



Rosemarie S. Andolino, Commissioner of Aviation

Department of Aviation/O'Hare Modernization Program ACKNOWLEDGEMENT OF RECIEPT

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
Mone
EMPLOYEE SIGNATURE
(/ 23 JUN 09
DATE
To show of some are
WITNESS – PRINT NAME
Set 1 1 Salace Co
WITHESS SIGNATURE
WITHESS SIGNATURE 23 June 27
DATE

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

Priscilla Crowder
Department of Avaiation – 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

Oale (gooninidayiyes).

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 tuture expiration date may also constitute illegal discrimination. Section 1. - Employee information and Verification To be completed and signed by employee at the time employment books Middle fritial Maiden Name Print Name: Address (Sir City atlest, under penalty of perjury, that I am (check one of the following);

A citizen or netional of the United States am aware that federal law provides for imprisonment and/or fines for false statements or A Lawful Pormanent Resident (Alien # A use of false documents in connection with the An alien authorized to work until (Alion # or Admission # <u>a-Kaa</u> Date (month/daylyear) Employou/# Signature Proparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I altest, 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. Print Name Proparor's/Translator's Signature Date (month/daylyear) Address (Street Name and Number, City, State, Zip Code) 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) AND List C OR List A Document title: 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 employee began employment on (month/day/year) is eligible to work in the United States. (State employment agencies may omit the date the employee began employment). Signature of Employer of Authorized Representative Address (Street Name and Number, City, State, Zip Code) Business or Organization Name Section 3. Updating and Reverification. To be completed and signed by employer B. Date of retire (month/daylyear) (if applicable) A. New Name (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 Expiration Date (if any):_ Document #: Document Title: 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.

Form I-9 (Rev. 11-21-91) N

Signature of Employer or Authorized Representative



CITY OF CHICAGO DEPARTMENT OF HUMAN RESOURCES

OUTSIDE EMPLOYMENT FORM

Name: MO	IRE	JOHN	1.	- Vertical de la constant de la cons	Departn	ent: AVI	-A (II)	<i>N</i>
Job Title: A	ISATSO.	N SECU	RITY	OFFICER-	Bureau:	SEC	1027	1
Work Phone:	1-7 /	086 268			Work Si	te:		1777.774
<u> </u>	<u> </u>	200200	<u> </u>	The state of the s		UMA	C.C	
			29.6224.04.2					
1. Do you now have	e or do you an	ticipate having a jol	o in addition	to your present emple	oyment wi	th the City of	Chicago?	
						YES	NO NO	
2. Are you now self	employed or	have any business i	nterest or act	on a consultant basis	:?	YES	New Y	/11//
If yes, does this i	nvolve any ci	ty, state, or federal	license regist	ration?		DYES	- ZNO	
If yes, state the ty	pe and registr	ation number:						
3. If yes, to any of the	ie above;			1,000			U	
				Phone				
Address:				City;				
					\$ ************************************		-1	
The state of the s	women	The second secon	MACAACA MATATATATATATATATATATATATATATATATATATA		V-V			
4. Complete the box below	, indicating start	time, total hours per day	and total hours	per week for your City jol	rand your or	itside employmer	nt.	
4. Complete the box below	7		and total hours	per week for your City jol	and your or	mv varanosa		
ROTATION	City	Employment		per week for your City joi) and your or	Outside I	Imployment	
ROTHERK	City :	Employment Stop I	and total hours	DA	JA	mv varanosa		Hours
ROTATING- Monday	City Start	Employment Stop I		Monday	JA	Outside I	Imployment	Hours
ROTATING- Monday Tuesday	City Start 1330	Employment Stop I		Monday Tuesday	JA	Outside I	Imployment	Hours
ROTATING- Monday Tuesday Wednesday	City Start 1330 1330	Employment Stop I A200 2300 2300		Monday Tuesday Wednesd	JA _{ay}	Outside I	Imployment	Hours
COTATION— Monday Tuesday Wednesday Thursday	City Start 1330 1330 1330	Employment Stop I A200 JE00 200 200 A200		Monday Tuesday Wednesd Thursday	JA _{ay}	Outside I	Imployment	Hours
Monday Tuesday Wednesday Thursday Friday	City Start 1330 1330	Employment Stop I A200 2300 2300		Monday Tuesday Wednesd Thursday Friday	JA _{ay}	Outside I	Imployment	Hours
Monday Tuesday Wednesday Thursday Friday Saturday	City Start 1330 1330 1330	Employment Stop I A200 JE00 200 200 A200		Monday Tuesday Wednesd Thursday Friday Saturday	JA _{ay}	Outside I	Imployment	Hours
Monday Tuesday Wednesday Thursday Friday	City Start 1330 1330 1330	Employment Stop I A200 JE00 200 200 A200		Monday Tuesday Wednesd Thursday Friday	DA CONTRACTOR CONTRACT	Outside I	Imployment	Hours
Monday Tuesday Wednesday Thursday Friday Saturday Sunday	City Start 1330 1330 1330 1330 3330 above informat y of Chicago w mediately and c	Employment Stop I A200 2500	dete and authoriormation perta	Monday Tuesday Wednesd Thursday Friday Saturday Sunday Total Hot ize my outside employed ining to my employment form. ules, Rule XX-Employ	urs r named about Should the	Outside E Start Start Ove to furnish a ne above inform	Stop Stop my authorized nation change	, I will
Monday Tuesday Wednesday Thursday Friday Saturday Sunday Total Hours Thereby certify that the representative of the Circuity my supervisor important that I have resulted that I have no conflict of the I have no conflict of th	City Start 1330 1330 1330 1330 1330 1330 1340 above informat y of Chicago w mediately and c	Employment Stop I A200 2300	dete and authoriormation perta	Monday Tuesday Wednesd Thursday Friday Saturday Sunday Total Hot ize my outside employed ining to my employment form. ules, Rule XX-Employer ort will be cause for die	Tramed about Should the Sciplinary and American	Outside Is Start Ove to furnish a ne above information, Section 3-Continuation.	Stop Stop my authorized nation change	, I will

Print Form

Love

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

Department: AVIATION	Bureau: SECURITY
Name: JOHN MOORE	
Position Title: SECURITY OFFICER SSN:	
I understand and acknowledge that as a condition of emplo Chicago I must be an actual resident of the City of Chicago.	syment with the City of
Chicago i must be an actual resident of the City of Chicago.	
Former Address	Zip code:
New Address:	Zip code:
New Phone Number:	ive Date: 020-773-
	•
I understand that the falsification of this statement of address shall discharge from the City Service.	l constitute grounds for
I understand and acknowledge that I must report any chang my department head and to the Department of Human Resour- such notification shall constitute grounds for discharge from the C	ces and that failure to provide
By signing this residency affidavit, I acknowledge and represent the understand both the front and reverse sides of this residency affithe information which I have provided herein is true and correct.	
- Jacat	-1/
Department Head Signature ORM MUN Q	
Employee Signature	
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)	1 st month's rent goes to goe
	DATE 1-3-2012
ИНОГ	MOORE DATE OI/OIL/2

PROCEEDING TO TENANT; Please sign and return both copies to Landford. Your copy will be

Obtained by Judicial Watch, Inc. Via FQLA. 2008

All, RIGHTS RESERVED

NOT FURNISHED CHICAGO APARTMENT LEASE

DATE OF LEASE	TERM O	r Lease	MONTHLY RENT	SECURITY DEPORIT*
12-31-2011	пеоимина	ENDING		
	1-1-2012	1-1-2013		

12-31-2011	1-1-2012	1-1-2	2013							
"IF MONE, WHITE 'NONE- and Section 5 of Lease Agreements and Comments shall then be IMAPPLICABLE.										
	-	AUDITIONAL	CHARGES AND FE	(28*						
Late Charge \$ \$50	Returned Check Charge \$ 50		Relating Chan	le t	Monthly Periong Fee \$					
Monthly Condominium Association Fee \$	Monthly Storage Fee \$		Property Manag	persont Administrative	Monthly Rent Due Upon Lease Execution \$					
THE NOTICE, TRUITED THOSE .					1111					
TENANT:	-		LANDLORD:		February 1 At 1 W 10 Francis Landson L					
NAME(S): John Moore		dada an dada an a basa	NAME:							
ADDRESD:			ADDRESS SYREET:							
UNIT #:			CITY:							
STATE:			STATE:							
			1 1							
TELEPHONE #			TELEPRONE 4							
NAMES OF PERSONS AUTHORIZE	о то осоцеу екемівка;		PERGON AUTH	ORIZED TO ACT ON BEHA	LF OF LANDLORD FOR PURPOSE OF					
John Moore,			SERVICE OR P	ROCCES AND RECEIPT O	F NOTICES:					
	and and the first and a second control of the soluble two states the second control of t									
ADDRESS OF LEASED APART	MENT (the "Premises"):		NAME: ADDRESS:							
ACCREAG			STREET-							
STREET: UNIT #:			CITY:							
CITY: SYATE:			ZIF							
ZIP:			TELEPHONE #							
* IP NONE, WRITE NONG!	Cloke	M	100	9	•					
P-World, William World	A Commission of the Commission	×/-//		·····						
(NOTICE OF	enemanos.	Afergunghadi	TORILITY						
I harmby acknowledge that Landlord h	es disclosed any code violations, e	oda antorcany	int Stigetion and/or o	rompliance board proceeding	gs during the previous 12 months for the					
Promises and the Building and any no	lice from utility providers of intent	to telliwhate uti	ity savices, copies	of Which, if any, are attached	dir this i,nate.					
				(Tenani(s) indi	∀ 8)					
			//		TO THE WORLD WITH THE WORLD WAS A STATE OF THE					
•	EMAXUA	RACKNOWL	EDGMENIO DY TE	DANT						
Tenant hereby acknowledges that as o	·									
Un Standard Change in the earles			Y ₩.		nde)					
VI Security (Juposit Receipt VI Heating Cost (Nacionaly Statement	!		JAK I	enițu) inii. ențu	•					
Rules of Building from Property Me		clation	() T	inclus initi	,					
93 Land-Baked Point Gractiure: Profes	et Your Family From Land in Your	Home	-420	ant(n) indii	w/x)					
n consideration of the mutual agreements and covenants set forth in this Lease, and in further consideration of the statements made by Tenant in the application for Lease and its supporting documents (hereby, including Tetanat's Afranched atherwands (if may), the built and accuracy thereof being interested to by Tenant and the information therein in full, transitional built incoporated his this Lease as if set forth feering in full, transitional built incoporated his this Lease as if set forth feering in full, transitional properties that the feering in the feering in the set of the feering the feering in the feer										
TENANT: A Contra	" C 1		LAN		1.5.12.					
Down Mor	ne Gentia	イク	Name		1-3-12					
	ultiele 2		Name		Onto					
1-1-2.42										



CITY OF CHICAGO DEPARTMENT OF HUMAN RESOURCES

OUTSIDE EMPLOYMENT FORM

Name: 50	HW 1	MOOR.	(E-		Departme	ent: AVI	ATIC	W.
Job Title: AU	CATION	1 560	URITY	OFFICER	Bureau;	ent: AVI SECC	(RIFT	7
Work Phone:	H3 6	,86-0	1685	OFFICER	Work Site	OHAR		
		THE COMMENT WAS TO SEE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		//////////////////////////////////////	the City of C	Chicago?	
•	•		. ,	, Fr		□YES .	Æ MQ	
2. Are you now se	olf-employed or	have any busin	ess interest or ac	t on a consultant basi	s?	□YES	Z MQ	
If yes, does this	s involve any c	ity, state, or fede	eral license regis	tration?		\square_{YES}	No	
If yes, state the	type and regist	ration number:						
If yes, to any of When did (will)		The state of the s			TEMPER TO SERVICE STREET			
				Phon				
				City:				
				s per week for your City jo				
70000000000000000000000000000000000000	City	Employment	TEACHTER CONTRACTOR OF THE STATE OF THE STAT		ONE DESCRIPTION OF THE PROPERTY OF THE PROPERT	Outside Er	nployment	10.1
	Start	Stop	Hours	1		Start	Stop	Uours
londay uesday	1330	2200 2200	8	Monday			•	
cdnesday	1330	ásw		Tuesday	244	·	~	
***************************************		2400		Wednesd		<u> </u>	<u>'</u>	
nursday	1330		- \S	Thursday	<u>y</u>		<u></u>	ļ
iday	1330	2-200		Friday Saturday				
iturday Inday	***************************************			<u> </u>				-
otal Hours			40	Sunday Total Ho	urs			ļ
oresentative of the C tify my supervisor i ubmit that I have	City of Chicago v immediately and read the City's l	vith any additiona complete a new C Ethics Ordinance	I information perta Jutside Employme and Personnel I	rize my outside employe aining to my employme ont Form. Rules, Rule XX-Emplo ort will be cause for di	nt. Should the yee Relations	: above informa s, Section 3-O:	ntion change	, I will
gnature					/(1 <u>~~</u> b	1100		
PROVALS:	YES	□ио		Division Head:	46	Corre		
	YES	□NO		Bureau Head:	CSW)	Clov	4/	
	$\square_{ m Y6S}$	\square_{NO}		Department Flea	nd:		W1/ /	
						\$ 4, 54		14 14 17

Print Form



CITY OF CHICAGO CHICAGO DISPARYMENT OF AVIATION



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
	AUIATION SECURITY OFFICER
_	THE MOON E
	EMPLOYEE SIGNATURE *
	<u> 22541010</u>
	DATE

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.

^{*} If the employee refuses to sign, the supervisor must sign the form "employee refuses to sign".



CITY OF CHICAGO DEPARTMENT OF WHUMANARESOURCES

DUAL EMPLOYMENT FORM

	-							
Name:	DHIN	MOD	RE	and the second	Departme	nt: /{-(/(AT/	au
Job Title:	WIAT'	ion	SECU	RITY OFFICE	Bureau:	¥	,	
Work Phone:	773	(08:60	, 26	85	Work Site	: OH-11	42E	- ' '
ativasiteMthitterickististattisii/salederickisterickisterickisteric	rain () kativitari si (1600-1616) ilian mahamarkan liiki, mamma sa si k		- <u>,</u>					
1. Do you now ha	ve or do you ân	ticipate having	a job in addit	ion to your present empl	oyment with th	ne		
-	-			, , , , , , , , , , , , , , , , , , ,				
City of Chicago	o?	YES	N-KZ	O				
2. Are you now se	lf-employed ha	ve any busines:	s interest or a	ct on a consultant basis?			NULT LIL NEW	
I YE	. 17				_			
4	S LXLNO s involve any ci	er otaea on fact	neal lineman n	anintmation 2	YES	NO		
ii yes, does im	s mvoive any ci	ty, state, or red	erat ncense re	egistration?	T YES L	J NO		
If yes, state the	type and registr			(4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
3. If yes, to any	of the above			PARTICIPATION OF LINES PLANE DE SALES DE LA COMPANION DE LA CO			***************************************	
Name of Em	ployer:				Phon	c:		
Address:					City			
							9 80 miles (
4. Complete the employment.	box below, indi	cating start tim	e, total hours	per day and total hours I	er week for ye	our City job	and your ou	tside
	City	Employment			Outside E	mployment	W. W	Total
	Start	Stop	Hours		Start	Stop	Hours	Hours
Monday				Monday				0
Tuesday	1,330	220	L&	Tuesday		111	0	8
Wednesday	1330	2300	 	Wednesday				
Thursday Friday	1330	2200	1	Thursday Friday	<u> </u>	MARMARANACETATA	8	
Saturday	1330	2500		Saturday	ummu		 >	 }
Sunday	1220		 	Sunday			J D	(2)
Total Hours		"	40	Total Hours				40
authorized represer information-change read the City's Et report will be caus	ntative of the Cir e, I will notify m hics Ordinance se for disciplina	ty of Chicago v ny supervisor ir r and Personn o	vith any addit nmediately ar	e and authorize my outsic ional information pertain id complete a new Dual t I have no conflict of in	iing to my emp Employment R	oloyment. Sl teport. I sub	ould the ab	ove ave
Signature	nov			410000000000000000000000000000000000000	Date		7	<u> 30</u>
APPROVALS:	YES YES		NО NO	Division Head — Bureau Head	willen,	73/3/E		
	□ _{YES}		NO	Department He	ad:	prince de la descripción de la constante de la	(Jula)	J.,

11/10/2009

PER-125



Obtained by Judicial Water In ICAGO DEPARTMENT OF HUMAN RESOURCES

DUAL EMPLOYMENT FORM

The second second					Departme	it: 40,1	1-1-15) <i>(</i>
Name: JOh						/ (/ /	71110	
Job Title:	FICE	R			Burcau:	SEOL		-
Work Phone:	773) (286 - a	2085		Work Site	011	112t	
						ATAMAN /- //- //- //- //- //- //- //- //- //-		
1. Do you now have	or do you antic	ipate having a	job in additie	ก์ to your present empl	oyment with th	ne		
City of Chicago?		YES	NO					
H " "	employed have	any business i	nterest or act	on a consultant basis?				
				(*************************************	, ,	\neg		
YES	NO nvolve any city	, state, or feder	al license reg	sistration?	J YES └	NO		
.				-/AARTWOOT.				
					1200			
3. If yes, to any o								
When did (will	i) you start (_ lover:			AFF (MD)	Phor	10:	20-1	_
Address:					E72400	•		
What is your j	ob?		100201117			1-20	L 2/27/77	—]
4 Complete the bo	x below, indica	ating start time	, total hours p	per day and total hours	per weck for y	our City job a	nd your ou	tside
employment.	, • • • • • • • • • • • • • • • • • •	4 7*	,				· · · · · · · · · · · · · · · · · · ·	<u>ye a saasa </u>
10,445	City I	Employment			Outside	Employment	- ww	Total Hours
	Start	Stop	Hours		Start	Stop	Hours	110012
Monday	00/12	2000		Monday Tuesday	-10°	6-2 N	77	
Tuesday	1338	2200	8	Wednesday		W 7 172	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Wednesday Thursday	1332	2200	Ý	Thursday		400	1	
Friday	1330	2200	8	Friday		111 . 01	<u> </u>	
Saturday	1330	A 202		Saturday			 	
Sunday	00,00	£		Sunday				
Total Hours			40	Total Hours		. Annual control contr		
authorized represent	ative of the City I will notify my ics Ordinance	y of Chicago w y supervisor in and Personne ry action.	rith any addit vmediately ar	and authorize my outs ional information perta d complete a new Dua I have no conflict of	uning to my en J Employment	Report. I sub	mit that I	have
APPROVALS:	YES VES VES		NO NO NO	Division Head Bureau Head Department	:	RE N	C E I	VED 2006

10/19/2006

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.)

Badge Holder's Printed Full Name

Signature

Date

CITIZENSHIP SELF IDENTIFICATION

NAME:	÷.	JOHN (Please Print)	MOC) RE	
BADGE NUMBER:				danadaria da Palaria da	
COUNTRY OF BIR	TH:	UNITEY) S[ATES	
RACE					
k or African- cial groups o		(not of Hispanic orig	in): A person	having origins in an	y of the
utheast Asia,	or the Indi	person having origir an subcontinent or t Pakistan, the Philippi	ic Pacific Isla	ınds. This area inclu	des, for
nd South Am	erica (inclu	Native: A person hading Central Americ munity recognition.			
Spanish cult	are or origin	n of Mexican, Puerto n, regardless of race Spanish origin, desce	Only those p	ersons from Central	and South
e (not of His North Africa		n): A person having Idle East.	origins in any	of the original peop	le of
JOHN	· M	00RE			
Badge Holder's Print	ed Full Nat	me		,	
-(-) mod	ne	,·		07DEC	06
Badge Holder's Sign	iture	The terms of the t		Date	D C MOTOCCC - Protection (V) (AVVV)

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



TOIFRA Motained by Judicial V

CITY OF CHICAGO

VIOLENCE IN THE WORKPLACE TRAINING SESSION

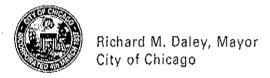
ACKNOWLEDGMENT RECEIPT

JOHN MOORE
EMPLOYEE'S NAME
SECURITY OFFICER
WARRANT THE TAXABLE TO THE TAXABLE T
TITLE
AVIATION
DEPARTMENT
5-24-2000
DATE OF TRAINING SESSION ATTENDED
John Moore
EMPLOYEE'S SIGNATURE
Sold Toeff
VIOLENCE IN THE WORKPLACE LIAISON (SIGNATURE)
Cofeeta Del De
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.



Glenn E. Carr, Commissioner Department of Personnel



Department of Aviation Personnel Section Personnel Information Update an Name MOORE, JOHN	Social Sec. # Sex	Phys. 8 Marital	-	1.30 p.m.
	code Rhone no	Driver's license no.	Exp. date	Class
Department/bureau DEPT OF AVIATION	Title Security	Employee no.	Present unit a	ssignment
Address of assignment	Phone authori	hor's name "To Ldk)	MURE	
Name of coouse	Address of spouse		Total d	ependents

•	oR DOP USE ONLY: EMERGENCY HIRING (circle appropriate number) 1. No request made. 2. Request denied. 3. Request approved —— Signature of DOP Shakman Co	ature of D.O.P.:	Obtained	Ć ## ##	Via FOIA	ase justify in detail the need	Tion Description	Inish Exempt Position: Islatement Yes Gest # Aviet artment Aviet
. .	ONLY: EMERGENCY 1. No request made. 3. Request approved	iture of D.O.P.: In ature for Shakman Exempt Position:		a revenue producing position? a revenue producing position? u requesting EMERGENON HIRING?	Via FOIA Via FOIA OUESTIONS MUST	II the need the		A A
	Y HIRING (circle apple. 2. Request denied and side)	2 × ×	ind of Ma		ST BE ANSWERED:	ed or lilling this vacancy:	Aviation Security Officer Olw Sect. Sub. Sect. 2015 4 3015 4800	488 8
	NG (circle appropriate number) quest denied. Signature of DOP Shakman Compliance	Grant Control	una un c	Yes XNO	,	fed ₩e	Title Code 4210 (Thuchus
V	number) (man Complian			(If Yes) Date:	H de	must provide.	The Day	City of Chicago EFRARTMENT OF PERSONNEL Bureau Bureau Bureau Bureau Bureau
	ce Officer:	- - -		ate: Michael	Has this position previously b	4 9-11-05	Buddeled B Bry Rais Pay Rais	PERSONNEL Form-Part A
	VED . p 2: 05	. Date: 2 271	Date: 12, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13	Previous Request # Cummings Di	<i>~</i> ~ t	Descriptions of Standy Programme Standy Programme Standy Programme Standard	A Thuru	Salva Constant
-	PECEIVE		He indin	DEPART DE	浙	and salrport	murray, marty -	Salvage lo bale
	7	ved: Yes	inding Approved.	OEPARTILATED ROLLUME.	N N	grounds.	Pay Rule 26,	1/2/95
	·	No	12/2/5	₩ <u>. ×3782</u>	O O		Annual Amil 880.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
٠.	- t ===	the comment of the			•	_	ر معلقاتها المحتمالة	

DEPARTMENT OF AVIATION/PERSONNEL - PAYROLL CHECK OFF LIST

/	
<u> </u>	PERSONNEL INFO UPDATE/VERIFICATION CARD
<u> </u>	PERSONNEL DATA FORM
	AFFIDAVIT OF DISCLOSURE/INDESTEDNESS
v/	EMPLOYEE RESIDENCY AFFIDAVIT (2) FORMS
V	AVAILABILITY TO WORK
	LETTER TO ALL EMPLOYEES PAYCHECK/INSURANCE
/	FIRST AMENDMENT OF U.S. CONSTITUTION FORM
<u>v</u>	CONFLICT OF INTEREST
/	W-4 FEDERAL FORM
<i>V</i>	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
<u> </u>	PENSION FORM (2) FORMS
	INSURANCE/ACKNOWLEDGEMENT RECEIPT FORM
	OTHER NO ACK
	initials



Obtained by Judicial Watch, Inc. Via FOIA

City of Chicago

Employee Residency Affidavit

Department AVIATION	Bureau
1ame JOHN: MOORE	
'osition title SPEC POL DOA (SECURITY)
ocial Security number	#*************************************
I understand and acknowledge that as a conditional resident of the City of Chicago	on of employment with the City of Chicago I must be an
Ty address is:	
	zip code
om the City Service. I understand and acknowledge that I must report ead and to the Department of Personnel and that farounds for discharge from the City Service.	t any change of address immediately to my department illure to provide such notification shall constitute
By signing this residency affidavit, I acknowled both the front and reverse sides of this residency a nave provided herein is true and correct.	dge and represent that I have fully read and understand affidavit, and further certify that the information which t
	Signed John Moore $08-23-95$

omplete and sign two copies.
irst copy to department file.
econd copy to Department of Personnel.

Obtained by Judicial Watch, Inc. Via FOIA AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER WHITE DEPARTMENT OF PERSONNEL COPY (The following definitions are those used by the United States Equal Employment Opportunity Commission. This information EDUCATION/TRAINING (College, Business or Trade Echool) PRESENT ADDRESS EMPLOYMENT HISTORY (Last 3) CORTHERSIER School Name RACE/ETHNIC IDENTIFICATION ENPLOYER FOR OFFICE USE ONLY E PAUL UIUI VERSITY 3LHM NATIVE AMERICAN INDIAN of ALASKA NATIVE BUACK/AFSICAN AMERICAN be used for statistical purposes only.) <u>JEWŁ</u> ASIAN or PACIFIC ISLANDER HISPANIC ADDRESS ehst City & State CHICAGO 0-3-5-1 F FOREIGN LANGUAGES (Enter Language. Then indicate level by entering box. E = Excellent, F = Fair, P = Poor.) NAME EMER PROFESSIONAL LICENSES HELD: Written Spcken **HELATIONSHI** PHONE ADDRES ٤ するとです YELLOW HIRING DEPARTMENT COPY KIND OF BUSINESS 大か TAIし ..0 [4] PSYCHOLOGY/BUS Individuation of Field of Stady 1 FROM From Dales Attended 19 Kes <u>.</u> то 500 Completed Sem. His Credits <u>.</u> COMMISSION Q: His La Bara JOS TITLE Model / HIGHEST V College High School EDUCATION LEVEL: Grade School YEARS COMPLETED: řes Were you in the Armed Service? MILITARY RECORD: Branch From: Morath To: Month Present Status Degree, Diploma or Certificate ea/BS N N SMANN j; D LAST SALARY Teg: Year Received 128 সূর্ব জ

9

Room 1100—City Hall Department of Personnel

Chicago, Illinois 60602 121 North LaSalle Street

PLEASE PRINT • PRESS FIRMLY

SOCIAL SECURITY NUMBER

SIRTHOAT

DATE

1.67 02

Male

X

Female

DRIVER'S LICENSE NO.

G-adualed

PERSONNEL DATA FORM

FOR OFFICE USE:

NAME.

M002E

1945 1945

<u>-1</u>

City of Chicago

Personal History Inquiry I orm



City of Chicago Richard M. Daley, Mayor

Department of Aviation

David R. Mosena Commissioner

Obtained by Judicial Watch, Inc. Via FOIA	
---	--

DEPARTMENT OF AVIATION

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

Applicant Name:	MODRE, JOHN	
Address:		
Date: <u>08 - ৯ র - ৭</u>	Phone:	
Social Sec. No.:_		Birth Date:

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.

Non-Personal 3.			
Personal 2:			
References Personal 1.			
Reason for Leaving:			
Reson for Leaving: Firm/School/Other: Address:	Position:	From: To: Phone:	
Firm/School/Other: Address:		Phone:	<u> </u>
Firm/School/Other: Address: Reason for Leaving:		Phone:	
Heason for Leaving:	/ I Va. 1, 1 and 1 and 2		
Reason for Leaving: Firm/School/Other: JEWE Address:	Position: CASHIER		15
Firm/School/Other: DEPAUL Address:	. U. Position: <u>STUDE</u>	From: <u>89</u> To: <u>9</u> Phone:	
Address:	STEN Position: STUDEN	Phone:	

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

R-000 6/94

WHITE-DEPT. COPY YELLOW-APPLICANT'S COPY

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

MODRE, JOHN T John Hoose



DEPARTMENT OF AVIATION

MEMORANDUM

AVAILABILITY TO WORK

Date 08 - 2-3
Name JOHN MOORE
If the Department of Aviation selects you for a position we must know when you
could report to work.
Λ. Immediately
B. Need time to give notice weeks
C. Other
Also, please provide us with a telephone number where you can be reached during business hours $9-5PM$. 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 <u>Prudential Life Insurance</u>, 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

\angle	I	accept	£ull	respo:	nsibili	ty i	n mai	ling	my
applicat	ion t	o Pruden	tial Fir	nancia	l Group	Life	Record	keep:	ing,
P. O. Bo	x 136	576, Phila	adelphia	a, PA,	19176.				

Print Name:

Signature:

JOHN MOORE

Date

25APR07

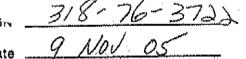
Department of Aviation



ACKNOWLEDGEMENT OF RECEIPT

I, JOHN MOORE (Print name)	, acknowledge receipt of
the City of Chicago Personnel Rul	es Book (Revised May 13, 2003)
on <u>OCT 5</u> , 2005.	

signature of Employee





CITY OF CHICAGO Richard M. Daley Mayor

CITY OF CHICAGO WRITTEN REPRIMAND

Wayor		
Employee JOHN MOOKE	Payroli No	
Employee	Payron No	
Department Bureau Division Division	DTION	
JOB TITLE QUIATION POLICEIMME	diate Supervisor	mills
Date of Violation 27 Oct 05 Time /	1	AMO
This is to inform you that you are reprimanded according sonnel Rules.	g to the provisions of Rule XVIII o	f the City of Chicago Per-
he cause for this reprimend is: FAILED TO FOR SICK TIME.	e COII ON 2700	et as,
The second secon	Manage of the second se	***
This action is a violation of: $Rule 18 =$	GC / - #3:01	FICER MOORE
This action is a violation of: RUE 18 5 ADE THE REQUEST THAT HE DID THIS PAE-DIS ON 9 NOW 05	1345 his 15	Pre-015 3-101
A repetition of the above violation may result in further di	isciplinary action.	
Jah More 1/1 9 20	of Callan	AT GNOW
Employee Signature Date (If employee refuses to sign, please so indicate.)	Signature of Supervisor issuing Reprimand	Date
	5978	seant.
	Title	

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

在大型工程的影響等的大型的大型工程的大型工程的

SCKNOWLEDGEMENT RECEIPT SCKNOWLEDGEMENT 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 Hanagement Office within 30 days of employment to ensure proper medical coverage for myself, and dependents, if applicable.

Print Name JOHN MOORE

SSX

- 11.---

Date //

16,97

Original Copy - Department Second Copy - Employee

11 (1 (1) 1) 1 (1) 1		,			. , .,		
OF CHICAGO GROUP TERM LIFE INSURANCE	ENROLLMENT FORM		BANKERS LII	E AND CA	BUALTY CO	MPANY	
4. •				SOCIA			
e MOORE	TOHN /		7				
LOYEE 17 POWE	FIRST		Mt	MALE	PAY	HOLL NUMBER	
				FEMALE			
NUMBESSNUMBE	R AND STREET			OF OF			
				BIRTH	MO	DAY	YEAR
CITY	STATE	ZIS CODE		SERVICE	Ø9 #0) DAY	9.5 YEAR
FIRST NAME S OTHERWISE PROVIDED HEREIN, IF TWO OR MORE BENEFICIARIES ARE HAN	MIDDLE INITIAL JED. THE PROCEEDS SHALL BE PAYABLE IN É	QUAL SHARES TO	LAST NAV THE NAMED BENT	MEL EFICIARIES SUR	VIVING THE INS		TKONSHIP E.
OVERAGE-GROUP TERM LIFE INSURANCE ITY PAID - BASIC GROUP TERM LIFE INSURANCE IMPLOYEE PAID - OPTIONAL GROUP TERM LIFE INSURANCE, YOU MAY IF YOU PTIONAL INSURANCE THROUGH PAYROLL	WISH, ENROLL FOR AN ADOITIONAL AMOUNT O	of Coverage Eo	UAL TO ONE, YWO	OR THREE TIME	S YOUR BASIC	ANNUAL SALAM	,
 YES I WANT THE OPTIONAL INSURANCE. IF OPTIONAL INSURANCE IS REQUESTED, INDICA AMOUNT OF COVERAGE DESIRED. 	TE BELOW THE	2.	SATISFACTO	SH TO ENROU RSTAND THA DRY TO THE II	L FOR ANY C LEVIDENCE O NSURANCE C	XPTIONAL, INS OF INSURABIL OMPANY MAY	ITY LITY LIRANCE
ONE TIMES ANNUAL SALARY TWO TIMES ANNUAL SALARY THREE TIMES ANNUAL SALARY			REQUIRED IS		PARTXIPAT	E, IN THE PLA	N AT A
11111	TO WASSESS ONE ME THE AMOUNT OF PREMIUM	FOR ANY OPTION	NAL LIFE		INSURA	INCE COMPA	łY
BY AUTHORIZE MY EMPLOYER TO DEDUCT FROM ANY EARNINGS OR ACCRUE INCE HEREIN APPLIED FOR THIS ENROLLMENT CARD SUPERSERS ANY PRE	SAIDTE ENBOTTNENT CARD MHICH I WAS HAN	e svemtted.			Ł	ISE ONLY	
SY AUTHORIZE MY EMPLOYER TO DEDUCT FROM ANY EARNINGS OR ACCRUE INCE HEREIN APPLIED FOR THIS ENROLLMENT CARD SUPERSEDES ANY PRE	VIOLES ENROLLIMENT CARD WHICH I MAY HAV	e svemtted.		EFFECTION	VE DATE	ISE ONLY	1,0,1,4,0,00

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

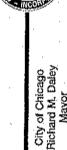
11

551

Signed_

Date

Original Copy - Department Second Copy - Employee



Department of Human Resources Jacqueline P. King Commissioner

ACKNOWLEDGMENT

sexual harassment by contacting the Sexual Harassment Office Sexual Harassment, I understand that I may file a complaint of acknowledge that I have received the City of Chicago Policy on 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 flaison.

JOHN MOOK Print Name

FICER

Print Title

Signature

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

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 (Please Print) 2. Address		t Name	MATERIAL PROGRAMME AND ADDRESS OF THE PROGRAMME.	OORE + Name ————————————————————————————————————			Male ≱
3. Title of your	present position						
4. Department		·/·······		Pay Roll No	• .1.1		
5. Give the date	e when you FIRST e	entered the service of	the City or Board o	f Education	Month		Year
	ago employees - Giv	s - Give the date you be					
8. Date of birth	Month		Day		Year	115	ATARVAS
NOTE: You consult records.		ct date of your birth if	'you wish to receive r	proper benefits	from this		in doubt
9. Where were y	ou born?,				1,2		13 1995
N 731 B		er's Name <u>–</u>				PERSON	HEL SECTION
O. Give name of (Living or D	eceased) Moth	ner's (Maiden) Name _					

SERVICE PRIOR TO MEMBERSHIP Obtained by Judicial Watch, Inc. Via FOIA

From	ч	Titl	e	Department
			and the second second	•••
and and and and ATTANANA SALE And an ATTANANA ATTANANA AND A	A Profile Later Constitution and Advisor Face			
	ATT OF CASE OF THE ATT			**************************************
		property and a second		
	profession and the second			 `
				ANTERIOR DE PROPERTO DE LA CONTRACTOR DE
/			28/20/11/20/20/20/20/20/20/20/20/20/20/20/20/20/	WAPPER LICENSE VERTICAL PROPERTY AND ADDRESS OF THE SECOND ASSESSMENT O
You have the right, in n	aost cases, to elect to pay	for this past	service and	receive credit for annuity purposes
,,,,,				
Do you have credits in a	ny of the following retirem-	ent systems	that may be	considered under the Retirement Sy
Reciprocal Act? (Yes o	r No) NO If your s	nswer is "Y	ES" indicat	e which system or systems.
The same of the same of the same of			400000000000000000000000000000000000000	
Illinois State Employe	es' Retirement System		County En	aployees' A. and B. Fund
Illinois State Teachers				Annuity and Benefit Fund
University Retirement		ō		oyees' Annuity and Benefit Fund
Illinois Municipal Reti	+	£3		istrict E. A. and Benefit Fund
Judges Retirement Sy			Chicago Te	eachers' Pension and Retirement Fun
General Assembly Ret	frement System of Illinois		Forest Pres	serve Dist. E. A. and Benefit Fund
Sive telephone number	at which you can be reach	ad if it shou	ld be neces	sary to communicate with you:
ALVE DESCRIPTIONS TRANSPORT	140 1411 1411 150 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	** ** ******		sary to communicate with you.
•				
hereby certify that the	answers to the foregoing of	uestions are	true and cor	rect to the best of my knowledge, info
				ble me to participate in the Fund this
				T I CANNOT WITHDRAW FROM
FUND UNLESS I BEC	OME SEPARATED FROM	MTHESER	VICE FOR	NOT LESS THAN THIRTY (80) DA
 — Williams Annual Confidence (Manual Manual Section) 		1 /	· · · · · · · · · · · · · · · · · · ·) -
		// //	,	$\mathcal{N}_{\mathcal{N}}$
(Lua 23	19_95 (Sign bergs)/	11 DK	m 1	More
Jate 1775	19(Sign berge)		1 - 1	
	1	1	Name in	Full
	\	1		
	1	I		

MARITAL STATUS Obtained	by Judicial Watch, Inc. Via FOIA
11. Are you married at the present time?	12. Were you ever married?
If you are legally married, you must complete G	Questions 13 through 17, even if you may be separated from your spot
13. Full Name of spouse _	
14. Give date of birth of sp	
15. Where was your spous	
16. Give date of marriage	
17. Where were you marrie	
If you are not married	
18. Give Name of Decease	
19. If spouse is deceased, a	
to at spoone is tronsactu, g	
20. If divorced, give date	
Month Da	y Yoar
CHILDREN 21. Have you any children of YOUR blood?	Ces or No.
CHILDREN 21. Have you any children of YOUR blood?	cs or No
22. If your answer to Question 21 is "YES", give na	mes and dates of birth of ALL children of your blood
CHILDREN 21. Have you any children of YOUR blood?	
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na	mes and dates of birth of ALL children of your blood
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na	mes and dates of birth of ALL children of your blood
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na	mes and dates of birth of ALL children of your blood
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na	mes and dates of birth of ALL children of your blood
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na	mes and dates of birth of ALL children of your blood
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na	mes and dates of birth of ALL children of your blood
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na	mes and dates of birth of ALL children of your blood
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na Name	mes and dates of birth of ALL children of your blood
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na Name	mes and dates of birth of ALL children of your blood
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na Name Name	mes and dates of birth of ALL children of your blood
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na Name Name	mes and dates of birth of ALL children of your blood Date of Birth
CHILDREN 21. Have you any children of YOUR blood? Y 22. If your answer to Question 21 is "YES", give na Name Name	mes and dates of birth of ALL children of your blood Date of Birth

BENEFICYARY DESIGNATION

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

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

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

Members who wish to name a beneficiary(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:

Nama	$\mathbf{Address}$	Relationship
	- 1 D M.	
14 14 12 15	Signature	of Member
STATE OF ILLINOIS		
County or	a Notary Public in and for the County and State aforesaid, I	American / 22-m
» "OFFICIAL SEAL"	A suppose and the suppose of the sup	Dente de la 1992
"OFFICIAL SEAL" Patricia L. Liska Notary Public, State of Illinois My Commission Expires 10/20/0.	n (A)	tary Public

Obtained by Judicial Watch, Inc. Via FOIA

COC-HR Oper Dept Self Service

Home Logout Preferences

Buspensions, LOAs and Short-Term Reinstatements: Review

Cancel

Back]

Save For Later

Print)

Sub<u>m</u>it)

Effective Date 04-May-2009

Employee Name Manager

MOORE, JOHN T GONZALEZ SANTOS,

Employee Number Organization Email Address

ANTONIA Department 085-4800 SECURITY **OPERATIONS**

Job 4210 AVIATION SECURITY OFFICER

Review your changes and, if needed, attach supporting documents. 2 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 CODE/PAID AS		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	11
	CORPORATE	CORPORATE
	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

Save For Later) (Print) Cancel Back) Sub<u>m</u>it)

Home | Logout | Preferences

Privacy Statement

COC-HR Oper Dept Self Service

Obtained by Judicial Watch, Inc. Via FOIA

Proposed

Home Logout Preferences

Buspensions, LOAs and Short-Term Reinstatements: Review

Submit) Cancel 8ack Save For Later) Print)

Effective Date 14-Apr-2009

Manager

Employee Name MOORE, JOHN T GONZALEZ SANTOS.

ANTONIA

Department 085-4800 SECURITY

OPERATIONS

Employee Number Organization Email Address

Job 4210 AVIATION SECURITY

OFFICER

Review your changes and, if needed, attach supporting documents. D Indicates Changed Items.

Current

Assignment

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
	CORPORATE	CORPORATE
Assignment Status		DISCIPLINARY SUSPENSION @
Change Reason	Year End Position Update	Disciplinary Suspension o
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		W
- t <u></u>	. 4		'			

-Add Adhoc Approver

Comments to Approver

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

Save For Later

8ack

Home | Logout | Preferences

Cancel

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

Privacy Statement

Submit

142

Print)



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 □ Criminal or Improper Conduct ☐ Violation of City Policy or Rule Conduct Involving Job Performance or Substandard Work Performance Subsection Subsection Number: Rule #18 Tardiness/Absenteeism Section 3 Verbal Counseling Date of Verbal Counseling: Varbal Counseling does not require employee salandure and is not placed in the employees personnet the tolder, Level of Discipline ☐ Notice of Reprimand Notice of Suspension Written ☐ Orai Effective date: Return to work date: 4 May 2009 14 April 2009 Date of Reprimand: Effective time: Number of calendar days of suspension: 20 1330 Hours Prior Notices of Progressive Discipline Level of Discipline Category/Subsection (1) 7 Date of Notice Tardiness/Absenteeism-no call/no show 4 Day Suspension 27 February 2007 Tardiness/Absenteeism-no call/no show 8 Day Suspension 04 September 2007 Tardiness/Absentecism-no call/no show 12 Day Suspension 12 August 2008

AVAILUE	Obtained by Judici	al Watch, Inc. Via FOIA
.		
		. `
		·
	_	
,,	,	·
,		
	1	
	,	
	, Annual III	
l management of the company of the c	atawaa ayaastad at too ooniindaa middiink	lowing details: Date of Occurrence. Lime, Location, Wilnesses; and Impacts; addite for follow up; it necessary.
	30 (Aka Maara Wac crisofila for 0	IN ON THE MICH WAICH. ALTON CAN JOHN MOOLE HAME WAS DAIL :
for his assignment but ther	re was no respond. The call-in she n Moore was called at home, there	et was checked by the superviors and John Moore name was no answer. At this time the shift summary sheet was
documented no call / no st	now.	
At the pre-dis hearing John	n Moore was explained the infracti	on and how serious it is to let your employer know when
you are not reporting for di	uty.Officer John Woore didn't want	union representation at the pre-dis on 26 March 2009.
		· ·
·		
		•
	•	
		•
Statement of Consequer	nces - Describe future actions if no Impro	vement is made,

A Repetition of the above Violation may result the further precipiting yearing Adviturer personner. September 2010 will result in more Disciplinary action taken.	rules intraction, until
Coptombol 2010 Inning the Coptombol 2010 Inn	
	\
•	
. The state of the	ļ
I acknowledge receipt of this notice: I understand that a copy of this notice will be included in my personnel record.	Data
Signature of Employee	27 MAR 09
Signature of empervisor Issuing Notice	27 MARCH 2009
Rights of Ampeal: Career Service Employees who are suspended for ten (10) days or loss may request in writing a review of the disciplin Hoad. 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 pe appealed in writing to the City Human Resources Board. Any such requests must be made within 5 working days of the notification of the 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 Huma	n Resources representative
Supervisor may be required to attach a Request for Review form to this Notice. Consult the current collective bargaining	agreement for applicability.

Logout Preferences

Suspensions, LOAs and Short-Term Reinstatements: Review

Cancel

(∘Back⊹

Save For Later

(Print)

Home

Sub<u>m</u>it

Effective Date 24-Aug-2008

Employee Name- MOORE, JOHN T

Manager GONZALEZ SANTOS.

AIROTRA

Employee Number Organization Email Address

Department 085-4800 O'HARE -

SECURITY OPERATIONS

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	DISCIPLINARY SUSPENSION	Active Assignment ø
Change Reason	Disciplinary Suspension	Reinstatement o
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		Status	Delete
Show 1	MANNING, ANGELA	HR People		Approver		Ŵ

>Add Adhoc 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

Cance)

(Back)

(Save For Later)

(Print)

Submit

Home | Logout | Preferences

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

Privacy Statement

COC-HR Oper Dept Self Service

Home Logout Preferences

Suspensions, LOAs and Short-Term Reinstatements: Review

(Cancel

Back

Employee Number

Save For Later

Print)

Submit

Effective Date 12-Aug-2008

Employee Name MOORE, JOHN T

GONZALEZ SANTOS. Manager

Organization Email Address

ANTONIA

Department 085-4800 O'HARE -**SECURITY OPERATIONS** 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
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE		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 @
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	MANNING, ANGELA	HR People	1	Approver		Ü

> 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



Employee's Name: John Moore	Employee's Title: Officer
Supervisor's Name: Yvette Yanez	Supervisor's Title: Sergeant
	Date of Incident: 16 July 2008
to to the state of	

1-2		***************************************
otice according to the provisions of Rule	XVIII of the City of Chicago Personnel Rules due to a vio	ation of:
	19 19 19 19 19 19 19 19 19 19 19 19 19 1	
ct	Misrepresentation	
	☑ Tardiness or Absentoeism	
	A A A A A A A A A A A A A A A A A A A	
	A State of the sta	
18 Section 3		
and the second s		100 700 100 100 100 100 100 100 100 100
	Date of Verbal Counseling:	
eling does not require employee's signature	and is <u>not</u> placed in the employee's personnel file folder.	
	and the second of the second o	
ten	Notice of Suspension	
	Effective times	
sive Discipline		
	Category/Subsection	
4 Day Suspension	Tardiness/Absenteeism - No call/No Show	
	Tardiness/Absenteeism - No call/No Show	
	rmance or Substandard Work Performance 18 Section 3 eling does not require employee's signature	Date of Verbal Counseling: eling does not require employee's signature and is not placed in the employee's personnel file folder. Effective date: 12 Aug 2008 Effective time: 1:30 p.m. Sive Discipline Level of Discipline Level of Discipline Misrepresentation Date of Verbal Counseling: eling does not require employee's signature and is not placed in the employee's personnel file folder. Return to work date: 24 August 2 Return to work date: 24 August 2 Number of calendar days of suspension Category/Subsection Tardiness/Absentecism - No call/No Show

Atran war now

·	Obtained by Judicia	Watch, Inc. Via FOIA
	i	
	,	
	<u>.</u> , ,	
"		
•		
		·
·		
(noident Décariation and f	S	
or Action. Describe the required or	lange expected of the employee, identify a	owing details: Date of Occurrence, Time, Location, Witnesses, and Impact date for follow-up, if necessary
On July 16 2008 Officer Job	nn Moore did not report for Duty at	1330 Hrs. Officer John Moore failed to call the Office and
unform his immediate super- contact Officer Moore which	visor that he was unable to work or Twas unsuccessful	n above date. An attempt was made by R/S Yanez to
On 30 July a Pre-Disciplinar	ry meeting was held with R/S Yane	ez, Sgt. Rodriguez and Officer J. Moore. Officer J. Moore
refused Union representation explained to Officer J. Moor	on at which time we continued with	the Pre-Disciplinary Meeting. The Infraction was to present any documentation on his defense. R/S Yanez
and Sgt. Rodriguez explaine	ed to Officer J. Moore that he must	t call the Office whenever he is not going to report for Outy
Officer J. Moore understood defense.	I fully and signed the Pre-Discipting	ary Data Sheet and had nothing further to say on his
ucicitse.		
Officer J. Moore has had pri	ior infraction for same violations wh	hich are listed above and does fully understand the Rules
and Regulations concerning) Tardiness and Absenteeism.	·
	•	
, , , , , , , , , , , , , , , , , , ,		
Statement of Consequence	es - Describe future actions if no improver	nont is made.
		TO THE PARTY OF TH

ORN 08-05

Any further violations of Rule #18	Se on #3 may resu	It in additional d	isciplinary ration up to	an including termination.
	Obtained by	Judicial Watch, Inc	. Via FOIA	
	1			
**				
	<u>.</u>			
Lacknowledge receipt Allis notice, Lunderstan	d that a copy of this notice will	be included in my pers	sonnel record.	
Signature of Employee ///	e			26A1608
Signature of Subservisor Issuing Notice				Date Au 08,
Rights of Apport: Cyleer Sprvice Employees with Head. If the period of suspension is for more the appealed in writing to the City Human Resource covered by collective bargaining agreements may	an teศ (10) but less than thirty- s Board. Any such requests m	one (31) days or is a s ust be made within 5 v	econd suspension in a six-mont vorking days of the notification o	h period, the suspension may be
☐ Copy to employee ☐ Cop	y to union 🗀 Co	py to supervisor	Cl Copy to departmental H	uman Resources representative

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

Obtained by Judicial Watch, Inc. Via FOIA

Proposed

All Actions Saved for Later

Home Logout Preferences

Suspensions, LOAs and Short-Term Reinstatements: Review

(Cancel)

Back]

Save For Later)

Print)

Submit

Effective Date 12-Sep-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

Current

Assignment

	Q.1.1.Q.1.4	
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
	CORPORATE	CORPORATE
		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
►Show1 MC KEOWN, WILLIAM	HR People	1	Approver		űű.

>Add Adhoc Approver

Comments to Approver

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

Cancel Back

Save For Later

Print)

Submit

Home | Logout | Preferences

Proposed

All Actions Saved for Later

Home Logaut Preferences

Suspensions, LOAs and Short-Term Reinstatements: Review

Submit (Cancel) : Save For Later) Print) Back)

Effective Date 04-Sep-2007

Manager

Employee Name MOORE, JOHN T

GONZALEZ SANTOS,

ANTONIA.

Department 085-4800 O'HARE -

SECURITY OPERATIONS

Employee Number Organization Email Address

> 4210 AVIATION SECURITY OFFICER.

Review your changes and, if needed, attach supporting documents. O Indicates Changed Items.

Current

Assignment

	Carrent	Lioboaco
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS		1
EMPLOYEE SUFFIX	:00	00
ACTUAL JOB	4210	4210
CODE/PAID AS		
BARGAINING UNIT	02	02
UNION DUES		14
DEDUCTION CODE		
LOCAL COMMENTS		PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION	1	14
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		<u> </u>
				*		,
þ⊷ Add Adhoc Ap	prover					

Comments to Approver

8 day Suspension, se

Save For Later) Back)

Print Sub<u>m</u>it

Cancel



Employee's Name: JOHN MOORE		Employee's Title: OFFICER
Supervisor's Name: WILLIAMS , KEVIN*		Supervisor's Title: - SERGEANT
Division/Bureau/Dept: AVIATION_POLICE	_i .	Date of Incident: 14 , 17 , 18 AUGUST 2007
You are receiving this notice a subsection(s) RULE 18 SECTI	nccording to the provisions of Rule XVIII ON 1 . PARA # 3	of the City of Chicago Personnel Rules due to a violation of
☐ Verbal Counseling	// // // // // // // // // // // // //	Date of Verbal Counseling:
Verbal Couns	eling does πot roquire employee's signature	end is not placed in the employee's personnel file folder.
Level of Discipline	A STATE OF S	
☐ Notice of Reprimand ☐ Oral ☐ Writi	en	⊠ Notice of Suspension
		Effective date: Return to work date: 12 SEPT 2007
Date of Reprimand:		4 SEPT 2007 Effective time: Number of calendar days of suspension: 8 1330
TOWNS CONTINUES OF THE PROPERTY OF THE PROPERT		
Category Criminal or Improper Conduction	i de la companya de No	Misrepresentation
	^) — mioropresonation
11114.4777.1	117/11111111111111111111111111111111111	☐ Tardiness or Absenteeism
☐ Violation of City Policy or Ru	le	☑ Tardiness or Absenteetsm
☐ Violation of City Policy or Ru	117/11111111111111111111111111111111111	☑ Tardiness or Absenteelsm
☐ Violation of City Policy or Ru	le rmance or Substandard Work Performance	☑ Tardiness or Absenteeism
☐ Violation of City Policy or Ru ☑ Conduct Involving Job Perfor	le rmance or Substandard Work Performance	☐ Tardiness or Absenteeism Category
☐ Violation of City Policy or Ru ☐ Conduct Involving Job Perfor Prior Notices of Progres Date of Notice 03 MAR 07	sive Discipline Level of Discipline 4 DAY SUSPENSION	Category
☐ Violation of City Policy or Ru ☐ Conduct Involving Job Perfor Prior Notices of Progres Date of Notice 03 MAR 07 27 FEB 07	sive Discipline Level of Discipline 4 DAY SUSPENSION 4 DAY SUSPENSION	Category TARDINESS ABSENTEEISM
□ Violation of City Policy or Ru □ Conduct Involving Job Perfor Prior Notices of Progres Date of Notice 03 MAR 07 27 FEB 07 02 MAR 06	sive Discipline Level of Discipline 4 DAY SUSPENSION 4 DAY SUSPENSION 3 DAY SUSPENSION	Category TARDINESS ABSENTEEISM ABSENTEEISM
☐ Violation of City Policy or Ru ☐ Conduct Involving Job Perfor Prior Notices of Progres Date of Notice 03 MAR 07 27 FEB 07	sive Discipline Level of Discipline 4 DAY SUSPENSION 4 DAY SUSPENSION	Category TARDINESS ABSENTEEISM
□ Violation of City Policy or Ru □ Conduct Involving Job Perfor Prior Notices of Progres Date of Notice 03 MAR 07 27 FEB 07 02 MAR 06	sive Discipline Level of Discipline 4 DAY SUSPENSION 4 DAY SUSPENSION 3 DAY SUSPENSION	Category TARDINESS ABSENTEEISM ABSENTEEISM
□ Violation of City Policy or Ru □ Conduct Involving Job Perfor Prior Notices of Progres Date of Notice 03 MAR 07 27 FEB 07 02 MAR 06	sive Discipline Level of Discipline 4 DAY SUSPENSION 4 DAY SUSPENSION 3 DAY SUSPENSION	Category TARDINESS ABSENTEEISM ABSENTEEISM
□ Violation of City Policy or Ru □ Conduct Involving Job Perfor Prior Notices of Progres Date of Notice 03 MAR 07 27 FEB 07 02 MAR 06	sive Discipline Level of Discipline 4 DAY SUSPENSION 4 DAY SUSPENSION 3 DAY SUSPENSION	Category TARDINESS ABSENTEEISM ABSENTEEISM
□ Violation of City Policy or Ru □ Conduct Involving Job Perfor Prior Notices of Progres Date of Notice 03 MAR 07 27 FEB 07 02 MAR 06	sive Discipline Level of Discipline 4 DAY SUSPENSION 4 DAY SUSPENSION 3 DAY SUSPENSION	Category TARDINESS ABSENTEEISM ABSENTEEISM
□ Violation of City Policy or Ru □ Conduct Involving Job Perfor Prior Notices of Progres Date of Notice 03 MAR 07 27 FEB 07 02 MAR 06	sive Discipline Level of Discipline 4 DAY SUSPENSION 4 DAY SUSPENSION 3 DAY SUSPENSION	Category TARDINESS ABSENTEEISM ABSENTEEISM
□ Violation of City Policy or Ru □ Conduct Involving Job Perfor Prior Notices of Progres Date of Notice 03 MAR 07 27 FEB 07 02 MAR 06	sive Discipline Level of Discipline 4 DAY SUSPENSION 4 DAY SUSPENSION 3 DAY SUSPENSION	Category TARDINESS ABSENTEEISM ABSENTEEISM
□ Violation of City Policy or Ru □ Conduct Involving Job Perfor Prior Notices of Progres Date of Notice 03 MAR 07 27 FEB 07 02 MAR 06	sive Discipline Level of Discipline 4 DAY SUSPENSION 4 DAY SUSPENSION 3 DAY SUSPENSION	Category TARDINESS ABSENTEEISM ABSENTEEISM

Incident Description and Supporting Details - Include the following details: Date of Occurrence, Time, L of Action. Describe the required change expected of the employee, Identify a date for follow-up, if necessary.	ocation, Witnesses, and Impact
ON 14, 17, 18 AUGUST 2007 @ 1330 HOURS OFFICER JOHN MOORE FAILED TO REPORT ASSIGNED. OFFICER JOHN MOORE WAS CALLED AT HOME BY SGT. FRIGO FOR AT LEA PHONE WAS BUSY ALL THIS TIME SO A MESSAGE COULDN'T BE LEFT ON THE ANSWE	AST AN HOUR , THE
ON 29 AUGUST 2007A PRE-DIS MEETING WAS HELD PRESENT AT THE MEETING WERE OFFICER LOGAN, SGT. GUERIN AND R/SGT. CONCERING THE ABOVE OFFICER FOR VEXVIII TASDINESS / ABSENTEEISM PARAGRAPH # 3, FAILING TO CALL IN ADVANCE WHE SHOWING UP FOR WORK.	IOLATIONS OF RULE
AFTER A REVIEW OF THE ABOVE OFFICERS ABSENTEEISM PATTERN A (8) EIGHT DAYS RECOMMENDED.	S OF SUSPENSION
Statement of Consequences - Describe future actions if no improvement is made.	
A REPETITION OF THE ABOVE VIOLATION MAY RESULT IN FURTHER DISCIPLINARY A ANY FUTHER PERSONNEL RULES INFRACTION , UNTIL FEB. 2009 WILL RESULT IN MOR ACTION TAKEN.	
l acknowledge receipt of this natice. I understand that a copy of this record will be included in my personnel record.	
Signature of Employee	Date 30A4607
Signature of Supervisor Issuing Notice SGT Kern F. Williams #50	30 AUGUST 07
Rights of Appeal: Career Service Employees who are suspended for ten (10) days or loss may request in writing a review of the disciplin 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 pe appealed in writing to the City Fluman Resources Beard. Any such requests must be made within 5 working days of the notification of the covered by collective bargaining agreements may have additional appeal rights and should consult with their union representative.	riod, the suspension may be

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

☑ Copy to departmental Human Resources representative

⊠ Copy to employee

🗵 Copy to union

Home Logout Preferences

All Actions Saved for Later Obtained by Judicial Watch, Inc. Via FOIA

Suspensions, LOAs and Short-Term Reinstatements: Review

(Cancel Back Save For Later Print Submit)

Effective Date 03-Mar-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
EMPLOYEE STATUS		[1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB CODE/PAID AS		4210
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE	14	14
LOCAL COMMENTS	(PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION	1	1
GRANT	CORPORATE	CORPORATE
mooigimient otatas		Active Assignment @
Change Reason	Disciplinary Suspension	Reinstatement o
Union Member	No	No

Additional Information

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		W

>Add Adhoc Approver

Comments to Approver

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

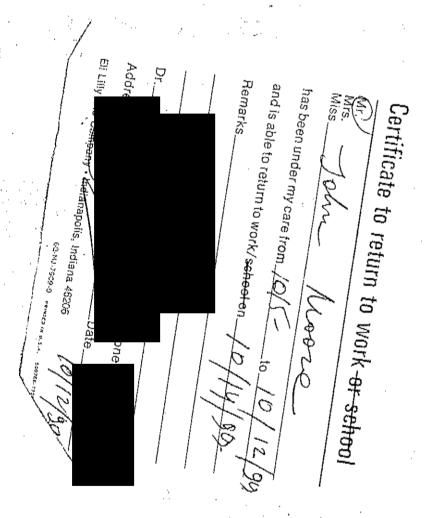
Print Cancel Back Save For Later Sub<u>m</u>it

Home | Logout | Preferences

DEPARTMENT OF AVIATION PERSONNEL SECTION

EMPLOYEE NAME: MOORE, John TITLE: Av. polices
Please be advised that the above employee is returning from SNP Swce 10/2/5
10/14/00
and has been cleared to return to work on $\frac{10/14/99}{}$.

AUTHORIZED SIGNATURE



148 JECOEO WAS POSTED EDUN OFFICIAL TOPO OFFI	Jun 18-30	9	1 1	May 16-31	Obta	ained	by	Judi 16-33	cial	₩a	ch,	D85≈ 15-31	Via	- Nar 1-15	1	Feb 15-28		Fe5 1-15		Jan 36-31		J## 1-15	# S			Lest increase: 03/16/98	SU: 02 Employee #:	4210
	-	/	1/2	} .	120		45	1/5	حمن	2	7	- A - A - X - X	F	250	/	63	60		系		(-			35e: 0	±= = -	AVIATION SECURITY OFFICER
1	<u> </u>			+	-40		7	74	么	72		×.	17	\ <u>`</u> <_	<u>K</u>		1				اید ن سین سین	******	36 °			3/16/	⊞a Ag Ag	SS NO
133	التي ا		7	ŕ	12	<u> </u>		2	4		<u>_</u> &o		K		√ √	炎	K		—-} <u>-</u>	1000-00-0			100	—i			2. 25.	CURIT
8					17		.6	名	A	耖	<u>~</u> ك		J.)		ľ.	ZX,	00		7	-3	-		# # # # # # # # # # # # # # # # # # #	*****		3	2,838	350 A.
2	-	b	7.6		1		7		7	100	می	<u>~</u>	AN		E C		οΔ.		\exists		29	_	-	*****		0	S	ES .
-3	1		حکے					7.	\neg	ابک			35		<			-	_}	-		1	20	-		1970	\$2,838,00 Grade: 112	
7	1	3	-	ł	ا کے	1 , 1	ظہ	杂		mohit-		25 -25 -7 -	157		<u> </u>	_	1200		2		¥	2	N S			8	made:	
		1	25		1	Z5S				1	//	大: 大:	X	-	\exists	1			$\langle 0 $	-+	X);	~~	N ~	-1		200	175	
-2			4		₽			7	- B	2		عجر	\exists	k	\forall		7				29	-	N 40					
8	ين				Ž.	~ -	. در	Ž5.	-5	-5	<u>A</u>	<u></u>			< \		K						24 25 25	-	1	!		
A:	-2							F.,	, ZS =	À.			00						$\overset{\sim}{\mathcal{A}}$		<u> </u>	}	0 1 26	-				
2	12		2	AMELL	\forall		7	مناويج		-			-S		<u>A</u>		·	: E	+		升	\rightarrow	12	-				
-3	6		8	171111111111111111111111111111111111111	<u>84</u>		1	- 5	7		3	7	<u>ر</u> کن		7	\rightarrow	Z ^	C	}	K		~~	28 23	1	/		į	'n
7	<u> </u>		-8		_	- 1	3	*	1		0 ×			<u>م</u>			2	- Q-	2		7	+	14	-			į	SAI ARV
		-	22		_d		35 S	-			- 100	7.7		۲,		_					2	-					:	₹
	-		2.			F	S SSS	حا	4.5	\$	¥	<u> </u>	<u>-</u> ك				<u> </u>	SX.	7	() ()		8	± 55			G2		
			7-	14.33														Þ	9			9	2			GRADE		
					(B)																	¥		-	อ			
												,	8	7	2								Doork .	Baleace	30489			
					\$		470.50	142	5		ac.	1		47		7			\dagger	24	1	>	- 1	•	п		0.5	
		.]				1					1	7			•	-		\top	-			-				DATE	DATE	5
			Ť.						1	\top	1							\dagger			+	l s				mi E		
			۵					70						2	+				-	+		Used		- 11	,	37111		
			52		1			2456			+		+	0.0					+-			- E		OHIE IN NEW HILE	Ť	įm į		
				- 62	*				1	-		e.J.						-		~		l. Used	1-4	N NE				
		2	-	V		4				4	+	- E) e	\$		4			-	D X			20 C	2	•			
			-X										1		-	7.5		+	1	174	04	-	4		Į t	g		
<i>)</i> .	-	-						-		-	+	-	- C.		-		-	-}	-	+		8		١,		S.S.NO.	PA	
		2	×			, iii		+						16 29		40	+		·	-		₽ 6 20		- [ĺ	PAYROLL	
			1					-				-	100		•	+					-	85	ii .	-			·.	
			-	+				\vdash	\vdash	-	-		[+	1		-	-	-	-	-	ļ	-b0					
		+			77,61 664			-					70.2				-						2	8				
SK		5		Y	~ C	9	5		>/		7.		l.	-	 %	3	====	(1)	727		, <u>u</u>)		F	CONT. SERVICE DATE				
2000	4£	5		X	 	8.00	X		72/2×1		1395			N S			Üι	000	ò	Pa	8			ERVI			8	
X-6-17-19-99 suspenson	0/2-13/0-0/12/100	-			Dec) - 5-5-990	Owes/2 105/20 4-28-94	64×1 per 00 H 1000 420 84		1		\	1	DES-3-7-	10MY Back 2-6-841	,		1.5 bys pour 1/21,2	30 dya cak 41617,18	3	2 Pays 200% 1/2,3 My	bay BOCK 12/84/27/2			0 33		m		7.
4-6-17-19-90	S	197			7.00	15.5	7.00						١	1			D.	8	8	JOC.	CT	REN		ATE		EMP NO		,
20	1	7			\	1 2 ×	8							1			SCK	73	× ==	\$	· E	REMARKS				ó		
72	63	7				12-	10			}				1		1		1	The same	Lin	30	(4)					1	

gransolivi secol Rate:	SALARY	**	DATE	PAYHULL	86
nployes # Continous Services Usi 1/30 st Increase: 03/16/98		GRADE	DATE IN TITLE	S.S.NO.	EMP. NO
			GRADE DA	DATE IN NEW TITLE	CONT. SERVICE DATE
			Boance U	0.0 0 0.0	30
1 2 3 4 5 6 7 6 9 16 17 18 19 20 21 22 23 24	10 1f 12 f3 25 26 27 28	14 15 29 30 31	X D DX	25001 Slow Pay (257 C	
ii.	L Sec		(\$)	_	
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	ム		~ ,\(\(\)	
ムムムム\/ススムム		200 200 200 200			
-15				-3-	
	4 4	9 9		3	
6-31		矣			
	8 V V V V	A.	<u>ئے</u>	14 21 21 8	
AIO					388
Tig/F			S/A	3 3	
	1.				
	1 0 10 V	194	-5	<u>.</u>	
Vato	,				
	アン 万				
by J					
i.					
btail	salvenal.				
C-J11					

-15					SPANIONE TO SPANIO
	II.				

All Actions Saved for Later Obtained by Judicial Watch, Inc. Via FOIA

Home Logout Preferences

Suspensions, LOAs and Short-Term Reinstatements: Review

Cancel (Submit Back] Save For Later Print

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	P.	4210
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE	14	14
LOCAL COMMENTS	2//SEIU.FULL TIME	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION	1	1
GRANT	CORPORATE	CORPORATE
Assignment Status		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

Cancel

Bac<u>k</u>

Save For Later

Print

Submit

☐ Conduct Involving Job Performance or Substandard Work Performance

FEB 2 1 2007

A CONTRACTOR OF THE CONTRACTOR	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 provis subsection(s)	ions of Rule XVIII of the City of Chicago Personnel Rules due to a violation of
☐ Verbal Counseling	Daté of Verbal Counseling:
Verbal Counseling does not require en	mployee's signature and is not placed in the employee's personnel file folder.
Level of Discipline	
☐ Notice of Reprimand ☐ Oral ☐ Written	Notice of Suspension
Date of Reprimand:	Effective date: Return to work date: 27 Fcb 07 03 march 07 Effective time: Number of calendar days of suspension:
Category	De la Martin grant No. 1997 a 199
☐ Criminal or Improper Conduct	☐ Misrepresentation
☑ Violation of City Policy or Rule	☑ Tardiness or Absenteeism

Date of Notice	Level of Discipline	Categ	ory
27 OCT 2005 13 SEPT 2006	WRITTEN REPRIMAND SUSPENSION 3 DAYS	RULE18 SEC 1 -3 RULE 18 SEC 1-3	
			0EP 200
			272 2721
•			TODAY
			2.17

Incident Description and Supporting Details - Include the following of Action Describe the required change expected of the employee, identify a data	g details: Date of Occurrence, Time, Location, Witnesses, and Impact o for follow-up, if necessary.
of Action, Describe the required change expected of the employee, Identify a dat 27 JAN 2007 OFFICER MOORE, J FAILED TO COME TO WOR	K AND DID NOT CALL OR NOTIFY ANYONE.
·	
	}
•	ļ
	İ
•	
	101 VIA VIEW 18 18 18 18 18 18 18 18 18 18 18 18 18
	TO THE
	7.0 ES
	years of the second of the sec
	and the second
	•
Statement of Consequences - Describe future actions if no improvement	nt is made.
-117	
I acknowledge receipt of this notice. I understand that a copy of this record will be included i	n my personnel record.
Signature of Employee	20 FABO7-
Signature of Supervisor Issuing Notice	GUERIN 20 Feb 07
Rights at appeal: Career Service imployees who are suspended for ten (10) days or less i	may request in writing a review of the disciplinary action by thoir Department
Head. If the period of suspension is for more than ten (10) but less than thirty-one (31) day appealed in writing to the City Human Resources Board. Any such requests must be made covered by collective bargaining agreements may have additional appeal rights and should	s or is a second suspension in a six-month period, the suspension may be within 5 working days of the notification of the disciplinary action. Employees
was a second and the	III Constitution of the Co
② Copy to employee	visor III 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.

Sub<u>m</u>it

Obtained by Judicial Watch, Inc. Via FOIA

All Actions Saved for Later

Home Logout Preferences

Print)

Effective Date 17-Sep-2006

Employee Name MOORE, JOHN T

Manager CALDERON, CASSANDRA

Employee Number Organization Email Address

Back)

Cance!)



Department 085-4800 O'HARE -

SECURITY OPERATIONS

Suspensions, LOAs and Short-Term Reinstatements: Review

Job 4210/AVIATION SECURITY

Save For Later

OFFICER

Salary 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

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	1	भीवे
L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				. 	(and

>Add Adhoc Approver

Comments to Approver

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

Cancel Back Save For Later Print Sub<u>m</u>it

Home | Logout | Preferences

Copyright (c) 2005, Oracle, All rights reserved.

Privacy Statement

All Actions Saved for Later Dotained by Judicial Watch, Inc. Via FOIA

Home Logout Preferences

Suspensions, LOAs and Short-Term Reinstatements: Review

Cancel) Back.

Save For Later

(Print)

Submit :

Effective Date 14-Sep-2006

Employee Name MOORE, JOHN T

Manager CALDERON, CASSANDRA

Employee Number Organization Email Address

Department 085-4800 O'HARE -

SECURITY OPERATIONS

Job 4210 AVIATION SECURITY

OFFICER

Salary 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 ®
Change Reason	Standard Commission of the Control o	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		Ŵ

Add Adhoc Approver

Comments to Approver

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

Back: (Print) Cancel) Save For Later ်Sub<u>m</u>lt)

Home | Logout | Preferences

Copyright (c) 2005, Oracle. All rights reserved.

Privacy Statement



CITY OF CHICAGO Richard M. Daley

CITY OF CHICAGO SUSPENSION NOTICE

Obtained by Judicial Watch, Inc. Via FOIA

Date

For Career Service (CS) Employees

Mayor Employee _	John	MOORE		Payroll No	as row	
Department Bureau Division	Dept of	AVIATION				
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			nmediate Superviso	LT M	.115	-,
	In accordance wi	th the City of Chicag	jo's Personnel Rule :	XVIII, Section 2, you	ı are hereby suspe	ended.
effective at	10:00 AM	Mon 13 50p	<u> 7 06 for </u>	3	calendar days	3.
You are to ret	urn to work on	17 Sept 0	6 19 Se	pro6 aft	er Days O	FF
	this suspension is:					
This action is	off	15 Aug 16 Aug 18 Aug Rulc #1 Not WA	TO CALL OB-N/C OB-N/C OB-N/C SEC-1- NT UNION OB. ON 9 REPRIMAND	3 officer Representat NOVOS	officer Re	كغارب
A repetition o	f the above violation		er disciplinary action		and the second second	
/(=-7	mon	9 24A	46.0b	f Am	D 241	2ng 06
Employee Sig (If employee r	inature efuses to sign, plea	Date se so indicate.)	Signature of Issuing Susp		Date	
			Title	11, Pr Super	/1 50 /	
RIGHTS OF A	PPFAI-			. "		

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)

318-76-<u>3722</u>

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

NAME Maace, Jahr .	DATE 6/3/99
SOCIAL SECURITY#	EFFECTIVE DATE 5/27/99
ADDRESS	
FROM:	DEPARTMENT Queaters
TITLE (PURTUAL SICURITY OF FELER POSICSIDES/ES/EXISTIAXIXA	PAYROLL#
TITLE CODE 42/0 GRADE 7/2 BU 02	BUDGETED RATE 34,572
CAPS CODE	CURRENT SALARY 3,028
	ANNUAL SALARY 36, 336
TO:	DEPARTMENT
TITLE PCS/CS/SES/ES/EX/SHAX/XC	PAYROLL#
TITLE CODE	BUOGETED RATE
CAPS CODE	CURRENT SALARY
REPORT OF:	ANNUAL SALARY
APPOINTMENT	
TRANSFER TO OTHER DEPARTMENT	
CHANGE OF ROLLFROM PAYROLL	TO PAYROLL
LEAVE OF ABSENCEFOR PERIOD(Signed leave of absence form to be attached)	,
REASON	- LALENANGE HERMAN STATE
LAY OFFDISCHARGE/TERMINATION	AWOL
SUSPENSION FOR PERIOD OF 2	Lay-
REINSTATEMENT 5/29/99	V
RESIGNATION	(Resignation latter & exit interview attached)
OTHER ACTION	
INITIATED BY:	FORWARD TO T. M
DEMEMBED BY:	RETURNED FROM TIM



Obtained by Judicial Watch, Inc. Via FOIA

CITY OF CHICAGO SUSPENSION NOTICE

For Career Service (CS) Employees

Employee	Moore, C	lohn		Payroll No		
Job Title <u>Avia</u> In	tion secu	Special policer in a serity of ficer in with the City of Chical (P.M. on May 27)	mmediate Supervis go's Personnel Rul	e XVIII, Section 2,	adshaw you are hereby sus	pended
You are to return t	o work on	May 29, 19	99			
the third	watch.	s: On May \$ You did not conot show up	all in to in			
This action is a vi		Rule XVIII, S			y or not sho	wing
A repetition of the	e above viola ou in step	tion may result in furt two of the p	her disciplinary act rogressive _d	tion This dis isciplinary	ciplinary ac program. Thi	tion s

AviationSpecial Police sergeant

Title

Signature of Supervisor

Issuing Suspension

Employee Signature

is in effect until May 20,2000.

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

Date

DEPARTMENT OF AVIATION PERSONNEL ACTION REPORT

NAME Moste, John	DATE 2/5/99
SOCIAL SECURITY #	EFFECTIVE DATE 1/28/99
ADDRESS	, ,
FROM:	DEPARTMENT Chreaters
PCS/CS/SES/ES/EX/SHAXIXC J JECEK	PAYROLL#
TITLE CODE 42/0 GRADE I/2 BU 02	BUDGETED RATE 34, 572
CAPS CODE 740 -85/005 - 2015 - 4800	CURRENT SALARY 2,88/
·	ANNUAL SALARY 34, 572
TO:	DEPARTMENT
TITLE	
PCS/CS/SES/ES/EX/SHAX/XC	PAYROLL#
TITLE CODEBUBU	BUDGETED RATE
CAPS CODE	CURRENT SALARY
	ANNUAL SALARY
REPORT OF:	
APPOINTMENT	
TRANSFER TO OTHER DEPARTMENT	
CHANGE OF ROLLFROM PAYROLL	+ TO PAYROLL
LEAVE OF ABSENCEFOR PERIOD	
(Signed leave of absence form to be attached)	
REASON	
LAY OFFDISCHARGE/TERMINATION	AWOL
LAY OFF DISCHARGE/TERMINATION SUSPENSION FOR PERIOD OF 2 DA	- Josephania
REINSTATEMENT $1/30/99$	
RESIGNATION	
OTHER ACTION	
, 	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	-/-has
INITIATED BY: MAZ REVIEWED BY: Q. Tolling	FORWARD TO T.M.
REVIEWED BY: 9. Tollies	RETURNED FROM T.M.

PC60	F	ENTER	FUNCTION	*
PF2	<u></u>	PC20	SCREEN.	
$D \square \Omega$	0.02	ፕ አፈርጉ - N	AESTI I	

LAST ACTION CODE

SALARY CHANGE

Obtained by Judicial Watch, Inc. Via FOIA

PF7 = PC70 SCREEN.

LAST ACTION EFFECTIVE

LAST ACTION APPLIED

PF10 = HELP.

DATE 02/25/99

03/16/98

03/26/98

TDENTIF	エノ・ハ グロエノへいし
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TUM FUNC

PF5 - PROFILE.

740 FUND SOCIAL SECURITY T DEPT 85 EMPLOYEE NAME MOORE JOHN 4800 SECT/SUB PAYROLL NUMBER 4210 1005 DEPARTMENT OF AVIATION TITLE CODE 2015 CHICAGO-O"HARE INT"L AIRPORT AVIATION SECURITY OFF \$34,572.00 3015 CHICAGO-O"HARE INT"L AIRPORT - BUDGET RATE 003 DOP 4800 SECURITY OPERATIONS CURRENT POSITION \$2,881.00 S \mathbf{F}' RATE-FREQ ACTIVE/INACTIVE-F/P A \$34,572.00 ANNUAL RATE UNION CODE-BARG UNIT 14 02 I 12 04 1 01 SCH-GRD-STEP STATUS CODE-FLSA CONTINUOUS SERVICE DATE 09/11/95 09/11/95 POSITION START DATE 03/16/98 LAST INCREASE DATE 09/11/95 CITY START DATE 03/16/99 NEXT INCREASE DATE

BACKGROUND DATA

34 0





CITY OF CHICAGO Richard M. Daley Mayor

CITY OF CHICAGO SUSPENSION NOTICE

For Career Service (CS) Employees

Employee	MOORE,	JOHN			Payroll No	
Department Bureau Division	Aviati Securit O'HARE				Land Address	
			y Officer Immedi			are hereby suspended
	15 c	A.M(P.M.	on <u>24 Ta. S</u>	19 for		
You are to re	eturn to work	c on3	C. TAN 99 C	<u> </u>		
The cause f	or this suspe	ension is: On	Jan, 17 & 18	1999 you Fa	il ato noti	fy this office
¢	or your l	(mmediate	Supervisor th	at you were	not report	ing for duty.
			18 Section I(hout leave.	.)
			9			
A repetition	of the above until	21 720	y result in further disc 00 will result	in you bed	no placed	n step II .
Employee Si		yu.	2/Am 44 Date/	Signature of Sup	Cimals	Д Д/ <u>Ј</u> म∧ 9 С Date
		ign, please so	o indigaté.)	Issuing Suspens	sion	Commancier

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)

DEPARTMENT OF AVIA 1

MOORE, John Obtained by March, Mc. Via Por	
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 AUNATION
PCS/CS/SES/ES/EX/SHAX/XC	PAYROLL#
TITLE CODE 4210 GRADE I 12 BU 62	BUDGETED RATE 49, 29,
CAPS CODE 740 - 85 - 1005-2015 -4800	CURRENT SALARY 20038
	ANNUAL SALARY 3/56
REPORT OF: 19	98 -CAS SAME
APPOINTMENTTRANSFER TO OTHER DEPARTMENT	
CHANGE OF ROLLFROM PAYROLL	TO PAYROU
LEAVE OF ABSENCEFOR PERIOD(Signed leave of absence form to be attached)	
REASON	- A POTT MAN PORT OF THE POTT
LAY OFFDISCHARGE/TERMINATION	AWOL
SUSPENSIONFOR PERIOD OF	
REINSTATEMENT - FOR PERIOD OF P. B LJ	Date 8-29-97
RESIGNATION(Resignation letter & exit interview attached)
OTHER ACTION 'A' FORM PE	questro #371
m J	
INITIATED BY:	FORWARD TO T. M. 10/16/97
REVIEWED BY: J. Colles	RETURNED FROM T.M.

PC60	Е	NTER	FUNCTION	*
PF2	22	PCZO	SCREEN.	
DER :	=	TMO N	4ENU.	

DATE 10/16/97
Obtaine 1977/ Julio 78/10 WIELP.

	IDENTIF	CATIO	N		
SOCIAL SECURITY			FUND		740
EMPLOYEE NAME MOORE	JOHN	T	OEPT		85
PAYROLL NUMBER			SECT/SUB	41	800
1005 DEPARTMENT OF AVIATIO	N		TITLE CODE	42	210
2015 CHICAGO-O"HARE INT"L	AIRPORT		AVIATION S	ECURITY OF	F
3015 CHICAGO-O"HARE INT"L			BUDGET RATE	\$29,856	.00
4800 SECURITY OPERATIONS			DOP	1	003
	CURRENT	POST1	ION		
ACTIVE/INACTIVE-F/P I	F		RATE-FREQ		
UNION CODE-BARG UNIT QU	02		ANNUAL RATE		
STATUS CODE-FLSA 1	01		SCH-GRD-STEP	I 12	03
CONTINUOUS SERVICE DATE 09	/11/95		POSITION STAR	T DATE	09/11/95
	/16/97				
NEXT INCREASE DATE 03	/16/98		CITY START DA	T E	09/11/95
	BACKGROU	DAG DAL	TA		
LAST ACTION CODE	55 O		LAST ACTION E	FFECTIVE	08/29/97
LEAVE OF ABSENCE - PERSONA	L BUSINESS		LAST ACTION A	PPLIED	09/26/97

PFS = PROFILE.

Obtained by Judicial Watch, Inc. Via FOIA

DEPARTMENT OF AVIATION PERSONNEL SECTION

EMPLOYEE NAME: JOHN MODRE TITLE: ANIMION SECUT	:\
Please be advised that the above employee is returning from Personal Busines	ک
and has been cleared to return to work on Tict 23 1997.	
M-1 1 10-16-97	

AUTHORIZED SIGNATURE

DATE

	OR DOP USE ONLY: EMERGENCY HIRING (circle appropriate number) 1. No request made. 2. Request denied. 3. Request approved Signature of DOP Shakman Compliance Officer:
Approved:YesNo	Ignature for Shakman Exempt Position: Date: Date:
Funding Approved:YesNo Approved:YesNo	ignature of O.B.M.: Date: 101211 ignature of D.D.P.: Date: 101211 ignature of D.D.P.: Date: 10123197
•	igvie of Department Head: Min low lone + Date: 1/71 67
MICH UP PLHADBING NO: 6/3782	. Is His a revenue producing position?YesX_No Dept. Contact:TIMOTHY J. McCARTHY Areyou requesting EMERGENCY HIRING?YesX_No Dept. Contact:TIMOTHY J. McCARTHY Areyou requesting EMERGENCY HIRING?YesX_No
Previous Requish # OCT 2 2 1997	LLOWING QUESTIONS MUST BE ANSWERED: 1. The CARD STREED: 1. The CARD STREED: 2. Has this position previously but the province of the provinc
DATED 8/29/97.	JOHN T. MOORE, SS IS IS RETURNING FROM PERSONAL BUSINESS LV.
Starting Pay Rate Monthly Amount Annual Amt. 638 31,656	osition Description AVIATION SECURITY OFFICER Chargesble to. Oliv. Sect. Sub. Sect. Code Unit Spay Rate Gr. Number Months 740 85 1005 2015 3015 4800 4210 02 CS 29,256 112 3907 2,638
A.S.A.P.	equesi P. 371 Start Date epartment <u>AVIATION</u> Start Date o. of Positions Requested (1) Nonths Vacant to Date Salvage to Date
0ale: 10 (16 /97	Exempt Position:YesX_No DEPARTMENT OF PERSONNEL D:

DEPARTMENT OF AVIATION PERSONNEL MOTION REPORT

NAME MOORE, JOHN T	DATE 9-24-97
SOCIAL SECURITY #	EFFECTIVE DATE 8- a9-97
ADDRESS	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
FROM:	DEPARTMENT AU, A+ 3
TITLE ANIATION SAWETIY OFFICER	PAYROLL#
TITLE CODE 4210 GRADE I 12 BU 02	BUDGETED RATE 3 29, 256
CAPS CODE 740-85-1005-2015-4800	CURRENT SALARY 2,638
**************************************	ANNUAL SALARY 31 656
TO:	DEPARTMENT
TITLEPCS/CS/SES/ES/EX/SHAX/XC	
PCS/CS/SES/ES/EX/SHAX/XC	PAYROLL#
TITLE CODEGRADEBU	BUDGETED RATE
CAPS CODE	CURRENT SALARY
***************************************	ANNUAL SALARY
REPORT OF:	
APPOINTMENT	
TRANSFER TO OTHER DEPARTMENT	AND
CHANGE OF ROLLFROM PAYROLL	TO PAYROLL
LEAVE OF ABSENCE X FOR PERIOD 3 MON	445
(Signed leave of absence form to be attached)	•
REASON PERSONAL DUSINES	-
LAY OFFDISCHARGE/TERMINATION	
SUSPENSIONFOR PERIOD OF	
REINSTATEMENT	
RESIGNATION(F	Resignation letter & exit interview attached)
OTHER ACTION	
**************************************	**************************************
00.17	alaban
REVIEWED BY: O Collevis	FORWARD TO T. M //24/97
REVIEWED BY: J. LOCLEUR	RETURNED FROM T.M

# Preme of alexans

:

NAME		Z.	00	RE	MOORE, T.	<i>}</i> (	NHOL	بة ياسيا										C NO	ດ						PAY	PAYROLL				, B			
		421	TS 0.	รถระ	4110 SECURITY OFFICER, AVIATION	FFIC	(1). (1).		30	`			_	}				DAT	, m		!			ı								;	
TITLE: CODE	3006	80. 80.	BU: 02 Rate: 5 Employee #:	70 FG	333	30 AA	98	ignag. χ	2 5 2 5 2 6 3	rice: 6	oninuous Service: 09/11/95	<b>5</b> 7	ŀ	-	GRADE _	İ			DATE IN TITLE	<b>≍</b>				ίν	S.S.NO.	ĺ					EMP, NO	ð	
SNEW TITLE: CO	TLE: CO	Las	1 1/10	13502	Last Increase: 03/16/96	96							1			윺	GRADE				A	Z	DATE IN NEW TITLE	37					INOC	SERV	CONT. SERVICE DATE		,
∕ia F	-								ŝ	2	ڎ	3	2	'n		505	Splance Survanced			+	1		1/2	1,	t								
19	16 17	7 18	- t	20	17 0	22	23.0	24	23.0	25	27	28 2	29 4	30	ω	Days!	2002	×	O	DX	25.55	98 33	Sizk Pay		70 VIII	5里 8里和					品	REMARKS	
h, lr			20/	Lu Çën	<u>-</u> .	-			<u> </u>			·									SIAPITTS					-			La/\1788**				
Vato		~	T	90			7	7		4	><	~							· annum						D	>	0		DESTRUCTION				
ial V	J. fran							,			752,				haves, vere i										+\l								
udic	/	00	d.	m()	<u>∂</u> 3			c.b 	c,lo	4	d _C	innere L			P		c	12															
by dies	Non-AVId				v			炎			rarra															ne voca							
ned	20	log.	, òó		<u></u>	00	ch.	76	00	5	James Land		22- C	X		100	Salvan	5					1605	5									
tair				·	\				+					9		_											\						
Ol	25/25	20	1	1	5	72	25	3/5/5	DA.	/	7	Ç.			7 100	\ \\$/_	$\mathcal{S}$		and the second		,		100	1	_	100			,,,				
\$ -1 15 Sept. 1-15	37	-	<u> </u>														′																
2	3=.	1	ÂZ,	N 15 1	2	3	1	1	/	×	Ě		3	( )			\$ X														9	5 FA	1 - 2 - 2 - 2 - 1 - 2 - 2 - 2 - 2 - 2 -
5401 16-30	\	<del></del>																			,		""			/11/AT-1-11/-						-	
}	1	F		10 NO	16,				ļ <del></del>																- CANADA SAN	1/# #** 1 EEF							
Oct 1-15											,-							N-12								The same							
								-	} }									· vermanos					rribritani										
Oct 18-31															to Calendar lead		I I THE SALES OF THE	LIANCEPP.										4.F14.F0;==V #1					
		[			,,	-			-Alakan-1									umman.															
Nov 1-55			<u></u>			-																											
						-		THE PROPERTY OF THE PARTY OF TH																	1777								
Nov 15-31	ļ ,				ļ		·																									,	
							*******							,							maaro				TUTA								
Oec 1-15				-	İ				·	V-2000				J. 41'							ANNUAL TO												
					-							Arrentor																					
0x 5-4												<u></u>														moun-							
all b	, Add.	707	-	-	-	-			:		_															/=A		-		1			

Ś
Ш
Ç
9
Þ

# CITY OF CHICAGO DEPARTMENT OF PERSONNEL

# REQUEST FOR LEAVE OF ABSENCE

	ă
	s eszevez
	Se
	ä
	옆
	Š
	i, Ci
	instructions
•	

Trib Average

		☐ Extension Request
DATE29 AUG 97 SSN	EMPLOYEE NAME John T. N	Moore
EMPLOYING DEPARTMENT Aviation	BUREAU Security	TITLE Aviation Security Officer
TYPE OF LEAVE: Duty Disability	☐ Medical Leave (Altach Medical Certificate) ☐ Military ☐ Non-Career Service Appointment	Other Marky
OIA	Effective Date: 29 Aug 97  Mo. Day Year  Expiration Date: 29 November 97  Mo. Day Year	
LENGTH OF LEAVE REQUESTED:	Months .	
NEASON FOR REQUEST: I am requesting	g to use family leave in order to	
ration	of this request would be greatly appreciated.	
Obta		
Signatuje  Autotioba Security Military	Why May COMMENTS ox - gin gr -	
EFFECTIVE DATE: 29 Aug 97  Mo. Day Year  EXPIRATION DATE: 29 Nov 97  Mo. Day Year		
	WHITE -ORIGINAL  WHITE -ORIGINAL	Rev. 3/31/93 PER-73-A

APPLICATION FOR FAMILY AND MEDICAL DEAWER, Inc. Via Foress firmly)	For Use of Risk/Benefits Management Office Only
OR PERSONAL MEDICAL LEAVE	
EMPLOYEE SECTION:	Verified:
Name_OHN_ITOORE	Worked for the City for at least 12 months
Social Security Number	Yes No
Home address_ Zip code_	
Phone (Home) (Work) (773) 686-2085	Individual Time Record Submitted
Reason for leave	1 1/
Is your spouse also employed by the City of Chicago? Yes No	Yes No
If yes, please provide the following: Name	
SSN	<u> </u>
Name of spouse's health plan	Worked at least 1250 hours in
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	12 months previous to leave
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	Yes No
employees. I also understand that health care contributions are due on the 1st of each month, and	173450 Hours
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	<del></del>
force, I must contact Bankers Life and Casualty and/or MetLife to make payment arrangements for	
the time I am on unpaid leave.	FMLA
If I do not meet the FMLA requirements to be placed on Family Medical Leave, I will pay the	Approved
premiums under the direct pay provisions of my plan.	Denied .
THE DOLLARD THE COLLEGE	By U-7= Date 0-239
(ohn More (113) 686-2685 235 EP 97	(a) (a) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
Employee signature Work phone Date	Start Date 3-36-9
	End Date 11-21-9
TIMEKEEPER SECTION:	
(DO NOT LEAVE ANY BLANKS)  Date when no longer in paid status 8-28-97	
	Contribution:
Last day at work* 8-10-9/	\$ \alpha S \cdot \text{D} /month
Indicate paid time to be used on Individual Time Record.  *(Submit copy of Individual Time Record for 12 months prior to leave date)	Start Date 5-30-47
Number of hours worked in 12 months preceding leave date	
(Do not count holiday, vacation, sick administrative leave or comp. time used)	
Meets FML/A requirements Yes No	If not approved employee
Notified by department on the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	must pay full premium
Type of leave Family Medical Other	\$/month
	Start Date
Novothy Chesto 686-3444 9.30-97	
Timekeeper signature Work phone Date	Sent to: A . C. o troa
TNG 9. 14 Co. St ast Can- 40-3-97	Dept. of AV 14 110
Dant Sangial signature / Title Date	I ICAN

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.

 $\sqrt{g_0} 2 \sqrt{g_0} \geq 1$ 

DEPARTMENT OF PERSONNEL
REQUEST FOR LEAVE OF ABSENCE

		100	. '\ '	4
			4.70	40.00
			COA.	2.50
		N VAN		44.0
.2	2000	-	7.0	220
160	4.30		EU:	va.
		16.00	1000	4
		744.6	M (1)	. 102
	1/2 / A	ALC: U	u."	· Mi
. 1	1 2011	79 AL	or ac	274
	113-11-11		(4 · V	- //
7	(A. 70.)	1.5		//-
	W. (4)	O EA		100
1100	100	93		
	7924			27
	.44	A JTG		77
		7.0		VM 74

٠,٠	٠	•
Ŕ	[586]	٠.
1.		
10	ί,	
	_	
	_	•
	"	١.
	•	•
- 1	~	
	w	
	110	
	w	
	m,	
٠.	w	
- 7	_	
	٠.,	
	~	
72.	ľ	
	-	* *.
	v	
	~	٠,
Á.	"	
æ.		Car.
37	"~	- 1
100	~,	A
	***	• * * *
	r")	Α.
20		
. 1	m	' '
. 11		. 10
717		200
	_	•
-20	$\overline{}$	130
100	=	125
40	⇁	4"."
· .		£ 59.
31	_	700
1		100
		Vic.
	כעל	N.
ď,	7	
Ż	2	
Ż	S	
Ž.	2	
Ž,		
ý.		
	SHIG	
2	SHUCH	
3	SHIGH	
2000	SHUCHO	
200	Struction	
20.20.00	Struction	
A 44.6 3 pt 50.5 %	SHUCHOR	
\$ 100 miles	SHUCHORS	
\$200 PERSONAL PROPERTY.	reverse side for instructions)	

2	10	ם ס	
5	sal Teducat	2	
•	30		
	į.,	2	
,	.V.	3	B

MPLOYING DEPARTMENT Aviation	BUREAU Security	TITLE AviationnSecurity Off
YPE OF LEAVE: Duty Disability	्री Medical Leave (Altach Medical Certificate)	Personal Business
	☐ Military ☐ Non-Career Service Appointment	A Other Wale
	Effective Date: 39 Aug 97  Mo Day Year	
	Expiration Date: 29 November 97	
Via FO	nea, Mêd Micone	
ENGTH OF LEAVE REQUESTED. 3	Months	
SON FOR REQUEST; I am requesting	g to use family leave in order to	
Any consaderation	any consaderation of this request would be greatly appreciated,	
Dotaine		
EPARIMENT APPROVAL: EYES ONO	1211/11/1/ COMMENTS, ox - gun go -	
gnature	M. Chinadas	
FECTIVE DATE 29 Aug 972		RECEIVED
		SEP 2 9 1997
, cal	WHITE ORIGINAL YELLOW_FIRST COPY PINK SECOND COPY GOLD THIST COPY	DEPAKTMENT UT FCKOUNINEL

#### DEPARTMENT OF AVEATION PERSONNEL ACTION REPORT

NAME Moore John T	DATE 12 SC1195
SOCIAL SECURITY #	EFFECTIVE DATE 4 30/785
ADDRESS_	also also also also also also also also
FROM:	
CS/SES/ES/EX/SHAX/XC  TITLE CODE GRADE BU  CAPS CODE	DEPARTMENT  PAYROLL #  BUDGETED RATE  CURRENT SALARY
TITLE Mustion Security Officer PCSYSES/ES/EX/SHAK/XC  TITLE CODE 42/0 GRADE 1/2-BU D2  CAPS CODE 740-85-1005-2015-2015	BUDGETED RATE 26 880  RATE OF PAY 2240 / 26860  PAYROLL # 3907
REPORT OF :	AH 5
TRANSFER TO OTHER DEPARTMENT	_ * Rog+ 12/0004g
CHANGE OF ROLLFROM PAYROLL	TO PAYROLL
LEAVE OF ABSENCE FOR PERIOD (SIGNED LEAVE OF ABSENCE FORM TO BE ATTACREASON	
LAY OFFAWOI	
SUSPENSIONFOR PERIOD OF	<u> </u>
REINSTATEMENT	ė.
RESIGNATION(RESIGNATION LETTER &	·
INITIATED BY MAJO	FORWARDED TO M.C. 9/14/9/0/



#### 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 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:

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

To:

aviation@flychicago.com

Cc:

Subject: Thanks for help

Attachments:

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,

39070

00025-14-000475

CITY OF CHICAGO

#### OFFICE OF THE COMPTROLLER.

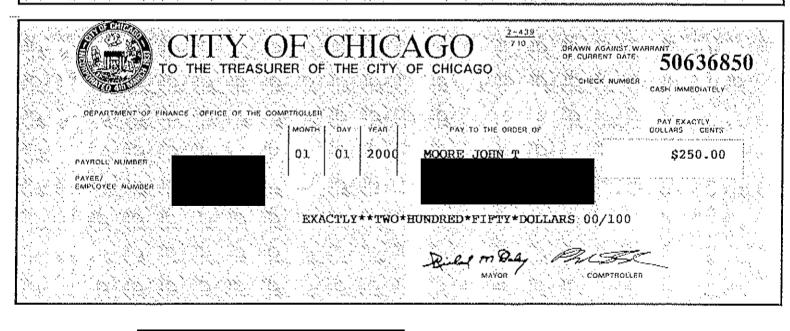
, 12 T. NORTH LASALLE STREET : HOOM SO L 🖟 CHIOAGO, ILLINOIS 🔍 60602.

YOU MAY BE ELIGIBLE FOR THOUSANDS IN CASH FROM THE IRS!

BEARN ABOUT THE EARNED INCOME TAX CREDIT (EITC) ASK A

TAX PREPARER OR CALL THE CITY S. 31 NON EMERGENCY NUMBER

CITY	OF CI	HICAGO				CHECK NUMBER	50	0636850
Total or the first	SOCIAL SECURITY NUMBER MOORE JOHN T							
EMPLOYEE N	EMPLOYEE NUMBER 12/31/1999					2/31/1999		
CUBRENT PERIOD EABNINGS DEDUCTIONS								
RATE	HOURS	TYPE	INUOMA	CURRENT PERIOD TOTALS	TYPE	DESCRIPTION	AMOUNT	YTO AMT
	3 7 W	UNIFORM	250.00	GROSS (1000) \$250,00	1 855	1985-1985-1981		1832-10X 163
		GROSS	250,00	less Pension	L AA I	Participation of the second		
				less Benefits	38.4	3000000		医医囊乳腺组织
				TAXABLE GROSS \$250.00				
					1 35 1	12 (5.5%) 32	1 N. 1	Marine Marin
	[ 1858/20]	2000 32 20 20 20		less other Ded	140.00	[8-28/9-29/2]		1924 1962
1875 N.S. 2. 1.	8.838	\$\$60000	AND WA	1633 0000 000	1338	[3] [38,888]	13/11/2019	
	38853			NET PAY \$250.00				\$ 17 (2)
	$ X \otimes X $	028623	The william I had	NEW YEAR TO DATE	15,548.	1338 S 8 1 1 1 1		1. 12 10 1 1 1 1 1
Section for the second	18 18 18		S S S S S S S S S S S S S S S S S S S	SUMMARY	1888	1886 S. M. S. S.	136 36	
				PRE TAX GROSS \$ . OO	19 [88]	38 8 July 2 3 8 E		
	1.72 × 7.3 × 1			TAXABLE GROSS S \$ 100	1.38.1	13203330333		
100000								



	JOHN MOORE 4.93	212
	PAY TO THE CITY of Chien on	96 2-423/710
No. of Asset	Tifteen ins	73-T- DOLLARS
	LaSalle Northwest National Bank  4747 West trinig Park Road, Chicago, Illinois 80641  485 N Auslin Avs., Chicago, Illinois 80607  70 Unestorbid Rd., UK Grave Villago, Illinois 60007	e
	мемо	<u> </u>

#### BY ORD! OF THE CIRCUIT COURT OF COOK CO TY, 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 JURGR. 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 PRIDAY AFTER 4:00 RM.
AND ALL THROUGH THE WEEKEND: OR IF SERVICE DATE IS AFTER A COURT HOLIDAY, PHONE AFTER 4:00 PM. 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 FIEAD "IMPORTANT INFORMATION FOR JURORS."
  PLEASE DRESS CONSERVATIVELY, SHORTS NOT ACCEPTABLE.

MOORE JOHN

3179

(Please separate and bring top half with you)

#### 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, floom 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. Serviced 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 half 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** 

DC1 REV 1/95

#### 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 PHO	ONE 1-312-443-6490 AFTER 4:00 PM, OF THE DAY BEFORE
YOUR SERVICE DATE TO BE INFORMED BY HEGONULU MESSAGE IF YOU ARE TO I	REPORT IF YOUR SERVICE DAYS IS A MONDAY DUDNE EDUDAY AFTED 4:00 OM
AND ALL THROUGH THE WEEKEND: ON IF SERVICE UNIT IS AFTER A COURT ADD	IDAY PHONE AFTER AND OM ON THE LAST WOODING DAY BEFORE THE NOUDAY
TO GET RECORDED MESSAGE, IF THIS BOX DOES NOT CONTAIN AN "X" YOU ARE	TO REPORT AT THE DATE AND TIME SHOWN.

JUROR NUMBE	R	SERVICE DATE		TIME
5583142 1 39	70 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 8E 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 JURGES."

PLEASE DRESS CONSERVATIVELY, SHORTS NOT ACCEPTABLE.

MOORE JOHN

3179

(Please separate and bring top half with you)

Obtained by Judicial Watch, Inc. Via FOIA

3907H 3607294 3907 H 001

#### CITY OF CHICAGO DEPARTMENT DE FYNANCE

#### OFFICE OF THE COMPTROLLER

121 NORTH CASALCE STREET - ROOM SON - CHICAGO, ICLINOIS 3. 60802.

CHOOLDERY PUBLIC HEALTH FITNESS HOTLINE

MAY-PHYSICAL ACTIVITY MONTH

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

49607294 CHECK NUMBER CITY, OF CHICAGO MOORE JOHN T DEPT OF AVIATION SOCIAL SECURITY NUMBER PAY PERIOD ENDING \$ 04/30/99 EMPLOYEE NUMBER SPAYROLL : DEDUCTIONS CUBRENT PERIOD EARNINGS DESCRIPTION CURRENT PERIOD TOTALS TYPE FEDERAL TAX GROSS - Simple to the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract 1,676:16 77:00 SUPPLMTE O t MC 1:575. (6 less Pension STATE STAX GROSS MEDICARE Jess Benefits BENEFITS less De L.Comp. TAXABLE OROSS . . \$ 1 . 676. 16 less other Ded 346, 13 NET PAY \$1,930.03 YEAR TO DATE SUMMARY TAXABLE GHOSS 



PAYROLL HUMBER PAYERS NOMBER

#### CITY OF CHICAGO

TO THE TREASURER OF THE CITY OF CHICAGO

DRAWN AGAINS (WARRANT OF CURRENT DATE

49607294

CASH IMMEDIATELY

DEPARTMENT OF FINANCE . OFFICE OF THE COMPTROCLER

05 01 99

MOORE TORN T

PAY EXACTLY DOLLARS CENTS

\$1,330.03

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

Del mag

0.18

COMPTROLLER

Obtained by Judicial Watch, Inc. Via FOIA

3907 A 001

#### CHICAGO CITY OF DEPARTMENT 0 F FINANCE

#### OFFICE OF THE COMPTROLLER

121 NORTH LASALLE STREET - ROOM 801 - 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.

44244782 CHECK NUMBER CITY OF CHICAGO DEPT OF AVIATION SOCIAL SECURITY NUMBER MOORE JOHN T 09/15/95 PAY PERIOD ENDING EMPLOYEE NUMBER 4230 PAYROLL DEDUCTIONS CURRENT PERIOD EARNINGS AMOUNT TMA DTY DESCRIPTION TYPE AMOUNT CURRENT PERIOD TOTALS HOURS TYPE GROSS . . . . FEDERAL TAX -2 \$509.04 39.99 SUPPLMTL 509.04 DOCK 6.00 less Pension 01 STATE TAX MEDICARE MC less Benefits 509.04 GROSS PENSION less Def Comp \$465.77 YAXABLE GROSS less other Ded 42.51 NET PAY \$423.26 YEAR TO DATE PRE TAX GROSS \$509,04 TAXABLE GROSS \$465,77



# THE TREASURER OF THE CITY OF CHICAGO

09

DAY

16

YE∧R

95

DRAWN AGAINST WARRANT OF CURRENT DATE.

44244782

CHECK NUMBER

CASH IMMEDIATELY

PAY EXACTLY DOLLARS CENTS

\$423.26

MOORE JOHN T 4864 N MASON

PAY TO THE ORDER OF

PAYROLL NUMBER

EMPLOYED NUMBER

DEPARTMENT OF PINANCE, OFFICE OF THE COMPTROLLER

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

Bile m Day Backara of Kinglin



# 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.