



Rosemarie S. Andolino, Commissioner of Aviation

**Department of Aviation/O'Hare Modernization Program
ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I have received the City of Chicago Board of Ethics **Governmental Ethics Ordinance**. By signing this form, I hereby further acknowledge that I have read, understood and will be held accountable for adherence to these ordinances.

JOHN MOORE

PRINT NAME

OFFICER

TITLE

[Handwritten signature of John Moore]

EMPLOYEE SIGNATURE

23 JUN 09

DATE

[Handwritten signature of witness]

WITNESS - PRINT NAME

[Handwritten signature of witness]

WITNESS SIGNATURE

23 June 09

DATE

Returned the signed copy no later than **July 7, 2009** to:

Priscilla Crowder
Department of Aviation - Human Resources Division
10510 W. Zemke Blvd - 2nd Floor
Chicago, IL 60666

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last MOORE	First JOHN	Middle Initial T	Maiden Name
Address (Street Name and Number, City, State, Zip Code)			Date of Birth (month/day/year)
City			Social Security #

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 or national of the United States
☐ A Lawful Permanent Resident (Alien # A)
☐ An alien authorized to work until ____/____/____
 (Alien # or Admission #)

Employee's Signature

Date (month/day/year)

08-23-95

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.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	#	List C
Document title: _____	EXP	_____	S/S	_____	_____
Issuing authority: _____		_____			_____
Document #: _____		_____			_____
Expiration Date (if any): ____/____/____		_____			_____
Document #: _____		_____		_____	_____
Expiration Date (if any): ____/____/____		_____		_____	_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative DEE-ANGELINI	Print Name DEE-ANGELINI	Title CLERK IV
Business or Organization Name DEPT-AVIATION	Address (Street Name and Number, City, State, Zip Code) O'HARE AIRPORT - CHgo-IL 60666	Date (month/day/year) 8-23-95

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility	
Document Title: _____	Document #: _____ Expiration Date (if any): ____/____/____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)

Dee Angelini

8-23-95



CITY OF CHICAGO
DEPARTMENT OF HUMAN RESOURCES
OUTSIDE EMPLOYMENT FORM

Name: <u>MOORE, JOHN.</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>OTARE</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
<u>ROTAENG</u>			
Monday	<u>1330</u>	<u>2200</u>	<u>8</u>
Tuesday	<u>1330</u>	<u>2200</u>	<u>8</u>
Wednesday	<u>1330</u>	<u>2200</u>	<u>8</u>
Thursday	<u>1330</u>	<u>2200</u>	<u>8</u>
Friday	<u>1330</u>	<u>2200</u>	<u>8</u>
Saturday			
Sunday			
Total Hours			

	Outside Employment		
	Start	Stop	Hours
<u>DNA</u>			
Monday			
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.

Signature: [Signature]

APPROVALS:

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Date: 10 MAR 15

Division Head: [Signature]

Bureau Head: [Signature]

Department Head: [Signature]



done

CITY OF CHICAGO
DEPARTMENT OF HUMAN RESOURCES
EMPLOYEE CHANGE OF ADDRESS FORM

Department: AVIATION Bureau: SECURITY
Name: JOHN MOORE
Position Title: SECURITY OFFICER SSN: [REDACTED]

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.

Former Address: [REDACTED] Zip code: [REDACTED]
New Address: [REDACTED] Zip code: [REDACTED]
New Phone Number: [REDACTED] Effective Date: 020412

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.

Department Head Signature

G. Grant

Employee Signature

John Moore

Date

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

LEASE RIDER

- 1) Tenants will establish gas account with People's Energy (312-240-4000) and electrical account with ComEd (800-334-7661).
- 2) Tenants responsible for snow removal and lawn care. Landlord responsible for repairs.
- 3) No alterations without landlord's permission.
- 4) Landlord provides refrigerator, stove & dishwasher.
- 5) Landlord responsible for laundry hookups, tenants will provide washer and dryer.
- 6) Garage not for tenants use.
- 7) 1st month's rent [REDACTED] goes to [REDACTED], security deposit [REDACTED] and all subsequent rents go to landlord [REDACTED]

[REDACTED] _____ DATE 1-3-2012
[REDACTED] _____ DATE 1-1-2012
JOHN MOORE John Moore _____ DATE Jan 11 2012
[REDACTED] _____ DATE 01/01/12



**CITY OF CHICAGO
DEPARTMENT OF HUMAN RESOURCES**

OUTSIDE EMPLOYMENT FORM

Name: <u>JOHN MOORE</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</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	1330	2200	8
Tuesday	1330	2200	8
Wednesday	1330	2200	8
Thursday	1330	2200	8
Friday	1330	2200	8
Saturday			
Sunday			
Total Hours			40

	Outside Employment		
	Start	Stop	Hours
Monday			
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.

John Moore

Signature

APPROVALS:

☒ YES

☐ NO

☒ YES

☐ NO

☐ YES

☐ NO

11 MAR 11

Date

Division Head: [Signature]

Bureau Head: [Signature]

Department Head: _____

Print Form



**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.

JOHN MOORE

PRINT NAME

AVIATION SECURITY OFFICER

TITLE

EMPLOYEE SIGNATURE *

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. Bill McKeown, CDA-HR, Office: 773-894-5294, Email: wmckeown@ohare.com
2. Robert May, CDA-HR, Office: 773-686-3458, Email: rmay@ohare.com

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.



CITY OF CHICAGO

DEPARTMENT OF HUMAN RESOURCES

DUAL EMPLOYMENT FORM

Name: <u>JOHN MOORE</u>	Department: <u>AVIATION</u>
Job Title: <u>AVIATION SECURITY OFFICER</u>	Bureau: <u></u>
Work Phone: <u>773 686 2685</u>	Work Site: <u>OHARE</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 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			
Tuesday	1330	2200	8
Wednesday	1330	2200	8
Thursday	1330	2200	8
Friday	1330	2200	8
Saturday	1330	2200	8
Sunday			
Total Hours			40

	Outside Employment			Total Hours
	Start	Stop	Hours	
Monday			0	0
Tuesday			0	8
Wednesday			0	8
Thursday			0	8
Friday			0	8
Saturday			0	8
Sunday			0	0
Total Hours				40

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 Dual Employment Report. I submit that I have read the City's Ethics Ordinance and Personnel Rules; that I have no conflict of interest; and that any falsification of this report will be cause for disciplinary action.

Signature: John Moore

Date: 12 NOV 09

(20)

APPROVALS: ☒ YES ☐ NO
☐ YES ☐ NO
☐ YES ☐ NO

Division Head: [Signature]
 Bureau Head: [Signature]
 Department Head: [Signature]



CITY OF CHICAGO

DEPARTMENT OF HUMAN RESOURCES

DUAL EMPLOYMENT FORM

Name: <u>JOHN MOORE</u>	Department: <u>AVIATION</u>
Job Title: <u>OFFICER</u>	Bureau: <u>POLICE</u>
Work Phone: <u>(773) 686-2085</u>	Work Site: <u>OHARE</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, 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	<u>DAY OFF</u>		
Tuesday	<u>1330</u>	<u>2200</u>	<u>8</u>
Wednesday	<u>1330</u>	<u>2200</u>	<u>8</u>
Thursday	<u>1330</u>	<u>2200</u>	<u>8</u>
Friday	<u>1330</u>	<u>2200</u>	<u>8</u>
Saturday	<u>1330</u>	<u>2200</u>	<u>8</u>
Sunday	<u>DAY OFF</u>		
Total Hours			<u>40</u>

	Outside Employment			Total Hours
	Start	Stop	Hours	
Monday				
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 Dual Employment Report. I submit that I have read the City's Ethics Ordinance and Personnel Rules; that I have no conflict of interest; and that any falsification of this report will be cause for disciplinary action.

Signature

MOORE

Date

03 NOV 06

APPROVALS:



YES



NO



YES



NO



YES



NO

Division Head:

Bureau Head:

Department Head:

RECEIVED
NOV 9 2006

10/19/2006

PER-125

Dept. of Aviation

PRIVACY NOTICE

Dear Chicago Airport System Badge Holder,

The Department of Homeland Security (DHS), Transportation Security Administration (TSA) has determined that there is a need to obtain additional information on individuals who possess and apply for an airport identification badge. This information includes citizenship status which the TSA will use to perform a Security Threat Assessment (STA).

The TSA will use this information to conduct an STA on airport employees and other personnel or applicants who work in, or have unescorted access to the Sterile Area, Secured Area, Air Operations Area (AOA) and Security Identification Display Areas (SIDAs), or any other area for which the airport has issued a personnel identification media.

This information will be used by, and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to aviation security.

Additionally, DHS may share the information with facility operators, law enforcement officers or other government agencies as necessary to respond to potential or actual threats to transportation security, or pursuant to its published Privacy Act system of records notice.

This authority comes from title 49 of the United States Code, Part 114.

The information I have provided is true, complete and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both. (See Section 1001 of Title 18 of the United States Code.)

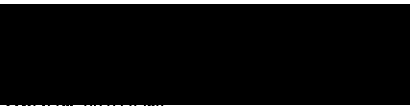


JOHN MOORE

Badge Holder's Printed Full Name

[Handwritten Signature]

Signature



Badge Number

07 DEC 06

Date

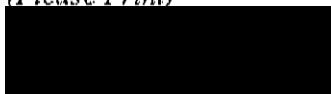
CITIZENSHIP SELF IDENTIFICATION

NAME:

JOHN MOORE

(Please Print)

BADGE NUMBER:



COUNTRY OF BIRTH:

UNITED STATES

RACE



Black or African-American (not of Hispanic origin): A person having origins in any of the racial groups of Africa.

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification with a tribal affiliation or community recognition.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Only those persons from Central and South American countries who are of Spanish origin, descent, or culture should be included in this category.

White (not of Hispanic origin): A person having origins in any of the original people of Europe, North Africa or the Middle East.

JOHN MOORE

Badge Holder's Printed Full Name

Badge Holder's Signature

07 DEC 06

Date

Return to Susan Earle in Human Resources no later than 12-13-06



TOLERANCE

Obtained by Judicial Watch, Inc. Via FOIA

CITY OF CHICAGO
VIOLENCE IN THE WORKPLACE TRAINING SESSION
ACKNOWLEDGMENT RECEIPT

JOHN MOORE

EMPLOYEE'S NAME

SECURITY OFFICER

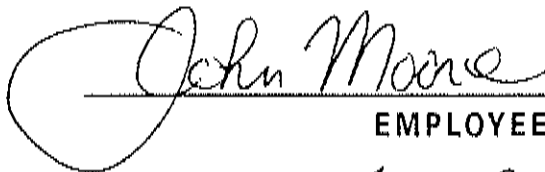
TITLE

AVIATION

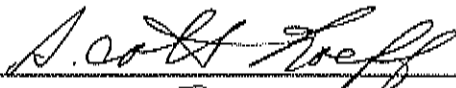
DEPARTMENT

5-24-2000

DATE OF TRAINING SESSION ATTENDED



EMPLOYEE'S SIGNATURE



VIOLENCE IN THE WORKPLACE LIAISON (SIGNATURE)



TRAINING REPRESENTATIVE (SIGNATURE)

In compliance with the City of Chicago Violence in the Workplace Policy, Section VII, this employee attended one full Violence in the Workplace Training Session, conducted by the City of Chicago.

The training session included viewing the City of Chicago Violence in the Workplace Policy Video Training Tape; review of the Violence in the Workplace Procedural Manual; review of Executive Order 99-2, the City of Chicago Violence in the Workplace Policy, and Personnel Rules XVIII and XIX.

The employee named here will receive a certificate of completion for attending one full, mandatory Violence in the Workplace Training Session, after the Violence in the Workplace Office, located at 333 South State Street, Suite 330, Chicago, Illinois 60604, has received this receipt.



Richard M. Daley, Mayor
City of Chicago

Glenn E. Carr, Commissioner
Department of Personnel

F.P. - 25-95

Phys. 8-25-95 1:30 p.m.

Department of Aviation
Personnel Section
Personnel Information Update and Verification

Name MOORE, JOHN T.	Social Sec. # [REDACTED]	Sex M	Age [REDACTED]	Marital status [REDACTED] (Circle one)	Date of birth [REDACTED]
Address [REDACTED]	Zip code [REDACTED]	Phone no. [REDACTED]	Driver's license no. [REDACTED]	Exp. date [REDACTED]	Class [REDACTED]
Department/bureau DEPT OF AVIATION	Title Security	Employee no. [REDACTED]	Present unit assignment [REDACTED]		
Address of assignment 10000 OHARE		Phone [REDACTED]			
Name of spouse [REDACTED]		Address of spouse [REDACTED]		Total dependents [REDACTED]	

Subscriber's name JOHN MOORE

DEPARTMENT OF AVIATION/PERSONNEL - PAYROLL
CHECK OFF LIST

☒ PERSONNEL INFO UPDATE/VERIFICATION CARD

☒ PERSONNEL DATA FORM

☒ AFFIDAVIT OF DISCLOSURE/INDEBTEDNESS

☒ EMPLOYEE RESIDENCY AFFIDAVIT (2) FORMS

☒ AVAILABILITY TO WORK

☒ LETTER TO ALL EMPLOYEES PAYCHECK/INSURANCE

☒ FIRST AMENDMENT OF U.S. CONSTITUTION FORM

☒ CONFLICT OF INTEREST

☒ W-4 FEDERAL FORM

☒ W-4 ILLINOIS DEPARTMENT OF REVENUE FORM

☒ U.S. DEPARTMENT OF JUSTICE FORM I-9

☒ PERSONAL HISTORY INQUIRY FORM

☒ UNITED WAY/CRUSADE OF MERCY FORM

☒ DRUG AND ALCOHOL TESTING POLICY

☒ PENSION FORM (2) FORMS

☒ INSURANCE/ACKNOWLEDGEMENT RECEIPT FORM

OTHER No ack

INITIALS _____



City of Chicago

Employee Residency Affidavit

Department AVIATION Bureau _____
Name JOHN MOORE
Position title SPEC POL DOA (SECURITY)
Social Security 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 _____
_____ 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 Personnel 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 John Moore
Date 08-23-95

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

City of Chicago
Department of Personnel
Room 1100—City Hall
121 North LaSalle Street
Chicago, Illinois 60602

PERSONNEL DATA FORM

PLEASE PRINT • PRESS FIRMLY

DATE 9/18/97

FOR OFFICE USE:

NAME MOORE		First JOHN		Last T		M.I. T		SOCIAL SECURITY NUMBER [REDACTED]		BIRTHDATE [REDACTED]		Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>			
PRESENT ADDRESS [REDACTED]		City CHICAGO		State IL		Zip 60602		WORK PHONE [REDACTED]		DRIVER'S LICENSE NO. [REDACTED]		Female <input type="checkbox"/>			
RACE/ETHNIC IDENTIFICATION: (The following definitions are those used by the United States Equal Employment Opportunity Commission. This information will be used for statistical purposes only.)		EMERGENCY CONTACT [REDACTED]		NAME [REDACTED]		ADDRESS [REDACTED]		PHONE [REDACTED]		RELATIONSHIP [REDACTED]					
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN or PACIFIC ISLANDER <input type="checkbox"/> NATIVE AMERICAN INDIAN or ALASKA NATIVE		FOREIGN LANGUAGES (Enter Language. Then indicate level by entering box. E = Excellent; F = Fair; P = Poor.)		Spoken <u>SPANISH</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Written <u>"</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Read <u>"</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		EDUCATION LEVEL: YEARS COMPLETED:		1. Grade School <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. High School <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. College <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No HIGHEST DEGREE: <input checked="" type="checkbox"/> AA <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD <input type="checkbox"/> Other		MILITARY RECORD: Were you in the Armed Service? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Branch _____ From: Month _____ Year _____ To: Month _____ Year _____ Present Status _____			
PROFESSIONAL LICENSES HELD:															
EDUCATION/TRAINING (College, Business or Trade School)		School Name		City & State		Field of Study		Dates Attended From To		Credits Completed Sem. Hrs. Or. Hrs.		Degree, Diploma or Certificate		Year Received	
DE PAUL UNIVERSITY CHICAGO, IL		CHICAGO, IL		PSYCHOLOGY/ANALYSIS		89-92									
NORTHEASTER IL		CHICAGO		MANAGEMENT		92-Pres.		120							
EMPLOYMENT HISTORY (Last 3)		ADDRESS		KIND OF BUSINESS		FROM		TO		JOB TITLE		LAST SALARY			
JEWEL		7342 W Foster		RETAIL		87		Pres		Mgr		9.10/hr			

WHITE DEPARTMENT OF PERSONNEL COPY YELLOW HIRING DEPARTMENT COPY
AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER

John Moore 8-23



Personal History Inquiry Form

Obtained by Judicial Watch, Inc. Via FOIA

City of Chicago
Richard M. Daley, Mayor

Department of Aviation
David R. Mosena
Commissioner

DEPARTMENT OF AVIATION
Chicago
O'Hare International Airport
P.O. Box 66142
Chicago, Illinois 60666
(312) 686-3449

Applicant Name: MOORE, JOHN T
Address: [REDACTED]
Date: 88-23-95 Phone: [REDACTED]
Social Sec. No.: [REDACTED] Birth Date: [REDACTED]

The Department of Aviation is required by the Federal Aviation Administration to complete a five (5) year personal history investigation. Please denote your employment, educational or personal whereabouts (to include unemployment) for the last five (5) years. Also please list two (2) personal and one (1) non-personal references.

Firm/School/Other: NORTEASTERN ILL U. Position: STUDENT From: 92 To: 95
Address: [REDACTED] Phone: [REDACTED]
Reason for Leaving: [REDACTED]

Firm/School/Other: DEPAUL U. Position: STUDENT From: 89 To: 92
Address: [REDACTED] Phone: [REDACTED]
Reason for Leaving: [REDACTED]

Firm/School/Other: JEWEL Position: CASHIER From: 87 To: 95
Address: [REDACTED] Phone: 775-6866
Reason for Leaving: [REDACTED]

Firm/School/Other: [REDACTED] Position: [REDACTED] From: [REDACTED] To: [REDACTED]
Address: [REDACTED] Phone: 775-19-11-122
Reason for Leaving: [REDACTED]

Firm/School/Other: [REDACTED] Position: [REDACTED] From: [REDACTED] To: [REDACTED]
Address: [REDACTED] Phone: [REDACTED]
Reason for Leaving: [REDACTED]

Firm/School/Other: [REDACTED] Position: [REDACTED] From: [REDACTED] To: [REDACTED]
Address: [REDACTED] Phone: [REDACTED]
Reason for Leaving: [REDACTED]

References

Personal 1.

Personal 2.

Non-Personal 3.

Relationship

Years Known

Phone

I, John Moore, hereby authorize permission to the Department of Aviation to contact any person or company listed above, in order to complete an employment background inquiry.

CITY OF CHICAGO DRUG AND ALCOHOL TESTING POLICY

I am in receipt of the City of Chicago Drug and Alcohol Testing Policy.

I understand that this policy will be implemented effective July 1, 1993.

MOORE, JOHN T

PRINT NAME

John T Moore

SIGNATURE

8-23-95

DATE



DEPARTMENT OF AVIATION

MEMORANDUM

AVAILABILITY TO WORK

Date 08-23

Name JOHN MOORE

If the Department of Aviation selects you for a position we must know when you could report to work.

- A. Immediately _____
- B. Need time to give notice 2 weeks
- C. Other _____

Also, please provide us with a telephone number where you can be reached during business hours ~~773~~ 9-5 PM. If you cannot be contacted during the day, please leave a number that can accept a message for you

_____.



Department of Aviation



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 benefit 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

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

Print Name:

JOHN MOORE

Signature:

John Moore

Date:

25 APR 07

Department of Aviation



ACKNOWLEDGEMENT OF RECEIPT

I, JOHN MOORE, acknowledge receipt of
(Print name)

the City of Chicago Personnel Rules Book (Revised May 13, 2003)

on OCT 5, 2005.



Signature of Employee



CITY OF CHICAGO WRITTEN REPRIMAND

CITY OF CHICAGO
Richard M. Daley
Mayor

Employee

JOHN MOORE

Payroll No.

Department
Bureau
Division

DEPT OF AVIATION

Job Title

AVIATION POLICE

Immediate Supervisor

LT. MILLS

Date of Violation

27 OCT 05

Time

1330

Location

AMC

This is to inform you that you are reprimanded according to the provisions of Rule XVIII of the City of Chicago Personnel Rules.

The cause for this reprimand is:

FAILED TO CALL ON 27 OCT 05,
FOR SICK TIME.

This action is a violation of:

RULE 18 SEC 1 - #3. OFFICER MOORE
MADE THE REQUEST THAT HE DID NOT WANT UNION REPRESENTATION
AT THIS PRE-DIS ON 9 NOV 05 @ 1345 hrs. - 1st PRE-DIS 5 NOV.

A repetition of the above violation may result in further disciplinary action.

Employee Signature

Date

(If employee refuses to sign, please so indicate.)

Signature of Supervisor

Issuing Reprimand

Date

Title

SARGENT

A COPY OF THIS REPRIMAND WILL BE MADE A PART OF YOUR PERMANENT RECORD.

White Copy — To Employee

Yellow Copy — To Department Head

Pink Copy — To Immediate Supervisor

DEPARTMENT OF AVIATION
ACKNOWLEDGEMENT RECEIPT

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

I accept full responsibility for providing all necessary applications and documents to the Benefits Management Office within 30 days of employment to ensure proper medical coverage for myself, and dependents, if applicable.

Print Name JOHN MOORE SSN 

Signed John Moore

Date 10 / 16 / 97

Original Copy - Department
Second Copy - Employee

CITY OF CHICAGO GROUP TERM LIFE INSURANCE

ENROLLMENT FORM

BANKERS LIFE AND CASUALTY COMPANY

NAME
EMPLOYEE (PLEASE PRINT) MOORE JOHN T
LAST FIRST MI

ADDRESS [REDACTED]
NUMBER AND STREET
[REDACTED]
CITY STATE ZIP CODE

EMPLOYEE BENEFICIARY - GIVE FULL NAME AND RELATIONSHIP TO EMPLOYEE
(EXAMPLE: MARY ANN JONES - SPOUSE)
[REDACTED]

SOCIAL SECURITY NUMBER <u>[REDACTED]</u>			
MALE <input checked="" type="checkbox"/>		PAYROLL NUMBER <u>[REDACTED]</u>	
FEMALE <input type="checkbox"/>			
DATE OF BIRTH	MO	DAY	YEAR
CONTINUOUS SERVICE DATE	MO	DAY	YEAR
	09	11	95

FIRST NAME MIDDLE INITIAL LAST NAME RELATIONSHIP
UNLESS OTHERWISE PROVIDED HEREIN, IF TWO OR MORE BENEFICIARIES ARE NAMED, THE PROCEEDS SHALL BE PAYABLE IN EQUAL SHARES TO THE NAMED BENEFICIARIES SURVIVING THE INSURED EMPLOYEE.

COVERAGE-GROUP TERM LIFE INSURANCE

1. CITY PAID - BASIC GROUP TERM LIFE INSURANCE
2. EMPLOYEE PAID - OPTIONAL GROUP TERM LIFE INSURANCE. YOU MAY IF YOU WISH, ENROLL FOR AN ADDITIONAL AMOUNT OF COVERAGE EQUAL TO ONE, TWO OR THREE TIMES YOUR BASIC ANNUAL SALARY

OPTIONAL INSURANCE THROUGH PAYROLL DEDUCTION

1. ☐ YES I WANT THE OPTIONAL INSURANCE.
IF OPTIONAL INSURANCE IS REQUESTED, INDICATE BELOW THE AMOUNT OF COVERAGE DESIRED.
☐ ONE TIMES ANNUAL SALARY
☐ TWO TIMES ANNUAL SALARY
☐ THREE TIMES ANNUAL SALARY

2. ☒ NO I WISH TO WAIVE THE OPTIONAL INSURANCE.
I DO NOT WISH TO ENROLL FOR ANY OPTIONAL INSURANCE AND I UNDERSTAND THAT EVIDENCE OF INSURABILITY SATISFACTORY TO THE INSURANCE COMPANY MAY BE REQUIRED IF I DESIRE TO PARTICIPATE IN THE PLAN AT A LATER DATE.

I HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT FROM ANY EARNINGS OR ACCRUED WAGES DUE ME THE AMOUNT OF PREMIUM FOR ANY OPTIONAL LIFE INSURANCE HEREIN APPLIED FOR. THIS ENROLLMENT CARD SUPERSEDES ANY PREVIOUS ENROLLMENT CARD WHICH I MAY HAVE SUBMITTED.

DATE SIGNED 10 / 16 / 97 John Moore
MO DAY YEAR EMPLOYEE SIGNATURE

J-2351CC (8/90) SM

**INSURANCE COMPANY
USE ONLY**

EFFECTIVE DATE
OPTIONAL INS
APPROVED BY:

DEPARTMENT OF AVIATION
ACKNOWLEDGEMENT RECEIPT

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

I accept full responsibility for providing all necessary applications and documents to the Benefits Management Office within 30 days of employment to ensure proper medical coverage for myself, and dependents, if applicable.

Print Name

JOHN MOORE

SS#

Signed

John Moore

Date

09, 18, 95

Original Copy - Department
Second Copy - Employee



City of Chicago
Richard M. Daley
Mayor

Department of Human Resources
Jacqueline P. King
Commissioner

975

ACKNOWLEDGMENT

I acknowledge that I have received the City of Chicago Policy on Sexual Harassment. I understand that I may file a complaint of sexual harassment by contacting the Sexual Harassment Office or my department or agency liaison.

I understand that if I am a supervisor and become aware of sexual harassment occurring in the workplace, I am required to report that conduct to the Sexual Harassment Office or my department or agency liaison.

Obtained by Judicial Watch, Inc. Via FOIA

JOHN MOORE

Print Name

OFFICER

Print Title

John Moore

Signature

30 JAN 07

Date

Department of Human Resources
Sexual Harassment Office
333 S. State St., Ste. 330, Chicago, IL 60604
(312) 747-8988

PLEASE COMPLETE AND RETURN TO:

MUNICIPAL EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO

221 N. LaSalle Street - Room 500
Chicago, Illinois 60601
Phone: (312) 236-4700

MEMBERSHIP RECORD

INSTRUCTIONS:

Each member or applicant for membership is required to complete **TWO FORMS** being careful to see that corresponding answers are identical on both. Forms must be completed in ink or on a typewriter. This is a permanent record and must be delivered in good condition.

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

1. Name in full JOHN MOORE Sex { Male ☒ Female ☐

(Please Print) First Name Last Name

2. Address [REDACTED] Zip Code [REDACTED]

3. Title of your present position _____

4. Department _____ Pay Roll No. _____

5. Give the date when you **FIRST** entered the service of the City or Board of Education _____
Month Day Year

6. **Board of Education employees** - Give the date you became Civil Service _____
City of Chicago employees - Give the date you became Career Service _____

7. Social Security No. [REDACTED]

8. Date of birth [REDACTED]
Month Day Year

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.

9. Where were you born? [REDACTED]

10. Give name of parents { Father's Name [REDACTED]
(Living or Deceased) Mother's (Maiden) Name [REDACTED]

RECEIVED

SEP 13 1995

PERSONNEL SECTION

25. 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.

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

Illinois State Employees' Retirement System	<input type="checkbox"/>	County Employees' A. and B. Fund	<input type="checkbox"/>
Illinois State Teachers' Retirement System	<input type="checkbox"/>	Laborers' Annuity and Benefit Fund	<input type="checkbox"/>
University Retirement System of Illinois	<input type="checkbox"/>	Park Employees' Annuity and Benefit Fund	<input type="checkbox"/>
Illinois Municipal Retirement Fund	<input type="checkbox"/>	Sanitary District E. A. and Benefit Fund	<input type="checkbox"/>
Judges Retirement System of Illinois	<input type="checkbox"/>	Chicago Teachers' Pension and Retirement Fund	<input type="checkbox"/>
General Assembly Retirement System of Illinois	<input type="checkbox"/>	Forest Preserve Dist. E. A. and Benefit Fund	<input type="checkbox"/>

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

[REDACTED]

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 THIRTY (30) DAYS.

Date Aug 23, 1995 (Sign here)

Name in Full

John Moore

MARITAL STATUS

Obtained by Judicial Watch, Inc. Via FOIA

11. Are you married at the present time? [REDACTED] 12. Were you ever married? [REDACTED]

If you are legally married, you must complete Questions 13 through 17, even if you may be separated from your spouse.

13. Full Name of spouse [REDACTED]

14. Give date of birth of spouse [REDACTED]

15. Where was your spouse born [REDACTED]

16. Give date of marriage [REDACTED]

17. Where were you married [REDACTED]

If you are not married

18. Give Name of Deceased Spouse [REDACTED]

19. If spouse is deceased, give date of death [REDACTED]

20. If divorced, give date of divorce [REDACTED]

Month Day Year

NOTE: Payment of annuity to a widow or widower will necessitate that this office be provided with a marriage certificate and proof of date of birth.

CHILDREN

21. Have you any children of YOUR blood? [REDACTED]

Yes or No

22. If your answer to Question 21 is "YES", give names and dates of birth of ALL children of your blood [REDACTED]

Name

Date of Birth

23. Have you any legally adopted children? [REDACTED]

Yes or No

24. If your answer to Question 23 is "YES", give names, dates of birth, and date and Court when and where adoption occurred.

[REDACTED]

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(ies) 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.

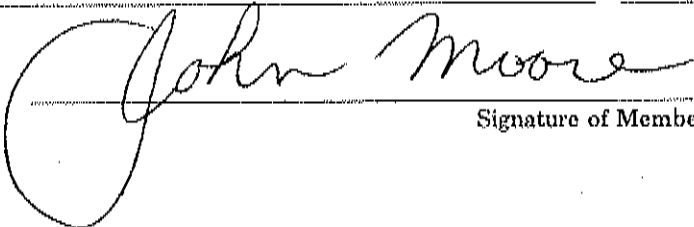
(MUST BE NOTARIZED)

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(ies) of any amount which may become refundable upon my death to be paid in equal shares to each:

Name	Address	Relationship
------	---------	--------------

--	--	--

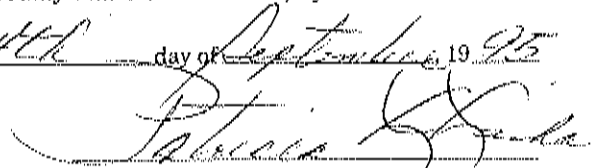

Signature of Member

STATE OF ILLINOIS

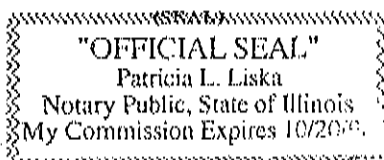
County of Chick } ss.

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

this 14th day of September, 19 95



Notary Public



COC:HR Oper Dept Self Service

Obtained by Judicial Watch, Inc. Via FOIA

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Suspensions, LOAs and Short-Term Reinstatements: Review

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Effective Date 04-May-2009

Employee Name **MOORE, JOHN T**
Manager **GONZALEZ SANTOS, ANTONIA**
Department **085-4800 SECURITY OPERATIONS**

Employee Number [REDACTED]
Organization Email Address [REDACTED]

Job **4210|AVIATION SECURITY OFFICER**

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

Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 7A	085 0740 4800 4210 AVIATION SECURITY OFFICER 7A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB	4210	4210
CODE/PAID AS		
BARGAINING UNIT	02	02
UNION DUES	14	14
DEDUCTION CODE		
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION	1	1
GRANT	CORPORATE	CORPORATE
Assignment Status	DISCIPLINARY SUSPENSION	Active Assignment
Change Reason	Disciplinary Suspension	Reinstatement
Union Member	No	No

Additional Information

Attachments

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

None [Add](#)

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
Show	1	MANNING, ANGELA	HR People	1	Approver		

[Add Adhoc Approver](#)

Comments to Approver

Employee is returning from a 20 day suspension dated 4/14/09-ag

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Obtained by Judicial Watch, Inc. Via FOIA

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Suspensions, LOAs and Short-Term Reinstatements: Review

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Effective Date 14-Apr-2009

Employee Name MOORE, JOHN T
Manager GONZALEZ SANTOS,
ANTONIAEmployee Number
Organization Email AddressDepartment 085-4800 SECURITY
OPERATIONSJob 4210|AVIATION SECURITY
OFFICER

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

 Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 7A	085 0740 4800 4210 AVIATION SECURITY OFFICER 7A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB	4210	4210
CODE/PAID AS		
BARGAINING UNIT	02	02
UNION DUES	14	14
DEDUCTION CODE		
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION	1	1
GRANT	CORPORATE	CORPORATE
Assignment Status	Active Assignment	DISCIPLINARY SUSPENSION 
Change Reason	Year End Position Update	Disciplinary Suspension 
Union Member	No	No



Additional Information


Attachments

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

None [Add](#)

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
 Show	1	MANNING, ANGELA	HR People	1	Approver		

 Add Adhoc Approver

Comments to Approver

Employee is being placed in a twenty (20) day suspension; 4/14/09-5/4/09-ag

[Cancel](#)[Back](#)[Save For Later](#)[Print](#)[Submit](#)[Home](#) | [Logout](#) | [Preferences](#)



CITY OF CHICAGO
NOTICE OF PROGRESSIVE DISCIPLINE

Obtained by Judicial Watch, Inc. Via FOIA

CONFIDENTIAL

Employee's Name: JOHN MOORE	Employee's Title: Officer
Supervisor's Name: KEVIN E. WILLIAMS	Supervisor's Title: Sergeant
Division/Bureau/Dept: Aviation Police	Date of Incident: 17,18 March 2009

You are receiving this notice according to the provisions of Rule XVIII of the City of Chicago Personnel Rules due to a violation of:

Category	
<input type="checkbox"/> Criminal or Improper Conduct	<input type="checkbox"/> Misrepresentation
<input type="checkbox"/> Violation of City Policy or Rule	<input checked="" type="checkbox"/> Tardiness or Absenteeism
<input type="checkbox"/> Conduct Involving Job Performance or Substandard Work Performance	
Subsection	
Subsection Number: Rule #18 Tardiness/Absenteeism Section 3	

<input type="checkbox"/> 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		<input checked="" type="checkbox"/> Notice of Suspension
Date of Reprimand:	Effective date: 14 April 2009 Effective time: 1330 Hours	Return to work date: 4 May 2009 Number of calendar days of suspension: 20
Prior Notices of Progressive Discipline		
Date of Notice	Level of Discipline	Category/Subsection
27 February 2007	4 Day Suspension	Tardiness/Absenteeism-no call/no show
04 September 2007	8 Day Suspension	Tardiness/Absenteeism-no call/no show
12 August 2008	12 Day Suspension	Tardiness/Absenteeism-no call/no show

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 the 17, 18 of March 2009 John Moore was schedule for duty on the third watch. At roll call John Moore name was call for his assignment but there was no respond. The call-in sheet was checked by the supervisors and John Moore name was not on this sheet. John Moore was called at home, there was no answer. At this time the shift summary sheet was documented no call / no show.

At the pre-dis hearing John Moore was explained the infraction and how serious it is to let your employer know when you are not reporting for duty. Officer John Moore didn't want union representation at the pre-dis on 26 March 2009.

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

Obtained for Judicial Watch, Inc. on 04/04/10
A Repetition of the above Violation may result in further Disciplinary action. Any further personnel rules infraction, until September 2010 will result in more Disciplinary action taken.

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

Signature of Employee

H. Moore

Date

27 MAR 09

Signature of Supervisor Issuing Notice

Beverly E. Williams

Date

27 March 2009

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 collective bargaining agreements may have additional appeal rights and should consult with their union representative.

☒ 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.

COC-HR Oper Dept Self Service

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Suspensions, LOAs and Short-Term Reinstatements: Review

Effective Date 24-Aug-2008

Employee Name- MOORE, JOHN T
Manager GONZALEZ SANTOS,
ANTONIAEmployee Number
Organization Email AddressDepartment 085-4800 O'HARE -
SECURITY OPERATIONSJob 4210|AVIATION SECURITY
OFFICER

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

⊗ Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB CODE/PAID AS	4210	4210
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE	14	14
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION	1	1
GRANT	CORPORATE	CORPORATE
Assignment Status	DISCIPLINARY SUSPENSION	Active Assignment ⊗
Change Reason	Disciplinary Suspension	Reinstatement ⊗
Union Member	No	No

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="button" value="Show"/>	1	MANNING, ANGELA	HR People	1	Approver		

Comments to Approver

Employee returning from a (12) twelve day suspension dated 8/12/08. Resubmitted action to correct the reason of reinstatement to "reinstatement" instead of reinstatement from leave.ag

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Suspensions, LOAs and Short-Term Reinstatements: Review

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Effective Date 12-Aug-2008

Employee Name **MOORE, JOHN T**
Manager **GONZALEZ SANTOS,
ANTONIA**
Department **085-4800 O'HARE -
SECURITY OPERATIONS**Employee Number [REDACTED]
Organization Email Address [REDACTED]Job **4210|AVIATION SECURITY
OFFICER**

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

☒ Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB CODE/PAID AS	4210	4210
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE	14	14
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION	1	1
GRANT	CORPORATE	CORPORATE
Assignment Status	Active Assignment	DISCIPLINARY SUSPENSION <input checked="" type="checkbox"/>
Change Reason	Reinstatement	Disciplinary Suspension <input checked="" type="checkbox"/>
Union Member	No	No

Additional Information

Attachments

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

None [Add](#)

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
Show	1	MANNING, ANGELA	HR People	1	Approver		

[Add Adhoc Approver](#)

Comments to Approver

Employee was placed on a (12) day disciplinary suspension; from 8/12/08-8/24/08-ag

[Cancel](#) [Back](#) [Save For Later](#) [Print](#) [Submit](#)[Home](#) | [Logout](#) | [Preferences](#)



CITY OF CHICAGO
NOTICE OF PROGRESSIVE DISCIPLINE

Obtained by Judicial Watch, Inc. Via FOIA

CONFIDENTIAL

Employee's Name: John Moore	Employee's Title: Officer
Supervisor's Name: Yvette Yanez	Supervisor's Title: Sergeant
Division/Bureau/Dept: Aviation Police	Date of Incident: 16 July 2008

You are receiving this notice according to the provisions of Rule XVIII of the City of Chicago Personnel Rules due to a violation of:

Category	
<input type="checkbox"/> Criminal or Improper Conduct	<input type="checkbox"/> Misrepresentation
<input type="checkbox"/> Violation of City Policy or Rule	<input checked="" type="checkbox"/> Tardiness or Absenteeism
<input type="checkbox"/> Conduct Involving Job Performance or Substandard Work Performance	
Subsection	
Subsection Number: Rule #18 Section 3	

<input type="checkbox"/> Verbal Counseling	Date of Verbal Counseling:
Verbal Counseling does not require employee's signature and is <u>not</u> 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	<input checked="" type="checkbox"/> Notice of Suspension
Date of Reprimand:	Effective date: 12 Aug 2008 Effective time: 1:30 p.m.
	Return to work date: 24 August 2008 Number of calendar days of suspension: 12

Prior Notices of Progressive Discipline		
Date of Notice	Level of Discipline	Category/Subsection
27 February 2008 4 September 2008	4 Day Suspension 8 Day Suspension	Tardiness/Absenteeism - No call/No Show Tardiness/Absenteeism - No call/No Show
Connected Copy		

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 July 16 2008 Officer John Moore did not report for Duty at 1330 Hrs. Officer John Moore failed to call the Office and inform his immediate supervisor that he was unable to work on above date. An attempt was made by R/S Yanez to contact Officer Moore which was unsuccessful.

On 30 July a Pre-Disciplinary meeting was held with R/S Yanez, Sgt. Rodriguez and Officer J. Moore. Officer J. Moore refused Union representation at which time we continued with the Pre-Disciplinary Meeting. The infraction was explained to Officer J. Moore and he was given an opportunity to present any documentation on his defense. R/S Yanez and Sgt. Rodriguez explained to Officer J. Moore that he must call the Office whenever he is not going to report for Duty. Officer J. Moore understood fully and signed the Pre-Disciplinary Data Sheet and had nothing further to say on his defense.

Officer J. Moore has had prior infraction for same violations which are listed above and does fully understand the Rules and Regulations concerning Tardiness and Absenteeism.

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

ORN 08-05

Any further violations of Rule #18 Section #3 may result in additional disciplinary action up to and including termination.

Obtained by Judicial Watch, Inc. Via FOIA

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

Signature of Employee

Date

Signature of Supervisor Issuing Notice

Date

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 collective bargaining agreements may have additional appeal rights and should consult with their union representative.

☐ 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.

#ORD 08-05

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Suspensions, LOAs and Short-Term Reinstatements: Review

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Effective Date 12-Sep-2007

Employee Name **MOORE, JOHN T**
Manager **GONZALEZ SANTOS,**
ANTONIAEmployee Number **[REDACTED]**
Organization Email AddressDepartment **085-4800 O'HARE -**
SECURITY OPERATIONSJob **4210|AVIATION SECURITY**
OFFICER

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

⊙ Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB	4210	4210
CODE/PAID AS		
BARGAINING UNIT	02	02
UNION DUES	14	14
DEDUCTION CODE		
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMBERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMBERSHIP
PENSION	1	1
GRANT	CORPORATE	CORPORATE
Assignment Status	DISCIPLINARY SUSPENSION	Active Assignment ⊙
Change Reason	Disciplinary Suspension	Reinstatement ⊙
Union Member	No	No

Additional Information

Attachments

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

None [Add](#)

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
▶ Show	1	MC KEOWN, WILLIAM	HR People	1	Approver		

▶ Add Adhoc Approver

Comments to Approver

Reinstatement from 8 day Suspension dated 9/04/2007. se

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Suspensions, LOAs and Short-Term Reinstatements: Review

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Effective Date 04-Sep-2007

Employee Name MOORE, JOHN T
Manager GONZALEZ SANTOS,
ANTONIA,Employee Number
Organization Email AddressDepartment 085-4800 O'HARE -
SECURITY OPERATIONSJob 4210|AVIATION SECURITY
OFFICER

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

⊙ Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB	4210	4210
CODE/PAID AS		
BARGAINING UNIT	02	02
UNION DUES	14	14
DEDUCTION CODE		
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION	1	1
GRANT	CORPORATE	CORPORATE
Assignment Status	Active Assignment	DISCIPLINARY SUSPENSION ⊙
Change Reason	Reinstatement	Disciplinary Suspension ⊙
Union Member	No	No

Additional Information

Attachments

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

None [Add](#)

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
▶ Show	1	MC KEOWN, WILLIAM	HR People	1	Approver		

▶ Add Adhoc Approver

Comments to Approver

8 day Suspension. se

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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) RULE 18 SECTION 1 . PARA # 3

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 Effective date: Return to work date: 12 SEPT 2007 4 SEPT 2007 Effective time: Number of calendar days of suspension: 8 1330

Prior Notices of Progressive Discipline		
Date of Notice	Level of Discipline	Category
03 MAR 07	4 DAY SUSPENSION	TARDINESS
27 FEB 07	4 DAY SUSPENSION	ABSENTEEISM
02 MAR 06	3 DAY SUSPENSION	ABSENTEEISM
13 SEPT 06	3 DAY SUSPENSION	ABSENTEEISM

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 14, 17, 18 AUGUST 2007 @ 1330 HOURS OFFICER JOHN MOORE FAILED TO REPORT FOR DUTY AS ASSIGNED. OFFICER JOHN MOORE WAS CALLED AT HOME BY SGT. FRIGO FOR AT LEAST AN HOUR, THE PHONE WAS BUSY ALL THIS TIME SO A MESSAGE COULDN'T BE LEFT ON THE ANSWERING MACHINE.

ON 29 AUGUST 2007A PRE-DIS MEETING WAS HELD PRESENT AT THE MEETING WERE OFFICER MOORE, J., OFFICER LOGAN, SGT. GUERIN AND R/SGT. CONCERNING THE ABOVE OFFICER FOR VIOLATIONS OF RULE XVIII TARDINESS / ABSENTEEISM PARAGRAPH # 3, FAILING TO CALL IN ADVANCE WHEN TARDY OR NOT SHOWING UP FOR WORK.

AFTER A REVIEW OF THE ABOVE OFFICERS ABSENTEEISM PATTERN A (8) EIGHT DAYS OF SUSPENSION RECOMMENDED.

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

A REPETITION OF THE ABOVE VIOLATION MAY RESULT IN FURTHER DISCIPLINARY ACTION. ANY FUTURE PERSONNEL RULES INFRACTION, UNTIL FEB. 2009 WILL RESULT IN MORE DISCIPLINARY ACTION TAKEN.

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

Signature of Employee

J. Moore

Date

30 AUGUST 07

Signature of Supervisor Issuing Notice

SGT Kevin P. Williams #50

Date

30 AUGUST 07

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 collective bargaining agreements may have additional appeal rights and should consult with their union representative.

☒ 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.

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Suspensions, LOAs and Short-Term Reinstatements: Review

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Effective Date 03-Mar-2007

Employee Name **MOORE, JOHN T**
 Manager **GONZALEZ SANTOS, ANTONIA**
 Department **085-4800 O'HARE - SECURITY OPERATIONS**

Employee Number [REDACTED]
 Organization Email Address

Job **4210|AVIATION SECURITY OFFICER**

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

⊗ Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB CODE/PAID AS	4210	4210
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE	14	14
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMBERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMBERSHIP
PENSION GRANT	1 CORPORATE	1 CORPORATE
Assignment Status	DISCIPLINARY SUSPENSION	Active Assignment ⊗
Change Reason	Disciplinary Suspension	Reinstatement ⊗
Union Member	No	No

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
▶ Show	1	ARNOLD, JAN	HR People	1	Approver		

▶ Add Adhoc Approver

Comments to Approver

Reinstatement from 4 day Suspension dated 2/27/2007. se

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DEPARTMENT OF AVIATION

PERSONNEL SECTION

EMPLOYEE NAME: Moore, John TITLE: Aviation Security Officer

Please be advised that the above employee is returning from SNP SINCE 10/2/99

and has been cleared to return to work on 10/14/99


AUTHORIZED SIGNATURE

10/13/99
DATE

Certificate to return to work ~~or~~ school

Mr.
Mrs.
Miss

John Moore

has been under my care from 10/5 to 10/12/99
and is able to return to work/school on 10/14/99

Remarks

Dr.

Address

City

Company

Indianapolis, Indiana 46206

CS MU 3529-0

PRINTED IN U.S.A.

550000 313

Date

10/12/99

DIVISION

Grade: 112

Grade: 112

55,130

ERBP, NO

CONF. SERVICE DATE

[illegible]

SALARY

LINE
DATE

PAYROLL

 Springer

Continuous Services: 09/11/95

CHART

DATE FILE

S-S-MO.

EMP. NO

03/11/2008

References

1

GRADE

DATE IN NEW TITLE

CONT. SERVICE DATE

[illegible]

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Suspensions, LOAs and Short-Term Reinstatements: Review

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Effective Date 27-Feb-2007

Employee Name **MOORE, JOHN T**
Manager **GONZALEZ SANTOS, ANTONIA**
Department **085-4800 O'HARE - SECURITY OPERATIONS**

Employee Number
Organization Email Address

Job **4210|AVIATION SECURITY OFFICER**

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

⊙ Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB CODE/PAID AS	4210	4210
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE	14	14
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION GRANT	1 CORPORATE	1 CORPORATE
Assignment Status	Active Assignment	DISCIPLINARY SUSPENSION ⊙
Change Reason	Reinstatement	Disciplinary Suspension ⊙
Union Member	No	No

Additional Information

Attachments

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

None [Add](#)

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
Show	1	ARNOLD, JAN	HR People	1	Approver		

[Add Adhoc Approver](#)

Comments to Approver

4 day Suspension for Aviation Security Officer, J. Moore, eff. 2/27/07. RTW on 3/4/07. se
3

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CITY OF CHICAGO
NOTICE OF PROGRESSIVE DISCIPLINE

Obtained by Judicial Watch, Inc. Via FOIA

DEPARTMENT of AVIATION

CONFIDENTIAL

FEB 21 2007

LABOR/EMPLOYEE RELATIONS

Employee's Name: MOORE, JOHN	Employee's Title: OFFICER
Supervisor's Name: GUERIN, MAURICE	Supervisor's Title: SERGEANT
Division/Bureau/Dept: AVIATION POLICE	Date of Incident: 27 JAN 2007

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)

<input type="checkbox"/> Verbal Counseling	Date of Verbal Counseling:
<i>Verbal Counseling does not require employee's signature and is not placed in the employee's personnel file folder.</i>	

Level of Discipline	
<input type="checkbox"/> Notice of Reprimand <input type="checkbox"/> Oral <input type="checkbox"/> Written	<input checked="" type="checkbox"/> Notice of Suspension
Date of Reprimand:	Effective date: 27 Feb 07 Effective time: 13:30
	Return to work date: 03 MARCH 07 Number of calendar days of suspension: 4

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

Prior Notices of Progressive Discipline		
Date of Notice	Level of Discipline	Category
27 OCT 2005 13 SEPT 2006	WRITTEN REPRIMAND SUSPENSION 3 DAYS	RULE 18 SEC 1 -3 RULE 18 SEC 1-3

DEPARTMENT OF AVIATION
2007 FEB 20 PM 4:57
AVIATION SECTION

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.

27 JAN 2007 OFFICER MOORE, J FAILED TO COME TO WORK AND DID NOT CALL OR NOTIFY ANYONE.

DEPARTMENT OF AVIATION
2007 FEB 20 PM 4:57
AVIATION SECTION

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

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

Signature of Employee

Signature of Supervisor Issuing Notice

Date

Date

20 FEB 07
20 Feb 07

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 collective bargaining agreements may have additional appeal rights and should consult with their union representative.

☒ 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.

All Actions Saved for Later

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Suspensions, LOAs and Short-Term Reinstatements: Review

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Effective Date 17-Sep-2006

Employee Name **MOORE, JOHN T**
Manager **CALDERON, CASSANDRA**
CEmployee Number
Organization Email AddressDepartment **085-4800 O'HARE -**
SECURITY OPERATIONSJob **4210|AVIATION SECURITY**
OFFICERSalary Basis **SALARY**Salary **47,700.00 US Dollar**

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

⊗ Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
Assignment Status	DISCIPLINARY SUSPENSION	Active Assignment ⊗
Change Reason	Disciplinary Suspension	Reinstatement ⊗
Union Member No	No	No

Additional Information

Attachments

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

None [Add](#)

Approvers

Line No	Approver	Approver Group	Category	Status	Delete
1	ARNOLD, JAN	HLS Approver New	Approver		

[▶ Add Adhoc Approver](#)

Comments to Approver

Reinstatement from 3 day Suspension dated 9/14/2006. se

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Suspensions, LOAs and Short-Term Reinstatements: Review

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Effective Date 14-Sep-2006

Employee Name **MOORE, JOHN T**
Manager **CALDERON, CASSANDRA**
CEmployee Number [REDACTED]
Organization Email AddressDepartment **085-4800 O'HARE -**
SECURITY OPERATIONSJob **4210|AVIATION SECURITY**
OFFICERSalary Basis **SALARY**Salary **47,700.00 US Dollar**

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

⊗ Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
Assignment Status	Active Assignment	DISCIPLINARY SUSPENSION ⊗
Change Reason		Disciplinary Suspension ⊗
Union Member	No	No

Additional Information

Attachments

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

None [Add](#)

Approvers

Line No	Approver	Approver Group	Category	Status	Delete
1	ARNOLD, JAN	HLS Approver New	Approver		

[▶Add Adhoc Approver](#)

Comments to Approver

3 day Suspension for Aviation Security Officer, J. Moore effective 9/14/06. se

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CITY OF CHICAGO
Richard M. Daley
Mayor

Obtained by Judicial Watch, Inc. Via FOIA

SF 318-76-3722
Date _____

CITY OF CHICAGO SUSPENSION NOTICE

For Career Service (CS) Employees

Employee John Moore Payroll No. [REDACTED]

Department _____
Bureau _____
Division Dept of Aviation

Job Title AVIATION POLICE Immediate Supervisor LT Mills

In accordance with the City of Chicago's Personnel Rule XVIII, Section 2, you are hereby suspended effective at 12:00 A.M./P.M. on 13 Sept 06 for 3 calendar days.

You are to return to work on 17 Sept 06 19 Sept 06 after Days OFF.

The cause for this suspension is:

Officer failed to call in work
15 Aug 06 - N/C
16 Aug 06 - N/C
18 Aug 06 - N/C

This action is a violation of:

Rule #18 Sec 1-3 Officer Moore did NOT WANT UNION Representation at pre dis. 23 Aug 06. ON 9 NOV 05 officer Received WRITTEN REPRIMAND FOR SAME TYPE INCIDENT.

A repetition of the above violation may result in further disciplinary action.

Employee Signature [Signature] Date 24 Aug 06
(If employee refuses to sign, please so indicate.)
Signature of Supervisor [Signature] Date 24 Aug 06
Issuing Suspension
Title Shift Supervisor

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 before 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 within a six-month period, the suspension may be appealed in writing to the City Personnel Board. Any such requests must be made within 72 hours of the notification of the disciplinary action.

White Copy — To Employee
Yellow Copy — To Department Head

Pink Copy — To Immediate Supervisor
Goldenrod Copy — To Department of Personnel (with PER-14)

Revised 4/89

PER-21

DEPARTMENT OF AVIATION
PERSONNEL ACTION REPORT
Obtained by Judicial Watch, Inc. Via FOIA

NAME Moore, John
SOCIAL SECURITY # [REDACTED]
ADDRESS _____

DATE 6/3/99
EFFECTIVE DATE 5/27/99

FROM:
TITLE Aviation Security Officer
PCSCS/SES/ES/EX/SHAX/XC
TITLE CODE 4210 GRADE I12 BU 02
CAPS CODE _____

DEPARTMENT Aviation
PAYROLL # [REDACTED]
BUDGETED RATE 34,572
CURRENT SALARY 3,028
ANNUAL SALARY 36,336

TO:
TITLE _____
PCSCS/SES/ES/EX/SHAX/XC
TITLE CODE _____ GRADE _____ BU _____
CAPS CODE _____

DEPARTMENT _____
PAYROLL # _____
BUDGETED RATE _____
CURRENT SALARY _____
ANNUAL SALARY _____

REPORT OF:

APPOINTMENT _____

TRANSFER TO OTHER DEPARTMENT _____

CHANGE OF ROLL _____ FROM PAYROLL _____ TO PAYROLL _____

LEAVE OF ABSENCE _____ FOR PERIOD _____
(Signed leave of absence form to be attached)

REASON _____

LAY OFF _____ DISCHARGE/TERMINATION _____ AWOL _____

SUSPENSION ☒ FOR PERIOD OF 2 Days

REINSTATEMENT 5/29/99

RESIGNATION _____ (Resignation letter & exit interview attached)

OTHER ACTION _____

INITIATED BY: _____

FORWARD TO T.M. _____

REVIEWED BY: _____

RETURNED FROM T.M. _____



CITY OF CHICAGO

Obtained by Judicial Watch, Inc. Via FOIA

SSN

Date

May 20, 1999

CITY OF CHICAGO SUSPENSION NOTICE

For Career Service (CS) Employees

Employee Moore, John

Payroll No. [REDACTED]

Department

Bureau

Division Aviation/Special police/Security

Job Title Aviation security officer Immediate Supervisor SGT. Bradshaw

In accordance with the City of Chicago's Personnel Rule XVIII, Section 2, you are hereby suspended effective at 1330 hrs ~~AM~~ PM on May 27, 1999 for 2(two) calendar days.

You are to return to work on May 29, 1999

The cause for this suspension is: On May 8, 1999 you were scheduled to work the third watch. You did not call in to inform the supervisor of your intentions to not show up for duty.

This action is a violation of: Rule XVIII, SECTION 1, PARAGRAPH 3

"Failing to call in advance when tardy or not showing up for work."

A repetition of the above violation may result in further disciplinary action. This disciplinary action places you in step two of the progressive disciplinary program. This is in effect until May 20, 2000.

Employee Signature [Signature] Date 20 May 1999
(If employee refuses to sign, please so indicate.)

Signature of Supervisor [Signature]
Issuing Suspension

Date

May 20, 1999

Aviation Special Police sergeant
Title

DEPARTMENT OF AVIATION
PERSONNEL ACTION REPORT
Obtained by Judicial Watch, Inc. Via FOIA

NAME Marce, John
SOCIAL SECURITY # [REDACTED]
ADDRESS _____

DATE 2/5/99
EFFECTIVE DATE 1/28/99

FROM:
TITLE Aviation Security Officer
PCS/CS/S&S/ES/EX/SHAX/XC
TITLE CODE 4210 GRADE F12 BU 02
CAPS CODE 740-851005-2015-4800

DEPARTMENT Aviation
PAYROLL # [REDACTED]
BUDGETED RATE 34,572
CURRENT SALARY 2,881
ANNUAL SALARY 34,572

TO:
TITLE _____
PCS/CS/S&S/ES/EX/SHAX/XC
TITLE CODE _____ GRADE _____ BU _____
CAPS CODE _____

DEPARTMENT _____
PAYROLL # _____
BUDGETED RATE _____
CURRENT SALARY _____
ANNUAL SALARY _____

REPORT OF:

APPOINTMENT _____

TRANSFER TO OTHER DEPARTMENT _____

CHANGE OF ROLL _____ FROM PAYROLL _____ TO PAYROLL _____

LEAVE OF ABSENCE _____ FOR PERIOD _____
(Signed leave of absence form to be attached)

REASON _____

LAY OFF _____ DISCHARGE/TERMINATION _____ AWOL _____

SUSPENSION ☒ FOR PERIOD OF 2 days

REINSTATEMENT 1/30/99

RESIGNATION _____ (Resignation letter & exit interview attached)

OTHER ACTION _____

INITIATED BY: MAZ

REVIEWED BY: J. Collins

FORWARD TO T.M. 2/5/99

RETURNED FROM T.M. _____

PC60 ENTER FUNCTION *

PF2 = PC20 SCREEN.

PF8 = INO MENU.

Obtained by Judicial Watch, Inc. Via FOIA

PF5 = PROFILE.

DATE 02/25/99

PF7 = PC70 SCREEN.

PF10 = HELP.

IDENTIFICATION

SOCIAL SECURITY	[REDACTED]	FUND	740
EMPLOYEE NAME	MOORE	JOHN T	DEPT 85
PAYROLL NUMBER	[REDACTED]	SECT/SUB	4800
1005 DEPARTMENT OF AVIATION		TITLE CODE	4210
2015 CHICAGO-O'HARE INT'L AIRPORT		AVIATION SECURITY OFF	
3015 CHICAGO-O'HARE INT'L AIRPORT		BUDGET RATE	\$34,572.00
4800 SECURITY OPERATIONS		DOP	003

CURRENT POSITION

ACTIVE/INACTIVE-F/P	A	F	RATE-FREQ	\$2,881.00 S
UNION CODE-BARG UNIT	14	02	ANNUAL RATE	\$34,572.00
STATUS CODE-FLSA	1	01	SCH-GRD-STEP	I 12 04
CONTINUOUS SERVICE DATE	09/11/95		POSITION START DATE	09/11/95
LAST INCREASE DATE	03/16/98			
NEXT INCREASE DATE	03/16/99		CITY START DATE	09/11/95

BACKGROUND DATA

LAST ACTION CODE	34 0	LAST ACTION EFFECTIVE	03/16/98
SALARY CHANGE		LAST ACTION APPLIED	03/26/98



CITY OF CHICAGO
Richard M. Daley
Mayor

CITY OF CHICAGO SUSPENSION NOTICE

For Career Service (CS) Employees

Date 21 Jan. 1999

Employee MOORE, JOHN

Payroll No. [REDACTED]

Department Aviation
Bureau Security
Division O'HARE

Job Title Aviation Security Officer Immediate Supervisor LT Collins-Qualls

In accordance with the City of Chicago's Personnel Rule XVIII, Section 2, you are hereby suspended effective at 1:30 A.M./P.M. on 24 Jan 99 for 2 calendar days.

You are to return to work on 30 Jan 99 (Sat)

The cause for this suspension is: **On Jan, 17 & 18 1999 you Fail to notify this office or your Immediate Supervisor that you were not reporting for duty.**

This action is a violation of: **Rule 18 Section 1 (Absence without leave.)**

A repetition of the above violation may result in further disciplinary action. **Any further infractions until 21Jan2000 will result in you being placed in step II .**

John Moore 21 Jan 99 LT Collins-Qualls 21 Jan 99
Employee Signature Date Signature of Supervisor Date
(If employee refuses to sign, please so indicate.) Issuing Suspension

Lt. Watch Commander
Title

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 before 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 within a six-month period, the suspension may be appealed in writing to the City Personnel Board. Any such requests must be made within 72 hours of the notification of the disciplinary action.

White Copy — To Employee
Yellow Copy — To Department Head

Pink Copy — To Immediate Supervisor
Goldenrod Copy — To Department of Personnel (with PER-14)

Revised 4/89

PER-21

DEPARTMENT OF AVIA. 1
PERSONNEL ACTION REPORT

MOORE, John

Obtained by Judicial Watch, Inc. Via FOIA

NAME

DATE

10-16-97

SOCIAL SECURITY #

EFFECTIVE DATE

10-23-97

ADDRESS

FROM:

DEPARTMENT

TITLE

PCS/CS/SES/ES/EX/SHAX/XC

PAYROLL #

TITLE CODE

GRADE

BU

BUDGETED RATE

CAPS CODE

CURRENT SALARY

ANNUAL SALARY

TO:

Aviation Security Officer

DEPARTMENT

Aviation

TITLE

PCS/CS/SES/ES/EX/SHAX/XC

PAYROLL #

TITLE CODE

4210

GRADE

I 12

BU

02

BUDGETED RATE

29,256

CAPS CODE

740-85-1005-2015-4800

CURRENT SALARY

2638

ANNUAL SALARY

3656

REPORT OF:

1998

-CAPS Same

APPOINTMENT

TRANSFER TO OTHER DEPARTMENT

CHANGE OF ROLL

FROM PAYROLL

TO PAYROLL

LEAVE OF ABSENCE

FOR PERIOD

(Signed leave of absence form to be attached)

REASON

LAY OFF

DISCHARGE/TERMINATION

AWOL

SUSPENSION

FOR PERIOD OF

Reinstatement

from P.B Lu Dated 8-22-97

RESIGNATION

(Resignation letter & exit interview attached)

OTHER ACTION

"A"

Form

Requestor # 371

INITIATED BY:

FORWARD TO T.M.

REVIEWED BY:

RETURNED FROM T.M.

10/16/97

PC60 ENTER FUNCTION *

PF2 = PC20 SCREEN.

PF8 = INQ MENU.

PF5 = PROFILE.

DATE 10/16/97

Obtained by J. B. G. Inc. Via FOIA

PF10 = HELP.

IDENTIFICATION

SOCIAL SECURITY	[REDACTED]	FUND	740
EMPLOYEE NAME	MOORE	JOHN T	DEPT 85
PAYROLL NUMBER	[REDACTED]	SECT/SUB	4800
1005 DEPARTMENT OF AVIATION		TITLE CODE	4210
2015 CHICAGO-O'HARE INT'L AIRPORT		AVIATION SECURITY OFF	
3015 CHICAGO-O'HARE INT'L AIRPORT		BUDGET RATE	\$29,256.00
4800 SECURITY OPERATIONS		DOP	003

CURRENT POSITION

ACTIVE/INACTIVE-F/P	I	F	RATE-FREQ	\$2,638.00 S
UNION CODE-BARG UNIT	00	02	ANNUAL RATE	\$31,656.00
STATUS CODE-FLSA	1	01	SCH-GRD-STEP	I 12 03
CONTINUOUS SERVICE DATE	09/11/95		POSITION START DATE	09/11/95
LAST INCREASE DATE	03/16/97			
NEXT INCREASE DATE	03/16/98		CITY START DATE	09/11/95

BACKGROUND DATA

LAST ACTION CODE	55 0	LAST ACTION EFFECTIVE	08/29/97
LEAVE OF ABSENCE - PERSONAL BUSINESS		LAST ACTION APPLIED	09/26/97

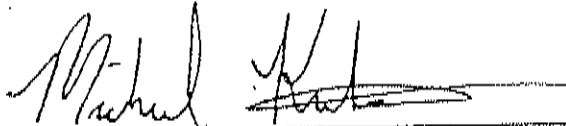
DEPARTMENT OF AVIATION

PERSONNEL SECTION

EMPLOYEE NAME: John Moore TITLE: Aviation Security Officer

Please be advised that the above employee is returning from Personal Business

and has been cleared to return to work on Oct 23 1997.


AUTHORIZED SIGNATURE

10-16-97
DATE

City of Chicago

DEPARTMENT OF PERSONNEL

Request For Hire Form - Part A

421010101191917
(For DOP Use Only)

Date: 10/16/97

Shakman Exempt Position: Yes ☒ No ☐

Statement: Yes ☒ No ☐

Request # 371

Department AVIATION

Bureau

Start Date A.S.A.P.

No. of Positions Requested (1) 1 Months Vacant to Date

Salvage to Date

Position Description AVIATION SECURITY OFFICER

Position Description <u>AVIATION SECURITY OFFICER</u>													
Chargeable To							Budgeted		Class		Starting Pay Rate		
Fund	Dept.	Org.	Div.	Secl.	Sub. Secl.	Title Code	Barg. Unit	Status	Pay Rate	Gr.	Payroll Number	Monthly Amount	Annual Amtl.
740	85	1005	2015	3015	4800	4210	02	CS	29,256	112	3907	2,638	31,656

See Utility in detail the need for filling this vacancy.

JOHN T. MOORE, SS

IS RETURNING FROM PERSONAL BUSINESS LV. DATED 8/29/97.

1998 CAPS - Same

RECEIVED

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

- Is this a supervisory or managerial position? Yes ☒ No ☐
- Is this a revenue producing position? Yes ☒ No ☐
- Are you requesting EMERGENCY HIRING? Yes ☒ No ☐

4. Has this position previously been approved? Yes ☒ No ☐
(If Yes) Date: OCT 22 1997
Previous Request # DEPARTMENT OF PERSONNEL
Dept. Contact: TIMOTHY J. MCCARTHY (email) No: 6/3782

Comments:

Signature of Department Head: Mary Ann Long

Date: 10/17/97

Signature of O.B.M.: [Signature]

Date: 10/21

Funding Approved: Yes ☒ No ☐

Signature of D.O.P.: [Signature]

Date: 10/23/97

Approved: Yes ☒ No ☐

Signature for Shakman Exempt Position: [Signature]

Date: 1/1

Approved: Yes ☐ No ☒

FOR DOP USE ONLY: EMERGENCY HIRING (circle appropriate number)

- 1. No request made.
- 2. Request denied.
- 3. Request approved.

Signature of DOP Shakman Compliance Officer: [Signature]

B. [Signature]

DEPARTMENT OF AVIATION
PERSONNEL ACTION REPORT

NAME MOORE, John T

DATE 9-24-97

SOCIAL SECURITY # [REDACTED]

EFFECTIVE DATE 8-29-97

ADDRESS _____

FROM:

DEPARTMENT Aviation

TITLE Aviation Security Officer
PCS/CS/SES/ES/EX/SHAX/XC

PAYROLL # [REDACTED]

TITLE CODE 4210 GRADE I 12 BU 02

BUDGETED RATE 29,256

CAPS CODE 740-85-1005-2015-1800

CURRENT SALARY 2638

ANNUAL SALARY 31,656

TO:

DEPARTMENT _____

TITLE _____
PCS/CS/SES/ES/EX/SHAX/XC

PAYROLL # _____

TITLE CODE _____ GRADE _____ BU _____

BUDGETED RATE _____

CAPS CODE _____

CURRENT SALARY _____

ANNUAL SALARY _____

REPORT OF:

APPOINTMENT _____

TRANSFER TO OTHER DEPARTMENT _____

CHANGE OF ROLL _____ FROM PAYROLL _____ TO PAYROLL _____

LEAVE OF ABSENCE X FOR PERIOD 3 months
(Signed leave of absence form to be attached)

REASON PERSONAL BUSINESS

LAY OFF _____ DISCHARGE/TERMINATION _____ AWOL _____

SUSPENSION _____ FOR PERIOD OF _____

REINSTATEMENT _____

RESIGNATION _____ (Resignation letter & exit interview attached)

OTHER ACTION _____

INITIATED BY: MR

FORWARD TO T. M. 9/24/97

REVIEWED BY: J. Collins

RETURNED FROM T.M. _____

INDIVIDUAL TIME RECORD-CITY OF CHICAGO-DEPARTMENT OF AVIATION _____ DIVISION _____

TITLE: CODE _____
BU: 02 Rate \$ 23.68 / hr 2638
GRADE _____ DATE IN TITLE _____ S.S.NO. _____ EMP. NO. _____

[illegible][illegible]

SECTION A

CITY OF CHICAGO
DEPARTMENT OF PERSONNEL

REQUEST FOR LEAVE OF ABSENCE
(See reverse side for instructions)



DATE 29 AUG 97

SSN [REDACTED]

EMPLOYEE NAME John M. Moore

☒ Original Request
☐ Extension Request

EMPLOYING DEPARTMENT Aviation

BUREAU Security

TITLE Aviation Security Officer

TYPE OF LEAVE: ☐ Duty Disability

☐ Medical Leave (Attach Medical Certificate)

☒ Personal Business

☐ Military

☐ Non-Career Service Appointment

☒ Other Security

Effective Date: 29 Aug 97

Mo. Day Year

Expiration Date: 29 November 97

Mo. Day Year

LENGTH OF LEAVE REQUESTED: 3 Months

REASON FOR REQUEST: I am requesting to use family leave in order to [REDACTED]

Any consideration of this request would be greatly appreciated.

DEPARTMENT APPROVAL: Yes ☐ No ☐

Signature [Signature] John M. Moore

Title Aviation Security Officer John M. Moore

EFFECTIVE DATE: 29 Aug 97

Mo. Day Year

EXPIRATION DATE: 29 Nov 97

Mo. Day Year

COMMENTS ok - given

WHITE - ORIGINAL
YELLOW - FIRST COPY
PINK - SECOND COPY
GOLD - THIRD COPY

APPLICATION FOR FAMILY AND MEDICAL LEAVE
OR PERSONAL MEDICAL LEAVE

EMPLOYEE SECTION:

Name JOHN MOORE
Social Security Number [REDACTED]
Home address [REDACTED] Zip code [REDACTED]
Phone (Home) [REDACTED] (Work) (773) 686-2685
Reason for leave [REDACTED]
Is your spouse also employed by the City of Chicago? Yes No X
If yes, please provide the following: Name
SSN
Name of spouse's health plan

I understand that in order to continue medical, dental and vision benefits during FMLA leave when in no-pay status, I must pay the monthly health care contribution required of or paid by active employees. I also understand that health care contributions are due on the 1st of each month, and failure to pay required amounts within 30 days will result in termination of my benefits.

Further, I understand that to keep my Optional Term Life Insurance or Universal Life Insurance in force, I must contact Bankers Life and Casualty and/or MetLife to make payment arrangements for the time I am on unpaid leave.

If I do not meet the FMLA requirements to be placed on Family Medical Leave, I will pay the premiums under the direct pay provisions of my plan.

John Moore (773) 686-2685 23 SEP 97
Employee signature Work phone Date

TIMEKEEPER SECTION:

(DO NOT LEAVE ANY BLANKS)

Date when no longer in paid status 8-28-97

Last day at work* 8-10-97

Indicate paid time to be used on Individual Time Record.

*(Submit copy of Individual Time Record for 12 months prior to leave date)

Number of hours worked in 12 months preceding leave date 1672

(Do not count holiday, vacation, sick, administrative leave or comp. time used)

Meets FMLA requirements Yes X No

Notified by department on

Type of leave Family [REDACTED] Medical [REDACTED] Other [REDACTED]

Martha Christ 686-3444 9-30-97
Timekeeper signature Work phone Date

T. J. McElroy Asst. Comm. 10-3-97
Dept. approval signature Title Date

For Use of Risk/Benefits
Management Office Only

Verified:
Worked for the City for at
least 12 months
Yes ✓ No
Individual Time Record
Submitted ✓
Yes ✓ No

Worked at least 1250 hours in
12 months previous to leave
Yes ✓ No
1736.50 Hours

FMLA
Approved ✓
Denied
By U-2 Date 10-23-97
Start Date 8-30-97
End Date 11-21-97

Contribution:
\$ 25.00 /month
Start Date 8-30-97

If not approved employee
must pay full premium
\$ /month
Start Date

Sent to: AVIATION
Dept. of K.C.V.

All copies must be returned to the Risk/Benefits Management Office, DePaul Center, Room 400, 333 South State Street, Chicago, IL 60604. Employee and department will receive a copy after processing.

SECTION A

CITY OF CHICAGO
DEPARTMENT OF PERSONNEL

REQUEST FOR LEAVE OF ABSENCE
(See reverse side for instructions)



DATE 29 Aug 97

SSN [REDACTED]

EMPLOYEE NAME John T. Moore

☒ Original Request
☐ Extension Request

EMPLOYING DEPARTMENT Aviation

BUREAU Security

TITLE Aviation Security Officer

TYPE OF LEAVE: ☐ Duty Disability

☐ Medical Leave (Attach Medical Certificate)

☐ Military ☐ Non-Career Service Appointment

☒ Personal Business

☒ Other Personal

Effective Date: 29 Aug 97

Mo. Day Year

Expiration Date: 19 November 97

Mo. Day Year

LENGTH OF LEAVE REQUESTED: 3 Months

REASON FOR REQUEST: I am requesting to use family leave in order to [REDACTED]

Any consideration of this request would be greatly appreciated.

DEPARTMENT APPROVAL: [Signature] ☐ YES ☐ NO

SIGNATURE [Signature] John T. Moore

Aviation Security Officer

EFFECTIVE DATE: 29 Aug 97

Mo. Day Year

EXPIRATION DATE: 29 Nov 97

Mo. Day Year

COMMENTS: OK - given

RECEIVED

SEP 29 1997

DEPARTMENT OF PERSONNEL

WHITE-ORIGINAL
YELLOW-FIRST COPY
PINK-SECOND COPY
GOLD-THIRD COPY

DEPARTMENT OF AVIATION PERSONNEL ACTION REPORT

NAME

Moore, John T

DATE

12 Sept 95

SOCIAL SECURITY #



EFFECTIVE DATE

10 Sept 95

ADDRESS



FROM:

TITLE

CS/SES/ES/EX/SHAX/XC

DEPARTMENT

PAYROLL #

TITLE CODE

GRADE

BU

BUDGETED RATE

CAPS CODE

CURRENT SALARY

TO:

TITLE

Aviation Security Officer
PCS/SES/ES/EX/SHAX/XC

BUDGETED RATE

26,880

TITLE CODE

4210

GRADE

I12

BU

02

RATE OF PAY

2240 / 26880

CAPS CODE

740-85-1005-2015-2025-4800

PAYROLL #

3907

REPORT OF:

APPOINTMENT

X

TRANSFER TO OTHER DEPARTMENT

CHANGE OF ROLL

FROM PAYROLL

TO PAYROLL

LEAVE OF ABSENCE

FOR PERIOD

(SIGNED LEAVE OF ABSENCE FORM TO BE ATTACHED)

REASON

LAY OFF

TERMINATION

AWOL

SUSPENSION

FOR PERIOD OF

REINSTATEMENT

RESIGNATION

(RESIGNATION LETTER & EXIT INTERVIEW ATTACHED)

OTHER ACTION

No ack.

INITIATED BY

M. By

FORWARDED TO M.C.

9/14/95

REVIEWED BY

J. Collins

RETURNED FROM M.C.

9/14/95



DEPARTMENT OF AVIATION

MEMORANDUM

Date: 2 February 2006

To: Aviation Police Officer John Moore
Safety and Security Division

From: James A. Maurer
Managing Deputy Commissioner
Safety and Security

Subject: Letter of Appreciation


Recently, the undersigned received a complimentary letter from [REDACTED] regarding the professional and courteous manner that you displayed while providing them with information and assistance.

Please accept my sincere congratulations for a job well done! This confirms what I already knew about police officers – we care and are proactive in taking measures that have the public's protection at heart.

Your actions reflect favorably on you, your fellow officers and the Safety and Security Division. I challenge you to continue to maintain the high standards that you have set for yourself to help make the Chicago Airport System the world's best.

I am requesting that a copy of this letter be filed permanently in your official Personnel Records.

Sincerely,


James A. Maurer
Managing Deputy Commissioner
Safety and Security



From: [REDACTED]
To: avlatlon@flychicago.com
Cc:
Subject: Thanks for help
Attachments:

Sent: Tue 1/31/2006 12:05 PM

Hi,

My wife and I would like to express our thanks for the help we received from aviation officer John T Moore at the international terminal on Saturday, 1/28/2006. We had been confused about when and where our daughter would be arriving. He very graciously helped us out and in addition was very courteous. We appreciated his help very much!

Sincerely,

[REDACTED]

3907 U

00025-14-000475

3907U
50636850

OFFICE OF THE COMPTROLLER

121 NORTH LASALLE STREET - ROOM 501 - CHICAGO, ILLINOIS - 60602

YOU MAY BE ELIGIBLE FOR THOUSANDS IN CASH FROM THE IRS!
LEARN ABOUT THE EARNED INCOME TAX CREDIT (EITC). ASK A
TAX PREPARER OR CALL THE CITY'S 311 NON EMERGENCY NUMBER

SOCIAL SECURITY NUMBER
EMPLOYEE NUMBER

MOORE JOHN T

PAYROLL: [REDACTED] U

CHECK NUMBER

50636850

DEPT OF AVIATION

PAY PERIOD ENDING 12/31/1999

CURRENT PERIOD EARNINGS

RATE	HOURS	TYPE	AMOUNT
		UNIFORM	250.00
		GROSS	250.00

CURRENT PERIOD TOTALS

GROSS	\$250.00
less Pension	
less Benefits	
less Def Comp	
TAXABLE GROSS	\$250.00
less other Ded	
NET PAY	\$250.00

YEAR TO DATE SUMMARY

PRE TAX GROSS	\$.00
TAXABLE GROSS	\$.00

DEDUCTIONS

[illegible]

CITY OF CHICAGO
TO THE TREASURER OF THE CITY OF CHICAGO

2-439
2-719

DRAWN AGAINST WARRANT
OF CURRENT DATE

50636850

DEPARTMENT OF FINANCE, OFFICE OF THE COMPTROLLER

PAYROLL NUMBER

PAYEE/ EMPLOYER NUMBER

MONTH	DAY	YEAR
01	01	2000

PAY TO THE ORDER OF

MOORE JOHN T

CHECK NUMBER

CASH IMMEDIATELY

PAY EXACTLY
DOLLARS CENTS

\$250.00

EXACTLY**TWO*HUNDRED*FIFTY*DOLLARS 00/100

Richard M. Daley
MAYOR

[Signature]
COMPTROLLER

JOHN MOORE 4-93 212
[REDACTED]
Feb 24, 1996 2-423/710
PAY TO THE ORDER OF City of Chicago \$ 15⁰⁰
Fifteen 00/100 DOLLARS
LaSalle Northwest National Bank
4747 West Irving Park Road, Chicago, Illinois 60641
4825 N. Austin Ave., Chicago, Illinois 60630
70 Westfield Rd., Elk Grove Village, Illinois 60007
MEMO [REDACTED] 0212
[REDACTED]

Recd 2/27/96
J. C. [Signature]

BY ORDER OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS,
YOU ARE HEREBY SUMMONED TO APPEAR FOR JURY SERVICE AT:

R J DALEY CENTER 50 W WASHINGTON ST ROOM 1700 CHICAGO IL 60602
TO BEGIN AT THE DATE AND TIME SHOWN BELOW:

☒ IF THIS BOX CONTAINS AN "X" YOU ARE A **STANDBY JUROR**. PLEASE PHONE 1-312-443-6490 AFTER 4:00 P.M. OF THE DAY BEFORE YOUR SERVICE DATE TO BE INFORMED BY RECORDED MESSAGE IF YOU ARE TO REPORT. IF YOUR SERVICE DATE IS A MONDAY, PHONE FRIDAY AFTER 4:00 P.M. AND ALL THROUGH THE WEEKEND; OR IF SERVICE DATE IS AFTER A COURT HOLIDAY, PHONE AFTER 4:00 P.M. ON THE LAST WORKING DAY BEFORE THE HOLIDAY TO GET RECORDED MESSAGE. IF THIS BOX DOES NOT CONTAIN AN "X" YOU ARE TO REPORT AT THE DATE AND TIME SHOWN.

JUROR NUMBER	SERVICE DATE	TIME
5583142 1 390	FRIDAY FEBRUARY 23 96 S	9:00 A M

FAILURE TO OBEY THIS SUMMONS MAY BE PUNISHABLE BY FINE.

**PLEASE FILL IN THE FORM ON THE OTHER SIDE OF THIS SUMMONS BEFORE YOU REPORT FOR JURY DUTY.
BRING THIS SUMMONS WHEN YOU REPORT.**

PLEASE NOTE: ALL OF THE COURTHOUSES TO WHICH JURORS ARE SUMMONED ARE ON THE ONE DAY/ONE TRIAL JURY SYSTEM. THIS MEANS, IF YOU ARE NOT SELECTED FOR A TRIAL ON YOUR FIRST DAY, YOU WILL SERVE ONLY ONE DAY AND BE DISCHARGED. HOWEVER, IF YOU ARE SELECTED YOU MUST SERVE UNTIL THE TRIAL ENDS.

- BE PREPARED TO STAY UNTIL AT LEAST 4:30 P.M.
- BRING SOMETHING WITH YOU TO READ.
- BRING CHANGE FOR VENDING MACHINES.
- PLEASE READ "IMPORTANT INFORMATION FOR JURORS."
- PLEASE DRESS CONSERVATIVELY, SHORTS NOT ACCEPTABLE.

MOORE, JOHN

(Please separate and bring top half with you)

3179

IMPORTANT INFORMATION FOR JURORS

- Read your summons carefully so that you know exactly when and where to report.
- The back side of the summons requires you to answer each question and also requires your signature.
- Bring completed summons to the jury assembly room of the courthouse when you first report for duty.
- If employed, immediately notify your employer of your summons to jury service.
- You will be asked to go through a metal detector before entering the courthouse to which you are summoned.
- Cameras, radios, cellular phones, and portable computers are not allowed.

HARDSHIP AND MEDICAL EXCUSES

If you have been summoned for jury service and you believe that you qualify to be excused from jury service on the above date based on an undue hardship or medical excuse, such request may be made in writing. Attach any documentation, such as a doctor's letter, that supports your request. Requests based on medical reasons without verification by a health care professional may be denied. This information should be mailed to the Jury Administrator, Room 1700, Richard J. Daley Center, 50 W. Washington, Chicago, Illinois 60602.

PENALTY

FAILURE TO REPORT FOR JURY SERVICE MAY BE PUNISHED BY FINE.

PUBLIC TRANSPORTATION FROM CHICAGO TO COURTHOUSE DAY AND EARLY EVENING

Below are Bus and Rapid Transit routes from Chicago to Courthouse. There are additional ways to travel from many suburbs as well. CTA buses and trains run every 5 to 15 minutes; PACE buses run every 20 to 60 minutes; METRA train schedules vary. For additional information or schedules, call the RTA Travel Information Center at 1-312-836-7000, or the RTA Telecommunications device for the deaf (TDD) at (312) 836-4949 or the PACE Consumer Service Office at 1-708-364-7223, Extension 500. IT WOULD BE BEST TO CALL THE DAY BEFORE YOUR SERVICE DATE, BECAUSE BUS AND TRAIN TIMES CHANGE OFTEN.

DALEY CENTER, 50 WEST WASHINGTON ST., CHICAGO, ILLINOIS: In downtown Chicago on the block bounded by Randolph, Washington, Clark and Dearborn Streets. Served by C.T.A. Elevated and Subway Purple, Red, Blue, Green, Orange and Brown lines; Metra commuter rail also has stations nearby. Please call CTA to verify which elevated and subway lines are in service.

**NOTICE OF JUROR RIGHTS
UNDER THE AMERICANS WITH DISABILITIES ACT**

In compliance with the Americans with Disabilities Act, the Circuit Court of Cook County does not discriminate in employment or provision of services to persons with disabilities.

Persons with disabilities who need special arrangements to participate in jury duty, such as a sign language interpreter or an accessible courtroom, should call the jury supervisor at the location to which they have been summoned for jury service.

IF YOU HAVE ANY QUESTIONS REGARDING YOUR JURY SERVICE, PLEASE CALL OR WRITE THE:

Supervisor of Jurors
R. J. Daley Center
50 West Washington
Chicago, Illinois 60602

Voice: (312) 443-5417
TDD/TT: (312) 443-6109
ROOM 1700

SUMMONS TO APPEAR FOR JURY SERVICE

**BY ORDER OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS,
YOU ARE HEREBY SUMMONED TO APPEAR FOR JURY SERVICE AT:**

R J DALEY CENTER 50 W WASHINGTON ST ROOM 1700 CHICAGO IL 60602
TO BEGIN AT THE DATE AND TIME SHOWN BELOW:

☒ IF THIS BOX CONTAINS AN "X" YOU ARE A **STANDBY JUROR**. PLEASE PHONE 1-312-443-6490 AFTER 4:00 P.M. OF THE DAY BEFORE YOUR SERVICE DATE TO BE INFORMED BY RECORDED MESSAGE IF YOU ARE TO REPORT. IF YOUR SERVICE DATE IS A MONDAY, PHONE FRIDAY AFTER 4:00 P.M. AND ALL THROUGH THE WEEKEND; OR IF SERVICE DATE IS AFTER A COURT HOLIDAY, PHONE AFTER 4:00 P.M. ON THE LAST WORKING DAY BEFORE THE HOLIDAY TO GET RECORDED MESSAGE. IF THIS BOX DOES NOT CONTAIN AN "X" YOU ARE TO REPORT AT THE DATE AND TIME SHOWN.

JUROR NUMBER	SERVICE DATE	TIME
5583142 1 390	FRIDAY FEBRUARY 23 96 S	9:00 A M

FAILURE TO OBEY THIS SUMMONS MAY BE PUNISHABLE BY FINE.

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- BRING SOMETHING WITH YOU TO READ.
- BRING CHANGE FOR VENDING MACHINES.
- PLEASE READ "IMPORTANT INFORMATION FOR JURORS."
- PLEASE DRESS CONSERVATIVELY, SHORTS NOT ACCEPTABLE.

MOORE JOHN



(Please separate and bring top half with you)

3179

3907H
49607294CITY OF CHICAGO
DEPARTMENT OF FINANCE

OFFICE OF THE COMPTROLLER

121 NORTH CASALTE STREET - ROOM 501 - CHICAGO, ILLINOIS - 60602

CHGO. DEPT. PUBLIC HEALTH FITNESS HOTLINE

MAY-PHYSICAL ACTIVITY MONTH

1(877) 2 FEEL-FIT/1(877)233-3534

CITY OF CHICAGO

SOCIAL SECURITY NUMBER

EMPLOYEE NUMBER

MOORE JOHN T

PAYROLL

ET

CHECK NUMBER

49607294

DEPT OF AVIATION

PAY PERIOD ENDING

04/30/99

CURRENT PERIOD EARNINGS

RATE	HOURS	TYPE	AMOUNT
	77.00	SUPLMTL	1,676.16
		GROSS	1,676.16

CURRENT PERIOD TOTALS

GROSS \$1,676.16
 less Pension
 less Benefits
 less Def. Comp.
 TAXABLE GROSS \$1,676.16
 less other Ded. 346.13
 NET PAY \$1,330.03

YEAR TO DATE
SUMMARY

PRE TAX GROSS \$.00
 TAXABLE GROSS \$.00

DEDUCTIONS

TYPE	DESCRIPTION	AMOUNT	YTD AMT
-1 01 MC 0	FEDERAL TAX STATE TAX MEDICARE BENEFITS		

CITY OF CHICAGO
TO THE TREASURER OF THE CITY OF CHICAGO2-439
7-10DRAWN AGAINST WARRANT
OF CURRENT DATE

49607294

CHECK NUMBER

CASH IMMEDIATELY

DEPARTMENT OF FINANCE OFFICE OF THE COMPTROLLER

PAYROLL NUMBER

PAYER
EMPLOYEE NUMBERMONTH DAY YEAR
05 01 99

PAY TO THE ORDER OF

MOORE JOHN T

PAY EXACTLY
DOLLARS CENTS

\$1,330.03

EXACTLY**ONE*THOUSAND*THREE*HUNDRED*THIRTY*DOLLARS 03/100

MAYOR

COMPTROLLER

CITY OF CHICAGO

DEPARTMENT OF FINANCE

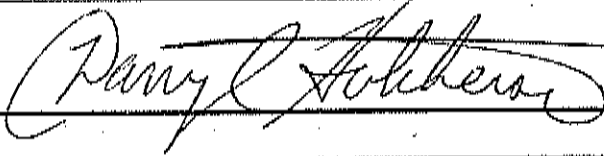
OFFICE OF THE COMPTROLLER

121 NORTH LASALLE STREET - ROOM 501 - CHICAGO, ILLINOIS - 60602

SEPTEMBER IS UNITY MONTH. FOR ACTIVITIES IN YOUR COMMUNITY.

CALL THE COMMISSION ON HUMAN RELATIONS AT 744-4111.

A COMMON VISION BRINGS US CLOSER TO A BIAS-FREE CHICAGO.



CITY OF CHICAGO

SOCIAL SECURITY NUMBER [REDACTED]

EMPLOYEE NUMBER 4210

MOORE JOHN T

PAYROLL [REDACTED] A

CHECK NUMBER

44244782

DEPT OF AVIATION

PAY PERIOD ENDING 09/15/95

CURRENT PERIOD EARNINGS

RATE	HOURS	TYPE	AMOUNT
	39.99	SUPPLMTL	509.04
		DOCK 6.00	
		GROSS	509.04

CURRENT PERIOD TOTALS

GROSS	\$509.04
less Pension	[REDACTED]
less Benefits	[REDACTED]
less Def Comp	[REDACTED]
TAXABLE GROSS	\$465.77
less other Ded	43.51
NET PAY	\$423.26
YEAR TO DATE SUMMARY	
PRE TAX GROSS	\$509.04
TAXABLE GROSS	\$465.77

DEDUCTIONS

TYPE	DESCRIPTION	AMOUNT	YTD AMT
-2	FEDERAL TAX	[REDACTED]	[REDACTED]
01	STATE TAX	[REDACTED]	[REDACTED]
MC	MEDICARE	[REDACTED]	[REDACTED]
1	PENSION	[REDACTED]	[REDACTED]



CITY OF CHICAGO

TO THE TREASURER OF THE CITY OF CHICAGO

2-439
710DRAWN AGAINST WARRANT
OF CURRENT DATE

44244782

DEPARTMENT OF FINANCE, OFFICE OF THE COMPTROLLER

CHECK NUMBER

CASH IMMEDIATELY

PAYROLL NUMBER

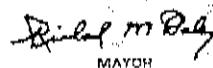
PAYEE/
EMPLOYEE NUMBERMONTH DAY YEAR
09 16 95

PAY TO THE ORDER OF

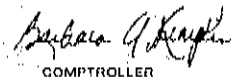
MOORE JOHN T
4864 N MASONPAY EXACTLY
DOLLARS CENTS

\$423.26

EXACTLY**FOUR**HUNDRED**TWENTY**THREE**DOLLARS 26/100



MAYOR



COMPTROLLER



CHICAGO DEPARTMENT OF AVIATION
CITY OF CHICAGO

Date: April 19, 2017

To: John T. Moore
Aviation Security Sergeant

From: Robye Scott 
Deputy Commissioner
Human Resources & Workforce Development

Cc: Jeffrey Redding
Deputy Commissioner
Security

Re: Administrative Absence

Please accept this memorandum as the Chicago Department of Aviation (CDA) notification that you are being placed on Administrative Absence effective today. The Administrative Absence 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.