



**HUMAN RESOURCES  
STANDARD OPERATING PROCEDURES  
ACKNOWLEDGEMENT OF RECEIPT**

**I. ACKNOWLEDGEMENT OF RECEIPT**

A. I acknowledge that I have received the Chicago Department of Aviation Human Resources Standard Operating Procedures.

James Long  
PRINT NAME

Aviation Police  
TITLE

James Long  
EMPLOYEE SIGNATURE \*

9-June-15  
DATE

\* If the employee refuses to sign, the supervisor must sign the form "employee refuses to sign".

**II. FORMS, DOCUMENTS & RESOURCES**

A. Additional information and guidance may be obtained by contacting the following CDA-HR personnel:

- 1. Robert May, CDA-HR, Office: 773-686-3458, Email: Robert.may@cityofchicago.org

**III. COMPLIANCE**

A. Compliance with the rules and procedures of all SOPs is mandatory for all CDA employees. Failure to comply with all SOPs may result in disciplinary action pursuant to an in accordance with DHR Personnel Rules, CDA policies and procedures and any applicable collective bargaining agreement.


*Disclaimer: If any of the rules or procedures set forth in the SOPs conflicts with existing laws, City policies or collective bargaining agreements, the provisions of such laws, policies or agreements shall supersede the applicable provisions of the SOPs.*

DEPARTMENT OF HUMAN RESOURCES  
CITY OF CHICAGO  
MEMORANDUM

7/20/2015

TO: Personnel Director  
085-4800 SECURITY OPERATIONS

FROM: Department of Human Resources  
City of Chicago


Re: JAMES LONG  


The above employee has attained Career Service status as 7/20/2015 in the title of  
AVIATION SECURITY OFFICER

SOO CHOI  
COMMISSIONER

DEPARTMENT OF HUMAN RESOURCES  
CITY OF CHICAGO  
MEMORANDUM

**PERSONNEL ACTION REPORT**

EFFECTIVE DATE: 7/20/2015  
DEPT: 085- DEPARTMENT OF AVIATION  
NAME: LONG, JAMES  
EMPLOYEE NUMBER:   
ACTION: 23-0 STATUS CHANGE  
FROM: 0 - PROBATIONARY CAREER SERVICE  
TO: 1 - CAREER SERVICE

APPROVED/UPDATED: \_\_\_\_\_ DATE: \_\_\_\_\_

20150720\_e115721\_csc.pdf

DEPARTMENT OF HUMAN RESOURCES  
CITY OF CHICAGO  
MEMORANDUM

7/20/2015

TO: JAMES LONG  
[REDACTED]

FROM: Department of Human Resources  
City of Chicago

Congratulations. You have attained Career Service status as of 7/20/2015.

SOO CHOI  
COMMISSIONER



# CITY OF CHICAGO

## DEPARTMENT OF HUMAN RESOURCE

### ACKNOWLEDGEMENT OF RECEIPT FORM

The following policies and Personnel Rules book are to be distributed to new employees during orientation. These policies are also available on the department of Human Resources intranet site.

POLICIES	
<input checked="" type="checkbox"/> PERSONNEL RULES	<input checked="" type="checkbox"/> VICTIMS' ECONOMIC SECURITY AND SECURITY ACT (VESSA)
<input checked="" type="checkbox"/> INDEBTEDNESS POLICY	<input checked="" type="checkbox"/> EXECUTIVE ORDER OF 8/16/05 AND NOTICE OF 6/20/83
<input checked="" type="checkbox"/> CHILD SUPPORT POLICY	<input checked="" type="checkbox"/> GENERAL HIRING PROCESS AS DESCRIBED IN THE ACCORD
<input checked="" type="checkbox"/> OUTSIDE EMPLOYMENT POLICY	<input checked="" type="checkbox"/> ALLIANCE TO END RECESSION NOTICE AND ORDER OF 3/2/01
<input type="checkbox"/> VIOLENCE IN THE WORKPLACE POLICY	<input checked="" type="checkbox"/> ETHICS NOTICE AND RULES
<input type="checkbox"/> SEXUAL HARASSMENT POLICY	<input checked="" type="checkbox"/> INFORMATION MANAGEMENT POLICY
<input type="checkbox"/> EEO POLICY	<input type="checkbox"/> EMERGENCY EVACUATION PLAN (CITY HALL ONLY)
<input checked="" type="checkbox"/> DOMESTIC PARTNERS ORDINANCE	
<input checked="" type="checkbox"/> DRUG TESTING POLICY	
<input checked="" type="checkbox"/> PERSONNEL SWIPE POLICY	

Title Code \_\_\_\_\_ Department Chicago Department of Aviation

I hereby acknowledge receipt of the above Human Resources and Ethics Policies and the Personnel Rules book.

SIGNATURE James Long

DATE 01-20-2015

PRINT NAME James Long

Print Form



CHICAGO DEPARTMENT OF AVIATION  
CITY OF CHICAGO

**Notice to Aviation Security Officers and Agreement Regarding Repayment of Training Costs**

In accordance Section 18.5 of the City's collective bargaining agreement with the Public Safety Employees Union ("Unit II"), effective October 6, 2005, employees hired as Aviation Security Officers who leave this position within two (2) years of attaining Career Services shall reimburse the City for the cost of their initial training at the academy.

I, James Long, have read the above statement, and understand  
(Print Name)

and agree to the requirement that, if I leave my Aviation Security Officer position within two (2) years of attaining Career Services, I will reimburse the City for the cost of my initial training at the academy.

James Long  
(Signature)

01-20-2015  
(Date)



CHICAGO DEPARTMENT OF AVIATION  
CITY OF CHICAGO

ACKNOWLEDGEMENT OF RECEIPT

I have been advised of my available medical plan as an employee with the City of Chicago.

\_\_\_\_\_ I am waiving City of Chicago Health Benefits.

I accept full responsibility for providing all necessary applications and documentations to the Benefits management Office at 333 S. State Street, Room 400 within 30 days of employment to ensure proper medical coverage for myself, my spouse, and dependents if applicable.

Print Name: James Long

Signature: James Long Date: 01-20-2015





CHICAGO DEPARTMENT OF AVIATION  
CITY OF CHICAGO  
ACKNOWLEDGEMENT OF RECEIPT

I have been advised of my Prudential Life Insurance, as an employee with the City of Chicago.  
The City pays \$25,000 benefits to all active full-time employees.

In the event of your death, benefits will be paid to the Preferential Beneficiary affidavit.

- Surviving spouse
- Surviving children (in equal shares)
- Surviving parents
- Surviving siblings (in equal shares)
- Estate

I accept full responsibility in mailing my application to Prudential Financial Group Life  
Record Keeping, P.O. Box 13676, Philadelphia, PA 19176.

Print Name: James Long

Signature: James Long Date: 01-20-2015







**CITY OF CHICAGO  
DEPARTMENT OF HUMAN RESOURCES**

**OUTSIDE EMPLOYMENT FORM**

Name: <u>James Long</u>	Department: <u>Aviation</u>
Job Title: <u>Aviation Officer</u>	Bureau:
Work Phone:	Work Site:

1. Do you now have or do you anticipate having a job in addition to your present employment with the City of Chicago?  
 YES       NO

2. Are you now self-employed or have any business interest or act on a consultant basis?  
 YES       NO

If yes, does this involve any city, state, or federal license registration?  
 YES       NO

If yes, state the type and registration number: \_\_\_\_\_

3. If yes, to any of the following:  
 When did (will) \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Address: \_\_\_\_\_  
 What is your job \_\_\_\_\_

4. Complete the box below, indicating start time, total hours per day and total hours per week for your City job and your outside employment.

	City Employment		
	Start	Stop	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours			

	Outside Employment		
	Start	Stop	Hours
Monday	<u>None</u>		
Tuesday	<u>1:00 pm</u>	<u>5:00 pm</u>	<u>4</u>
Wednesday	<u>1:00 pm</u>	<u>5:00 pm</u>	<u>4</u>
Thursday	<u>1:00 pm</u>	<u>5:00 pm</u>	<u>4</u>
Friday			
Saturday	<u>10:00 am</u>	<u>2:00 pm</u>	<u>4</u>
Sunday			
Total Hours			<u>16</u>

I hereby certify that the above information is true and complete and authorize my outside employer named above to furnish any authorized representative of the City of Chicago with any additional information pertaining to my employment. Should the above information change, I will notify my supervisor immediately and complete a new Outside Employment Form.

I submit that I have read the City's Ethics Ordinance and Personnel Rules, Rule XX-Employee Relations, Section 3-Outside Employment; that I have no conflict of interest; and that any falsification of this report will be cause for disciplinary action.

Signature: James Long

Date: 01-20-2015

APPROVALS:       YES       NO  
                           YES       NO  
                           YES       NO

Division Head: \_\_\_\_\_  
 Bureau Head: \_\_\_\_\_  
 Department Head: \_\_\_\_\_

Print Form



**CITY OF CHICAGO  
DEPARTMENT OF HUMAN RESOURCES**

**PERSONNEL FILE PART II  
HIRING PAPERWORK CHECKLIST**

Name of Selected Candidate: JAMES LONG	
Department: CDA	Job Title: AVIATION SECURITY OFFICER
Dept. A-Form Request #: 085-2014-023 <small>(Example: 033-2008-001)</small>	CAREERS Requisition #: 245327 <small>(Example: #143228)</small>

<b>REQUIRED: Complete Self-Service Per 14 in CHIPPS</b> <small>(Upon receiving an e-mail from DHR's Information Service Division)</small>			
<input checked="" type="checkbox"/> Candidate Selected for Hire Certification Form <i>(New and Current Hires)</i>	<input checked="" type="checkbox"/> Residency Affidavit <i>(New Hires Only)</i>	<input checked="" type="checkbox"/> I-9 <i>(New Hires Only)</i>	
<input checked="" type="checkbox"/> Commitment to Follow the City of Chicago's Code of Conduct	<input checked="" type="checkbox"/> Ethics Pledge	<input checked="" type="checkbox"/> EEO Policy Acknowledgement	
<input checked="" type="checkbox"/> CRIMINAL BACKGROUND DISCLOSURE RELEASE FORM - CLEARED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(New Hires &amp; Recalls/Rehires over 90 Days)</i>			
<b>EMPLOYEE STATUS</b>			
<input type="checkbox"/> (0)PCS	<input type="checkbox"/> (1)CS	<input type="checkbox"/> (2)Provisional	<input type="checkbox"/> (3)Exempt by Ordinance
<input type="checkbox"/> (5)SES	<input type="checkbox"/> (6)Exempt Program	<input type="checkbox"/> (7)Emergency	
<input type="checkbox"/> (8)Exempt Confidential	<input type="checkbox"/> (9)Exempt Seasonal		

<b>FOR DHR USE ONLY</b>			
<b>Pre-Employment Check</b>			
<input type="checkbox"/> Education	<input type="checkbox"/> Reference	<input type="checkbox"/> Indebtedness	<input type="checkbox"/> Criminal Background
<input type="checkbox"/> HR Records Specialist <small>Initials</small>	<input type="checkbox"/> Recruiter <small>Initials</small>	Effective Date: _____	
<input type="checkbox"/> IFR/TFC <small>Initials</small>	<input type="checkbox"/> Ex-Employee <small>Initials</small>	<input type="checkbox"/> FINAL -- IFR/TFC	Date _____

PLEASE RETURN THIS FORM ALONG WITH THE REQUIRED PAPERWORK TO:  
DEPARTMENT OF HUMAN RESOURCES  
Employment Services  
121 North LaSalle Street – Room 1100  
Chicago, Illinois 60602

# Hire Certification Form

Candidate Name: JAMES LONG  
(if known)

Job Title: AVIATION SECURITY OFFICER

Dept. A-Form Request #: 085-2015-001  
(Example: 033-2008-001)

Title Code: 4210

Hire Type:  Sr. Mgr  Non-Interview  Interview  Student  Volunteer

CAREERS Requisition #: 245327  
(Example: #143228)

Dept. #: 085

## Political reasons or factors shall not play a role in hiring. Political reasons or factors include any of the following:

- 1 Recommendations for hiring, promotion or other employment terms of specific office holders or political party officials that are not based on personal knowledge of the job applicant's work skills, work experience or other job-related qualifications. (But such recommendations from public office holders or political party officials that are based on their personal knowledge of the applicant's work skills, work experience or other job-related qualifications are permitted.)
- 2 The fact that the job applicant worked in a political campaign or belongs to a political organization, or political party. Or the fact that the job applicant chose not to work in a political campaign or to belong to a political organization or a political party.
- 3 The fact that the job applicant contributed money, raised money or provided something else of value to a candidate for public office or a political organization. Or the fact that the job applicant chose not to contribute or raise money for a candidate for public office or a political organization.
- 4 The fact that the applicant is a Democrat or a Republican or a member of any other political party or group. Or the fact that the applicant is not a member.
- 5 The fact that the applicant expressed views or beliefs on political matters such as what candidates or elected officials he or she favored or opposed, what public policy issue he or she favored or opposed, or what views on government actions or failures to act he or she expressed.

I certify that I am aware of and am in full compliance with the above stated prohibitions regarding personnel decisions by the City of Chicago insofar as they apply to me. I certify, under penalty of perjury, as provided by law, that, to the best of my knowledge and after due inquiry, political reasons or factors did not enter into any City employment actions taken with respect to the applicants in the hiring process for the above referenced position. I understand that failure to comply with the above prohibitions and/or failure to submit an accurate Hire Certification Form may result in disciplinary action up to and including immediate termination and may subject me to prosecution for perjury under Illinois law.

## Check the role(s) in the hiring process in which you participated, initial each checked box and sign at the bottom.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Participated in Intake Session | <input type="checkbox"/> Conducted, Monitored or Scored Test<br>(Circle appropriate function) | <input checked="" type="checkbox"/> Candidate Selected for Hire |
| <input type="checkbox"/> Screened Applicants            | <input type="checkbox"/> Hiring Manager   | <input type="checkbox"/> Commissioner                           |
| <input type="checkbox"/> Created Referral List          | <input type="checkbox"/> Facilitated Consensus Meeting  | <input type="checkbox"/> Other:                                 |
| <input type="checkbox"/> Interviewed Candidate          | <input type="checkbox"/> Participated in Consensus Meeting                                    |   |

Signature: 

JAMES LONG

Print Name:

01-20-2015  
Date:

Last Updated: 12/1/11

Print Form



# CITY OF CHICAGO

## DEPARTMENT OF HUMAN RESOURCES EMPLOYEE RESIDENCY AFFIDAVIT

Department: Aviation Bureau: \_\_\_\_\_  
 Name: James Long  
 Position Title: Aviation Officer Employee Number: \_\_\_\_\_

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Human Resources and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed James Long  
 Date 01/20/2015

\* NOTE: the new employee must provide proof of address in the form of a driver's license or state issued ID, or mortgage statement, or bank statement, or water bill, or utility bill to the hiring department.

Complete and sign two copies.  
 First copy to department file.  
 Second copy to Department of Human Resources.

Commitment to Follow the City of Chicago's Code of Conduct

As a condition and in consideration of my employment by the City of Chicago, I hereby commit myself to follow the City's Code of Conduct, pursuant to §2-156-005 of the Municipal Code of Chicago:

- (a) The code of conduct set forth in this section shall be aspirational and shall guide the conduct of every official and employee of the City. As an employee of the City, I shall:
- (1) remember that I am a public servant who must place loyalty to the federal and Illinois constitutions, laws, and ethical principles above my private gain or interest.
  - (2) give a full day's work for a full day's pay.
  - (3) put forth honest effort in the performance of my duties.
  - (4) treat members of the public with respect and be responsive and forthcoming in meeting their requests for information.
  - (5) act impartially in the performance of my duties, so that no private organization or individual is given preferential treatment.
  - (6) refrain from making any unauthorized promises purporting to bind the City.
  - (7) never use any nonpublic information obtained through the performance of City work for private gain.
  - (8) engage in no business or financial transaction with any individual, organization or business that is inconsistent with the performance of my City duties.
  - (9) protect and conserve City property and resources, and use City property and resources only for authorized purposes or activities.
  - (10) disclose waste, fraud, abuse, and corruption to the appropriate authorities.
  - (11) adhere to all applicable laws and regulations that provide equal opportunity for all persons regardless of race, color, religion, gender, national origin, age, sexual orientation, or handicap.

I understand that this document is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or equity, by any party against the City, its departments, agencies, entities, officers, employees or agents, or any other person.

James Long

Signature

James Long

Printed Name

01-20-2015

Date

Print Form

**ETHICS PLEDGE PURSUANT TO §2-156-105 OF THE GOVERNMENTAL ETHICS  
ORDINANCE**

As a condition, and in consideration, of my employment or appointment by the City of Chicago in a position invested with the public trust, I shall, upon leaving government employment or appointment, comply with the applicable requirements of Section 2-156-105\* of the Chicago Municipal Code imposing restrictions upon lobbying by former government employees, which I understand are binding on me and are enforceable under law.

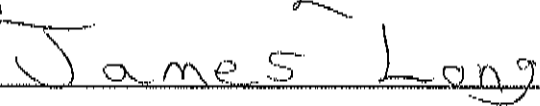
I acknowledge that Section 2-156-105\* of the Chicago Municipal Code, which I have read before signing this pledge, imposes restrictions upon former government employees and appointees and sets forth the methods for enforcing them. I expressly accept the applicable provisions of Section 2-156-105\* of the Chicago Municipal Code as part of this agreement and as binding on me. I understand that the terms of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of government service.

**\* 2-156-105. Post-employment Restrictions on Lobbying.**

- (a) Any person who serves as (i) a non-clerical employee of the Office of the Mayor, or (ii) a department head, shall be prohibited from lobbying the City of Chicago or any city department, board or other city agency for a period of two years after leaving that position.
- (b) Any employee who holds an exempt position in a City department, board or other city agency on or after May 16, 2011, other than a person described in subsection (a) of this section, shall be prohibited from lobbying the department, board or agency in which he or she was employed for a period of two years after that employment ends.
- (c) Any person who is appointed by the Mayor to the board of any board, commission, authority or agency, on or after May 16, 2011, shall be prohibited from lobbying that board, commission, authority or agency for a period of two years after the date on which his or her service on the board ends.
- (d) The prohibitions on lobbying set forth in this section shall not apply to any person who (i) occupied the position before May 16, 2011, and (ii) resigned from that position before November 16, 2011. Nothing in this section shall be construed to prohibit a person from lobbying on behalf of, and while employed by, another government agency.

  
\_\_\_\_\_

Signature

  
\_\_\_\_\_

Printed Name

  
\_\_\_\_\_

Date

Print Form



CITY OF CHICAGO  
DEPARTMENT OF HUMAN RESOURCES

DIVERSITY AND EQUAL EMPLOYMENT OPPORTUNITY DIVISION

Diversity and Equal Employment Opportunity Policy  
Acknowledgement of Receipt

I acknowledge that I received a copy of the City's Diversity and Equal Employment Opportunity Policy on the date listed below.

Print Name: James Long

Employee ID number: \_\_\_\_\_

Department: Aviation

Signature: James Long

Date: 01-20-15

NOTE: If you have questions about the Diversity and Equal Employment Opportunity Policy, or wish to file a complaint, please contact the Department of Human Resources at 312-744-4224 or [eeodiversity@cityofchicago.org](mailto:eeodiversity@cityofchicago.org)



CITY OF CHICAGO  
CRIMINAL BACKGROUND DISCLOSURE RELEASE FORM

FOR DEPARTMENT USE

DATE FILED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

Name: Long (Last) JAMES (First) \_\_\_\_\_ (MI)

Gender:  MALE  FEMALE Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Race:  White  Black or African American  American Indian or Alaskan Native  Asian

Native Hawaiian or other Pacific Islander  Hispanic or Latino  Two or More Races

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Present Address: \_\_\_\_\_

Please list all your past address for the last seven years. If needed, please list addresses on the back of the sheet and sign

Previous Addresses: \_\_\_\_\_ (Dates) \_\_\_\_\_ (Dates)

\_\_\_\_\_ (Dates) \_\_\_\_\_ (Dates)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If you were/are known by or use a name other than the name listed above, please provide that name in the space below:

Name: \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI)

Notice to Applicant: Pursuant to the Illinois Criminal Identification Act, 20 ILCS 2630/12 you are not obligated to disclose sealed or expunged records of conviction or arrest and the city will not ask you whether you have had any such records expunged or sealed.

Have you ever been convicted of any crime(s)?  YES  NO If yes, list dates and nature of each conviction below:

DATE	NATURE OF CONVICTION
_____	_____
_____	_____

If you have more than 3, please list convictions on the back of the sheet and sign

Have you ever been employed by the CITY OF CHICAGO?  YES  NO If yes, please complete the information below.

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_ Dept: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Have you ever been discharged or resigned in lieu of discharge from the CITY OF CHICAGO?  YES  NO If yes, please complete the information below.

EMPLOYER	JOB TITLE	TERMINATION REASON / INCIDENT
_____	_____	_____
_____	_____	_____

I affirm that the foregoing statements by me are true and complete and that any falsification or omission may be punishable as perjury as well as a violation of the Municipal Code of Chicago 2-74-090, which provides a fine for up to \$500 and six months imprisonment. I affirm that any falsifications or omissions may result in a rejected application or termination of employment. Additionally, I acknowledge receipt of the City of Chicago Statement of Purpose for the Collection of Social Security Numbers.

PRINT NAME: James Long

SIGNATURE: James Long

DATE: 11-4-14

HR - Criminal History Analyst (Signature)

Finger-Prints Cleared  YES  NO

DATE

Revised on 4/28/2014





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <u>Long</u>		First Name (Given Name) <u>James</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

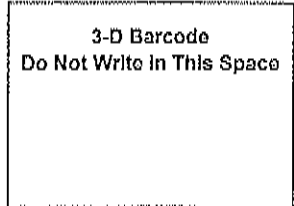
2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

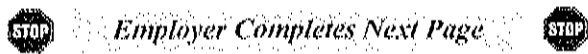


Signature of Employee: <u>James Long</u>	Date (mm/dd/yyyy): <u>01/20/2015</u>
--	--------------------------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code	



**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: James Long

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver's License		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: Illinois		Issuing Authority: Social Security Administration
Document Number:		Document Number: # [REDACTED]		Document Number: # [REDACTED]
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): [REDACTED]		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write in This Space

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Ramona Thomas-Jackson</u>		Date (mm/dd/yyyy) 01/09/2015	Title of Employer or Authorized Representative Student Intern	
Last Name (Family Name) Thomas-Jackson		First Name (Given Name) Ramona	Employer's Business or Organization Name Chicago Department of Aviation	
Employer's Business or Organization Address (Street Number and Name) 10210 W. Zemke Blvd.		City or Town Chicago	State IA	Zip Code 60666

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

ILLINOIS

Jesse White - Secretary of State

DRIVER LICENSE



Lic. No.:  
DOB:  
Expires:  
Issued:



JAMES LONG



Male



lbs



Eyes



**Service Employees International Union Local 73**

300 South Ashlar Ave. \* Suite 400 \* Chicago, IL 60607-27 \* (312) 787-5868

**Application for Membership**

Print Name

Long

Last Name

James

First Name

Mid. Initial

Social Security No

[Redacted]

Date

6-16-15

Date of Birth

[Redacted]

I hereby request and accept membership in SEIU Local 73, and authorize said Union to represent me and, in my behalf, to negotiate and conclude any and all agreements as to wages, hours and other conditions of employment. I understand that it is my responsibility to notify the Union if there is any change in my name, address or employment within 30 days of said change. Failure to do so may result in denial or loss of benefits that I may otherwise be entitled to.

Effective the date indicated above, I hereby request and authorize any employer to deduct from my earnings each month the current amount of initiation fees and dues, as established by the Union. This amount shall be paid to the Secretary-Treasurer of Local 73, as prescribed in the Collective Bargaining Agreement between the two parties.

Signature

James Long

Home Phone

[Redacted]

Home Address

[Redacted]

City/Zip

[Redacted]

Employer

ORD-Chgo Dept Aviation

Work Location

ORD

Job Title

Aviation Police

Work Phone

Email

James.Long@cityofchicago.org

Cell Phone

Circle one:

Seasonal

Monthly

Hourly

For [Redacted]

JAMES LONG

Pay to the Order of [Redacted]

**PNC BANK**  
PNC Bank, N.A. 071  
12305

0274

274

29-2188719  
788

Date: [Redacted]

Dollars: [Redacted]

AMERICAN EXPRESS BANK

ATTACH YOUR CHECK HERE



(Please Check One)

- New Participant
- Change to Existing Direct Deposit
- Cancel

## Direct Deposit Payroll Program

The City of Chicago announces the Direct Deposit-Payroll Program for employees.

The program utilizes electronic funds transfer to provide you with a timely, secure, and convenient method of depositing your funds.

With Automated Payment, you can eliminate the hassle of mail delays and late payments. Direct Deposit Payroll offers you:

### Assurance of Timely Payments

- Convenient Payment Method
- Simple and Easy Sign-up

Employees choosing the Direct Deposit Payroll plan ensure the necessary funds are available for use.

- Your deposits are made directly to your account, eliminating time-consuming mail delays, waiting in line at the bank, and waiting for funds availability.
- Direct Deposit Payroll plan gives you the reliability and safety advantages of knowing your funds are deposited, even if you are out of town.

**Instructions:** Complete the form below and attach an unsigned and voided check from this account to assist in verifying data.

I authorize The City of Chicago hereafter called "The City," to initiate credit entries to my checking account indicated below and the institution named below, hereinafter called "Institution," to deposit to the same such account.

I further authorize "The City" to initiate debits to my account to correct any errors, and "Institution" to initiate any such corrections to my account. This authority is to remain in full force and effect until "The City" and "Institution" have received written notification from me of its termination in such time and in such manner as to afford "The City" and "Institution" a reasonable opportunity to act on it prior to depositing to the account.

Employee Name James Long Employee Social Security # [Redacted]

Address [Redacted] Employee Number [Redacted]

City, State, Zip [Redacted] Dept. Name Aviation Payroll Number [Redacted]

Home Phone Number [Redacted] Bank Name \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Bank Routing # [Redacted] Checking  Savings

Signature/Date James Long 01-20-15 Bank Account # [Redacted]



#100

PLEASE COMPLETE AND RETURN TO:

MUNICIPAL EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO
321 N. Clark Street - Room 700
Chicago, Illinois 60654
Phone: (312) 236-4700

MEMBERSHIP RECORD

INSTRUCTIONS:

Each member or applicant for membership is required to complete this form. The form must be completed in ink. This is a permanent record and must be delivered in good condition.

You should notify the FUND promptly of any change in your beneficiary.

Please Print

Male (checked)
Female

1. Name in full James Long
2. Address [Redacted]
3. Title of your present position Aviation Officer
4. Department Aviation
5. Give date when you FIRST entered the service of the City or Board of Education 01-20-2015
6. Social Security Number [Redacted]
7. Date of birth [Redacted]

NOTE: You must give the correct date of your birth if you wish to receive proper benefits from this Fund. If in doubt, consult records. Please enclose a copy of your birth certificate.

8. Where were you born? Chicago
9. Give name of parents (Living or Deceased):
Father's Name [Redacted]
Mother's (Maiden) Name [Redacted]



19. If your answer to Question 18 is "YES", give names, dates of birth, and date and Court where adoption occurred.



**SERVICE PRIOR TO MEMBERSHIP**

20. I was employed by the City of Chicago or Board of Education of the City of Chicago as follows:

FROM	TO	TITLE	DEPARTMENT

You have the right, in most cases, to elect to pay for this past service and receive credit for annuity purposes.

21. Do you have credits in any of the following retirement systems that may be considered under the Illinois Retirement Systems Reciprocal Act? (Yes or No) No If answer is "YES", indicate which system or systems.

- State Employees' Retirement System
- State Teachers' Retirement System
- State Universities Retirement System
- Illinois Municipal Retirement Fund
- Judges Retirement System
- General Assembly Retirement System
- County Employees' Annuity & Benefit Fund
- Laborers' Annuity & Benefit Fund
- Park Employees' Annuity & Benefit Fund
- Metropolitan Water Reclamation Fund
- Chicago Teachers' Pension Fund
- Forest Preserve District E. A. & Benefit Fund

22. Give telephone number at which you can be reached if it should be necessary to communicate with you:

Work: (     ) \_\_\_\_\_ Home:

Email Address: \_\_\_\_\_

I hereby certify that the answers to the foregoing questions are true and correct to the best of my knowledge, information and belief. Furthermore, if an application in writing is required to enable me to participate in the Fund this constitutes my application for membership. **NOTE: I UNDERSTAND THAT I CANNOT WITHDRAW FROM THE FUND UNLESS I BECOME SEPARATED FROM THE SERVICE FOR NOT LESS THAN 30 DAYS.**

Date 01-20-2015 (Sign here) James Long  
Name in Full



**BENEFICIARY DESIGNATION**

A member can, SUBJECT TO PRIOR RIGHT OF SPOUSE OR MINOR CHILDREN TO ANNUITY, designate a beneficiary to receive any amount which may become refundable in the event of death.

Unless a member designates a beneficiary to receive any amount refundable upon date of death the law provides that such refund shall be paid as follows:

1. To your children in equal parts to each.
2. To the executor or administrator of your estate.
3. To your heirs.

Members who wish to name a beneficiary(ics) should complete the form below.

**INSTRUCTIONS:**

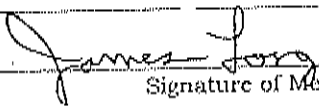
- You may designate one person or as many persons as you wish.
- Two or more persons will receive equal shares.
- The form **MUST BE NOTARIZED** to be valid.
- The most recent beneficiary form filed with the Fund Office will take precedence over all other forms on file.

**(MUST BE NOTARIZED)**

**DESIGNATION OF BENEFICIARY FOR REFUND**

In accordance with the provisions of the Act governing this Fund, Article 8, Section 8-170, I hereby designate the following named person(s) as my beneficiary (ics) of any amount which may become refundable upon my death to be paid in equal shares to each:

Name	Relationship

  
 \_\_\_\_\_  
 Signature of Member

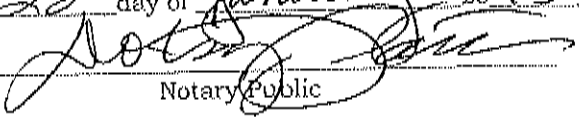
ALL PRIOR BENEFICIARY DESIGNATIONS THAT I HAVE MADE ARE HEREBY REVOKED.

STATE OF ILLINOIS } SS.  
County of

Subscribed and sworn to before me, a Notary Public in and for the County and State aforesaid, by the above

\_\_\_\_\_ this 22 day of January 20 15

(SEAL)

  
 \_\_\_\_\_  
 Notary Public



**E-Business Suite:APSPROD**

Navigator

Favorites

Home Logout Preferences Help

**New COC Employee Appointment and LT Reinstatements: Review**

**Effective Date 20-Jan-2015**

Employee Name	<b>LONG, JAMES</b>	Employee Number	
Manager	<b>PATTERSON, DOTSY</b>	Organization Email Address	
Department	<b>085-4800 SECURITY OPERATIONS</b>	Job	<b>4210   AVIATION SECURITY OFFICER</b>

Review your changes and, if needed, attach supporting documents.

⊙ Indicates Changed Items.

**Assignment**

<b>Current</b>	<b>Proposed</b>
<b>Department</b> 085-4800 SECURITY OPERATIONS	085-4800 SECURITY OPERATIONS
<b>Job</b> 4210 AVIATION SECURITY OFFICER	4210 AVIATION SECURITY OFFICER
<b>LOC Worker is a Manager</b> No	No
<b>Position Name</b> 085 0740 4800 4210 AVIATION SECURITY OFFICER 7A	085 0740 4800 4210 AVIATION SECURITY OFFICER 7A
<b>Location</b> 085-4800 SECURITY OPERATIONS	085-4800 SECURITY OPERATIONS
<b>Payroll Name</b>	PAY07 ⊙
<b>EMPLOYEE STATUS</b>	0 ⊙
<b>EMPLOYEE SUFFIX</b> 00	00
<b>FLSA CODE</b>	N ⊙
<b>ACTUAL JOB CODE/PAID</b>	4210 ⊙
<b>AS</b>	
<b>BARGAINING UNIT</b>	02 ⊙
<b>UNION DUES DEDUCTION CODE</b>	14 ⊙
<b>LOCAL COMMENTS</b>	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP ⊙
<b>PENSION</b>	1 ⊙
<b>Pension Tier</b> 2	2
<b>GRANT</b>	CORPORATE ⊙
<b>Assignment Status</b> Active Assignment	Active Assignment
<b>Change Reason</b>	Appointment - New Hire ⊙
<b>Salary Basis</b>	SALARY ⊙
<b>Work Hours</b> 35	35
<b>Assignment Category</b>	Fulltime-Regular ⊙
<b>Home Worker</b> No	No
<b>Union Member</b> No	No
<b>Probation Period</b> 6	6
<b>Probation Unit</b> Months	Months

*Pers file*

**Probation End Date** 19-Jul-2015  
**Primary Assignment** Yes

19-Jul-2015  
 Yes

**Pay Rate**

<b>Current</b>	<b>Proposed</b>
<b>Appointment - New Hire</b>	3,888.00 USD ☉
<b>Pay Rate</b> 0.00 USD	3,888.00 USD ☉
<b>Pay Rate ( Annual Equivalent )</b> 0.00 USD	46,656.00 USD ☉
<b>Salary Effective Date</b>	20-Jan-2015 ☉
<b>Comments</b>	

**Extra Information Type**

**PAYROLL\_NUM**

**Proposed**

**PAYROLL SUB GROUP** 3908  
**PAYROLL BATTALION** 00  
**PAYROLL UNIT NUMBER** 001  
**PAYROLL SEQUENCE NUMBER** 0000  
**PAYROLL DEPARTMENT** 085-Aviation  
**PAYROLL DIVISION** Department of Aviation  
**PAYROLL DIVISION HEAD** Michael D. Boland  
**PAYROLL DIVISION HEAD TITLE** Acting Commissioner

**Additional Information**

**Attachments**

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None

**Approvers**

<b>Details</b>	<b>Line No</b>	<b>Approver</b>	<b>Approver Type</b>	<b>Order No</b>	<b>Category</b>	<b>Status</b>	<b>Delete</b>
<input type="checkbox"/> Show	1	MANNING, ANGELA	HR People	1	Approver		<input type="button" value="X"/>
<input type="checkbox"/> <b>Add Adhoc Approver</b>							

**Comments to Approver**

James Long-ASO; Eff 01/20/2015; AForm #085-2015-001; Vac# 4210-0001-2015; ME

[Cancel](#)

[Back](#)

[Save For Later](#)

[Print](#)

[Submit](#)

[Home](#) [Logout](#) [Preferences](#) [Help](#)

Copyright (c) 2006, Oracle. All rights reserved.

PCS, Non-Exempt  
Emp 115721

E-Business Suite:APSPROD

Navigator Favorites

Home Logout Preferences Help

Oracle Applications Home Page > Worklist >

Information

This notification does not require a response.

085 - FYA : Taleo New Hire LONG, JAMES Applicant No. 41469

Back Step 11 of 22 Next OK Reassign Request Information

From SYSADMIN  
To HR\_OFFICE DISPLAY  
Sent 16-Jan-2015 18:35:15  
ID 94358483

Please review the following applicant record for completeness and accuracy :

Full Name : LONG, JAMES

Person Id : 100190

Applicant Number : 41469

Requisition Name : 085

Vacancy ID : 264472

Vacancy Name : 4210-0001-2015

Hire Date : 20-JAN-2015

Once record is reviewed and completed, kindly perform hire action as on hire date indicated and assign supervisor. Subsequently, notify relevant information to concerned OD Initiator towards performing a PER 14 appointment for the employee in SSHR.

Return to Worklist Back Step 11 of 22 Next OK Reassign Request Information

Home Logout Preferences Help

Copyright (c) 2006, Oracle. All rights reserved.

**COC-HR Oper Dept Self Service**

Navigator Favorites

[Home](#) [Logout](#) [Preferences](#) [Help](#)

**Suspensions, LOAs and Short-Term Reinstatements: Review**

**Effective Date 01-Apr-2017**

Employee Name **LONG, JAMES** Employee Number XXXXXXXXXX  
 Manager **PATTERSON, DOTSY** Organization Email Address  
 Department **085-4800 SECURITY OPERATIONS** Job **4210 | AVIATION SECURITY OFFICER**

Review your changes and, if needed, attach supporting documents.

Indicates Changed Items.

**Assignment**

	<b>Current</b>	<b>Proposed</b>
<b>LOC Worker is a Manager</b>	No	No
<b>Position Name</b>	085 0740 4800 4210 AVIATION SECURITY OFFICER 7A	085 0740 4800 4210 AVIATION SECURITY OFFICER 7A
<b>EMPLOYEE STATUS</b>	1	1
<b>EMPLOYEE SUFFIX</b>	00	00
<b>FLSA CODE</b>	N	N
<b>ACTUAL JOB CODE/PAID</b>	4210	4210
<b>AS</b>		
<b>BARGAINING UNIT</b>	02	02
<b>UNION DUES DEDUCTION CODE</b>	14	14
<b>LOCAL COMMENTS</b>	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
<b>PENSION</b>	1	1
<b>Pension Tier</b>	2	2
<b>GRANT</b>	CORPORATE	CORPORATE
<b>Assignment Status</b>	DISCIPLINARY SUSPENSION	Active Assignment
<b>Change Reason</b>	Disciplinary Suspension	Reinstatement
<b>Home Worker</b>	No	No
<b>Union Member</b>	No	No
<b>Probation Period</b>	6	6
<b>Probation Unit</b>	Months	Months
<b>Probation End Date</b>	19-Jul-2015	19-Jul-2015
<b>Primary Assignment</b>	Yes	Yes


**Additional Information**

**Attachments**

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None

**Approvers**

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
<input type="checkbox"/> Show	1	MAY, ROBERT	HR People	1	Approver		

**Add Adhoc Approver**

**Comments to Approver**

James Long (Aviation Security Officer) reinstated form suspension eff. 4/1/17



[Cancel](#)

[Back](#)

[Save For Later](#)

[Print](#)

[Submit](#)

[Home](#) [Logout](#) [Preferences](#) [Help](#)

Copyright (c) 2006, Oracle. All rights reserved.

Type: SUSPENSION  
Reason: Disciplinary/Suspension  
Category: Unpaid  
Occurrence: 1

Date		Date		Calculate Duration	
Notified		Time	Time	Days	Hours
Projected Start	01-APR-2017	End			
Actual Start	27-MAR-2017	End	31-MAR-2017	Duration	5

Authorized by: \_\_\_\_\_ Number: \_\_\_\_\_  
Replaced by: \_\_\_\_\_ Number: \_\_\_\_\_

Balance Information

Associated Element: \_\_\_\_\_  
Running Total: \_\_\_\_\_  
In Current Year: \_\_\_\_\_ Hours: \_\_\_\_\_ Days: \_\_\_\_\_ \* No Balance [ ]

7/1/2016

Confirm Projected Dates



**Garcia, Annabel**

---

**From:** Nolfi, Erika  
**Sent:** Wednesday, April 12, 2017 10:22 AM  
**To:** CROWDER, PRISCILLA  
**Cc:** Garcia, Annabel  
**Subject:** RE: James Long empl. # [REDACTED]

**Importance:** High

Hi Priscilla,

Here is the screen shot of this employee on suspension. Thanks





Oracle Applications - APSPROD

File Edit View Tools Window Help

Oracle Applications - APSPROD

Absence Detail: 03-APR-2017 (LONG, JAMES)

Type: **SUSPENSION** Category: Unpaid  
Reason: Disciplinary Suspension Occurrence: 1

Date		Time	Date	Time	Calculate Duration	
Notified	Projected Start		End		Days	Hours
01-APR-2017						
	Actual Start		End		Duration	
	27-MAR-2017		31-MAR-2017		5	

Authorized by: \_\_\_\_\_ Number: \_\_\_\_\_  
Replaced by: \_\_\_\_\_ Number: \_\_\_\_\_

Balance Information

Associated Element	Running Total	Hours	Days	No Balance	[ ]
In Current Year					

Confirm Projected Dates

Records 10

Best Regards  
Erika Nolfi  
Information Services  
Human Resources Records Specialist  
Department of Human Resources

City of Chicago  
121 N LaSalle Street, Room 1100  
Chicago, IL 60602  
Direct 312-744-9707  
Fax 312-744-1521  
[Erika.Nolfi@cityofchicago.org](mailto:Erika.Nolfi@cityofchicago.org)

**From:** CROWDER, PRISCILLA  
**Sent:** Wednesday, April 12, 2017 9:31 AM  
**To:** Nolfi, Erika  
**Cc:** Garcia, Annabel  
**Subject:** James Long empl. # [REDACTED]

Good morning Erika,

We are seeking a print screen for Mr. James Long suspension this morning. I was unable to locate his printout the day I printed it.

If you can help us that would be great.

Thank you.

Priscilla A. Crowder  
Administrative Services Officer II/Human Resources  
Chicago Department of Aviation  
10510 W. Zemke Blvd  
Chicago, Illinois 60666  
Office: (773) 686-7088  
Fax: (773) 894-6901  
Email: [priscilla.crowder@cityofchicago.org](mailto:priscilla.crowder@cityofchicago.org)

---

This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachment thereto, is strictly prohibited. If you have received this e-mail in error, please respond to the individual sending the message, and permanently delete the original and any copy of any e-mail and printout thereof.



CITY OF CHICAGO  
NOTICE OF PROGRESSIVE DISCIPLINE



ORIGINAL

**CONFIDENTIAL**

<b>Employee's Name:</b> Long, James	<b>Employee's Title:</b> Aviation Security Officer (4210)
<b>Supervisor's Name:</b> Mattox, Robinette	<b>Supervisor's Title:</b> Aviation Security Sergeant (4209)
<b>Division/Bureau/Dept:</b> 85	<b>Date of Incident:</b> January 29, 2017
	<b>Other Incident Dates:</b>

You are receiving this notice according to the provisions of Rule XVIII of the City of Chicago Personnel Rules due to a violation of subsection(s): 48, 50, 38, 39; 29

Verbal Counseling Date of Verbal Counseling:

Verbal Counseling does not require employee's signature and is not placed in the employee's personnel file folder.

**Level of Discipline**

<input type="checkbox"/> Notice of Reprimand <input type="checkbox"/> Oral <input type="checkbox"/> Written Date of Reprimand:	<input checked="" type="checkbox"/> Notice of Suspension Number of days of suspension: 5 Effective Date: 03/27/2017    Return to work date: 04/01/2017 Effective Time: 13:30    Return to work Time: 13:30
--	---

**Category**

<input type="checkbox"/> Criminal or Improper Conduct	<input type="checkbox"/> Misrepresentation
<input checked="" type="checkbox"/> Violation of City Policy or Rule	<input type="checkbox"/> Tardiness or Absenteeism
<input checked="" type="checkbox"/> Conduct Involving Job Performance or Substandard Work Performance	

**Prior Notices of Progressive Discipline**

Date of Notice	Level of Discipline	Category

**Incident Description and Supporting Details** - Include the following details: Date of Occurrence, Time, Location, Witnesses, and Impact of Action. Describe the required change expected of the employee, identify a date for follow-up, if necessary.

On Feb 23, 2017, a pre - dis meeting was held for P/O Long. On Jan.28, 2017 P/O Long while working over-time on the 1st watch was giving a direct order from SGT. Pudowski to block the entrance gate with P/O's assigned vehicle as to not allow vehicle through Post 5 without being challenged by P/O Smith assigned to the Post. P/O Long did not and allowed a vehicle to pass through the post without being challenged by P/O Smith. P/O Long was found to be in violations of Rule VXIII, para 29, 38,39, 48 and 50, for insubordination P/O failed to obey a direct order and was giving a five day suspension.

ORIGINAL

**Statement of Consequences** - Describe future actions if no improvement is made.

If future infractions occur that violate the same category of the City of Chicago's Personnel Rules you will be subject to progressive discipline.

I acknowledge receipt of this notice. I understand that a copy of this notice will be included in my personnel record.

Signature of Employee: <i>Refusal</i>	Date: 23-March-17
Signature of Supervisor Issuing Notice: <i>Sgt. [Signature]</i>	Date: MAR 23 2017

**Rights of Appeal:** Career Service Employees who are suspended for ten (10) days or less may request in writing a review of the disciplinary action by their Department Head. If the period of suspension is for more than ten (10) but less than thirty-one (31) days or is a second suspension in a six month period, the suspension may be appealed in writing to the City Human Resources Board. Any such requests must be made within 5 working days of the notification of the disciplinary action. Employees covered by

- Copy to employee  
  Copy to union  
  Copy to supervisor  
  Copy to departmental Human Resources representative

Supervisor may be required to attach a Request for Review form to this Notice. Consult the current collective bargaining agreement for applicability.

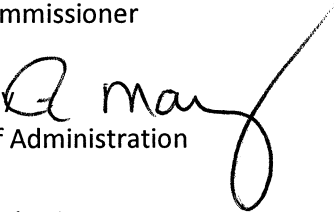


CHICAGO DEPARTMENT OF AVIATION  
CITY OF CHICAGO

April 10, 2017

To: James Long  
Aviation Security Officer

Cc. J. Redding  
Deputy Commissioner

From: Robert May   
Director of Administration

RE: Administrative Leave

---

Please accept this memorandum as the Chicago Department of Aviation (CDA) notification that you are being placed on paid administrative leave effective today. The Administrative Leave will be in effect until you receive notification from CDA of a change.

If you have any questions please feel free to contact me at (773) 686-3458.