4924.22	4924.22	28.41	28.41	1

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

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
 02 01 280.00 HA 0089 EXCELLENT

SAMAS ACCOUNT CODE INTER DEPT.
 45101000132451001000001000000 0150000011

SAMAS ORGANIZATION
 45100150000 OFFICE OF THE DIVISION DIRECTOR

LEAVE WITHOUT PAY

HOURS	FROM	TO
0		

LOCATION

LOCATION	PHYSICAL COUNTY	HEADQUARTER COUNTY
TALLAHASSEE	LEON	LEON

LEAVE WITHOUT PAY

HOURS	FROM	TO
0		

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	COORD	TEMP SPEC
	000.00	000.00	000.00	000.00

POSITION IS SUPERVISORY...EMPLOYEE HAS BEGUN TRAINING COURSES

REQUESTED BY: *Donette S Rahn* DATE: 6/4/02

APPROVAL: *Donette S Rahn* DATE: 6/4/02

STATE OF FLORIDA

DEPARTMENT OF STATE

DIVISION OF ELECTIONS

ELECTION RECORDS/LAWS/CODE

REPORT OF PERSONNEL ACTION

DATE PRINTED

DOCUMENT

033

03/28/02

EMPLOYEE CRAFT,PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # POS # POS F.T.E SVC EFFECTIVE DATE
 ██████████ 000366 1 03 11/01/01

SOCIAL SECURITY # POS # POS F.T.E SVC EFFECTIVE DATE
 ██████████ 000366 1 03 03/15/02

EMPLOYEE NAME

EMPLOYEE NAME

CRAFT,PAUL W

CRAFT,PAUL W

COPE'S ORGANIZATION

COPE'S ORGANIZATION

451001100000000000000000

OFFICE OF THE DIVISION DIRECTOR

451001100000000000000000

OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE

APPOINTMENT STATUS

STATUS EXPIRE

APPOINTMENT TYPE

APPOINTMENT STATUS

STATUS EXPIRE

01

EXEMPT

01

EXEMPT

PAY PLAN

CLASS

CBU

INCL.

ANNIV. DATE

PAY PLAN

CLASS

CBU

INCL.

ANNIV. DATE

SELECTED EXEMPT SERV

6163

89

N

0315

SELECTED EXEMPT SERVIC

6163

89

N

0315

OFFICIAL CLASS TITLE

OFFICIAL CLASS TITLE

CHIEF OF ELECTION SYSTEMS-DOS

CHIEF OF ELECTION SYSTEMS-DOS

ACTION

ACTION

14 PAY CHANGE

08 PERFORMANCE EVALUATION

PAY

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4924.22	4924.22	28.41	28.41	1

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4924.22	4924.22	28.41	28.41	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
02	01	280.00	HA	0089	NOT RATED

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
02	01	280.00	HA	0089	EXCELLENT

SAMAS ACCOUNT CODE

INTER DEPT.

SAMAS ACCOUNT CODE

INTER DEPT.

45101000132451001000001000000

0110000011

45101000132451001000001000000

0110000011

SAMAS ORGANIZATION

SAMAS ORGANIZATION

45100110000

OFFICE OF THE DIVISION DIRECTOR

45100110000

OFFICE OF THE DIVISION DIRECTOR

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS	FROM	TO
0		

HOURS	FROM	TO
0		

LOCATION

LOCATION

LOCATION	PHYSICAL COUNTY	HEADQUARTER COUNTY
TALLAHASSEE	LEON	LEON

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 000.00 HAZARDOUS 000.00
 COORD 000.00 TEMP SPEC 000.00

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

REQUESTED BY

DATE

APPROVAL

B Z Wade

DATE

3/28/02



RECEIVED

STATE OF FLORIDA
MANAGEMENT

03

MAR 21 2002 PERFORMANCE APPRAISAL

DIV. OF ADMIN. SERVICES

HUMAN RESOURCES

SENIOR MANAGEMENT SERVICE

SELECTED EXEMPT SERVICE

EMPLOYEE NAME: Paul Craft

DEPARTMENT: STATE

POSITION NAME: Chief, Voting Systems Certification

DIVISION: Elections

RATING PERIOD: From 3/16/01

To 3/16/02

LOCATION: Tallahassee, FL

OVERALL APPRAISAL

EXCELLENT

EFFECTIVE

NEEDS IMPROVEMENT

CRITICAL ELEMENTS

Appraisal

Excellent	Effective	Needs Improvement	Not Applicable
-----------	-----------	-------------------	----------------

Comments related to the critical elements appraised including performance-related strengths and development needs.

I. Organizational Efficiency, Productivity and Effectiveness:

Planning — Bases plans on department mission and goals and a thorough analysis of relevant facts; justifies costs and benefits; sets realistic goals and schedules.

Controlling — Develops performance or quality control standards; measures results; takes corrective action and resolves performance problems.

Organizing — Arranges work for the most efficient handling and elimination of unnecessary activities; operates efficiently.

Results Planning/Achievement — Plans organizational goals and standards, and established measurement criteria; uses monitoring procedures to review progress; achieves planned goals in timely manner.

Work Products — Produces reports, correspondence, and other work products which meet the intended objectives, are produced in a timely manner, demonstrate professional competency, and reflect acceptable quality.

Budget Management — Maintains appropriate budgetary controls; monitors activities and initiates timely and effective correcting actions; stays within budget; makes appropriate budgetary recommendations.

Managing Change — Initiates change effectively and adapts to necessary changes in operations; motivates employees to have positive attitude towards operational changes.

Directing/Leadership — Sets challenging goals; delegates and coordinates effectively; promotes innovation in achieving goals; sets examples for subordinates.

Staffing — Selects qualified people; matches employee skills and abilities with job requirements; assigns staff appropriately for workload; identifies, develops, and improves technical skills of subordinates.

Performance Appraisal/Feedback — Effectively evaluates subordinates; encourages and initiates regular discussion of performance with subordinates; takes appropriate and timely action with marginal or failing performers; recognizes and rewards good performance.

Discipline Administration — Uses progressive and corrective discipline to improve performance/behavioral problems.

CRITICAL ELEMENTS	Appraisal				Comments related to the critical elements appraised including performance-related strengths and development needs.
	Excellent	Effective	Needs Improvement	Not Applicable	
Equal Opportunity — Actively supports and works toward fulfilling the agency's affirmative action efforts; recognizes and coordinates the development of employees and promotional opportunities for employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II. Individual Efficiency, Productivity and Effectiveness: Problem Analysis/Decision Making — Analyzes problems comprehensively; makes timely, practical decisions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Skills — Has knowledge of methods, techniques and skills required in own and/or related functions; applies specific methods, procedures and techniques in functional area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conceptual Skills — Conceptualizes the organization's relationship with other entities; understands organizational sub-unit relationships and dependencies; acts accordingly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presentations — Develops clear, well-organized and logical presentations; reduces complex issues to simple terms; is sensitive to audience levels.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Direction — Is personally well-organized; uses time effectively; acts independently.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Motivation — Is motivated to succeed; stretches personal resources; builds on strengths and works on deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human Relations Skills — Communicates clearly and listens effectively; keeps others informed; deals effectively with conflict.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relationships — Develops and maintains effective working relationships with other departmental managers, state managers, legislature, media, service recipients, and the public.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: Paul has expended numerous hours in organizing the central water registration database while organizing the newly established bureau under his control. This work has been outstanding in both these areas. He is a key figure in the division's policymaking process.

Appraiser's Signature: [Signature] Date: 3/15/02

Comments: Paul has been consistently been given impossible tasks and done them well. I rank him among the very top managers in state government.

Reviewer's Signature: [Signature] Date: 3/21/02

Comments:

Employee's Signature: [Signature] Date: 3/15/02



REVIEW AND PERFORMANCE PLANNING

Name: PAUL CRAFT SSN: [REDACTED] Position #: 00924

Class Title: Computer Audit Analyst Class Code: 2125

Division/ Bureau /Section: Elections / Director's Office / Voting Systems

BEGINNING OF THE REVIEW PERIOD

Planning for the Period Beginning: 06/01/2000 Ending: 06/01/2001

This is to acknowledge that in planning for my initial or subsequent performance review(s), my supervisor and I have discussed my official position description and work standards /expectations and any documented changes in work standards / expectations for the next review period, as applicable.

Employee's Signature: *Paul Craft* Date: 06/01/00

Supervisor's Signature: *[Signature]* Date: 06/01/00

END OF THE REVIEW PERIOD

(If different) Period Beginning: 6/1/2000 Ending: 3/14/01

This is to acknowledge that I have discussed my work performance during this period with my supervisor

Employee's Signature: *Paul Craft* Date: 3/14/01

Comments:

Supervisor's (Rater's) Signature: *[Signature]* Date: 3/14/01

Comments:

RECEIVED

JUN 18 2001

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

If applicable, has this employee fulfilled responsibility for carrying out the Review and Performance Planning System for subordinates?
YES NO If no, attach documentation to that effect.

Reviewing Authority's Signature: *[Signature]* Date: 3/14/01

Comments:

DEPARTMENT OF STATE
Performance Standards/Expectations

Employee Name: Paul Craft Position Number: 00924

Position Title: Computer Audit Analyst

Review Period: FROM: 6/1/2000 TO: 6/1/2001

Supervisors Name: Edward C. Kast Title: Assistant Director of Elections

Supervisors Signature:  Date: 6/1/00

Reviewing Authority Signature:  Date: 6/1/00

Employee Signature:  Date: 6/1/00

ESSENTIAL JOB ELEMENTS

PERFORMANCE STANDARDS/EXPECTATIONS

I. Audit of County Voting Systems

- A. Statutory and agency requirements relevant to voting system evaluations and auditing are understood.
- B. Audit procedures are developed, reviewed and modified to insure their compliance with auditing standards and agency objectives.
- C. Voting systems technologies and techniques are understood.
- D. All procedures for voting system auditing are followed and documented when completed.
- E. All procedures are completed within timeframes prescribed within applicable rules, provided the availability of adequate resources.
- F. All findings, environments, procedures followed and conclusions are carefully described and documented.

II. Evaluation of Security Procedures

- A. Statutory and agency requirements relevant to evaluation of security procedures are understood.
- B. Security procedures of each county are reviewed for compliance with established rules.
- C. Reviews of security procedures are documented and notification is provided to supervisors of elections in a timely manner.

III. Evaluation of Voting Systems

- A. Voting system technologies and techniques are understood.
- B. All procedures for voting system testing and evaluations are followed and documented when completed.
- C. All findings, test environments and configurations, descriptions of procedures followed and conclusions are fully described and documented.

Employee Name: Paul Craft

Position No.: 00924

ESSENTIAL JOB ELEMENTS	PERFORMANCE STANDARDS/EXPECTATIONS
<p>IV. <i>Personal Development</i></p>	<p>A. <i>Skills deemed relevant to duties and responsibilities are identified and developed.</i></p>

STATE OF FLORIDA

DEPARTMENT OF STATE

DIVISION OF ELECTIONS

ELECTION RECORDS/LAWS/CODE

REPORT OF PERSONNEL ACTION

DATE PRINTED

DOCUMENT

030

03/22/01

EMPLOYEE CRAFT,PAUL W

FROM **TO**

EMPLOYEE

SOCIAL SECURITY # POS # POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000924 1 03 05/31/00

EMPLOYEE NAME
 CRAFT,PAUL W

COPE'S ORGANIZATION
 451001100000000000000000 OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 05 PERMANENT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 CAREER SERVICE 2125 05 N 0706

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

EMPLOYEE

SOCIAL SECURITY # POS # POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000366 1 03 03/15/01

EMPLOYEE NAME
 CRAFT,PAUL W

COPE'S ORGANIZATION
 451001100000000000000000 OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 01 EXEMPT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 SELECTED EXEMPT SERVIC 6163 89 N 0315

OFFICIAL CLASS TITLE
 CHIEF OF ELECTION SYSTEMS-DOS

ACTION

ACTION

08 PERFORMANCE EVALUATION

01 ORIGINAL APPOINTMENT

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4575.35	4575.35	26.4	26.4	1

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0	0	0	0	0	0

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
 02 01 280 HA 0089 PERFORMANCE REVIEW

SAMAS ACCOUNT CODE INTER DEPT.
 45101000132451001000001000000 0110000011

SAMAS ORGANIZATION
 45100110000 OFFICE OF THE DIVISION DIRECTOR

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4804.12	4804.12	27.72	27.72	1

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0	0	0	0	0	0

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
 02 01 280 HA 0089 NOT RATED

SAMAS ACCOUNT CODE INTER DEPT.
 45101000132451001000001000000 0110000011

SAMAS ORGANIZATION
 45100110000 OFFICE OF THE DIVISION DIRECTOR

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS	FROM	TO
0		

HOURS	FROM	TO
0		

LOCATION

LOCATION

LOCATION	PHYSICAL COUNTY	HEADQUARTER COUNTY
TALLAHASSEE	LEON	LEON

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

REQUESTED BY *Anette S. R...* DATE *3/22/01*

APPROVAL *Anette S. R...* DATE *3/22/01*

STATE OF FLORIDA

DEPARTMENT OF STATE

DIVISION OF ELECTIONS

ELECTION RECORDS/LAWS/CODE

REPORT OF PERSONNEL ACTION

DATE PRINTED

DOCUMENT 028

02/14/01

EMPLOYEE CRAFT, PAUL W

FROM					
EMPLOYEE					
SOCIAL SECURITY #	POS #	POS F.T.E	SVC	EFFECTIVE DATE	
[REDACTED]	000924	1	03	11/01/00	
EMPLOYEE NAME					
CRAFT, PAUL W					
COPE'S ORGANIZATION					
451001100000000000000000			ELECTION RECORDS/LAWS/CODE		
APPOINTMENT TYPE	APPOINTMENT STATUS		STATUS EXPIRE		
05	PERMANENT				
PAY PLAN	CLASS	CBU	INCL.	ANNIV. DATE	
CAREER SERVICE	2125	05	N	0706	
OFFICIAL CLASS TITLE					
COMPUTER AUDIT ANALYST					

TO					
EMPLOYEE					
SOCIAL SECURITY #	POS #	POS F.T.E	SVC	EFFECTIVE DATE	
[REDACTED]	000924	1	03	02/01/01	
EMPLOYEE NAME					
CRAFT, PAUL W					
COPE'S ORGANIZATION					
451001100000000000000000			ELECTION RECORDS/LAWS/CODE		
APPOINTMENT TYPE	APPOINTMENT STATUS		STATUS EXPIRE		
05	PERMANENT				
PAY PLAN	CLASS	CBU	INCL.	ANNIV. DATE	
CAREER SERVICE	2125	05	N	0706	
OFFICIAL CLASS TITLE					
COMPUTER AUDIT ANALYST					

ACTION					
98 - MISCELLANEOUS CHANGE					

ACTION					
70 - SUPERIOR PROFICIENCY					

PAY					
TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4357.36	4357.36	25.14	25.14	1
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0	0	0	0	0	0
W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
02	01	280	HA	0089	PERFORMANCE REVIEW
SAMAS ACCOUNT CODE			INTER DEPT.		
45101000132451001000001000000			0110000011		
SAMAS ORGANIZATION					
45100110000 OFFICE OF THE DIVISION DIRECTOR					

PAY					
TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4575.35	4575.35	26.4	26.4	1
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0	0	0	0	0	0
W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
02	01	280	HA	0089	PERFORMANCE REVIEW
SAMAS ACCOUNT CODE			INTER DEPT.		
45101000132451001000001000000			0110000011		
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
	0	0	0	0
ANNUAL PAID	SICK PAID	SPECIAL COMP PAID		

COMMENTS
5% SPECIAL PAY INCREASE

REQUESTED BY: *Amette S. Rat* DATE: 2/14/01
 APPROVAL: _____ DATE: _____

14/70

FLORIDA DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

TO: Bureau Chief of Human Resources
401 S. Monroe St
Tallahassee, Fl. 32399-0250

FROM:
Clay Roberts, Director, Division of Elections

1. NAME OF EMPLOYEE OF APPLICANT
Paul Craft

2. SOCIAL SECURITY NUMBER
[REDACTED]

3. CLASS CODE
2125

4. CLASS TITLE
Computer Audit Analyst

5. POSITION NUMBER
00924

6. LOCATION
Tallahassee

7. TYPE OF ACTION REQUESTED
A. SALARY ADDITIVE

Current Mo. Salary Rate: \$ _____ Proposed Mo. Salary Rate: \$ _____ % Increase: _____

Type: On-Call Shift Differential
 Leadworker 2nd Shift _____ Hours from _____ to _____
 Coordinator 3rd Shift _____ Hours from _____ to _____
 Temporary Special Duty Trainer (must be agency approved formalized training program)
 Hazardous Duty

If the condition(s) upon which the salary additive is granted changes, the salary additive shall be removed or adjusted. Monitoring shall be the responsibility of the immediate supervisor and higher level reviewing authority.

B. INCREASE TO BASE RATE OF PAY

Current Mo. Salary Rate: \$ 4,357.36 Proposed Mo. Salary Rate: \$ 4,575.35 % Increase: 5

Type: Significant Added Duties/Responsibilities not warranting reclassification.
 Reassignment based on recruitment difficulties or specific needs.
 Transfer. Same as reassignment but in excess of 50 miles from current work location.
 Competitive Job Offer.
 Internal Pay Relationships.
 Superior Proficiency
 Education and Training

All Increases to Base Rate of Pay are at discretion of Division Director and Assistant Secretary of State

C. _____ EQUIVALENT TRAINING AND EXPERIENCE

D. _____ TRAINEE STATUS

8. JUSTIFICATION

See attached memorandum. EFFECTIVE DATE: 2/11/01.

9. _____ Authorizing Signature

10. _____ Date

11. ACTION TAKEN Approved Disapproved

REMARKS:

12. See Appointment Action Form 13. _____ Date

Assistant Secretary of State

STATE OF FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF ELECTIONS
 ELECTION RECORDS/LAWS/CODE

REPORT OF PERSONNEL ACTION

DATE PRINTED 02/26/01 DOCUMENT 029
 EMPLOYEE CRAFT,PAUL W

FROM

EMPLOYEE

SOCIAL SECURITY # POS # POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000924 1 03 02/01/01

EMPLOYEE NAME
 CRAFT,PAUL W

COPE'S ORGANIZATION
 45100110000000000000000000000000 ELECTION RECORDS/LAWS/CODE

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 05 PERMANENT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 CAREER SERVICE 2125 05 N 0706

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

TO

EMPLOYEE

SOCIAL SECURITY # POS # POS F.T.E SVC EFFECTIVE DATE
 [REDACTED] 000924 1 03 05/31/00

EMPLOYEE NAME
 CRAFT,PAUL W

COPE'S ORGANIZATION
 45100110000000000000000000000000 ELECTION RECORDS/LAWS/CODE

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 05 PERMANENT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 CAREER SERVICE 2125 05 N 0706

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

ACTION

70 SUPERIOR PROFICIENCY

ACTION

08 PERFORMANCE EVALUATION

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4575.35	4575.35	26.4	26.4	1

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0	0	0	0	0	0

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
02	01	280	HA	0089	PERFORMANCE REVIEW

SAMAS ACCOUNT CODE INTER DEPT.
 45101000132451001000001000000 0110000011

SAMAS ORGANIZATION
 15100110000 OFFICE OF THE DIVISION DIRECTOR

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4575.35	4575.35	26.4	26.4	1

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0	0	0	0	0	0

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
02	01	280	HA	0089	PERFORMANCE REVIEW

SAMAS ACCOUNT CODE INTER DEPT.
 45101000132451001000001000000 0110000011

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
	0	0	0	0

ANNUAL PAID	SICK PAID	SPECIAL COMP PAID

COMMENTS

REQUESTED BY Paul W. Craft DATE 2/26/01
 APPROVAL Paul W. Craft DATE 2/26/01



REVIEW AND PERFORMANCE PLANNING

Name: Paul Craft SSN: [REDACTED] Position #: 00924

Class Title: Computer Audit Analyst Class Code: 2125

Division/ Bureau /Section: Elections / Director's Office / Voting Systems

BEGINNING OF THE REVIEW PERIOD

Planning for the Period Beginning: 12/01/99 Ending: 11/30/00

This is to acknowledge that in planning for my initial or subsequent performance review(s), my supervisor and I have discussed my official position description and work standards /expectations and any documented changes in work standards / expectations for the next review period, as applicable.

Employee's Signature: *Paul Craft* Date: 12/1/99

Supervisor's Signature: *Ethel Baxter* Date: 12/1/99

END OF THE REVIEW PERIOD

(If different) Period Beginning: 12/01/99 Ending: 05/31/00

This is to acknowledge that I have discussed my work performance during this period with my supervisor

Employee's Signature: *Paul Craft* Date: 05/31/00

Comments:

RECEIVED

JAN 23 2001

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Supervisor's (Rater's) Signature: *Ethel Baxter* Date: 05/31/00

Comments: *Paul continues to do an outstanding job!*

If applicable, has this employee fulfilled responsibility for carrying out the Review and Performance Planning System for subordinates?
YES NO If no, attach documentation to that effect.

Reviewing Authority's Signature: *[Signature]* Date: 05/31/00

Comments:

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 07/01/00

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 10/01/00

EMPLOYEE NAME

EMPLOYEE NAME

CRAFT, PAUL W.
 COPES ORGANIZATION

CRAFT, PAUL W.
 COPES ORGANIZATION

100110000 OFFICE OF THE DIVISION DIRE

45100110000 OFFICE OF THE DIVISION DIRE

APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL. EXC ANNIV. DATE 07/06

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL. EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE

OFFICIAL CLASS TITLE

COMPUTER AUDIT ANALYST

COMPUTER AUDIT ANALYST

ACTION

ACTION

MISC CHG

29 PAY CHANGE

PAY

PAY

BASE RATE 4,251.08 RATE 4,251.08 HR. BASE 24.53 HR. RATE 24.53 FTE 1.00

TYPE M BASE RATE 4,357.36 RATE 4,357.36 HR. BASE 25.14 HR. RATE 25.14 FTE 1.00

CAD 0.00 LEADWORKER 0.00 SHIFT 0.00 ON CALL 0.00 CONTACT 0.00 OTHER 0.00

CAD 0.00 LEADWORKER 0.00 SHIFT 0.00 ON CALL 0.00 CONTACT 0.00 OTHER 0.00

EXMPT 01 ADD WITH 280.00 RET HA INSURANCE 0089 LAST PERF APPRAISAL PERF REVIEW

EXMPT 01 ADD WITH 280.00 RET HA INSURANCE 0089 LAST PERF APPRAISAL PERF REVIEW

SAMAS ACCOUNT CODE

SAMAS ACCOUNT CODE

INTER DEPT.

INTER DEPT.

101000132451001000001000000 0110000011

45101000132451001000001000000 011000001

SAMAS ORGANIZATION

SAMAS ORGANIZATION

100110000 OFFICE OF THE DIVISION DIREC

45100110000 OFFICE OF THE DIVISION DIREC

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY

PHYSICAL COUNTY

PHYSICAL COUNTY

LEON

37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION

ANNUAL

SICK PRE 73

POST 73

SPC. COMP.

ANNUAL PAID

SICK PAID

SPECIAL COMP PAID

COMMENTS

ADDITIONAL 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

2000-2001 SALARY INCREASE DF 2.50% OF SEPTEMBER 30, 2000 BASE RATE OF PAY.

Paul W. Craft
 REQUESTED BY

10/10/00
 DATE

APPROVAL

DATE

EMPLOYEE CRAFT, PAUL W

FROM

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 10/01/99

EMPLOYEE NAME

AFT, PAUL W

OPES ORGANIZATION

1010000000 OFFICE OF THE DIVISION DIRE

APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN REER SERVICE CLASS 2125 CBU 05 INCL. EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE

COMPUTER AUDIT ANALYST

TO

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 12/01/99

EMPLOYEE NAME

CRAFT, PAUL W

COPEES ORGANIZATION

451010000000 OFFICE OF THE DIVISION DIRE

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL. EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE

COMPUTER AUDIT ANALYST

ACTION

REASSIGNMENT

ACTION

REASSIGNMENT

PAY

BASE RATE 4,251.08 RATE 4,251.08 HR. BASE 24.53 HR. RATE 24.53 FTE 1.00

CAD 0.00 LEADWORKER 0.00 SHIFT 0.00 ON CALL 0.00 CONTACT 0.00 OTHER 0.00

EXMPT 01 ADD WITH 280.00 RET HA INSURANCE 0089 LAST PERF APPRAISAL PERF REVIEW

SAMAS ACCOUNT CODE

INTER DEPT.

101000133451000000001000000 1000000011

SAMAS ORGANIZATION

101000000 OFFICE OF THE DIVISION DIREC

PAY

TYPE M BASE RATE 4,251.08 RATE 4,251.08 HR. BASE 24.53 HR. RATE 24.53 FTE 1.00

CAD 0.00 LEADWORKER 0.00 SHIFT 0.00 ON CALL 0.00 CONTACT 0.00 OTHER 0.00

W4 EXMPT M 01 ADD WITH 280.00 RET HA INSURANCE 0089 LAST PERF APPRAISAL PERF REVIEW

SAMAS ACCOUNT CODE

INTER DEPT.

45101000133451000000001000000 100000001

SAMAS ORGANIZATION

45101000000 OFFICE OF THE DIVISION DIREC

LEAVE WITHOUT PAY

HOURS FROM TO

LEAVE WITHOUT PAY

HOURS FROM TO

LOCATION

LOCATION TALLAHASSE HEADQUARTER COUNTY 37 LEON

PHYSICAL COUNTY LEON

LOCATION

LOCATION TALLAHASSE HEADQUARTER COUNTY 37 LEON

PHYSICAL COUNTY 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION

ANNUAL

SICK PRE 73

POST 73

SPC. COMP.

ANNUAL PAID

SICK PAID

SPECIAL COMP PAID

REMARKS

D/L COMP: TRAIN 000.00 HAZARDOUS 000.00
 COORD 000.00 TEMP SPEC 000.00

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

REQUESTED BY *PC Wil*

DATE 12/28/99

APPROVAL

DATE



STATE OF FLORIDA
DEPARTMENT OF STATE

DCR

REVIEW AND PERFORMANCE PLANNING

Name: Paul Craft SSN: [REDACTED] Position #: 00924

Class Title: Computer Audit Analyst Class Code: 2125

Division/Bureau/Section: Elections, Office of Director, Voting Systems Section

BEGINNING OF THE REVIEW PERIOD

Planning for the Period Beginning: 12 / 10 / 98 Ending: 12 / 9 / 99

This is to acknowledge that in planning for my initial or subsequent performance review(s), my supervisor and I have discussed my official position description and work standards/expectations and any documented changes in work standards/expectations for the next review period, as applicable.

Employee's Signature: Paul W. Craft Date: 12/9/98

Supervisor's Signature: Ethel Baxter Date: 12/9/98

END OF THE REVIEW PERIOD

(If different) Period Beginning: / / Ending: / /

This is to acknowledge that I have discussed my work performance during this work period with my supervisor.

Employee's Signature: Paul W. Craft Date: 12/1/99

Comments:

RECEIVED

DEC 02 1999

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

Supervisor's (Rater's) Signature: Ethel Baxter Date: 12/1/99

Comments:

Keep up the good work!

Performance Standards and Expectations will remain the same.

If applicable, has this employee fulfilled responsibility for carrying out the Review and Performance Planning System for subordinates?
YES _____ NO _____ If no, attach documentation to that effect.

Reviewing Authority's Signature: [Signature] Date: 12/1/99

Comments:

DEPARTMENT OF STATE
PERFORMANCE STANDARDS/EXPECTATIONS

Employee Name Paul W. Craft Position Number 00924

Position Title Computer Audit Analyst

Review Period: FROM _____ TO _____

Supervisor Name Sanford Brill Title Chief, Info. Mgmt. & Voting Sys.

Supervisor Signature Ethel Bass Date 12/16/97

Reviewing Authority Signature _____ Date _____

Employee Signature Paul W. Craft Date _____

<u>ESSENTIAL JOB ELEMENTS</u>	<u>PERFORMANCE STANDARDS/EXPECTATIONS</u>
-------------------------------	---

I. Audit of County Voting Systems

- A. Statutory and agency requirements relevant to voting system evaluations and auditing are understood.
- B. Audit procedures are developed, reviewed, and modified to insure their compliance with auditing standards, and agency objectives.
- C. Voting systems technologies and techniques are understood.
- D. All procedures for voting system auditing are followed and documented when completed.
- E. All procedures are completed within timeframes prescribed within applicable rules, provided the availability of adequate resources.
- F. All findings, environments, procedures followed, and conclusions are carefully described and documented.

II. Evaluation of Security Procedures

- A. Statutory and agency requirements relevant to evaluation of security procedures are understood.
- B. Security procedures of each county are reviewed for compliance with established rules.
- C. Reviews of security procedures are documented and notification is provided to supervisors of elections in a timely manner.

ESSENTIAL JOB ELEMENTS

PERFORMANCE STANDARDS/EXPECTATIONS

III. Evaluation of Voting Systems

- A. Voting system technologies and techniques are understood.
- B. All procedures for voting system testing and evaluations are followed and documented when completed.
- C. All findings, test environments and configurations, descriptions of procedures followed, and conclusions are fully described and documented.

IV. Personal Development

- A. Skills deemed relevant to duties and responsibilities are identified and developed.

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 02/19/99

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 10/01/99

EMPLOYEE NAME CRAFT, PAUL W

EMPLOYEE NAME CRAFT, PAUL W

COPIES ORGANIZATION 1010000000 OFFICE OF THE DIVISION DIRECTOR

COPIES ORGANIZATION 451010000000 OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL. EXC ANNIV. DATE 07/96

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL. EXC ANNIV. DATE 07/96

OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

ACTION

ACTION

PAY CHANGE

PAY CHANGE

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE
4,135.29	4,135.29	23.86	23.86	1.00

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4,251.08	4,251.08	24.53	24.53	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	280.00	HA	0089	PERF-REVIEW

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	280.00	HA	0089	PERF-REVIEW

SAMAS ACCOUNT CODE 101000133451000000001000000 INTER DEPT. 1000000011

SAMAS ACCOUNT CODE 45101000133451000000001000000 INTER DEPT. 100000001

SAMAS ORGANIZATION 101000000 OFFICE OF THE DIVISION DIRECTOR

SAMAS ORGANIZATION 45101000000 OFFICE OF THE DIVISION DIRECTOR

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS	FROM	TO
-------	------	----

HOURS	FROM	TO
-------	------	----

LOCATION

LOCATION

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY

PHYSICAL COUNTY LEON

PHYSICAL COUNTY 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION	ANNUAL	SICK PRE 73	POST 73	SPC. COMP.
-----------------------	--------	-------------	---------	------------

ANNUAL PAID	SICK PAID	SPECIAL COMP PAID
-------------	-----------	-------------------

COMMENTS

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

1999-2000 SALARY INCREASE OF \$1,000 OR 2.80% OF ANNUALIZED BASE RATE OF PAY, WHICHEVER IS GREATER

REQUESTED BY *Annette S Raw* DATE 10/19/99
 APPROVAL DATE

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 02/19/99
 EMPLOYEE NAME CRAFT, PAUL W
 COPES ORGANIZATION 5101000000 OFFICE OF THE DIVISION DIRE
 APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
 PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL. EXC ANNIV. DATE 07/06
 OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 02/19/99
 EMPLOYEE NAME CRAFT, PAUL W
 COPES ORGANIZATION 451010000000 OFFICE OF THE DIVISION DIRE
 APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
 PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL. EXC ANNIV. DATE 07/06
 OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

ACTION

ACTION

PAY CHANGE

PAY CHANGE

PAY

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	3,990.17	3,990.17	23.02	23.02	1.00
CAD	0.00	0.00	0.00	0.00	0.00
LEADWORKER	0.00	0.00	0.00	0.00	0.00
SHIFT	0.00	0.00	0.00	0.00	0.00
ON CALL	0.00	0.00	0.00	0.00	0.00
CONTACT	0.00	0.00	0.00	0.00	0.00
OTHER	0.00	0.00	0.00	0.00	0.00
W4	EXMPT 01	ADD WITH 280.00	RET HA	INSURANCE 0089	LAST PERF APPRAISAL PERF-REVIEW
SAMAS ACCOUNT CODE 5101000133451000000001000000			INTER DEPT. 100000001		
SAMAS ORGANIZATION 5101000000 OFFICE OF THE DIVISION DIREC					

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	4,135.29	4,135.29	23.86	23.86	1.00
CAD	0.00	0.00	0.00	0.00	0.00
LEADWORKER	0.00	0.00	0.00	0.00	0.00
SHIFT	0.00	0.00	0.00	0.00	0.00
ON CALL	0.00	0.00	0.00	0.00	0.00
CONTACT	0.00	0.00	0.00	0.00	0.00
OTHER	0.00	0.00	0.00	0.00	0.00
W4	EXMPT 01	ADD WITH 280.00	RET HA	INSURANCE 0089	LAST PERF APPRAISAL PERF-REVIEW
SAMAS ACCOUNT CODE 451010001334510000000010000000			INTER DEPT. 100000001		
SAMAS ORGANIZATION 45101000000 OFFICE OF THE DIVISION DIREC					

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS	FROM	TO

HOURS	FROM	TO

LOCATION

LOCATION

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY
 PHYSICAL COUNTY 7 LEON

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY
 PHYSICAL COUNTY 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION

ANNUAL SICK PRE 73 POST 73 SPC. COMP.

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

FY 1998-99 CRITICAL CLASS ADJUSTMENT EFFECTIVE FEBRUARY 19, 1999

REQUESTED BY *Annette S. Kar* DATE 3/1/99
 APPROVAL _____ DATE _____

EMPLOYEE CRAFT, PAUL W

FROM

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 10/01/98

EMPLOYEE NAME

AFT, PAUL W

OPES ORGANIZATION
 101000000 OFFICE OF THE DIVISION DIRE

APPOINTMENT TYPE ASSIGNMENT **APPOINTMENT STATUS** PERMANENT **STATUS EXPIRE**

PAY PLAN REER SERVICE **CLASS** 2125 **CBU** 05 **INCL** EXC **ANNIV. DATE** 07/06

OFFICIAL CLASS TITLE

COMPUTER AUDIT ANALYST

ACTION

PAY

BASE RATE 3,990.17 **RATE** 3,990.17 **HR. BASE** 23.02 **HR. RATE** 23.02 **FTE** 1.00

CAD 0.00 **LEADWORKER** 0.00 **SHIFT** 0.00 **ON CALL** 0.00 **CONTACT** 0.00 **OTHER** 0.00

EXMPT 01 **ADD WITH** 280.00 **RET** HA **INSURANCE** 0089 **LAST PERF APPRAISAL** PERF-REVIEW

SAMAS ACCOUNT CODE

INTER DEPT.

101000133451000000001000000 100000011

SAMAS ORGANIZATION

101000000 OFFICE OF THE DIVISION DIREC

LEAVE WITHOUT PAY

HOURS **FROM** **TO**

LOCATION

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY

LEON PHYSICAL COUNTY

TO

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 12/09/98

EMPLOYEE NAME

CRAFT, PAUL W

COPEs ORGANIZATION
 45101000000 OFFICE OF THE DIVISION DIRE

APPOINTMENT TYPE REASSIGNMENT **APPOINTMENT STATUS** PERMANENT **STATUS EXPIRE**

PAY PLAN CAREER SERVICE **CLASS** 2125 **CBU** 05 **INCL** EXC **ANNIV. DATE** 07/06

OFFICIAL CLASS TITLE

COMPUTER AUDIT ANALYST

ACTION

PAY

TYPE M **BASE RATE** 3,990.17 **RATE** 3,990.17 **HR. BASE** 23.02 **HR. RATE** 23.02 **FTE** 1.00

CAD 0.00 **LEADWORKER** 0.00 **SHIFT** 0.00 **ON CALL** 0.00 **CONTACT** 0.00 **OTHER** 0.00

W4 EXMPT 01 **ADD WITH** 280.00 **RET** HA **INSURANCE** 0089 **LAST PERF APPRAISAL** PERF-REVIEW

SAMAS ACCOUNT CODE

INTER DEPT.

45101000133451000000001000000 100000011

SAMAS ORGANIZATION

45101000000 OFFICE OF THE DIVISION DIREC

LEAVE WITHOUT PAY

HOURS **FROM** **TO**

LOCATION

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY

37 LEON PHYSICAL COUNTY

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION

ANNUAL **SICK PRE 73** **POST 73** **SPC. COMP.**

ANNUAL PAID **SICK PAID** **SPECIAL COMP PAID**

COMMENTS

D/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

REQUESTED BY *Kristen Manalo*

DATE *12/18/98*

PROVAL

DATE



STATE OF FLORIDA
DEPARTMENT OF STATE

REVIEW AND PERFORMANCE PLANNING

Name: Paul Craft SSN: [REDACTED] Position #: 00924

Class Title: Computer Audit Analyst Class Code: 2125

Division/Bureau/Section: Elections, Office of Director, Voting Systems Section

BEGINNING OF THE REVIEW PERIOD

Planning for the Period Beginning: 12 / 17 / 97 Ending: 12 / 16 / 98

This is to acknowledge that in planning for my initial or subsequent performance review(s), my supervisor and I have discussed my official position description and work standards/expectations and any documented changes in work standards/expectations for the next review period, as applicable.

Employee's Signature: Paul W Craft Date: 12 / 16 / 97

Supervisor's Signature: Dawn A. Rowland Date: 12 / 17 / 97

END OF THE REVIEW PERIOD

(If different) Period Beginning: 12 / 10 / 98 Ending: 12 / 9 / 99

This is to acknowledge that I have discussed my work performance during this work period with my supervisor.

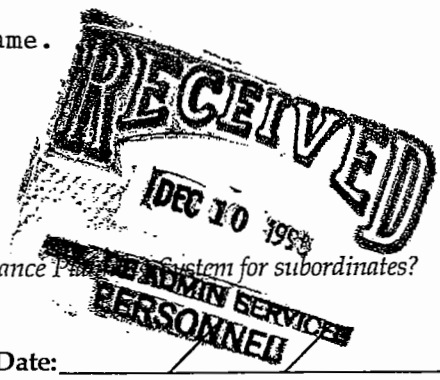
Employee's Signature: Paul W Craft Date: 12 / 9 / 98
Comments:

Supervisor's (Rater's) Signature: Cheryl Beatty Date: 12 / 9 / 98
Comments:

Performance Standards and Expectations will remain the same.
Paul, thank you for your dedication and hard work.

If applicable, has this employee fulfilled responsibility for carrying out the Review and Performance Planning System for subordinates?
YES _____ NO _____ If no, attach documentation to this effect.

Reviewing Authority's Signature: _____ Date: _____
Comments:





STATE OF FLORIDA
DEPARTMENT OF STATE

REVIEW AND PERFORMANCE PLANNING

Name: Paul Craft SSN: [REDACTED] Position #: 00924

Class Title: Computer Audit Analyst Class Code: 2125

Division/Bureau/Section: Elections, Office of Director, Voting Systems Section

BEGINNING OF THE REVIEW PERIOD

Planning for the Period Beginning: 12 / 17 / 97 Ending: 12 / 16 / 98

This is to acknowledge that in planning for my initial or subsequent performance review(s), my supervisor and I have discussed my official position description and work standards/expectations and any documented changes in work standards/expectations for the next review period, as applicable.

Employee's Signature: Paul W Craft Date: 12 / 16 / 97

Supervisor's Signature: Dawn A. [unclear] Date: 12 / 12 / 97

END OF THE REVIEW PERIOD

(If different) Period Beginning: / / Ending: / /

This is to acknowledge that I have discussed my work performance during this work period with my supervisor.

Employee's Signature: _____ Date: / /

Comments:

Supervisor's (Rater's) Signature: _____ Date: _____

Comments:

If applicable, has this employee fulfilled responsibility for carrying out the Review and Performance Planning System for subordinates?
YES _____ NO _____ If no, attach documentation to this report.

Reviewing Authority's Signature: _____ Date: / /

Comments:



STATE OF FLORIDA
DEPARTMENT OF STATE

REVIEW AND PERFORMANCE PLANNING

Name: Paul Craft SSN: [REDACTED] Position #: 00924

Class Title: Computer Audit Analyst Class Code: 2125

Division/Bureau/Section: Elections, Office of Director, Voting Systems Section

BEGINNING OF THE REVIEW PERIOD

Planning for the Period Beginning: 12 / 18 / 96 Ending: 12 / 17 / 97

This is to acknowledge that in planning for my initial or subsequent performance review(s), my supervisor and I have discussed my official position description and work standards/expectations and any documented changes in work standards/expectations for the next review period, as applicable.

Employee's Signature: _____ Date: / /

Supervisor's Signature: _____ Date: / /

END OF THE REVIEW PERIOD

(If different) Period Beginning: 12 / 17 / 96 Ending: 12 / 16 / 98

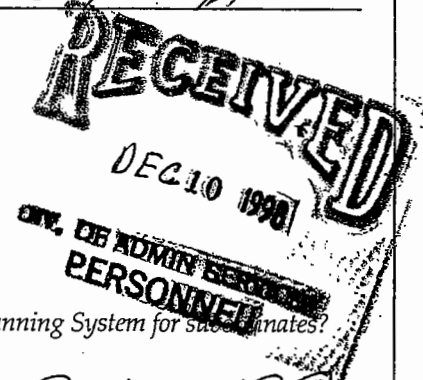
This is to acknowledge that I have discussed my work performance during this work period with my supervisor.

Employee's Signature: Paul W. Craft Date: 12/16/97

Comments:

Supervisor's (Rater's) Signature: [Signature] Date: 12/12/97

Comments:



If applicable, has this employee fulfilled responsibility for carrying out the Review and Performance Planning System for subordinates?
YES _____ NO _____ If no, attach documentation to that effect.

Reviewing Authority's Signature: [Signature] Date: 12/16/97

Comments:

DEPARTMENT OF STATE
PERFORMANCE STANDARDS/EXPECTATIONS

Employee Name Paul W. Craft Position Number 00924

Position Title Computer Audit Analyst

Review Period: FROM _____ TO _____

Supervisor Name Sanford Brill Title Chief, Info. Mgmt. & Voting Sys.

Supervisor Signature Ethel Bass Date 12/16/97

Reviewing Authority Signature _____ Date _____

Employee Signature Paul W. Craft Date _____

ESSENTIAL JOB ELEMENTS	PERFORMANCE STANDARDS/EXPECTATIONS
-------------------------------	---

I. Audit of County Voting Systems

- A. Statutory and agency requirements relevant to voting system evaluations and auditing are understood.
- B. Audit procedures are developed, reviewed, and modified to insure their compliance with auditing standards, and agency objectives.
- C. Voting systems technologies and techniques are understood.
- D. All procedures for voting system auditing are followed and documented when completed.
- E. All procedures are completed within timeframes prescribed within applicable rules, provided the availability of adequate resources.
- F. All findings, environments, procedures followed, and conclusions are carefully described and documented.

II. Evaluation of Security Procedures

- A. Statutory and agency requirements relevant to evaluation of security procedures are understood.
- B. Security procedures of each county are reviewed for compliance with established rules.
- C. Reviews of security procedures are documented and notification is provided to supervisors of elections in a timely manner.

ESSENTIAL JOB ELEMENTS

PERFORMANCE STANDARDS/EXPECTATIONS

III. Evaluation of Voting Systems

- A. Voting system technologies and techniques are understood.
- B. All procedures for voting system testing and evaluations are followed and documented when completed.
- C. All findings, test environments and configurations, descriptions of procedures followed, and conclusions are fully described and documented.

IV. Personal Development

- A. Skills deemed relevant to duties and responsibilities are identified and developed.

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS# 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 06/19/98
EMPLOYEE NAME

SOCIAL SECURITY # [REDACTED] POS# 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 10/01/98
EMPLOYEE NAME

AFT, PAUL W
COPES ORGANIZATION
101000000 OFFICE OF THE DIVISION DIRECTOR
APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
PAY PLAN CAREER SERVICE 2125 05 EXC ANNIV. DATE 07/06
OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

CRAFT, PAUL W
COPES ORGANIZATION
45101000000 OFFICE OF THE DIVISION DIRECTOR
APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
PAY PLAN CAREER SERVICE 2125 05 EXC ANNIV. DATE 07/06
OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

ACTION

ACTION

MISC CHG

29 PAY CHANGE

PAY

PAY

BASE RATE 3,882.24 RATE 3,882.24 HR. BASE 22.40 HR. RATE 22.40 FTE 1.00
CAD 0.00 LEADWORKER 0.00 SHIFT 0.00 ON CALL 0.00 CONTACT 0.00 OTHER 0.00
EXMPT 01 ADD WITH 280.00 RET HA INSURANCE 0089 LAST PERF APPRAISAL PERF-REVIEW
SAMAS ACCOUNT CODE 101000133451000000001000000 INTER DEPT. 1000000011
SAMAS ORGANIZATION 101000000 OFFICE OF THE DIVISION DIRECTOR

TYPE M BASE RATE 3,990.17 RATE 3,990.17 HR. BASE 23.02 HR. RATE 23.02 FTE 1.00
CAD 0.00 LEADWORKER 0.00 SHIFT 0.00 ON CALL 0.00 CONTACT 0.00 OTHER 0.00
W4 EXMPT M 01 ADD WITH 280.00 RET HA INSURANCE 0089 LAST PERF APPRAISAL PERF-REVIEW
SAMAS ACCOUNT CODE 45101000133451000000001000000 INTER DEPT. 1000000011
SAMAS ORGANIZATION 45101000000 OFFICE OF THE DIVISION DIRECTOR

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY
PHYSICAL COUNTY LEON

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY
PHYSICAL COUNTY 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION ANNUAL SICK PRE 73 POST 73 SPC. COMP.

ANNUAL PAID

SICK PAID

SPECIAL COMP PAID

COMMENTS

D*E 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

FY. 1998-99 SALARY INCREASE OF 2.78% OF BASE RATE OF PAY ANNUALIZED

REQUESTED BY Kisten Manalo

DATE 10/20/98

APPROVAL

DATE

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 01/01/98

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 12/16/97

EMPLOYEE NAME

EMPLOYEE NAME

CRAFT, PAUL W

CRAFT, PAUL W

COPES ORGANIZATION

COPES ORGANIZATION

1010000000 OFFICE OF THE DIVISION DIRE.

451010000000 OFFICE OF THE DIVISION DIRE

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CLASS CBU INCL ANNIV. DATE
 REFERRAL SERVICE 2125 05 EXC 07/06

PAY PLAN CLASS CBU INCL ANNIV. DATE
 CAREER SERVICE 2125 05 EXC 07/06

OFFICIAL CLASS TITLE

OFFICIAL CLASS TITLE

COMPUTER AUDIT ANALYST

COMPUTER AUDIT ANALYST

ACTION

ACTION

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE	
3,882.24	3,882.24	22.40	22.40	1.00	
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	3,882.24	3,882.24	22.40	22.40	1.00
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	180.00	HA	0089	PERF-REVIEW

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	180.00	HA	0089	PERF-REVIEW

SAMAS ACCOUNT CODE

INTER DEPT.

101000133451000000001000000 1000000011

45101000133451000000001000000 1000000011

SAMAS ORGANIZATION

SAMAS ORGANIZATION

101000000 OFFICE OF THE DIVISION DIREC

45101000000 OFFICE OF THE DIVISION DIREC

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY

PHYSICAL COUNTY

PHYSICAL COUNTY

LEON

37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION

ANNUAL

SICK PRE 73

POST 73

SPC. COMP.

ANNUAL PAID

SICK PAID

SPECIAL COMP PAID

COMMENTS

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

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

REQUESTED BY

Keisten B. Momalo

DATE

3/2/98

APPROVAL

DATE

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED]
POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 09/01/97
EMPLOYEE NAME

SOCIAL SECURITY # [REDACTED]
POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 01/01/98
EMPLOYEE NAME

CRAFT, PAUL W
COPES ORGANIZATION
5101000000 OFFICE OF THE DIVISION DIRE
APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL. EXC ANNIV. DATE 07/06

CRAFT, PAUL W
COPES ORGANIZATION
451010000000 OFFICE OF THE DIVISION DIRE
APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL. EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE

OFFICIAL CLASS TITLE

COMPUTER AUDIT ANALYST

COMPUTER AUDIT ANALYST

ACTION

ACTION

PAY

PAY

BASE RATE 3,777.23 RATE 3,777.23 HR. BASE 21.79 HR. RATE 21.79 FTE 1.00
CAD 0.00 LEADWORKER 0.00 SHIFT 0.00 ON CALL 0.00 CONTACT 0.00 OTHER 0.00
EXMPT 01 ADD WITH 180.00 RET HA INSURANCE 0089 LAST PERF APPRAISAL PERF-REVIEW

TYPE M BASE RATE 3,882.24 RATE 3,882.24 HR. BASE 22.40 HR. RATE 22.40 FTE 1.00
CAD 0.00 LEADWORKER 0.00 SHIFT 0.00 ON CALL 0.00 CONTACT 0.00 OTHER 0.00
W4 EXMPT 01 ADD WITH 180.00 RET HA INSURANCE 0089 LAST PERF APPRAISAL PERF-REVIEW

SAMAS ACCOUNT CODE

INTER DEPT.

5101000133451000000001000000 1000000011

SAMAS ACCOUNT CODE

INTER DEPT.

45101000133451000000001000000 100000001

SAMAS ORGANIZATION

SAMAS ORGANIZATION

5101000000 OFFICE OF THE DIVISION DIREC

45101000000 OFFICE OF THE DIVISION DIREC

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY

PHYSICAL COUNTY

PHYSICAL COUNTY

7 LEON

37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION

ANNUAL SICK PRE 73 POST 73 SPC. COMP.

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

FY 1997-98 SALARY INCREASE OF 2.78% OF BASE RATE OF PAY ANNUALIZED

REQUESTED BY

craft paul

DATE

1-11-98

APPROVAL

DATE



STATE OF FLORIDA
DEPARTMENT OF STATE

REVIEW AND PERFORMANCE PLANNING

Name: Paul Craft SSN: [REDACTED] Position #: 00924

Class Title: Computer Audit Analyst Class Code: 2125

Division/Bureau/Section: Elections, Office of Director, Voting Systems Section

BEGINNING OF THE REVIEW PERIOD

Planning for the Period Beginning: 12 / 18 / 96 Ending: 12 / 17 / 97

This is to acknowledge that in planning for my initial or subsequent performance review(s), my supervisor and I have discussed my official position description and work standards/expectations and any documented changes in work standards/expectations for the next review period, as applicable.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

END OF THE REVIEW PERIOD

(If different) Period Beginning: 12 / 17 / 96 Ending: 12 / 16 / 98

This is to acknowledge that I have discussed my work performance during this work period with my supervisor.

Employee's Signature: Paul W. Craft Date: 12/16/97

Comments:

RECEIVED
DEC 17 1997

CIV. OF ADMIN SERVICES
PERSONNEL

Supervisor's (Rater's) Signature: [Signature] Date: 12/12/97

Comments:

If applicable, has this employee fulfilled responsibility for carrying out the Review and Performance Planning System for subordinates?
YES _____ NO _____ If no, attach documentation to that effect.

Reviewing Authority's Signature: Ethel Bost Date: 12/16/97

Comments:

**DEPARTMENT OF STATE
PERFORMANCE STANDARDS/EXPECTATIONS**

Employee Name Paul W. Craft Position Number 00924
 Position Title Computer Audit Analyst
 Review Period: FROM _____ TO _____
 Supervisor Name Sanford Brill Title Chief, Info. Mgmt. & Voting Sys.
 Supervisor Signature Ethel Bastin Date 12/16/97
 Reviewing Authority Signature _____ Date _____
 Employee Signature Paul W. Craft Date _____

ESSENTIAL JOB ELEMENTS	PERFORMANCE STANDARDS/EXPECTATIONS
------------------------	------------------------------------

I. Audit of County Voting Systems

- A. Statutory and agency requirements relevant to voting system evaluations and auditing are understood.
- B. Audit procedures are developed, reviewed, and modified to insure their compliance with auditing standards, and agency objectives.
- C. Voting systems technologies and techniques are understood.
- D. All procedures for voting system auditing are followed and documented when completed.
- E. All procedures are completed within timeframes prescribed within applicable rules, provided the availability of adequate resources.
- F. All findings, environments, procedures followed, and conclusions are carefully described and documented.

II. Evaluation of Security Procedures

- A. Statutory and agency requirements relevant to evaluation of security procedures are understood.
- B. Security procedures of each county are reviewed for compliance with established rules.
- C. Reviews of security procedures are documented and notification is provided to supervisors of elections in a timely manner.

ESSENTIAL JOB ELEMENTS

PERFORMANCE STANDARDS/EXPECTATIONS

III. Evaluation of Voting Systems

- A. Voting system technologies and techniques are understood.
- B. All procedures for voting system testing and evaluations are followed and documented when completed.
- C. All findings, test environments and configurations, descriptions of procedures followed, and conclusions are fully described and documented.

IV. Personal Development

- A. Skills deemed relevant to duties and responsibilities are identified and developed.

EMPLOYEE CRAFT, PAUL W.

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 09/01/97

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 01/01/98

EMPLOYEE NAME CRAFT, PAUL W.

EMPLOYEE NAME CRAFT, PAUL W.

COPE'S ORGANIZATION
 5101000000 OFFICE OF THE DIVISION DIRECTOR

COPE'S ORGANIZATION
 45101000000 OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL. EXC 07/06

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL. EXC 07/06

OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

ACTION

ACTION

[REDACTED]

[REDACTED]

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE
3,777.23	3,777.23	21.79	21.79	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	180.00	HA	0089	PERF-REVIEW

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	3,882.24	3,882.24	22.40	22.40	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	180.00	HA	0089	PERF-REVIEW

SAMAS ACCOUNT CODE 5101000133451000000001000000 INTER DEPT. 1000000011
 SAMAS ORGANIZATION 5101000000 OFFICE OF THE DIVISION DIRECTOR

SAMAS ACCOUNT CODE 451010001334510000000010000000 INTER DEPT. 1000000011
 SAMAS ORGANIZATION 45101000000 OFFICE OF THE DIVISION DIRECTOR

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY
 PHYSICAL COUNTY 37 LEON

LOCATION TALLAHASSEE 37 LEON HEADQUARTER COUNTY
 PHYSICAL COUNTY 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION ANNUAL SICK PRE 73 POST 73 SPC. COMP.

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

FY 1997-98 SALARY INCREASE OF 2.78% OF BASE RATE OF PAY ANNUALIZED

REQUESTED BY *Jera Brooks*
 APPROVAL

DATE 1-16-98
 DATE

EMPLOYEE CRAFT, PAUL W.

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 00/00/00

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 09/01/97

EMPLOYEE NAME

EMPLOYEE NAME

CRAFT, PAUL W.

CRAFT, PAUL W.

COPEL ORGANIZATION
 101000000 OFFICE OF THE DIVISION DIRECTOR

COPEL ORGANIZATION
 45101000000 OFFICE OF THE DIVISION DIRECTOR

APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE

OFFICIAL CLASS TITLE

COMPUTER AUDIT ANALYST

COMPUTER AUDIT ANALYST

ACTION

ACTION

INVALID EDDE

98 MISC CHG / funding chg

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE
3,777.23	3,777.23	21.79	21.79	1.00

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	3,777.23	3,777.23	21.79	21.79	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	180.00	HA	0089	PERF-REVIEW

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	180.00	HA	0089	PERF-REVIEW

SAMAS ACCOUNT CODE

INTER DEPT.

SAMAS ACCOUNT CODE

INTER DEPT.

101000133451000000001000000 7000000011

45101000133451000000001000000 1000000011

SAMAS ORGANIZATION

SAMAS ORGANIZATION

101000000 OFFICE OF THE DIVISION DIRECTOR

45101000000 OFFICE OF THE DIVISION DIRECTOR

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION TALLAHASSE 37 LEON HEADQUARTER COUNTY

LOCATION TALLAHASSE 37 LEON HEADQUARTER COUNTY

PHYSICAL COUNTY

PHYSICAL COUNTY

LEON

37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION

ANNUAL

SICK PRE 73

POST 73

SPC. COMP.

ANNUAL PAID

SICK PAID

SPECIAL COMP PAID

COMMENTS

ADL 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

REQUESTED BY *Arnette S. Kato*

DATE 9/23/97

APPROVAL

DATE

EMPLOYEE CRAFT, PAUL W

FROM

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 12/18/96
 EMPLOYEE NAME

AFT, PAUL W
 COPS ORGANIZATION
 1070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
 PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06
 OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

TO

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 07/01/97
 EMPLOYEE NAME

CRAFT, PAUL W
 COPS ORGANIZATION
 451070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
 PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06
 OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

ACTION

ACTION

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE	
3,530.12	3,530.12	20.37	20.37	1.00	
CAD 0.00	LEADWORKER 0.00	SHIFT 0.00	ON CALL 0.00	CONTACT 0.00	OTHER 0.00
EXMPT 01	ADD WITH 180.00	RET HA	INSURANCE 0089	LAST PERF APPRAISAL PERF-REVIEW	
SAMAS ACCOUNT CODE 101000133451000000001000000		INTER DEPT. 7000000011			
SAMAS ORGANIZATION 1070000000 BUREAU OF INFORMATION MNGMT					

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	3,777.23	3,777.23	21.79	21.79	1.00
CAD 0.00	LEADWORKER 0.00	SHIFT 0.00	ON CALL 0.00	CONTACT 0.00	OTHER 0.00
W4	EXMPT 01	ADD WITH 180.00	RET HA	INSURANCE 0089	LAST PERF APPRAISAL PERF-REVIEW
SAMAS ACCOUNT CODE 45101000133451000000001000000		INTER DEPT. 7000000011			
SAMAS ORGANIZATION 451070000000 BUREAU OF INFORMATION MNGMT					

LEAVE WITHOUT PAY

HOURS FROM TO

LEAVE WITHOUT PAY

HOURS FROM TO

LOCATION

LOCATION TALLAHASSE 37 LEON HEADQUARTER COUNTY
 PHYSICAL COUNTY LEON

LOCATION

LOCATION TALLAHASSE 37 LEON HEADQUARTER COUNTY
 PHYSICAL COUNTY 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION

ANNUAL SICK PRE 73 POST 73 SPC. COMP.

ANNUAL PAID

SICK PAID

SPECIAL COMP PAID

REMARKS

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

% SPECIAL PAY INCREASE

REQUESTED BY *Aurette S Robt*

DATE 7/16/97

APPROVAL

DATE

1471

**FLORIDA DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION**

TO: Bureau Chief of Personnel Services
1902 The Capitol, MS #2
Tallahassee, Florida 32399-0250

FROM: David A. Rancourt

1. NAME OF EMPLOYEE OR APPLICANT Paul W. Craft		2. SOCIAL SECURITY NUMBER [REDACTED]	
3. CLASS CODE 2125	4. CLASS TITLE Computer Audit Analyst	5. POSITION NUMBER 00924	6. LOCATION Tallahassee

7. TYPE OF ACTION REQUESTED

A. SALARY ADDITIVE (Refer to Administrative Directive No. 60-23).
 Current Mo. Salary Rate: \$ _____ Proposed Mo. Salary Rate: \$ _____ % Increase: _____
 Type: _____ On-Call _____ Shift Differential
 _____ Leadworker _____ 2nd Shift _____ Hours from _____ to _____
 _____ Coordinator _____ 3rd Shift _____ Hours from _____ to _____
 _____ Temporary Special Duty _____ Trainer (must be agency approved formalized
 _____ Hazardous Duty _____ training program)
 If the condition(s) upon which the salary additive is granted change, the salary additive shall be removed or adjusted. Monitoring shall be the responsibility of the immediate supervisor and higher level reviewing authority.

B. INCREASE TO BASE RATE OF PAY (Refer to Administrative Directive No. 60-23). Effective 7/1/97
 Current Mo. Salary Rate: \$ 3530.12 Proposed Mo. Salary Rate: \$ 3777.23 % Increase: 7
 Type: Significant Added Duties/Responsibilities not warranting reclassification.
 _____ Reassignment based on recruitment difficulties or specific needs.
 _____ Transfer. Same as reassignment but in excess of 50 miles from current work location.
 _____ Competitive Job Offer.
 _____ Internal Pay Relationships.
 All Increases to Base Rate of Pay are at discretion of Division Director and Assistant Secretary of State.

C. EQUIVALENT TRAINING AND EXPERIENCE (Refer to Administrative Directive No. 60-12).

D. TRAINEE STATUS (Refer to Administrative Directive No. 60-12).

8. JUSTIFICATION

In response to the loss of positions in the Bureau of Information Management and Voting Systems, and in response to an increase in the duties and responsibilities of the Bureau, Mr. Craft has assumed additional duties and responsibilities including:

Representing the State of Florida on the NASED ITA Committee, setting national standards for voting system evaluation and certification.

Directing the development of and conduct of training courses for Supervisors of Elections.

Development of Web pages for candidates

Development of Web applications for presentation of election and special election results

10. David A. Rancourt (Signature) 6/10/97 (Date)
 Authorizing Signature Date

11. ACTION TAKEN Approved Disapproved

REMARKS: Effective July 1, 1997

12. [Signature] 13. 6/11/97
 Assistant Secretary of State Date

km

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 01/01/97
 EMPLOYEE NAME

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 12/18/96
 EMPLOYEE NAME

FT, PAUL W

CRAFT, PAUL W

OPES ORGANIZATION
 070000000 BUREAU OF INFORMATION MGMT

OPES ORGANIZATION
 45107000000 BUREAU OF INFORMATION MGMT

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

ACTION

ACTION

[REDACTED]

[REDACTED]

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE	
3,530.12	3,530.12	20.37	20.37	1.00	
CAD 0.00	LEADWORKER 0.00	SHIFT 0.00	ON CALL 0.00	CONTACT 0.00	OTHER 0.00
EXMPT 01	ADD WITH 180.00	RET HA	INSURANCE 0089	LAST PERF APPRAISAL PERF-REVIEW	
SAMAS ACCOUNT CODE 01000133451000000001000000		INTER DEPT. 7000000011			
SAMAS ORGANIZATION 070000000 BUREAU OF INFORMATION MNGMT					

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	3,530.12	3,530.12	20.37	20.37	1.00
CAD 0.00	LEADWORKER 0.00	SHIFT 0.00	ON CALL 0.00	CONTACT 0.00	OTHER 0.00
W4 M	EXMPT 01	ADD WITH 180.00	RET HA	INSURANCE 0089	LAST PERF APPRAISAL PERF-REVIEW
SAMAS ACCOUNT CODE 451010001334510000000010000000		INTER DEPT. 7000000011			
SAMAS ORGANIZATION 45107000000 BUREAU OF INFORMATION MNGMT					

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION TALLAHASSE 37 LEON HEADQUARTER COUNTY
 PHYSICAL COUNTY LEON

LOCATION TALLAHASSE 37 LEON HEADQUARTER COUNTY
 PHYSICAL COUNTY LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION ANNUAL SICK PRE 73 POST 73 SPC. COMP.

ANNUAL PAID SICK PAID SPECIAL COMP PAID

COMMENTS

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

REQUESTED BY *Arnette S Rob*

DATE 5/22/97

PROVAL

DATE



STATE OF FLORIDA
DEPARTMENT OF STATE

REVIEW AND PERFORMANCE PLANNING

Name: Paul W. Craft SSN: [REDACTED] Position #: 00924

Class Title: Computer Audit Analyst Class Code: 2125

Division/Bureau/Section: Elections/Information Management and Voting Systems

BEGINNING OF THE REVIEW PERIOD

Planning for the Period Beginning: 7 / 1 / 96 Ending: 6 / 30 / 96

This is to acknowledge that in planning for my initial or subsequent performance review(s), my supervisor and I have discussed my official position description and work standards/expectations and any documented changes in work standards/expectations for the next review period, as applicable.

Employee's Signature: _____ Date: 7 / 1 / 96

Supervisor's Signature: Stanford C. Brier Date: 7 / 1 / 95

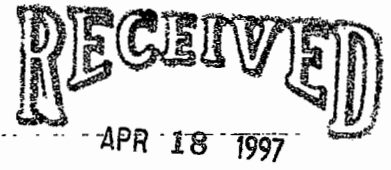
END OF THE REVIEW PERIOD

(If different) Period Beginning: 7 / 1 / 95 Ending: 12 / 17 / 96

This is to acknowledge that I have discussed my work performance during this work period with my supervisor.

Employee's Signature: Paul W. Craft Date: 12 / 18 / 96

Comments:



Supervisor's (Rater's) Signature: Stanford C. Brier Date: 12 / 18 / 96

Comments:

Paul has continued to perform at a very high level of competency. His thoroughness and attention to detail has earned him a great deal of respect.

If applicable, has this employee fulfilled responsibility for carrying out the Review and Performance Planning System for subordinates?
YES _____ NO _____ If no, attach documentation to this report.

Reviewing Authority's Signature: _____ Date: 7 / 1 / 96

Comments:

*original lost
Copy*

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 01/01/97

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 01/01/97

EMPLOYEE NAME

EMPLOYEE NAME

CRAFT, PAUL W

CRAFT, PAUL W

COPIES ORGANIZATION
 1070000000 BUREAU OF INFORMATION MGMT

COPIES ORGANIZATION
 451070000000 BUREAU OF INFORMATION MGMT

APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

ACTION

ACTION

MISC CHG

29 PAY CHANGE

PAY

PAY

BASE RATE 3,427.30 RATE 3,427.30 HR. BASE 19.77 HR. RATE 19.77 FTE 1.00

TYPE M BASE RATE 3,530.12 RATE 3,530.12 HR. BASE 20.37 HR. RATE 20.37 FTE 1.00

CAD 0.00 LEADWORKER 0.00 SHIFT 0.00 ON CALL 0.00 CONTACT 0.00 OTHER 0.00

CAD 0.00 LEADWORKER 0.00 SHIFT 0.00 ON CALL 0.00 CONTACT 0.00 OTHER 0.00

EXMPT 01 ADD WITH 180.00 RET HA INSURANCE 0089 LAST PERF APPRAISAL PERF-REVIEW

W4 EXMPT 01 ADD WITH 180.00 RET HA INSURANCE 0089 LAST PERF APPRAISAL PERF-REVIEW

SAMAS ACCOUNT CODE 101000133451000000001000000 INTER DEPT. 7000000011

SAMAS ACCOUNT CODE 45101000133451000000001000000 INTER DEPT. 700000001

SAMAS ORGANIZATION
 107000000 BUREAU OF INFORMATION MNGMT

SAMAS ORGANIZATION
 45107000000 BUREAU OF INFORMATION MNGMT

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION 37 LEON HEADQUARTER COUNTY

LOCATION 37 LEON HEADQUARTER COUNTY

LEON PHYSICAL COUNTY

37 LEON PHYSICAL COUNTY

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION ANNUAL SICK PRE 73 POST 73 SPC. COMP.

ANNUAL PAID SICK PAID SPECIAL COMP PAID

COMMENTS

AD'DL 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

COMPETITIVE PAY ADJUSTMENT 32 OF EMPLYS BASE = \$ 102.82

REQUESTED BY *Dorette S Rahn* DATE 1/17/97
 APPROVAL DATE

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 01/01/96
 EMPLOYEE NAME

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 01/01/96
 EMPLOYEE NAME

CRAFT, PAUL W
 COPE'S ORGANIZATION

CRAFT, PAUL W
 COPE'S ORGANIZATION

1070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE

451070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE

ASSIGNMENT PERMANENT
 PAY PLAN CLASS CBU INCL. ANNIV. DATE

REASSIGNMENT PERMANENT
 PAY PLAN CLASS CBU INCL. ANNIV. DATE

CAREER SERVICE 2125 05 EXC 07/86
 OFFICIAL CLASS TITLE

CAREER SERVICE 2125 05 EXC 07/86
 OFFICIAL CLASS TITLE

COMPUTER AUDIT ANALYST

COMPUTER AUDIT ANALYST

ACTION

ACTION

29 PAY CHANGE

29 PAY CHANGE

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE
3,327.48	3,327.48	19.20	19.20	1.00

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	3,427.30	3,427.30	19.77	19.77	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	180.00	HA	0089	PERF-REVIEW

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	180.00	HA	0089	PERF-REVIEW

SAMAS ACCOUNT CODE 10100013345100000001000000 7000000011
 INTER DEPT.

SAMAS ACCOUNT CODE 4510100013345100000001000000 7000000011
 INTER DEPT.

107000000 BUREAU OF INFORMATION MGMT

45107000000 BUREAU OF INFORMATION MGMT

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS	FROM	TO
-------	------	----

HOURS	FROM	TO
-------	------	----

LOCATION

LOCATION

LOCATION HEADQUARTER COUNTY
 37 LEON

LOCATION HEADQUARTER COUNTY
 37 LEON

PHYSICAL COUNTY
 LEON

PHYSICAL COUNTY
 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION	ANNUAL	SICK PRE 73	POST 73	SPC. COMP.
-----------------------	--------	-------------	---------	------------

ANNUAL PAID	SICK PAID	SPECIAL COMP PAID
-------------	-----------	-------------------

COMMENTS

D*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

COMPETITIVE PAY ADJUSTMENT OF 3% OF EMPLOYEES BASE RATE = \$ 99.82

REQUESTED BY Annette S. Pabon DATE 1/22/96
 APPROVAL _____ DATE _____

EMPLOYEE CRAFT, PAUL W

FROM

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 11/01/94

EMPLOYEE NAME CRAFT, PAUL W

COPES ORGANIZATION 5107000000 BUREAU OF INFORMATION MGMT

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

TO

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 06/30/95

EMPLOYEE NAME CRAFT, PAUL W

COPES ORGANIZATION 451070000000 BUREAU OF INFORMATION MGMT

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

ACTION

REASSIGNMENT

ACTION

REASSIGNMENT

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	3,327.48	3,327.48	19.20	19.20	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	180.00	HA	0089	ACHIEVE DEFT

SAMAS ACCOUNT CODE 5101000133451000000001000000 INTER DEPT. 7000000011

SAMAS ORGANIZATION 5107000000 BUREAU OF INFORMATION MNGMT

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	3,327.48	3,327.48	19.20	19.20	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	180.00	HA	0089	PERF-REVIEW

SAMAS ACCOUNT CODE 45101000133451000000001000000 INTER DEPT. 7000000011

SAMAS ORGANIZATION 451070000000 BUREAU OF INFORMATION MNGMT

LEAVE WITHOUT PAY

HOURS	FROM	TO

LEAVE WITHOUT PAY

HOURS	FROM	TO

LOCATION

LOCATION HEADQUARTER COUNTY 37 LEON

PHYSICAL COUNTY LEON

LOCATION

LOCATION HEADQUARTER COUNTY 37 LEON

PHYSICAL COUNTY LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION	ANNUAL	SICK PRE 73	POST 73	SPC. COMP.

ANNUAL PAID	SICK PAID	SPECIAL COMP PAID
-------------	-----------	-------------------

COMMENTS

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

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

REQUESTED BY *Amette S. [Signature]* DATE *8/15/95*

APPROVAL _____ DATE _____

08



STATE OF FLORIDA
DEPARTMENT OF STATE

REVIEW AND PERFORMANCE PLANNING

Name: Paul W. Craft SSN: [REDACTED] Position #: 00924

Class Title: Computer Audit Analyst Class Code: _____

Division/Bureau/Section: Elections/Information Management and Voting Systems

BEGINNING OF THE REVIEW PERIOD

Planning for the Period Beginning: _____ Ending: _____

This is to acknowledge that in planning for my initial or subsequent performance review(s), my supervisor and I have discussed my official position description and work standards/expectations and any documented changes in work standards/expectations for the next review period, as applicable.

Employee's Signature: _____ Date: 7/1/95

Supervisor's Signature: _____ Date: 7/1/95

END OF THE REVIEW PERIOD

(If different) Period Beginning: 7/7/94 Ending: 6/30/95

This is to acknowledge that I have discussed my work performance during this work period with my supervisor.

Employee's Signature: Paul W. Craft Date: 6/30/95

Comments:

RECEIVED
JUL 13 1995

Supervisor's (Rater's) Signature: Samford C. Bell Date: 6/30/95

Comments:

Paul continues to be a dedicated and conscientious employee. He accepts all assignments willingly and executes them with thoroughness.

If applicable, has this employee fulfilled responsibility for carrying out the Review and Performance Planning System for subordinates?

YES _____ NO _____ If no, attach documentation to that effect.

Reviewing Authority's Signature: Ethel Bayton Date: 7/5/95

Comments:

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Annual
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 7/7/94 - 6/30/95
BUREAU/SECTION Info. Mgt. and Voting Systems			DIVISION Elections	DATE 7/7/94

PART III. PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level
Audit of County Voting Systems	<p>Statutory and agency requirements relevant to voting system evaluations and auditing are understood.</p> <p>Audit procedures are developed, reviewed, and modified to insure their compliance with auditing standards, and agency objectives.</p> <p>Voting systems technologies and techniques are understood.</p> <p>All procedures for voting system auditing are followed and documented when completed.</p> <p>All procedures are completed within timeframes prescribed within applicable rules, provided the availability of adequate resources.</p> <p>All findings, environments, procedures followed, and conclusions are carefully described and documented.</p>	<p>N/A</p>
Evaluation of Security Procedures	<p>Statutory and agency requirements relevant to evaluation of security procedures are understood.</p> <p>Security procedures of each county are reviewed for compliance with established rules.</p> <p>Reviews of security procedures are documented and notification is provided to supervisors of elections in a timely manner.</p>	
Evaluation of Voting Systems	<p>Voting system technologies and techniques are understood.</p> <p>All procedures for voting system testing and evaluations are followed and documented when completed.</p> <p>All findings, test environments and configurations descriptions of procedures followed, and conclusions are fully described and documented.</p>	
Personal Development	<p>Skills deemed relevant to duties and responsibilities are identified and developed.</p>	

(Use Additional Sheets if Needed)

Additional Sheets Attached

Original: Personnel Copy: Supervisor Copy: Employee

AD2I033-07-85

EMPLOYEE CRAFT, PAUL W.

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED]
 POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 09/14/94
 EMPLOYEE NAME

SOCIAL SECURITY # [REDACTED]
 POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 11/01/94
 EMPLOYEE NAME

CRAFT, PAUL W.
 COPES ORGANIZATION

CRAFT, PAUL W.
 COPES ORGANIZATION

451070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE

451070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE

REASSIGNMENT PERMANENT

REASSIGNMENT PERMANENT

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 CAREER SERVICE 2125 05 EXC 07/06

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 CAREER SERVICE 2125 05 EXC 07/06

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

ACTION

ACTION

PERF EVAL

29 PAY CHANGE

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE
3,199.50	3,199.50	18.46	18.46	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
 01 180.00 HA 0089 ACHIEVE DEFT

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	3,327.48	3,327.48	19.20	19.20	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
 M 01 180.00 HA 0089 ACHIEVE DEFT

SAMAS ACCOUNT CODE INTER DEPT.
 101000133451000000001000000 7000000011

SAMAS ACCOUNT CODE INTER DEPT.
 45101000133451000000001000000 7000000011

07000000 BUREAU OF INFORMATION MGMT
 LEAVE WITHOUT PAY

45107000000 BUREAU OF INFORMATION MGMT
 LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION HEADQUARTER COUNTY
 37 LEON
 PHYSICAL COUNTY
 LEON

LOCATION HEADQUARTER COUNTY
 37 LEON
 PHYSICAL COUNTY
 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION ANNUAL SICK PRE 73 POST 73 SPC. COMP.

ANNUAL PAID SICK PAID SPECIAL COMP PAID

COMMENTS

ADDITIONAL 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

COMPETITIVE PAY ADJUSTMENT OF 4% OF EMPLOYEES BASE RATE = \$ 127.98

REQUESTED BY *Annette S. Rob*

DATE 11/30/94

APPROVAL

DATE

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 07/01/94
 EMPLOYEE NAME

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 09/14/94
 EMPLOYEE NAME

CRAFT, PAUL W
 COPES ORGANIZATION

CRAFT, PAUL W
 COPES ORGANIZATION

1070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE

451070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE

REASSIGNMENT PERMANENT
 PAY PLAN CLASS CBU INCL. ANNIV. DATE

REASSIGNMENT PERMANENT
 PAY PLAN CLASS CBU INCL. ANNIV. DATE

CAREER SERVICE 2125 05 EXC 07/06
 OFFICIAL CLASS TITLE

CAREER SERVICE 2125 05 EXC 07/06
 OFFICIAL CLASS TITLE

COMPUTER AUDIT ANALYST

COMPUTER AUDIT ANALYST

ACTION

ACTION

[REDACTED]

[REDACTED]

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE
3,199.50	3,199.50	18.46	18.46	1.00
CAD LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00
EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	180.00	HA	0089	EXCEEDS STDS
SAMAS ACCOUNT CODE		INTER DEPT.		

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	3,199.50	3,199.50	18.46	18.46	1.00
CAD LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER	
0.00	0.00	0.00	0.00	0.00	
W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	180.00	HA	0089	ACHIEVE DEFT
SAMAS ACCOUNT CODE		INTER DEPT.			

101000133451000000001000000 7000000011
 SAMAS ORGANIZATION

45101000133451000000001000000 700000001
 SAMAS ORGANIZATION

107000000 BUREAU OF INFORMATION MNGMT

45107000000 BUREAU OF INFORMATION MNGMT

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION HEADQUARTER COUNTY
 37 LEON
 PHYSICAL COUNTY
 LEON

LOCATION HEADQUARTER COUNTY
 37 LEON
 PHYSICAL COUNTY
 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION ANNUAL SICK PRE 73 POST 73 SPC. COMP.

ANNUAL PAID SICK PAID SPECIAL COMP PAID

REMARKS

REQUESTED BY Annette S. Rask

DATE 9/21/94

PROVAL

DATE

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

08/D
signed later

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Annual
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 7/6/93 - 7/6/94
BUREAU/SECTION Info Mgmt & Voting Systems			DIVISION Elections	DATE 9/12/94

PART III. PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>I. Audit of County Voting Systems</p> <p>A. Statutory and agency requirements relevant to voting system evaluations and auditing are understood.</p> <p>B. Audit procedures a developed, reviewed, and modified to insure their compliance with auditing standards, and agency objectives.</p> <p>C. Voting systems technologies and techniques are understood.</p> <p>D. All procedures for voting system auditing are followed and documented when completed.</p> <p>E. All procedures are completed within timeframes prescribed within applicable rules, provided the availability of adequate resources.</p> <p>F. All findings, environments, procedures followed, and conclusions are carefully described and documented.</p>	<p>A. Paul has a very good understanding of requirements relevant to voting systems evaluations and auditing.</p> <p>B. Paul has developed initial auditing procedures which will be further developed and modified after the first audits are conducted.</p> <p>C. Paul has developed a good understanding of voting system technologies and techniques.</p> <p>D. (not applicable to this review period)</p> <p>E. (not applicable to this review period)</p> <p>F. (not applicable to this review period)</p>	<p>X</p> <p>X</p> <p>X</p>		

(Use Additional Sheets if Needed)

Additional Sheets Attached

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Annual
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 7/6/93 - 7/6/94
BUREAU/SECTION Info Mgmt & Voting Systems			DIVISION Elections	DATE 9/12/94

PART III. PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
II. Evaluation of Security Procedures				
<p>A. Statutory and agency requirements relevant to evaluation of security procedures are understood.</p> <p>B. Security procedures of each county are reviewed for compliance with established rules.</p> <p>C. Reviews of security procedures are documented and notification is provided to supervisors of elections in a timely manner.</p>	<p>A. Paul has a comprehensive understanding of requirements for security procedures. During this review period, he assisted division's legal counsel, BIMVS bureau chief, and members of the Senate and House elections committees in reviewing and drafting modifications to existing statutes regarding voting systems and voting procedures.</p> <p>B. Paul's review of security procedures were comprehensive and correct.</p> <p>C. Paul's reviews of security procedures were well-documented.</p>	<p>X</p> <p>X</p> <p>X</p>		
III. Evaluation of Voting Systems				
<p>A. Voting system technologies and techniques are understood.</p> <p>B. All procedures for voting system testing and evaluations are followed and documented when completed.</p> <p>C. All findings, test environments and configurations, descriptions of procedures followed, and conclusions are fully described and documented.</p>	<p>A. Paul has developed an excellent understanding of voting systems technologies and techniques.</p> <p>B. Paul has done an excellent job in setting up management procedures.</p> <p>C. Paul has done an excellent job.</p>	<p>X</p> <p>X</p> <p>X</p>		

(Use Additional Sheets if Needed)

Additional Sheets Attached

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Annual
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 7/6/93 - 7/6/94
BUREAU/SECTION Info Mgmt & Voting Systems			DIVISION Elections	DATE 9/12/94

PART III, PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>IV. Personal Development</p> <p>A. Skills deemed relevant to duties and responsibilities are identified and developed.</p>	<p>A. Paul has continued to develop his skills without formal training.</p>	X		

(Use Additional Sheets if Needed)

Additional Sheets Attached

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	RATING PERIOD 7/6/93 - 7/6/94
----------------------	----------------	-----------------	----------------------------------

OVERALL APPRAISAL

EXCEEDS PERFORMANCE STANDARDS (Explained below)

ACHIEVES PERFORMANCE STANDARDS (Explained below)

BELOW PERFORMANCE STANDARDS (Explained below)

PART IV, NARRATIVE

Paul has assumed a supervisory role over the voting systems ^{section} sector. He has assumed this role with great skill and sensitivity to the issues of voting systems certification and coordination with the Supervisors of Elections.

Paul has also assumed the responsibility for overseeing a transition in the Division's fiscal and purchasing sections. He has streamlined many procedures and has developed a set of recommendations for the management of this section.

We are most appreciative of your expertise and assistance, Paul. Your performance in our fiscal area has been exemplary, to my personal knowledge, and obviously your approach to the voting systems programs is also working well as we only receive compliments. Thanks! Art Jey

EMPLOYEE COMMENTS

Thanks!!!

RECEIVED
SEP 15 1994

**DIV. OF ADMIN SERVICES
PERSONNEL**

IF NECESSARY, ATTACH ADDITIONAL COMMENTS Additional Sheets Attached

Signature of Appraiser: <i>Joseph C. Bull</i>	Title Chief, Info Mgmt and Voting Systems	Date 9/12/94	
Reviewed By: <i>Joseph J. Jey</i>	Title Division Director	Date 9-14-94	
Signature of Employee: <i>Paul W. Craft</i>		Date 9/14/94	
Date next appraisal due	Date received in Personnel	Date and time next performance planning to be held	Retention Points

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED]
POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 10/01/93
EMPLOYEE NAME

SOCIAL SECURITY # [REDACTED]
POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 07/01/94
EMPLOYEE NAME

AFT, PAUL W
COPES ORGANIZATION
1070000000 BUREAU OF INFORMATION MGMT
APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06
OFFICIAL CLASS TITLE
COMPUTER AUDIT ANALYST

CRAFT, PAUL W
COPES ORGANIZATION
451070000000 BUREAU OF INFORMATION MGMT
APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06
OFFICIAL CLASS TITLE
COMPUTER AUDIT ANALYST

ACTION

ACTION

PAY CHANGE

PAY CHANGE

PAY

PAY

BASE RATE 2,976.28 RATE 2,976.28 HR. BASE 17.17 HR. RATE 17.17 FTE 1.00
CAD LEADWORKER SHIFT ON CALL CONTACT OTHER
0.00 0.00 0.00 0.00 0.00 0.00
EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
01 180.00 HA 0089 EXCEEDS STDS
SAMAS ACCOUNT CODE INTER DEPT.
101000133451000000001000000 7000000011
SAMAS ORGANIZATION
1070000000 BUREAU OF INFORMATION MNGMT

TYPE M BASE RATE 3,199.50 RATE 3,199.50 HR. BASE 18.46 HR. RATE 18.46 FTE 1.00
CAD LEADWORKER SHIFT ON CALL CONTACT OTHER
0.00 0.00 0.00 0.00 0.00 0.00
W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
M 01 180.00 HA 0089 EXCEEDS STDS
SAMAS ACCOUNT CODE INTER DEPT.
45101000133451000000001000000 700000001
SAMAS ORGANIZATION
451070000000 BUREAU OF INFORMATION MNGMT

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION HEADQUARTER COUNTY
37 LEON
PHYSICAL COUNTY
LEON

LOCATION HEADQUARTER COUNTY
37 LEON
PHYSICAL COUNTY
37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION ANNUAL SICK PRE 73 POST 73 SPC. COMP.

ANNUAL PAID

SICK PAID

SPECIAL COMP PAID

REMARKS

REQUESTED BY Annette S Rab

DATE 7/15/94

APPROVAL

DATE

14128

STATE OF FLORIDA
DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

TO: Chief of Personnel Services 1902 The Capitol, MS #2 Tallahassee, Florida	FROM: DIVISION OF ELECTIONS 1801 THE CAPITOL TALLAHASSEE, FLORIDA 32399-0250
--	--

1. NAME OF EMPLOYEE OR APPLICANT PAUL W. CRAFT	2. SOCIAL SECURITY NUMBER [REDACTED]
---	---

3. CLASS CODE 2125	4. CLASS TITLE COMPUTER AUDIT ANALYST	5. POSITION NO. 00924	6. LOCATION
-----------------------	--	--------------------------	-------------

7. TYPE OF ACTION REQUESTED:

a. Equivalent Training & Experience

b. Special Pay Increase

c. Salary Increase Correction

d. Shift Differential

e. Other _____

8. REQUEST:

A SPECIAL PAY INCREASE OF 7.5% IS REQUESTED.

CURRENT MONTHLY SALARY----\$2,976.28

PROPOSED MONTHLY SALARY---\$3,199.50

EFFECTIVE JULY 1, 1994

9. JUSTIFICATION:

PAUL CRAFT HAS ASSUMED GREATER DUTIES AND RESPONSIBILITIES. HE HAS ASSUMED SUPERVISORY RESPONSIBILITIES FOR THE VOTING SYSTEMS UNIT. THIS INVOLVES SUPERVISING, COORDINATING, MONITORING AND REVIEWING APPLICATIONS FOR ELECTRONIC VOTING SYSTEM CERTIFICATION FOR COMPLIANCE WITH SUBMISSION REQUIREMENTS. ADDITIONALLY, PAUL IS RESPONSIBLE FOR OVERSEEING THE REVIEW OF SECURITY PROCEDURES AND VOTING SYSTEM AUDITS FOR SUPERVISORS OF ELECTIONS.

10. *Anthony J. Joyce* 11. 6-28-94
Authorized Signature Date

12. ACTION TAKEN: Approved Disapproved

REMARKS:

13. *John A. Sale* 14. 6/30/94
Authorized Signature Date

EMPLOYEE CRAFT, PAUL W

FROM

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 08/06/93

EMPLOYEE NAME CRAFT, PAUL W

COPEL ORGANIZATION 107000000 BUREAU OF INFORMATION MGMT

APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

TO

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 10/01/93

EMPLOYEE NAME CRAFT, PAUL W

COPEL ORGANIZATION 45107000000 BUREAU OF INFORMATION MGMT

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE COMPUTER AUDIT ANALYST

ACTION

PERF EVAL

ACTION

29 DAY CHANGE

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE
2,889.59	2,889.59	16.67	16.67	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	180.00	HA	0089	EXCEEDS STDS

SAMAS ACCOUNT CODE 101000133451000000001000000 INTER DEPT. 7000000011

SAMAS ORGANIZATION 107000000 BUREAU OF INFORMATION MGMT

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	2,976.28	2,976.28	17.17	17.17	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	180.00	HA	0089	EXCEEDS STDS

SAMAS ACCOUNT CODE 45101000133451000000001000000 INTER DEPT. 700000001

SAMAS ORGANIZATION 45107000000 BUREAU OF INFORMATION MGMT

LEAVE WITHOUT PAY

HOURS	FROM	TO

LEAVE WITHOUT PAY

HOURS	FROM	TO

LOCATION

LOCATION HEADQUARTER COUNTY 37 LEON

PHYSICAL COUNTY LEON

LOCATION

LOCATION HEADQUARTER COUNTY 37 LEON

PHYSICAL COUNTY 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION	ANNUAL	SICK PRE 73	POST 73	SPC. COMP.
NUAL PAID				
SICK PAID				
SPECIAL COMP PAID				

REMARKS

COMPETITIVE PAY ADJUSTMENT OF 3% OF EMPLOYEES BASE RATE = \$ 86.69

REQUESTED BY *Paul Cerk* DATE 10/22/93

APPROVAL DATE

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 08/06/92
 EMPLOYEE NAME

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 08/06/93
 EMPLOYEE NAME

AFT, PAUL W
 OPES ORGANIZATION
 1070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
 PAY PLAN REER SERVICE CLASS 2125 CBU INCL 05 EXC ANNIV. DATE 07/06
 OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

CRAFT, PAUL W
 COPES ORGANIZATION
 451070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
 PAY PLAN CAREER SERVICE CLASS 2125 CBU INCL 05 EXC ANNIV. DATE 07/06
 OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

ACTION

ACTION

PERF EVAL

PERF EVAL

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE
2,889.59	2,889.59	16.67	16.67	1.00
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT
0.00	0.00	0.00	0.00	0.00
EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	180.00	HA	0089	ACHIEVE STDS
SAMAS ACCOUNT CODE		INTER DEPT.		

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	2,889.59	2,889.59	16.67	16.67	1.00
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00
W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	180.00	HA	0089	EXCEEDS STDS
SAMAS ACCOUNT CODE		INTER DEPT.			

101000133451000000001000000 7000000011
 SAMAS ORGANIZATION

45101000133451000000001000000 7000000011
 SAMAS ORGANIZATION

1070000000 BUREAU OF INFORMATION MNGMT
 LEAVE WITHOUT PAY

45107000000 BUREAU OF INFORMATION MNGMT
 LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION HEADQUARTER COUNTY
 37 LEON
 PHYSICAL COUNTY
 LEON

LOCATION HEADQUARTER COUNTY
 37 LEON
 PHYSICAL COUNTY
 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION

ANNUAL

SICK PRE.73

POST 73

SPC. COMP.

ANNUAL PAID

SICK PAID

SPECIAL COMP PAID

REMARKS

REQUESTED BY *Annette S Rah*

DATE 8/18/93

APPROVAL

DATE

081E

AL

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Annual
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 7/6/92 - 7/6/93
BUREAU/SECTION Information Mgmt. & Voting Systems			DIVISION Elections	DATE 8/6/93

PART III. PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>I. Audit of County Voting Systems</p> <p>A. Statutory and agency requirements relevant to voting system evaluations and auditing are understood.</p> <p>B. Audit procedures are developed, reviewed, and modified to insure their compliance with auditing standards and agency objectives.</p> <p>C. Voting system technologies and techniques are understood.</p> <p>D. All procedures for voting system auditing are followed and documented when completed.</p> <p>E. All procedures are completed within timeframes prescribed within applicable rules; provided the availability of adequate resources.</p> <p>F. All findings, environments, procedures followed, and conclusions are carefully described and documented.</p>	<p>A. Paul has a very good understanding of requirements relevant to voting systems evaluations and auditing.</p> <p>B. Paul has developed initial auditing procedures which will be further developed and modified after the first audits are conducted.</p> <p>C. Paul is developing a good understanding of voting system technologies and techniques.</p> <p>D. (not applicable to this review period)</p> <p>E. (not applicable to this review period)</p> <p>F. (not applicable to this review period)</p>	<p>XX</p> <p>XX</p> <p>XX</p>	<p></p> <p></p> <p></p>	<p></p> <p></p> <p></p>

(Use Additional Sheets if Needed)

Additional Sheets Attached

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Annual
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 7/6/92 - 7/6/93
BUREAU/SECTION Info. Mgmt. & Voting Systems			DIVISION Elections	DATE 8/6/93

PART III, PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>II. Evaluation of Security Procedures</p> <p>A. Statutory and agency requirements relevant to evaluation of security procedures are understood.</p> <p>B. Security procedures of each county are reviewed for compliance with established rules.</p> <p>C. Reviews of security procedures are documented and notification is provided supervisors of elections in a timely manner.</p>	<p>A. Paul has a comprehensive understanding of requirements for security procedures. During this review period, he assisted division's legal counsel, BIMVS bureau chief, and a designated supervisor of elections in arriving at a modified version of the administrative rule governing security procedures which was acceptable to supervisors of elections. The revised rule is ready to be filed for adoption.</p> <p>B. Paul's one review of security procedures and three reviews of revisions to security procedures were comprehensive and correct.</p> <p>C. Paul's reviews of security procedures were well-documented.</p>	XX	XX	XX
<p>III. Evaluation of Voting Systems</p> <p>A. Voting system technologies and techniques are understood.</p>	<p>A. Paul is developing a good understanding of voting systems technologies and techniques. During this review period, Paul and the division's legal counsel got previously drafted administrative rules for provisional certification adopted.</p>	XX	XX	XX

(Use Additional Sheets if Needed)

Additional Sheets Attached

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Annual
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 7/6/92 --7/6/93
BUREAU/SECTION Info. Mgmt. & Voting Systems			DIVISION Elections	DATE 8/6/93

PART III, PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>B. All procedures for voting system testing and evaluations are followed and documented when completed.</p> <p>C. All findings, test environments and configurations, descriptions of procedures followed, and conclusions are fully described and documented.</p>	<p>B. Paul followed up with Sequoia Pacific to obtain missing hardware qualification test results, and the AVC Advantage finally completed certification requirements in June 1993. Paul has not yet completed the qualification reports for the AVC Advantage.</p> <p>C. Paul has not yet completed the qualification reports for the AVC Advantage.</p>		XX	
<p>IV. Personal Development</p> <p>A. Skills deemed relevant to duties and responsibilities are identified and developed.</p>	<p>A. During this review period, Paul received Computer Information Systems Auditor (CISA) designation. He attended the national Computer Audit, Control and Security Conference, sponsored by the EDP Auditors Association.</p>	XX		

(Use Additional Sheets if Needed)

Additional Sheets Attached

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	RATING PERIOD 7/6/92 - 7/6/93
OVERALL APPRAISAL			
<input checked="" type="checkbox"/> EXCEEDS PERFORMANCE STANDARDS (Explained below) <input type="checkbox"/> ACHIEVES PERFORMANCE STANDARDS (Explained below) <input type="checkbox"/> BELOW PERFORMANCE STANDARDS (Explained below)			

PART IV. NARRATIVE

During this review period, Paul served as BIMVS representative on the division's Voice Committee, as division representative to the agency Career Service Employee Advisory Committee, and as chairman of the Voice Committee. He was instrumental in developing and tabulating the questionnaire which was used to solicit employee input regarding productivity, efficiency, and morale; other divisions adapted the methodology used in the division of Elections. As Voice Committee chair, he was responsible for developing the methodology used for selecting recipients of the division's productivity bonuses. In June he was nominated for a division Quarterly Award for Outstanding Achievement (copy of nomination attached).

Paul's considerable strengths lie in his intelligence, understanding of the law, knowledge of people, and performance auditing skills. One thing he needs to work on is managing priorities. The nature of voting systems section work is varied and heavy. As a result, many of the current priorities slip beneath even higher, more pressing priorities. Once the "hotter" items are taken care of, effort must be devoted once more to former priorities. Paul does not always handle this backward transition well. He often forgets that last week's work still needs to be done, even if it got interrupted by yesterday's and today's crises.

EMPLOYEE COMMENTS

RECEIVED

AUG 12 1993

DIV. OF ADMIN SERVICES
PERSONNEL

IF NECESSARY, ATTACH ADDITIONAL COMMENTS

Additional Sheets Attached

Signature of Appraiser: <i>Judith P. List</i>	Title Senior Mgmt. Analyst II	Date 8/6/93
Reviewed By: <i>Chel Baxter</i>	Assistant Division Director	Date 8/6/93
Signature of Employee: <i>Paul W. Craft</i>		Date 8/6/93
Date next appraisal due	Date received in Personnel	Date and time next performance planning to be held
		Retention Points

STATE OF FLORIDA
DEPARTMENT OF STATE
QUARTERLY INDIVIDUAL OR GROUP AWARD NOMINATION FORM
BUDGET ENTITY _____

<input checked="" type="checkbox"/> NAME OF NOMINEE	Paul W. Craft
<i>OR</i>	
<input type="checkbox"/> NAMES IN NOMINEE GROUP	_____
NAME OF ORGANIZATIONAL UNIT	
Bureau:	Information Management & Voting Systems
Section:	_____
Sub-Section:	_____
QUARTER:	<input type="checkbox"/> 1st. <input type="checkbox"/> 2nd. <input type="checkbox"/> 3rd. <input checked="" type="checkbox"/> 4th. (Check Box For Applicable Quarter)

Provide Reason For Nomination Including The Department Criteria
And Division Criteria, If Any, That Justify The Nomination

During the period April - June, 1993, this employee served as chair of the Division's Voice Committee. During this period, the Voice Committee was responsible for collecting applications and selecting recipients of the Division's productivity bonus awards.

Working with the Voice Committee, this employee was responsible for developing the Division's productivity bonus nomination form and the methodology for evaluating nominees. In addition, he worked with the legal staff and with Personnel to answer many procedural questions which arose during the nomination and selection process.

The success of the Division's productivity bonus awards program was due, in significant part, to the diligent work of this individual.

Signature of Nominator:

Typewritten/Printed Name of Nominator:

Date:

Judith P. List

Judith P. List

June 22, 1993

ACTION TAKEN

Approved

Disapproved

Authorized Signature _____

Date: _____

Forward Approved Copy To Bureau Of Personnel Services, Mail Station #2, For Appropriate Action.

EMPLOYEE CRAFT, PAUL W

FROM

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 01/09/92

EMPLOYEE NAME
 CRAFT, PAUL W

COPEZ ORGANIZATION
 1070000000 BUREAU OF INFORMATION MGMT

APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN REER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

TO

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 08/06/92

EMPLOYEE NAME
 CRAFT, PAUL W

COPEZ ORGANIZATION
 451070000000 BUREAU OF INFORMATION MGMT

APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE

PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 07/06

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

ACTION

ACTION

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE
2,889.59	2,889.59	16.67	16.67	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
01	180.00	HA	0089	ACHIEVE STDS

SAMAS ACCOUNT CODE 101000133451000000001000000 INTER DEPT. 7000000011

SAMAS ORGANIZATION
 1070000000 BUREAU OF INFORMATION MNGMT

PAY

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	2,889.59	2,889.59	16.67	16.67	1.00

CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00

W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	180.00	HA	0089	ACHIEVE STDS

SAMAS ACCOUNT CODE 45101000133451000000001000000 INTER DEPT. 700000001

SAMAS ORGANIZATION
 451070000000 BUREAU OF INFORMATION MNGMT

LEAVE WITHOUT PAY

HOURS	FROM	TO

LEAVE WITHOUT PAY

HOURS	FROM	TO

LOCATION

LOCATION 37 LEON HEADQUARTER COUNTY

LEON PHYSICAL COUNTY

LOCATION

LOCATION 37 LEON HEADQUARTER COUNTY

37 LEON PHYSICAL COUNTY

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION	ANNUAL	SICK PRE 73	POST 73	SPC. COMP.

ANNUAL PAID	SICK PAID	SPECIAL COMP PAID
-------------	-----------	-------------------

COMMENTS

REQUESTED BY *Amette S Rat* DATE 8/11/92

APPROVAL _____ DATE _____

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

081A
AL 8/10

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Annual
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 1/10/92 - 7/6/92
BUREAU/SECTION Info. Mgmt. & Voting Systems			DIVISION Elections	DATE August 6, 1992

PART III. PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>I. Audit of County Voting Systems</p> <p>A. Statutory and agency requirements relevant to voting system evaluations and auditing are understood.</p> <p>B. Audit procedures are developed, reviewed, and modified to insure their compliance with auditing standards and agency objectives.</p> <p>C. Voting system technologies and techniques are understood.</p> <p>D. All procedures for voting system auditing are followed and documented when completed.</p> <p>E. All procedures are completed within timeframes prescribed within applicable rules, provided the availability of adequate resources.</p> <p>F. All findings, environments, procedures followed, and conclusions are carefully described and documented.</p>	<p>A. Paul has developed a very good understanding of requirements relevant to voting systems evaluations and auditing.</p> <p>B. Paul is developing Division procedures which comply with auditing standards and agency objectives. He has done considerable research using his own as well as Division sources. The developing procedures are of very good quality, but progress is slower than anticipated because Paul is not pushing to get the project completed.</p> <p>C. Paul is developing a good understanding of voting system technologies and techniques.</p> <p>D. (not applicable to this review period)</p> <p>E. (not applicable to this review period)</p> <p>F. (not applicable to this review period)</p>	XX	XX	XX

(Use Additional Sheets if Needed)

Additional Sheets Attached

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Annual
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 1/10/92 - 7/6/92
BUREAU/SECTION Info. Mgmt. & Voting Systems			DIVISION Elections	DATE 8/6/92

PART III, PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>II. Evaluation of Security Procedures</p> <p>A. Statutory and agency requirements relevant to evaluation of security procedures are understood.</p> <p>B. Security procedures of each county are reviewed for compliance with established rules.</p> <p>C. Reviews of security procedures are documented and notification is provided supervisors of elections in a timely manner.</p>	<p>A. Paul has a comprehensive understanding of requirements for security procedures. He finished development of substantial modifications to the administrative rule governing security procedures. The new rule will be promulgated after the 1992 election cycle is over. He developed and revised a checklist for reviewing security procedures which is now used by others performing reviews.</p> <p>B. Paul's four reviews of security procedures and two reviews of revisions to security procedures were comprehensive and correct.</p> <p>C. Paul's reviews of security procedures are well-documented. He has not completed as many reviews of security procedures as expected.</p>	XX	XX	XX
<p>III. Evaluation of Voting Systems</p> <p>A. Voting system technologies and techniques are understood.</p>	<p>A. Paul is still working with the Division's legal counsel to get administrative rules adopted for provisional certification, primarily because of unavailability of the legal counsel.</p>	XX	XX	XX

(Use Additional Sheets if Needed)

Additional Sheets Attached
AD2I033-07-85

Original: Personnel Copy: Supervisor Copy: Employee

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Annual
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 1/10/92 - 7/6/92
BUREAU/SECTION Info. Mgmt. & Voting Systems			DIVISION Elections	DATE 8/6/92

PART III. PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>B. All procedures for voting system testing and evaluations are followed and documented when completed.</p> <p>C. All findings, test environments and configurations, descriptions of procedures followed, and conclusions are fully described and documented.</p>	<p>B. Two reports covering the Sequoia Pacific AVC Advantage certification were resubmitted with appropriate corrections during this review period.</p> <p>C. Paul prepared a detailed analysis of test results submitted by Sequoia Pacific for the AVC Advantage. In preparing this report, Paul demonstrated substantial technical expertise, attention to detail, and initiative.</p>	XX	XX	XX
<p>IV. Personal Development</p> <p>A. Skills deemed relevant to duties and responsibilities are identified and developed.</p>	<p>A. Paul completed continuing education requirements for renewal of his CPA designation. He took the examination for the Computer Information Systems Auditor (CISA) designation. He attended Division-sponsored sessions on new All-In-1 WPS features and advanced All-In-1 features.</p>	XX	XX	XX

(Use Additional Sheets if Needed)

Additional Sheets Attached
AD2I033-07-85

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	RATING PERIOD 1/10/92 - 7/6/92
OVERALL APPRAISAL			
<input type="checkbox"/> EXCEEDS PERFORMANCE STANDARDS (Explained below)			
<input checked="" type="checkbox"/> ACHIEVES PERFORMANCE STANDARDS (Explained below)			
<input type="checkbox"/> BELOW PERFORMANCE STANDARDS (Explained below)			

PART IV. NARRATIVE

It continues to be a challenge to get Paul to apply his background, experience, and intelligence to fulfilling the requirements of his position. He continues to avoid taking the initiative to complete tasks within the timeframe of which he is capable; as a result, the section is behind in accomplishing its total workload.

His work reviewing security procedures, developing audit procedures, and preparing the AVC Advantage technical analysis demonstrates that he can be a strong contributor to the voting systems section.

EMPLOYEE COMMENTS

RECEIVED

AUG 7 1992

DIV. - ADMIN SERVICES
PERSONNEL

IF NECESSARY, ATTACH ADDITIONAL COMMENTS			<input type="checkbox"/> Additional Sheets Attached
Signature of Appraiser: <i>Judith K. List</i>	Title Sr. Mgmt. Analyst II	Date 8/5/92	
Reviewed By: <i>Barbara St. Joyce</i>	Title Division Director	Date 8-5-92	
Signature of Employee: <i>Paul W. Craft</i>	Computer Audit Analyst	Date 8/6/92	
Date next appraisal due	Date received in Personnel	Date and time next performance planning to be held	Retention Points

X

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 10/04/91
 EMPLOYEE NAME

SOCIAL SECURITY # [REDACTED] POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 01/09/92
 EMPLOYEE NAME

EMPLOYEE NAME CRAFT, PAUL W
 COPS ORGANIZATION
 070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE PROBATIONARY APPOINTMENT STATUS PROBATIONARY STATUS EXPIRE 01/08/92
 REASSIGNMENT
 PAY PLAN CLASS CBU INCL. ANNIV. DATE
 CAREER SERVICE 2125 05 EXC 04/01
 OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

EMPLOYEE NAME CRAFT, PAUL W
 COPS ORGANIZATION
 45107000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE PERMANENT APPOINTMENT STATUS PERMANENT STATUS EXPIRE
 REASSIGNMENT
 PAY PLAN CLASS CBU INCL. ANNIV. DATE
 CAREER SERVICE 2125 05 EXC 07/06
 OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

ACTION

ACTION

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE	
2,889.59	2,889.59	16.67	16.67	1.00	
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00
EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL	
01	150.00	HA	0089	BELOW STDS	
SAMAS ACCOUNT CODE			INTER DEPT.		
010001334510000000001000000			7000000011		
SAMAS ORGANIZATION					
070000000 BUREAU OF INFORMATION MNGMT					

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	2,889.59	2,889.59	16.67	16.67	1.00
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00
W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	150.00	HA	0089	ACHIEVE STDS
SAMAS ACCOUNT CODE			INTER DEPT.		
451010001334510000000001000000			7000000011		
SAMAS ORGANIZATION					
45107000000 BUREAU OF INFORMATION MNGMT					

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION HEADQUARTER COUNTY
 37 LEON
 PHYSICAL COUNTY
 LEON

LOCATION HEADQUARTER COUNTY
 37 LEON
 PHYSICAL COUNTY
 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION ANNUAL SICK PRE 73 POST 73 SPC. COMP.

ANNUAL PAID

SICK PAID

SPECIAL COMP PAID

REMARKS

ANNIVERSARY DATE ADVANCED 96 CALENDAR DAYS DUE TO BELOW PERFORMANCE
 RATING, IN ACCORDANCE WITH SECTION 22A-7.0022(2), FAC.

REQUESTED BY
[Signature]
 APPROVAL

DATE 1/30/92
 DATE

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) (Middle) (Last) Paul W. Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING SPECIAL (Probationary)
CLASS TITLE Computer Audit Analyst	POSITION NO. 00924	RATING PERIOD 10/05/91 - 01/08/92
BUREAU/SECTION Information Mgmt. & Voting Sys Elections	DIVISION Sys Elections	DATE 01/06/92

PART III. PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>I. Audit of County Voting Systems</p> <p>A. Statutory and agency requirements relevant to voting system evaluations and auditing are understood.</p> <p>B. Audit procedures are developed, reviewed, and modified to insure their compliance with auditing standards and agency objectives.</p> <p>C. Voting system technologies and techniques are understood.</p> <p>D. All procedures for voting system auditing are followed and documented when completed.</p> <p>E. All procedures are completed within timeframes prescribed within applicable rules, provided the availability of adequate resources.</p> <p>F. All findings, environments, procedures followed, and conclusions are carefully described and documented.</p> <p>II. Evaluation of Security Procedures</p> <p>A. Statutory and agency requirements relevant to evaluation of security procedures are understood.</p>	<p>A. Paul is developing a good basic understanding of requirements relevant to voting systems evaluations and auditing.</p> <p>B. (not applicable to this review period)</p> <p>C. Paul is developing a good basic understanding of voting system technologies and techniques.</p> <p>D. (not applicable to this review period)</p> <p>E. (not applicable to this review period)</p> <p>F. (not applicable to this review period)</p> <p>A. Paul is developing a good understanding of requirements for security procedures. He is working successfully with his supervisor, the bureau chief, and the Division's legal counsel to complete</p>	XX	XX	XX

(Use Additional Sheets if Needed)

Additional Sheets Attached

Original: Personnel Copy: Supervisor Copy: Employee

AD2I033-07-85

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul W. Craft	(Middle)	(Last)	SOC. SEC. NO. [REDACTED]	TYPE RATING SPECIAL (Probationary)
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 10/05/91 - 01/08/92
BUREAU/SECTION Information Mgmt. & Voting Sys			DIVISION Elections	DATE 01/06/92

PART III. PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>B. Security procedures of each county are reviewed for compliance with established rules.</p> <p>C. Reviews of security procedures are documented and notification is provided supervisors of elections in a timely manner.</p>	<p>development of substantial modifications to the administrative rule governing security procedures.</p> <p>B. Paul's two reviews of security procedures were comprehensive and correct, and he successfully provided assistance to Clay County personnel in developing acceptable revisions.</p> <p>C. Because of not completing AVC Advantage qualification reports in a timely manner, Paul has not been as productive as expected in the area of security procedures review. Security procedures from seven counties await evaluation.</p>		XX	
III. Evaluation of Voting Systems				
<p>A. Voting system technologies and techniques are understood.</p> <p>B. All procedures for voting system testing and evaluations are followed and documented when completed.</p>	<p>A. Paul is developing a good basic understanding of voting systems technologies and techniques. He is working with the Division's legal counsel to get administrative rules adopted for provisional certification.</p> <p>B. For the AVC Advantage qualification tests, Paul established detailed test plans; but the reports of qualification testing and examinations that he has prepared are not at the detailed level required by the certification rules.</p>		XX	X

(Use Additional Sheets if Needed)

Additional Sheets Attached

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul W. Craft	(Middle) 	(Last) 	SOC. SEC. NO. [REDACTED]	TYPE RATING SPECIAL (Probationary)
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 10/05/91 - 01/08/92
BUREAU/SECTION Information Mgmt. & Voting Sys			DIVISION Elections	DATE 01/06/92

PART III, PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>C. All findings, test environments and configurations, descriptions of procedures followed, and conclusions are fully described and documented.</p> <p>IV. Personal Development A. Skills deemed relevant to duties and responsibilities are identified and developed.</p>	<p>C. In reports covering the AVC qualification testing and examinations, Paul does not provide full descriptions of test environments, procedures followed, or findings and conclusions. In addition, he has not completed qualification testing and examination reports in the agreed-upon timeframe. Reports covering Hazlett qualification testing and examinations were completed satisfactorily after substantial modification.</p> <p>A. Paul has devoted effort to his continuing education requirements for the CPA designation. He has devoted less effort to determining his needs and enhancing his knowledge in the area of elections.</p>			XX
				XX

(Use Additional Sheets if Needed)

Additional Sheets Attached

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First)	(Middle)	(Last)	RATING PERIOD
Paul	W.	Craft	10/05/91 - 01/08/92

OVERALL APPRAISAL

EXCEEDS PERFORMANCE STANDARDS (Explained below)

ACHIEVES PERFORMANCE STANDARDS (Explained below)

BELOW PERFORMANCE STANDARDS (Explained below)

PART IV. NARRATIVE

During this review period, Paul began to apply his background, experience, and intelligence to fulfilling the requirements of his position. He continues to complete fewer tasks than agreed upon. His work on the modifications to the security procedures rule demonstrates that he can be a strong contributor to the voting systems section.

EMPLOYEE COMMENTS

IF NECESSARY, ATTACH ADDITIONAL COMMENTS Additional Sheets Attached

Signature of Appraiser: <i>Sudith K. Liot</i>	Title Senior Mgmt. Analyst II	Date 1/6/92	
Reviewed By: <i>Joyce</i>	Title Division Director	Date 1-7-92	
Signature of Employee: <i>Paul W. Craft</i>	Title Computer Audit Analyst	Date 1-9-92	
Date next appraisal due	Date received in Personnel	Date and time next performance planning to be held	Retention Points

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # [REDACTED]
 POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 04/08/91
 EMPLOYEE NAME

SOCIAL SECURITY # [REDACTED]
 POS # 00924 POS F.T.E. 1.00 SVC 3 EFFECTIVE DATE 10/04/91
 EMPLOYEE NAME

AFT, PAUL W
 COPEL ORGANIZATION
 1070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE ASSIGNMENT APPOINTMENT STATUS PROBATIONARY STATUS EXPIRE 10/08/91
 PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 04/01
 OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

CRAFT, PAUL W
 COPEL ORGANIZATION
 451070000000 BUREAU OF INFORMATION MGMT
 APPOINTMENT TYPE REASSIGNMENT APPOINTMENT STATUS PROBATIONARY STATUS EXPIRE 01/08/92
 PAY PLAN CAREER SERVICE CLASS 2125 CBU 05 INCL EXC ANNIV. DATE 04/01
 OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

ACTION

ACTION

MISC CHG

08 PERF EVAL

PAY

PAY

BASE RATE	RATE	HR. BASE	HR. RATE	FTE	
2,889.59	2,889.59	16.67	16.67	1.00	
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00
EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL	
01	150.00	HA	0089	NOT RATED	
SAMAS ACCOUNT CODE				INTER DEPT.	
101000133451000000001000000				7000000011	
SAMAS ORGANIZATION					
107000000 BUREAU OF INFORMATION MNGMT					

TYPE	BASE RATE	RATE	HR. BASE	HR. RATE	FTE
M	2,889.59	2,889.59	16.67	16.67	1.00
CAD	LEADWORKER	SHIFT	ON CALL	CONTACT	OTHER
0.00	0.00	0.00	0.00	0.00	0.00
W4	EXMPT	ADD WITH	RET	INSURANCE	LAST PERF APPRAISAL
M	01	150.00	HA	0089	BELOW STDS
SAMAS ACCOUNT CODE				INTER DEPT.	
45101000133451000000001000000				7000000011	
SAMAS ORGANIZATION					
45107000000 BUREAU OF INFORMATION MNGMT					

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION HEADQUARTER COUNTY
 37 LEON
 PHYSICAL COUNTY
 LEON

LOCATION HEADQUARTER COUNTY
 37 LEON
 PHYSICAL COUNTY
 37 LEON

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION ANNUAL SICK PRE 73 POST 73 SPC. COMP.

ANNUAL PAID	SICK PAID	SPECIAL COMP PAID
-------------	-----------	-------------------

COMMENTS

In accordance with Section 22A-0022(2), F.A.C., your anniversary date will be advanced one calendar day for each calendar day such rating is in effect.

REQUESTED BY D. Perry DATE 10/14/91
 APPROVAL _____ DATE _____

DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Probationary
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 04/08/91-10/08/91
BUREAU/SECTION Info. Mgmt. & Voting Systems			DIVISION Elections	DATE September 23, 1991

PART III. PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>I. Audit of County Voting Systems</p> <p>A. Statutory and agency requirements relevant to voting system evaluations and auditing are understood.</p> <p>B. Audit procedures are developed, reviewed, and modified to insure their compliance with auditing standards and agency objectives.</p> <p>C. Voting system technologies and techniques are understood.</p> <p>D. All procedures for voting system auditing are followed and documented when completed.</p> <p>E. All procedures are completed within timeframes prescribed within applicable rules, provided the availability of adequate resources.</p> <p>F. All findings, environments, procedures followed, and conclusions are carefully described and documented.</p> <p>II. Evaluation of Security Procedures</p> <p>A. Statutory and agency requirements relevant to evaluation of security procedures are understood.</p>	<p>A. Paul is beginning to develop an understanding of requirements relevant to voting systems evaluations and auditing.</p> <p>B. Paul began gathering data in preparation for developing auditing standards. His progress was slower than expected, and he was given other assignments, partially due to Division priorities.</p> <p>C. Paul is beginning to develop an understanding of voting system technologies and techniques.</p> <p>D. (not applicable to this review period)</p> <p>E. (not applicable to this review period)</p> <p>F. (not applicable to this review period)</p> <p>A. Paul is beginning to develop a good understanding of requirements for security procedures. He developed a checklist to assist in evaluation of security procedures.</p>	<p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p>

(Use Additional Sheets if Needed)

Original: Personnel Copy: Supervisor Copy: Employee

Additional Sheets Attached
AD2I033-07-85

DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul W. Craft	(Middle)	(Last)	SOC. SEC. NO. [REDACTED]	TYPE RATING Probationary
CLASS TITLE Computer Audit Analyst	POSITION NO. 00924		RATING PERIOD 04/08/91 - 10/08/91	
BUREAU/SECTION Info. Mgmt. & Voting Systems Elections	DIVISION		DATE September 23, 1991	

PART III. PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
B. Security procedures of each county are reviewed for compliance with established rules.	B. Paul's two reviews of security procedures were comprehensive and correct.		XX	
C. Reviews of security procedures are documented and notification is provided supervisors of elections in a timely manner.	C. Paul has completed reviews of the security procedures submitted by two counties. He has not been as productive as expected, and security procedures from four other counties await evaluation, the oldest received in April, 1991.			X
III. Evaluation of Voting Systems				
A. Voting system technologies and techniques are understood.	A. Paul is beginning to develop an understanding of voting systems technologies and techniques. He made several valuable contributions to the Fidler & Chambers certification effort.			X
B. All procedures for voting system testing and evaluations are followed and documented when completed.	B. Paul has established detailed test plans but has not documented results in sufficient detail. He has not examined material from vendors at the detailed level required by the certification rules.			X
C. All findings, test environments and configurations, descriptions of procedures followed, and conclusions are fully described and documented.	C. In the AVC and Hazlett qualification tests, Paul has not provided full descriptions of test environments and procedures followed. His documentation of findings and conclusions do not always follow from his test descriptions.			X

(Use Additional Sheets if Needed)

Additional Sheets Attached

Original: Personnel Copy: Supervisor Copy: Employee

AD2I033-07-85

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul W. Craft	(Middle) 	(Last) 	SOC. SEC. NO. [REDACTED]	TYPE RATING Probationary
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD 04/08/91 - 10/08/91
BUREAU/SECTION Info. Mgmt. & Voting Systems			DIVISION Elections	DATE September 23, 1991

PART III. PERFORMANCE APPRAISAL

Rating Factors	Factor Achievement	Level		
		EXCEEDS	ACHIEVES	BELOW
<p>IV. Personal Development</p> <p>A. Skills deemed relevant to duties and responsibilities are identified and developed.</p>	<p>A. Paul has devoted a great deal of effort to his continuing education requirements for the CPA designation. He has devoted little effort to determining his needs and enhancing his knowledge in the area of elections.</p>			X

(Use Additional Sheets if Needed)

Additional Sheets Attached

Original: Personnel Copy: Supervisor Copy: Employee

AD2I033-07-85

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) (Middle) (Last) Paul W. Craft	RATING PERIOD 04/08/91 - 10/08/91
---	--------------------------------------

OVERALL APPRAISAL

EXCEEDS PERFORMANCE STANDARDS (Explained below)

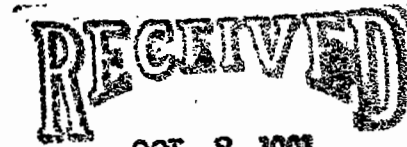
ACHIEVES PERFORMANCE STANDARDS (Explained below)

BELOW PERFORMANCE STANDARDS (Explained below)

PART IV. NARRATIVE

Although Paul has the background, experience, and intelligence to perform at a satisfactory level, he has not made a full commitment to fulfilling the requirements of his position during this review period. He has completed fewer tasks than expected, and the quality of his work is lower than expected.

EMPLOYEE COMMENTS



OCT 8 1991

DIV. - ADMIN SERVICES
PERSONNEL

IF NECESSARY, ATTACH ADDITIONAL COMMENTS Additional Sheets Attached

Signature of Appraiser: <i>Quentin P. List</i>	Title <i>Senior Regent Analyst II</i>	Date <i>10/3/91</i>	
Reviewed By: <i>Barbara C. Brill</i>	Title <i>Chief, Bureau of Temp Management</i>	Date <i>10/3/91</i>	
Signature of Employee: <i>Paul W. Craft</i>		Date <i>10/4/91</i>	
Date next appraisal due	Date received in Personnel	Date and time next performance planning to be held	Retention Points

Reviewed by: Sarah J. Joyce 10-3-91

STATE OF FLORIDA
DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Probationary/Permanent
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD
BUREAU/SECTION Information Management & Voting Systems			DIVISION Elections	DATE July 15, 1991

PART II. MID-CYCLE REVIEW

Strengths:

Paul brings many skills to the voting systems section:

- 1) He is a CPA, with extensive experience organizing material and developing procedures.
- 2) He has experience, as a tax auditor, in communicating "bad news" and obtaining constructive resolution of problems.
- 3) He has substantial experience, as a tax conferee, interpreting the law and evaluating the interpretations which others have made.
- 4) He has extensive experience in making audit presentations in writing and in person.
- 5) He is a knowledgeable user of personal computers.

Weaknesses:

In the 14 weeks he has been employed in the Division of Elections, Paul has not "plunged in" to the work of the voting systems area. He has initiated research as background to developing audit procedures but not produced even a plan for tackling the task of developing the procedures or auditing county voting systems. He has a superficial knowledge of voting systems technologies, and it appears that he has not fully capitalized on his opportunities to become more informed about technologies. Paul has put a great deal of emphasis on his absences from work due to vacation, illness, family problems, and continuing education and little emphasis on identifying and making substantial contributions to the voting systems area. The quality of Paul's work is fully acceptable; the quantity of his work needs improvement.

Development Activities:

- 1) Paul needs to significantly improve his understanding of computerized voting systems technologies.
- 2) Paul needs to make a significant effort to seek out and make major work contributions to the voting systems area.
- 3) Paul needs to maintain the quality and increase the quantity of his work.

Signature of Appraiser <i>Judith P. [Signature]</i>	DATE 7/19/91	Signature of Employee <i>[Signature]</i>	DATE 8/15/91
Original: Personnel		Copy: Supervisor	
		Copy: Employee	

(Use Additional Sheets if Needed) Additional Sheets Attached

AD2I032-07-85

DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

JM

NAME (First) Paul	(Middle) W.	(Last) Craft	SOC. SEC. NO. [REDACTED]	TYPE RATING Probationary/Permanent
CLASS TITLE Computer Audit Analyst			POSITION NO. 00924	RATING PERIOD
BUREAU/SECTION Information Management & Voting Systems			DIVISION Elections	DATE May 6, 1991

PART I. PERFORMANCE PLANNING

PERFORMANCE STANDARDS (must correlate with duties and responsibilities on position description)	RATING FACTORS (Observable and measurable elements which define performance parameters)
<p>I. Audit of County Voting Systems</p>	<p>a. Statutory and agency requirements relevant to voting system evaluations and auditing are understood.</p> <p>b. Audit procedures are developed, reviewed, and modified to insure their compliance with auditing standards and agency objectives.</p> <p>c. Voting system technologies and techniques are understood.</p> <p>d. All procedures for voting system auditing are followed and documented when completed.</p> <p>e. All procedures are completed within timeframes prescribed within applicable rules, provided the availability of adequate resources.</p>

Statement of how the duties of this position relate to the units objectives;

Signature of Appraiser <i>Judith P. List</i>	Title <i>Senior Mgmt Analyst II</i>	Date <i>May 6, 1991</i>
Reviewed By <i>SB 5/13/91</i>	Title <i>Division Director</i>	Date <i>5-13-91</i>
Signature of Employee <i>Paul W. Craft</i>		Date <i>May 6, 1991</i>

(Use Additional Sheets If Needed)

Additional Sheets Attached

Original: Personnel Copy: Supervisor Copy: Employee

AD2I031-07-85

DEPARTMENT OF STATE
EMPLOYEE PERFORMANCE APPRAISAL

NAME	CLASS TITLE	DATE
Paul W. Craft	Computer Audit Analyst	May 6, 1991

PART 1. PERFORMANCE PLANNING (continued)

PERFORMANCE STANDARDS	RATING FACTORS
IV. Personal Development	<ul style="list-style-type: none">c. All findings, test environments and configurations, descriptions of procedures followed, and conclusions are fully described and documented.a. Skills deemed relevant to duties and responsibilities are identified and developed.

EMPLOYEE CRAFT, PAUL W

FROM

TO

EMPLOYEE

EMPLOYEE

SOCIAL SECURITY # POS # POS F.T.E. SVC EFFECTIVE DATE
 [REDACTED] 00000 0.00 2 00/00/00

SOCIAL SECURITY # POS # POS F.T.E. SVC EFFECTIVE DATE
 [REDACTED] 00924 1.00 2 04/08/91

EMPLOYEE NAME

EMPLOYEE NAME

CRAFT, PAUL W

COPES ORGANIZATION
 0000000000 *** ORG CODE NOT FOUND ***

COPES ORGANIZATION
 451010000000 OFFICE OF THE DIVISION DIRE

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 NO CODE FOUND

APPOINTMENT TYPE APPOINTMENT STATUS STATUS EXPIRE
 REASSIGNMENT PROBATIONARY 10/08/91

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 CAREER SERVICE 2125 05 EXC 04/01

PAY PLAN CLASS CBU INCL. ANNIV. DATE
 CAREER SERVICE 2125 05 EXC 04/01

OFFICIAL CLASS TITLE

OFFICIAL CLASS TITLE
 COMPUTER AUDIT ANALYST

ACTION

ACTION

PAY

PAY

BASE RATE RATE HR. BASE HR. RATE FTE
 0.00 0.00 0.00 0.00 0.00

TYPE BASE RATE RATE HR. BASE HR. RATE FTE
 M 2,889.59 2,889.59 16.67 16.67 1.00

CAD LEADWORKER SHIFT ON CALL CONTACT OTHER
 0.00 0.00 0.00 0.00 0.00 0.00

CAD LEADWORKER SHIFT ON CALL CONTACT OTHER
 0.00 0.00 0.00 0.00 0.00 0.00

EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
 00 0.00 0000 NOT RATED

W4 EXMPT ADD WITH RET INSURANCE LAST PERF APPRAISAL
 M/S 01 0.00 HA 0000 NOT RATED

SAMAS ACCOUNT CODE INTER DEPT.

SAMAS ACCOUNT CODE INTER DEPT.
 45101000133451000000001000000 100000001

SAMAS ORGANIZATION
 000000000 * SAMAS-ORG-CODE NOT FOUND *

SAMAS ORGANIZATION
 45101000000 OFFICE OF THE DIVISION DIREC

LEAVE WITHOUT PAY

LEAVE WITHOUT PAY

HOURS FROM TO

HOURS FROM TO

LOCATION

LOCATION

LOCATION 00 ** NO COUNTY FOUND **
 HEADQUARTER COUNTY

LOCATION 37 LEON HEADQUARTER COUNTY

** NO COUNTY FOUND **
 PHYSICAL COUNTY

37 LEON PHYSICAL COUNTY

SEPARATIONS AND TERMINAL LEAVE

REASON FOR SEPARATION ANNUAL SICK PRE 73 POST 73 SPC. COMP.

ANNUAL PAID

SICK PAID

SPECIAL COMP PAID

COMMENTS

JOA NO. 91-016. REASSIGNED FROM DEPARTMENT OF REVENUE.

REQUESTED BY

DATE

APPROVAL

DATE

[Signature]

4/11/91

of Associate:

Craft, Paul W.

Security Number: [REDACTED]

Division: Electronics
Cost Center:

Prior State Service and Continuous Service:

30 Days = 1 Month 12 Months = 1 Year

(735005) Revenue
(Name of Agency)
From 1-6-82 To 4-5-91
(Period of Employment)
Years _____ Months _____ Days _____
(Total Length of Service)

22 years
1 mth
23 days

DOS
(Name of Agency)
From 4-8-91 To 2-29-04
(Period of Employment)
Years _____ Months _____ Days _____
(Total Length of Service)

(Name of Agency)
From _____ To _____
(Period of Employment)
Years _____ Months _____ Days _____
(Total Length of Service)

(Name of Agency)
From _____ To _____
(Period of Employment)
Years _____ Months _____ Days _____
(Total Length of Service)

(Name of Agency)
From _____ To _____
(Period of Employment)
Years _____ Months _____ Days _____
(Total Length of Service)

Total Continuous and Creditable State Service:

Years 22 Months 1 Days 23

Leave Accrual Date 1-6-82

Convert to Higher Credit on (5 Years) _____ (10 years) _____

State Hire Date _____

Continuous Service Date _____

Amount Months Service Input on F Screen 3-31-04

Processed on 3-31-04 Leave Run

P. Kinsley 4-6-04
(Worked By) (Date)

Accrual Differences Credited

Amount	Beg. Month	End Month

Work Sheet on Prior State Service & Continuous State

STATE OF FLORIDA
EMPLOYEE DATA TRANSFER REPORT

RECEIVED

TO: Department of Revenue
118 Carlton Building
Tallahassee, FL 32399-0100

FROM: DEPARTMENT OF STATE
BUREAU OF PERSONNEL SERVICES
1902, THE CAPITOL, DEPT. OF REVENUE
TALLAHASSEE, FL 32399-0150

APR 10 1991

EMPLOYEE

Craft Paul W [REDACTED]
Last First MI Social Security Number

Service with Exit Agency: From 1/6/82 To 4/5/91

Continuous Service Date _____ Creditable Service Date _____

PAY DATA

Current Class Title Tax Audit Specialist II Status _____

Anniversary Date 4/1 Level of Last Evaluation Achieves Date 9/24/90

Current Base Rate of Pay: Competitive Area Differential _____

Lead Worker Pay _____

Last Salary Increase: From \$ 2,805.43 To \$ 2,889.59

Date 1/1/91 For Annual increase

LEAVE DATA

~~we will provide leave information when it becomes available~~

*** Please provide copies of any PRIOR STATE SERVICE certification *** 4/24/91

Leave Accrual Date 6/6/81

Annual Leave Transfer 101.574 Regular Comp Transfer _____

Sick Leave Transfer: Pre 10/1/73 _____ Post 10/1/73 285.355

Family Sick Leave Used this Calendar Year 0

Date Personal Holiday used this Fiscal Year 8/2/90

INSURANCE (Please send original enrollment forms)

State Health: Paid Through 5/91 Last Deduction Date 4/30/91

HMO: Paid Through _____ Last Deduction Date _____

State Life: Paid Through 5/91 Last Deduction Date 4/30/91

COMMENTS: Score C.V. #489 \$ 1873.37
Anthem Life #258 \$ 271.63

AGENCY AUTHORIZATION

NAME: Jim Foster

TITLE: Personnel Technician I

DATE: 4/17/91

TELEPHONE NUMBER: 488-2635



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

CERTIFICATION OF PRIOR STATE SERVICE

Paul W. Graft
NAME

[Redacted]
SOCIAL SECURITY NUMBER

PRIOR NAME

4/8/91
HIRE DATE

Please indicate below all state agencies where you were previously employed. Do not include O.P.S. or Contract employment. If transferring sick leave from a City/County governmental authority, indicate below:

AGENCY DATE(S) OF EMPLOYMENT
Dept of Revenue From Jun 1982 To April 1991

Dept of Commerce From Mid 70's for about 7 or 8 months -
DDR Personnel Previously Researched this and found Records

From To

From To

From To

From To

From To

From To

Check if none

Handwritten initials and signature

Signature of Paul W. Graft

4/8/91
DATE

**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."

Signature of Employee or OPS: Paul W. Craft
Paul W. Craft

Date: 10/10/05

Manager's Signature: _____

Date: _____

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

RECEIVED

OCT 12 2005

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

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)

Paul W. Craft

Name - Printed

Paul W. Craft

Signature

Elections

Division


February 9, 2005

Date

RECEIVED

FEB 09 2005

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

EMP ID# 

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)

Paul W. Craft

Name - Printed

Paul W. Craft

Signature

Elections

Division

1/27/04

Date

RECEIVED

JAN 28 2004

DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

**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.

Paul W. Craft

Employee's Printed Name

Paul W. Craft

Signature of Employee

Elections

Division

10/6/03

Date

RECEIVED

OCT 06 2003

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

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.

Paul W. Craft
Print Name
Paul W. Craft
Employee Signature

2/19/03
David A. Tepper
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.

RECEIVED
FEB 24 2003
DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

**ACKNOWLEDGMENT OF RECEIPT
(ANNUAL UPDATE)**

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)

Paul W. Craft
Name - Printed

Paul W. Craft
Name - Signature

2/19/03
Date

RECEIVED
FEB 24 2003
DIV. OF ADMIN. SERVICES
HUMAN RESOURCES

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

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

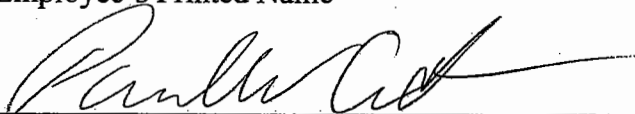
I understand that it is my responsibility to thoroughly review and become familiar with the entire contents of the Employee Handbook and I agree to comply with the provisions contained therein. I further understand that the Employee Handbook contains only general information and guidelines and is not intended to be comprehensive or to address all the possible applications of, or exceptions to, the general policies and procedures described therein. I further understand that it is my responsibility to request any necessary explanation or clarification from my supervisor or the Bureau of Human Resources if I have questions concerning any policy or procedure of the Department.

I further understand that this Handbook does not confer any contractual rights to employment or otherwise with the Department of State and that I am subject to disciplinary action, including termination of employment, for violation of any Department policy or procedure as the same may be established, modified, or amended from time to time.

I understand that this signed acknowledgment will become a part of my official personnel file.

Paul W. Craft

Employee's Printed Name



Signature of Employee

Electronics

Division

2-26-02

Date

ACKNOWLEDGMENT OF RECEIPT

OF

**DEPARTMENT OF STATE RULES OF CONDUCT
& STANDARDS FOR DISCIPLINARY ACTION (Rev. 1/2002)**

I hereby acknowledge that I have received, on the date indicated below, and agree to abide by, the Department of State's *Rules of Conduct & Standards for Disciplinary Action (Rev. 1/2002)*. I understand that it is my responsibility to read, understand and comply with the provisions of the above-referenced policy and that failure to do so may result in disciplinary action by the Department, up to and including termination of employment.



Signature of Employee

Printed Name: Paul W. Craft

Division: Electronics

Date: 2-11-02

FILED

Acknowledgement of Receipt
Department of State-Internet and E-Mail Policy

APR 18 11 31 AM '01
SECRETARY OF STATE

I hereby acknowledge that, on the date indicated below, I received a copy of the Department of State's *Internet and E-Mail Policy* (Rev. 1/5/01).


Signature

Paul W. Craft
Printed Name

4-18-01
Date

✓

YOUR NAME: Paul W. Craft

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.)

N/A

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.

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: 6/24/50

RACE (Check Only One):

WHITE (Non-Hispanic) BLACK (Non-Hispanic) HISPANIC ASIAN or PACIFIC ISLANDER NATIVE AMERICAN

OTHER (Specify) _____

**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 to my knowledge

Paul Whraft
Signature

Paul W. Craft
Print Name

3-21-01
Date

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

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

I understand that it is my responsibility to thoroughly review and become familiar with the entire contents of the Employee Handbook. I further understand that the Employee Handbook contains only general information and guidelines and is not intended to be comprehensive or to address all the possible applications of, or exceptions to, the general policies and procedures described therein. I further understand that it is my responsibility to request any necessary explanation or clarification from my supervisor or the Bureau of Human Resources if I have questions concerning any policy or procedure of the Department.

I further understand that this Handbook does not confer any contractual rights to employment or otherwise with the Department of State and that I may be disciplined for misconduct in accordance with the Standards for Disciplinary Action which may be amended or modified from time to time, and/or for violation of any Department policy or procedure as the same may be established, modified, or amended from time to time.

I understand that this signed acknowledgment will become a part of my official personnel file.

Paul W. Craft

Employee's Printed Name

Paul W. Craft

Signature of Employee

Electronics

Division

March 21, 2001

Date

ACKNOWLEDGMENT OF RECEIPT

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. (Signed original to Human Resources for file; copy kept by employee)

Paul W. Craft
Name - Printed

Paul W. Craft
Name - Signature

3/21/01
Date

ACKNOWLEDGMENT OF RECEIPT OF
DEPARTMENT OF STATE ATTENDANCE AND LEAVE
POLICIES AND PROCEDURES (Rev. 10/2000)

I hereby acknowledge that I have received, on the date indicated below, a copy of the Department of State's Attendance and Leave Policies and Procedures (Rev. 10/2000). I understand that it is my responsibility to read and comply with these policies and procedures.



Signature of Employee

Printed Name: Paul W. Craft

Division: Electronics

Date: March 25, 2001

**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 the State of Florida in any capacity, including Other Personal Services (OPS).

OR

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

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.

Paul W. Craft

Signature

Paul W. Craft

Print or Type Name

Affirmed and subscribed before me on this 21st day of March, 2001

Vicki W. McIntosh

(Signature of Notary Public - State of Florida)



Vicki W. McIntosh
MY COMMISSION # CC968800 EXPIRES
October 14, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

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

Personally Known OR Produced Identification

Type of Identification Produced : _____

**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. **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.** This statute does not apply to persons employed by the State prior to July 1, 1996, unless they subsequently change to a different pay plan.

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 ACKNOWLEDGMENT

Please complete the following: (Please print name.)

I, Paul W. Craft, 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.

Paul W. Craft
Signature

March 21, 2001
Date

ACKNOWLEDGMENT OF RECEIPT OF
DEPARTMENT OF STATE SICK LEAVE TRANSFER PLAN

I hereby acknowledge that I have received, on the date indicated below, a copy of the Department of State's Sick Leave Transfer Plan ("Plan"). I understand that it is my responsibility to review the Plan and, if I have any questions, to contact the Plan Administrator.


Signature of Employee

Printed Name: Paul W. Craft

Division: Elections

Date: March 21, 2007

Acknowledgement of Receipt

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*.

Paul Cratt
Name- Printed


Name-Signature

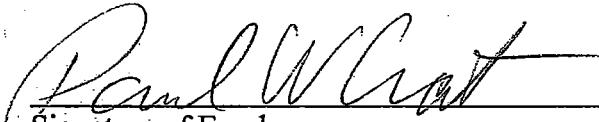
3-16-01
Date

Elections
Division

(Annual Update)

ACKNOWLEDGMENT OF RECEIPT OF
DEPARTMENT OF STATE SICK LEAVE TRANSFER PLAN

I hereby acknowledge that I have received, on the date indicated below, a copy of the Department of State's Sick Leave Transfer Plan ("Plan"). I understand that it is my responsibility to review the Plan and, if I have any questions, to contact the Plan Administrator.



Signature of Employee

Printed Name: Paul W. Craft

Division: Election

Date: 10/27/00

ACKNOWLEDGMENT OF RECEIPT OF
DEPARTMENT OF STATE ATTENDANCE AND LEAVE
POLICIES AND PROCEDURES (Rev. 10/2000)

I hereby acknowledge that I have received, on the date indicated below, a copy of the Department of State's Attendance and Leave Policies and Procedures (Rev. 10/2000). I understand that it is my responsibility to read and comply with these policies and procedures.



Signature of Employee

Printed Name: Paul Craft

Division: Elections

Date: 11-28-00

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

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

I understand that it is my responsibility to thoroughly review and become familiar with the entire contents of the Employee Handbook. I further understand that the Employee Handbook contains only general information and guidelines and is not intended to be comprehensive or to address all the possible applications of, or exceptions to, the general policies and procedures described therein. I further understand that it is my responsibility to request any necessary explanation or clarification from my supervisor or the Bureau of Human Resources if I have questions concerning any policy or procedure of the Department.

I further understand that this Handbook does not confer any contractual rights to employment or otherwise with the Department of State and that I may be disciplined for misconduct in accordance with the Standards for Disciplinary Action which may be amended or modified from time to time, and/or for violation of any Department policy or procedure as the same may be established, modified, or amended from time to time.

I understand that this signed acknowledgment will become a part of my official personnel file.

Paul W Craft

Employee's Printed Name

Paul W Craft

Signature of Employee

Elections

Division

4 - 14 - 00

Date

**ACKNOWLEDGMENT
OF RECEIPT
FOR
CAREER SERVICE
EMPLOYEE HANDBOOK**

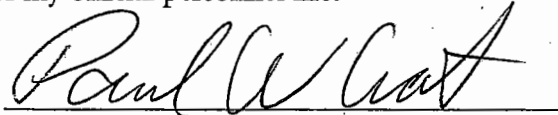
I hereby acknowledge receipt of the Department of State Employee Handbook.

I confirm that:

I understand it is my responsibility to thoroughly review and become familiar with the entire contents of the Handbook paying particular attention to the sections entitled "Rules of Conduct" and "Standards for Disciplinary Action." I understand it is my responsibility to request any necessary explanation or clarification from my supervisor or the Bureau of Human Resources.

I understand that I may be disciplined in accordance with the "Standards for Disciplinary Action" for any willful or negligent violations of the "Rules of Conduct."

I understand this signed acknowledgment will become a part of my official personnel file.



Signature

Craft

9/30/98

Date

FILED
98 SEP 30 PM 1:12
SECRETARY OF STATE

ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge that I have received a copy of the Department of State's Non-Discrimination and Sexual Harassment Policy. (Signed original to Human Resources for file; copy kept by employee)

Paul W. Craft  4-20-99
Name - Printed Name - Signature Date

OFFICE OF COMPTROLLER
BUREAU OF STATE PAYROLLS

W-4

UNSHADED AREAS ONLY
LAST ACTIVITY DATE: 08/01/91

SENT		SOC. SEC. NUM. (9)		FIRST NAME (14)		M.I. (1)		LAST NAME (18)									
SENT		515 WESTWOOD DR. N.		TALLAHASSEE		FL		32304									
SENT		ADDRESS (30)		CITY (15)		STATE (2) ZIP CODE (5 OR 9)		OR FOREIGN COUNTRY (15)									
Y OR CHANGE		BIRTH DATE		RACE CODE (SEE BELOW)		SEX (M=MALE, F=FEMALE)		HANDICAPPED? (Y=YES, N=NO)		MARRITAL STATUS (S=SINGLE, M=MARRIED, X=MARRIED CLAIMING SINGLE)		NUMBER OF W/H ALLOW. (2)		ADDITIONAL AMOUNT WHOLE DOLLARS		FOR AGENCY USE ONLY	
Y OR CHANGE		MM DD YYYY		1		M		N		M		1		150.00		4500	
Y OR CHANGE												180.00					

OPTION FROM WITHHOLDING MAY BE CLAIMED ONLY IF:

Last year you had a right to a refund of ALL Federal income tax withheld because you had NO tax liability; AND

This year you expect a refund of ALL Federal income tax withheld because you expect to have NO tax liability; AND

This year if your income exceeds \$550 and includes non-wage income, another person cannot claim you as a dependent.

(NOTE: Full-time students are not automatically exempt) You meet all the above conditions enter year effective and "EXEMPT"

I claim exemption from withholding and I certify that I meet ALL of the conditions for exemption: EFFECTIVE YEAR "EXEMPT"

PRESENT	NEW OR CHANGE
	19

UNDER PENALTIES OF PERJURY, I CERTIFY THAT I AM ENTITLED TO THE NUMBER OF WITHHOLDING ALLOWANCES CLAIMED ON THIS CERTIFICATE OR ENTITLED TO CLAIM EXEMPT STATUS. I UNDERSTAND THAT ANY EXEMPTION FROM WITHHOLDING EXPIRES ON FEBRUARY 15TH OF THE FOLLOWING CALENDAR YEAR.

ATTACH COPY OF SOCIAL SECURITY CARD HERE.

103 REV. DECEMBER 1990

SIGNATURE: *[Signature]* DATE SIGNED: 3/11/92

FOR COMPTROLLER USE ONLY

STATE OF FLORIDA
OFFICE OF COMPTROLLER
BUREAU OF STATE PAYROLLS

W-4

EMPLOYEE:
PLEASE COMPLETE
UNSHADED AREAS ONLY

SOC. SEC. NUM. (9)		FIRST NAME (14)		M.I. (1)		LAST NAME (18)	
[REDACTED]		Paul		W.		Craff	
ADDRESS (30)				CITY (15)		STATE (2), ZIP CODE (5 OR 9) OR FOREIGN COUNTRY (15)	
515 Westwood Dr. N.				Tallahassee,		FL 32304	
BIRTH DATE	RACE CODE (SEE BELOW)	SEX (M=MALE, F=FEMALE)	HANDICAPPED (YES) (NO)	MARITAL STATUS (S=SINGLE, M=MARRIED, X=MARRIED CLAIMING SINGLE)	NUMBER OF W/H ALLOW. (2)	ADDITIONAL AMOUNT WHOLE DOLLARS	FOR AGENCY USE ONLY
06 24 1950	1	M	N	M	1	00	010 ORGANIZATION (2) 011 (2) 012 (2) 013 (2)
<p>EXEMPTION FROM WITHHOLDING MAY BE CLAIMED ONLY IF:</p> <p>THIS NUMBER HAS BEEN ESTABLISHED FOR PAUL W. CRAFF</p> <p>SIGNATURE: <i>Paul W. Craff</i></p>							
<p>I claim exemption from withholding and I certify that I meet ALL of the conditions for exemption:</p> <p>EFFECTIVE YEAR: 19__</p> <p>"EXEMPT"</p> <p>UNDER PENALTIES OF PERJURY, I CERTIFY THAT I AM ENTITLED TO THE STATUS OF WITHHOLDING ALLOWANCES CLAIMED ON THIS CERTIFICATE AND ENTITLED TO CLAIM AN EXEMPT STATUS UNDERSTAND THAT ANY EXEMPTION FROM WITHHOLDING EXPIRES ON FEBRUARY 15TH OF THE FOLLOWING CALENDAR YEAR.</p>							
SIGNATURE: <i>Paul W. Craff</i>				DATE SIGNED: 4 18 91			

00AA003 REV. DECEMBER 1990

ATTACH COPY OF SOCIAL SECURITY CARD HERE.

FOR COMPTROLLER USE ONLY

STATE OF FLORIDA
OFFICE OF COMPTROLLER
BUREAU OF STATE PAYROLLS

W-4

EMPLOYEE: PLEASE COMPLETE
UNSHADED AREAS ONLY
LAST ACTIVITY DATE: 03/12/92

PRESENT	SOC. SEC. NUM. (9)		FIRST NAME (14)		M.I. (1)	LAST NAME (16)		
NEW OR CHANGE	[REDACTED]		PAUL		W	CRAFT		
PRESENT	ADDRESS (20)				CITY (10)	STATE (2)	ZIP CODE (5 OR 9)	OR FOREIGN COUNTRY (15)
NEW OR CHANGE	515 WESTWOOD DR N				MILLANESSEE	FL	32384	
	P.O. Box 1716						32302	
PRESENT	BIRTH DATE	RACE (CODE)	SEX (M-F)	MARITAL STATUS (S-SINGLE, M-MARRIED, X-MARRIED CLAIMING SINGLE)	NUMBER OF W.M. ALLOW. (2)	ADDITIONAL AMOUNT (WHOLE DOLLARS)	FOR AGENCY USE ONLY	
NEW OR CHANGE	06 24 1950	1	M	M	1	180.00	4500	10 10

EXEMPTION FROM WITHHOLDING MAY BE CLAIMED ONLY IF:

- Last year you had a right to a refund of ALL Federal income tax withheld because you had NO tax liability. AND
- This year you expect a refund of ALL Federal income tax withheld because you expect to have NO tax liability. AND
- This year if your income exceeds \$600 and includes nonwage income another person cannot claim you as a dependent. (NDR Full-time students are not automatically exempt)
- If you meet all the above conditions enter year effective and "EXEMPT"

- RACE CODES
- 1. WHITE (NOT HISPANIC ORIGIN)
 - 2. BLACK (NOT HISPANIC ORIGIN)
 - 3. HISPANIC
 - 4. ASIAN OR PACIFIC ISLANDER
 - 5. AMERICAN INDIAN OR ALASKAN NATIVE
 - 8. OTHER

ATTACH COPY OF SOCIAL SECURITY CARD HERE.

SIGNATURE: *Paul Craft*

DATE SIGNED: 10 12 92

I claim exemption from withholding and I certify that I meet all of the conditions for exemption.

EFFECTIVE YEAR	"EXEMPT"	FULL TIME (W-YES) STUDENT (N-NO)
<====>		
PRESEN		
NEW OR CHANGE	10	

UNDER PENALTIES OF PERJURY, I CERTIFY THAT I AM ENTITLED TO THE NUMBER OF WITHHOLDING ALLOWANCES CLAIMED ON THIS CERTIFICATE OR ENTITLED TO CLAIM EXEMPT STATUS ON FEBRUARY 15TH OF THE FOLLOWING CALENDAR YEAR.

FOR COMPTROLLER USE ONLY