



**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.

STEVEN Smith  
PRINT NAME

AVIATION Police  
TITLE

Steven Smith  
EMPLOYEE SIGNATURE \*

6-17-16  
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](mailto: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.*



CHICAGO DEPARTMENT OF AVIATION  
CITY OF CHICAGO

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

In accordance with 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 Service shall reimburse the City for the cost of their initial training at the academy.

I, STEVEN Smith, have read the  
(Print Full Name)

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

Steven Smith

(Signature)

6-17-16

(Date)



# CITY OF CHICAGO

## DEPARTMENT OF HUMAN RESOURCE

### ACKNOWLEDGEMENT OF RECEIPT FORM

The following policies and Personnel Rules are to be distributed to new employees during orientation. These policies are also available on the department of Human Resources intranet site: <http://my.cityofchicago.org/intranet/homepage/depts/human-resources/policies.html>

POLICIES - RULES - ORDINANCES	
CHILD SUPPORT OBLIGATION COMPLIANCE POLICY	FREEDOM OF SPEECH NOTICE AND ORDER
DIVERSITY AND EQUAL EMPLOYMENT OPPORTUNITY POLICY	INDEBTEDNESS POLICY
DoIT APPLICATION SECURITY POLICY	OUTSIDE EMPLOYMENT POLICY
DRUG AND ALCOHOL TESTING POLICY	PERSONNEL SWIPE POLICY
ETHICS NOTICE AND RULES	PERSONNEL RULES
EMERGENCY EVACUATION PLAN (CITY HALL ONLY)	REASONABLE ACCOMODATION POLICY
EMPLOYEE BENEFITS SUMMARY	VICTIMS' ECONOMIC SECURITY AND SECURITY ACT (VESSA) POLICY
EXECUTIVE ORDER OF 8/16/05 AND NOTICE OF 6/20/83 (SHAKMAN)	VIOLENCE IN THE WORKPLACE POLICY

I hereby acknowledge that I have received the above Human Resources and Ethics Policies and the Personnel Rules. I also acknowledge that I understand that I am expected to read and comply with these Policies and the Personnel Rules. I understand that these Policies and the Personnel Rules may be updated from time to time and that such updates will be available on the Department of Human Resources intranet and internet sites.

Steven Smith  
SIGNATURE

6-17-16  
DATE

STEVEN SMITH  
PRINT NAME

Title AVIATION Security officer Department CDA

**STATEMENT OF COMPLIANCE**

**NEW EMPLOYEE ETHICS TRAINING**

The Statement shall serve as notice to the City of Chicago Board of Ethics that I  
STEVEN SMITH, in compliance with the Municipal Code of  
Chicago, Section 2-156-145, have completed the City's NEW EMPLOYEE ethics training course.

Signature:

Steven Smith  
Signature

6-17-16  
Date

Please send this Statement of Compliance/New Employee Training to the City of Chicago Board of Ethics, 740 N. Sedgwick, Room 500,  
Chicago, IL 60654,

Attn: Ed Primer, Program Director, Fax: 312.744.2793



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.

S.S. 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: STEVEN SMITH

Signature: Steven Smith Date: 6-10-16





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

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

Print Name: STEVEN SMITH

Signature: Steven Smith Date: 6-17-16





**CITY OF CHICAGO  
DEPARTMENT OF HUMAN RESOURCES  
OUTSIDE EMPLOYMENT FORM**

Name: <u>STEVEN Smith</u>	Department: <u>AVIATION</u>
Job Title: <u>AVIATION Security Officer</u>	Bureau: <u>Security</u>
Work Phone: <u>773-686-2685</u>	Work Site: <u>O'Hare Airport</u>

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 above;  
 When did (will) you start? \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

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	N/A	A	
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours			

	Outside Employment		
	Start	Stop	Hours
Monday	N/A	A	
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours			

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.

Steven Smith

Signature

6-17-16

Date

APPROVALS:       YES       NO  
 YES       NO  
 YES       NO

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



# 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) <b>Smith</b>		First Name (Given Name) <b>STEVEN</b>		Middle Initial <b>L</b>	Other Names Used (If any) <b>N/A</b>	
Address (Street Number and Name) [REDACTED]			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy) [REDACTED]	U.S. Social Security Number [REDACTED]	E-mail Address [REDACTED]			Telephone Number [REDACTED]	

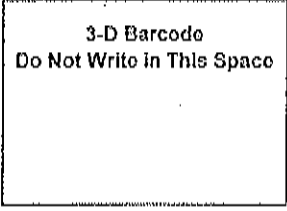
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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: <b>Steven Smith</b>	Date (mm/dd/yyyy): <b>05/12/2016</b>
--	--------------------------------------

**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 "List 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: Smith, STEVEN, L

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>DRIVER'S LICENSE</u>		Document Title: <u>Social Security card</u>
Issuing Authority:		Issuing Authority: <u>ILLINOIS</u>		Issuing Authority: <u>SSA</u>
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>Priscilla Crowder</u>		Date (mm/dd/yyyy) <u>5/12/16</u>	Title of Employer or Authorized Representative <u>ASO II</u>	
Last Name (Family Name) <u>CROWDER</u>		First Name (Given Name) <u>PRISCILLA</u>		Employer's Business or Organization Name <u>Chicago Dept. of Aviation</u>
Employer's Business or Organization Address (Street Number and Name) <u>10510 W. Lemke</u>			City or Town <u>Chicago</u>	State <u>IL</u>
			Zip Code <u>60669</u>	

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

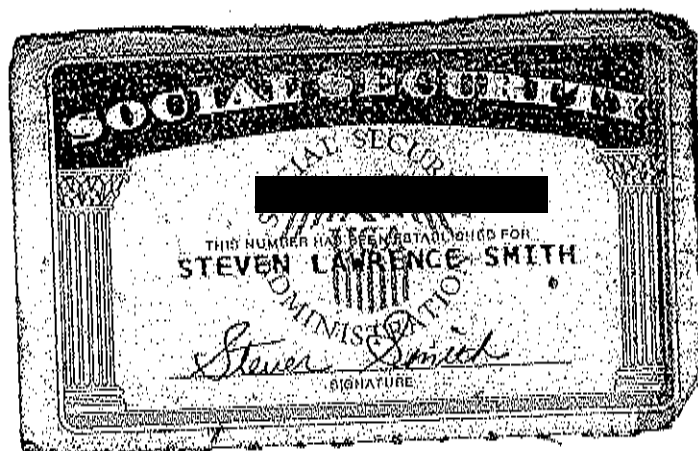
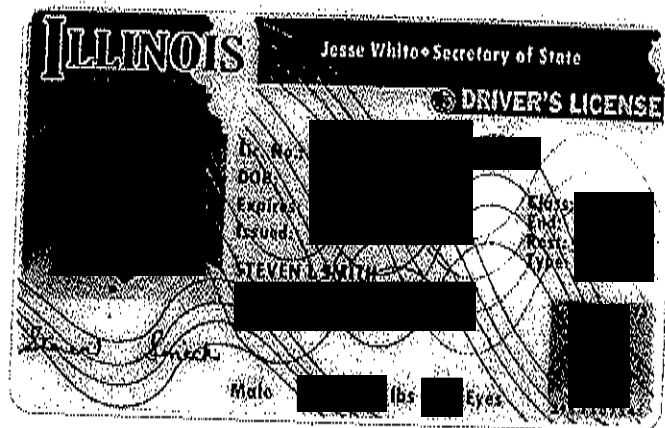
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

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:



# CITY OF CHICAGO EMPLOYEE CHARITABLE CONTRIBUTIONS ALLOCATION FORM

Employee Name: STEVEN SMITH  
 Employee Number: [REDACTED]  
 Phone Number: [REDACTED]  
 Department: AVIATION

The City of Chicago maintains a payroll deduction so that you can contribute to a wide variety of non-profit series charities. The Charitable Profile Booklet gives specific information on the program and interest of each group. You can choose up to 10 charities. At least 10% of your total donation must be given to any one charity. (Use only whole percentages.)

I wish to donate the following amount of money each pay period.  
 \$3.00  \$5.00  10.00  15.00  20.00  other \$ \_\_\_\_\_  
 Discontinue donation

Charity Name	Percentage	Charity #
American Cancer Society	<del>1</del>	
American Heart Association	2	United Negro College Fund
Black United Fund of Illinois	3	
Community Health Charities of Illinois	4	
Earth Share of Illinois	5	
Special Olympics Illinois	6	
After School Matters	7	
Global Impact	8	
Little City Foundation	9	
Big Brothers and Big Sisters of Metropolitan Chicago	10	
March of Dimes Birth Defects Foundation	11	
Sickle Cell Disease Association of Illinois	12	
Breast Cancer Network of Strength (formerly "Y-Me")	13	
United Negro College Fund	14	
United Way	15	
Easter Seals Metropolitan Chicago	16	
Hispanic Scholarship Fund	17	
Misericordia Heart of Mercy	18	
Muscular Dystrophy Association	19	
The 100 Club	20	
Community Shares of Illinois	21	
Prevent Child Abuse America	22	
Chicago Humanities Festival	23	
Chicago Children's Advocacy Center	24	
Kids in Danger	25	
Rainbows for All God's Children Inc.	26	
Special Children's Charities - Special Olympics Chicago	27	
The Anti-Cruelty Society	28	
CFD Charities, Inc.	29	
Fireman's Widow's & Children's Assistance Fund	30	

TOTAL: 100%

(Must be 100% to be valid)  
 I authorize the City of Chicago to deduct the above specified contribution on a pay-period basis and distribute this contribution as indicated. This authorization supercedes any previous authorization.

Steven Smith 6-17-16  
 Signature Date

Please return form to Dept of Finance via interoffice mail to Charities Coordinator, 33 N. LaSalle, 600 or email to colleen.stone@cityofchicago.org

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**Appointments & Long-Term Reinstatements: Review**

**Cancel**

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**Print**

**Submit**

**Effective Date 16-Jun-2016**

Employee Name **SMITH, STEVEN**

Employee Number XXXXXXXXXX

Manager **PATTERSON, DOTSY**

Organization Email Address

Department **085-4800 SECURITY OPERATIONS**

Job **4210|AVIATION SECURITY OFFICER**

**OPERATIONS**

**SECURITY OFFICER**

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

Indicates Changed Items.

**Assignment**

	Current	Proposed
<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 AS</b>		4210
<b>BARGAINING UNIT</b>		02
<b>UNION DUES DEDUCTION CODE</b>		A4
<b>LOCAL COMMENTS</b>		PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME FAIR SHARE
<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

<b>Probation End Date</b>	15-Dec-2016	15-Dec-2016
<b>Primary Assignment</b>	Yes	Yes

Pay Rate		
	Current	Proposed
<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>		16-Jun-2016 ☺
<b>Comments</b>		

**Extra Information Type**

**PAYROLL\_NUM**

	Proposed
<b>PAYROLL SUB GROUP</b>	3908
<b>PAYROLL BATTALION</b>	01
<b>PAYROLL UNIT NUMBER</b>	001
<b>PAYROLL SEQUENCE NUMBER</b>	0000

**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**

Steven Smith (ASO) Appt New Hire eff. 6/16/2016 pc  
Aform# 085-2015-052; vac# 4210-0002-2016



**Cancel** **Back** **Save For Later** **Print** **Submit**

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CHICAGO DEPARTMENT OF AVIATION  
CITY OF CHICAGO

Date: April 12, 2017

To: Steven L. Smith  
Aviation Security Officer

From: Robye Scott *RS*  
Deputy Commissioner  
Human Resources & Workforce Development

Cc: Jeffrey Redding  
Deputy Commissioner  
Security

Re: Administrative Leave

---

Please accept this memorandum as the Chicago Department of Aviation (CDA) notification that you are being placed on 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) 984-3034.