



CHICAGO DEPARTMENT OF AVIATION
CITY OF CHICAGO

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

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

I, MAURICIO RODRIGUEZ JR, have read the
(Print Full Name)

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

(Signature)

6-17-14
(Date)



CHICAGO DEPARTMENT OF AVIATION
CITY OF CHICAGO

Memo to File:

April 12, 2017

RE: Standard Operating Procedure Acknowledgement Receipt

Mr. Mauricio Rodriguez Jr., Aviation Security Officer attended the CDA New Employee Orientation on June 17, 2016. His acknowledgement form is missing from his personnel folder; however the attached roster shows that he attended the orientation where Standard Operating Procedures were discussed.

Priscilla Crowder
Administrative Services Officer II/
CDA HR



CITY OF CHICAGO
 DEPARTMENT OF AVIATION
 CDA New Employee Orientation: June 17, 2016

PRINT YOUR NAME	TITLE	SIGNATURE
1. Eidefonso L. Baergen ✓	Operations Supervisor I	<i>[Signature]</i>
2. JAKUB RUSIN ✓	AVIATION SECURITY OFFICER	<i>[Signature]</i>
3. PAUL LORENC ✓	TERMINAL MANAGER	<i>[Signature]</i>
4. JUAN MANZO ✓	AVIATION Police officer	<i>[Signature]</i>
5. Al Lomax ✓	Aviation Police Officer	<i>[Signature]</i>
6. Keith Langley ✓	AVIATION Police officer	<i>[Signature]</i>
7. David Karwowski ✓	Aviation Police officer	<i>[Signature]</i>
8. Ronald Pendleton Jr. ✓	Aviation Police officer	<i>[Signature]</i>
9. Randal Barrett ✓	Aviation police officer	Randal Barrett
10. ABSALOM BOYD ✓	AVIATION POLICE OFFICER	<i>[Signature]</i>
11. STEVEN SMITH ✓	AVIATION POLICE OFFICER	<i>[Signature]</i>
12. RICARDO R. RAMOS ✓	AVIATION POLICE OFFICER	<i>[Signature]</i>
13. Karl Watson ✓	Mechanical ENGINEER II	<i>[Signature]</i>
14. Michael P. Cleary ✓	Aviation Police OFFICER	<i>[Signature]</i>
15. John W. Dixon Jr. ✓	Operations Supervisor I	<i>[Signature]</i>
16. ARTURO GARCIA ✓	AVIATION POLICE OFFICER	<i>[Signature]</i>

PRINT YOUR NAME	TITLE	SIGNATURE
✓ 17. Todd Ivey ✓	AOS I	
✓ 18. Robert Wallace ✓	Foreman of Window Washer	
✓ 19. Zia Younan ✓	AVIATION POLICE	
✓ 20. MANUEL URDIALES ✓	MAINTENANCE FOREMAN	
✓ 21. ROLANDO VAZQUEZ ✓	AVIATION POLICE	
✓ 22. Brandon Wrbhanek ✓	Aviation Police	
✓ 23. Alberto Ortega ✓	Aviation Police	
✓ 24. MAURICIO RODRIGUEZ JR ✓	AVIATION POLICE	
✓ 25. ALBERTO PEREZ ✓	AVIATION POLICE	
✓ 26. Christopher Conley ✓	AVIATION POLICE	
✓ 27. Phebra Hill ✓	Department of Aviation	
✓ 28. Jessica L. Brown ✓	AOS I	
✓ 29. ERIC GAYAN ✓	Aviation Police	
✓ 30. Sandra Fried ✓	Attorney	
✓ 31. Alejandro Leon ✓	Aviation - Design & construction	
✓ 32. Cristian Suarez ✓	Aviation Police	
✓ 33. James M. Haene ✓	Dept. Comm.	
✓ 34. Brian Bone ✓	Aviation Police	
✓ 35. EDGARDA ARIAS ✓	AVIATION POLICE	
✓ 36. SANNY DEBRITO	AVIATION - FACILITIES	
✓ 37. Diego Ferrer ✓	Managing Deputy Commissioner	
38.		



CITY OF CHICAGO

DEPARTMENT OF HUMAN RESOURCE

ACKNOWLEDGEMENT OF RECEIPT FORM

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

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

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


 SIGNATURE

6-17-16
 DATE

MAURICIO RODRIGUEZ JR
 PRINT NAME

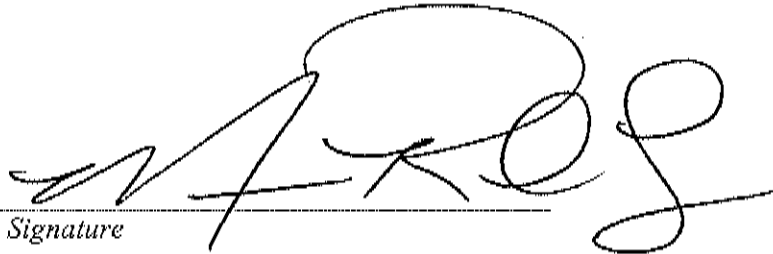
Title AVIATION SECURITY OFFICER Department CDA

STATEMENT OF COMPLIANCE

NEW EMPLOYEE ETHICS TRAINING

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

Signature:


Signature

6-17-16
Date

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

Attn: Ed Primer, Program Director, Fax: 312.744.2793




CHICAGO DEPARTMENT OF AVIATION
CITY OF CHICAGO

ACKNOWLEDGEMENT OF RECEIPT

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

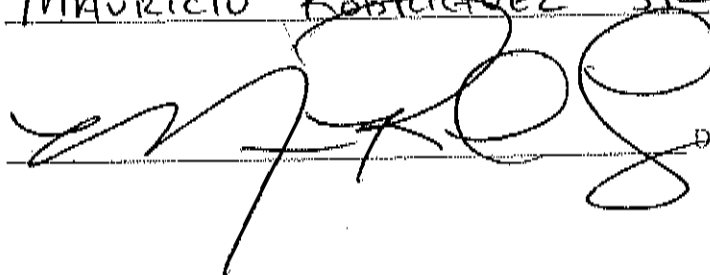
_____ I am waiving City of Chicago Health Benefits.

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

Print Name:

MAURICIO RODRIGUEZ JR

Signature:



Date: 6-17-16



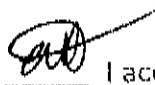


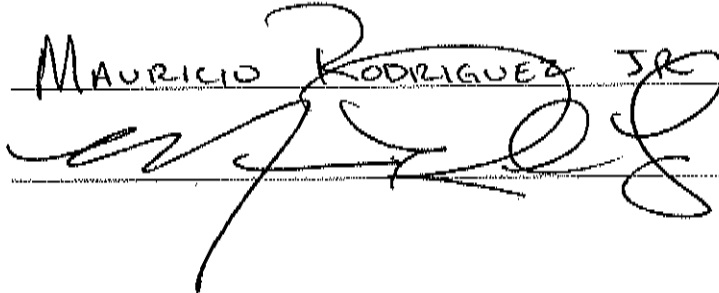
CHICAGO DEPARTMENT OF AVIATION
CITY OF CHICAGO
ACKNOWLEDGEMENT OF RECEIPT

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

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

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

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

Print Name: MAURICIO RODRIGUEZ JR
Signature:  Date: 6-17-16





CITY OF CHICAGO DEPARTMENT OF HUMAN RESOURCES OUTSIDE EMPLOYMENT FORM

Name: MAURICIO RODRIGUEZ JR	Department: _____
Job Title: AVIATION SECURITY OFFICER	Bureau: _____
Work Phone: (773) 686-2685	Work Site: HERE

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

2. Are you now self-employed or have any business interest or act on a consultant basis?
 YES NO
 If yes, does this involve any city, state, or federal license registration?
 YES NO
 If yes, state the type and registration number: _____

3. If yes, to any of the above;
 When did (will) you start? _____
 Name of Employer: _____ Phone: _____
 Address: _____ City: _____
 What is your job? _____

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

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

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

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

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

Signature:

Date: 6-17-16

APPROVALS: YES NO
 YES NO
 YES NO

Division Head: _____
 Bureau Head: _____
 Department Head: _____





Employment Eligibility Verification

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

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

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

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

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

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

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

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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

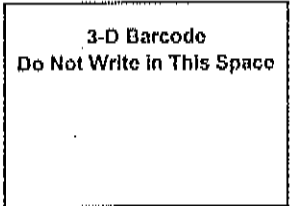
If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (to be completed and signed if Section M is prepared by a person other than the employee)

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

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



Section 2: Employer or Authorized Representative Review and Verification

Employers or the authorized representative must complete and sign Section 2 within 30 days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the List of Acceptable Documents on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

Employee Last Name, First Name and Middle Initial from Section 1: RODRIGUEZ JR, MAURICIO

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>DRIVER'S LICENSE</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>ILLINOIS</u>		Issuing Authority: <u>SSA</u>
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

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

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

Signature of Employer or Authorized Representative <u>Priscilla Crowder</u>	Date (mm/dd/yyyy) <u>5/5/16</u>	Title of Employer or Authorized Representative <u>ASO II</u>
Last Name (Family Name) <u>CROWDER</u>	First Name (Given Name) <u>PRISCILLA</u>	Employer's Business or Organization Name <u>Chicago Dept. of Aviation</u>
Employer's Business or Organization Address (Street Number and Name) <u>10510 W. Zennice</u>	City or Town <u>Chicago</u>	State <u>IL</u>
		Zip Code <u>60646</u>

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

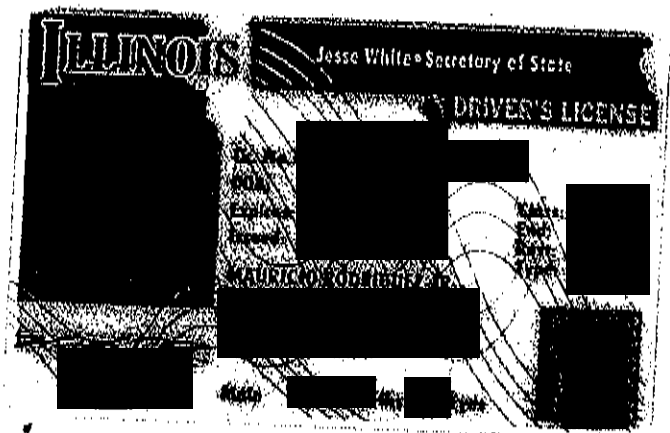
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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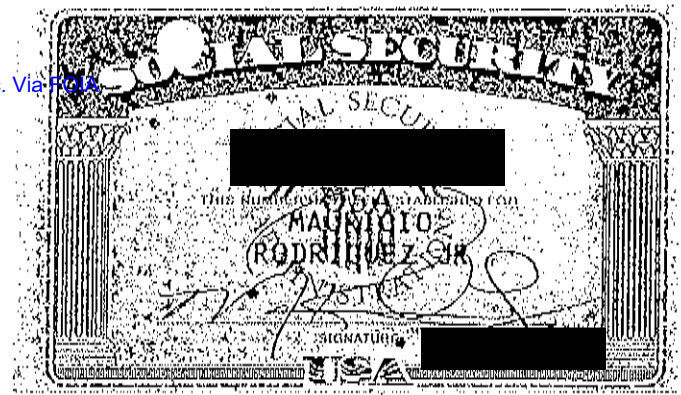
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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CITY OF CHICAGO EMPLOYEE CHARITABLE CONTRIBUTIONS ALLOCATION FORM

Employee Name: MAURICIO RODRIGUEZ JR
 Employee Number: [REDACTED]
 Phone Number: [REDACTED]
 Department: CDA

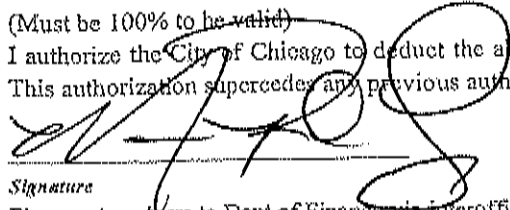
The City of Chicago maintains a payroll deduction so that you can contribute to a wide variety of non-profit series charities. The Charitable Profile Booklet gives specific information on the program and interest of each group. You can choose up to 10 charities. At least 10% of your total donation must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

I wish to donate the following amount of money each pay period.
 \$3.00 \$5.00 10.00 15.00 20.00 other \$ 0
 Discontinue donation

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

TOTAL: 100%

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



6-17-16
 Date

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



#100

PLEASE COMPLETE AND RETURN TO:

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

MEMBERSHIP RECORD

INSTRUCTIONS:

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

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

Please Print

Male
 Female

1. Name in full MAURICIO RODRIGUEZ JR
First Name Last Name

2. Address [REDACTED]
[REDACTED] Zip Code [REDACTED]

3. Title of your present position AVIATION SECURITY OFFICER

4. Department CDA Pay Roll No. [REDACTED]

5. Give date when you FIRST entered the service of the City or Board of Education JUNE 16 2011
Month Day Year

6. Social Security Number [REDACTED]

7. Date of birth [REDACTED]
Month Day Year

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

8. Where were you born? [REDACTED]

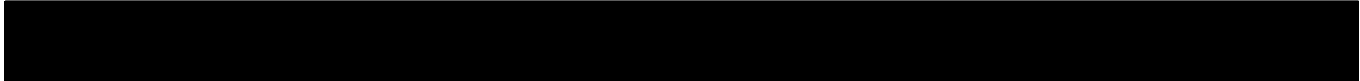
9. Give name of parents (Living or Deceased):

Father's Name MAURICIO RODRIGUEZ

Mother's (Maiden) Name [REDACTED]

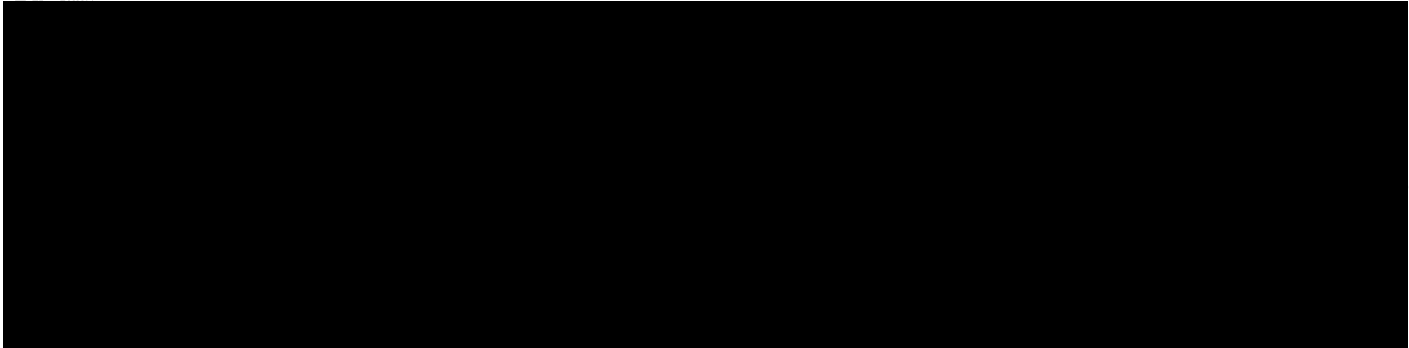
MARITAL STATUS

10. Current marital status (please circle current status):



CURRENT MARRIAGE:

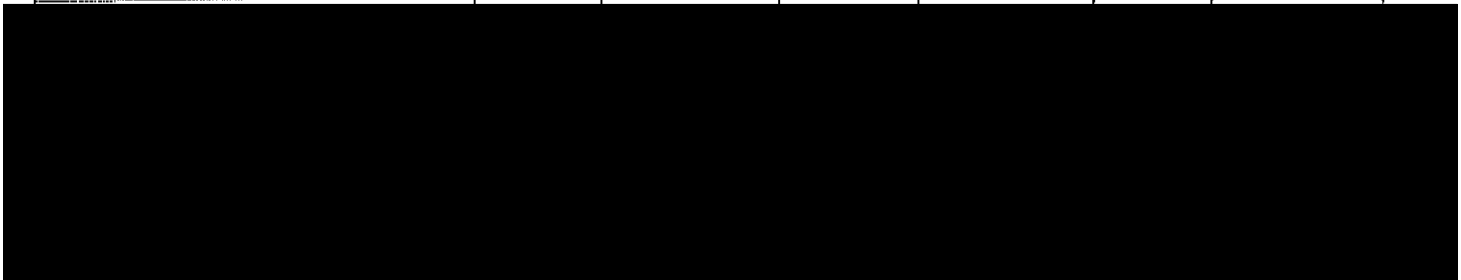
If you are legally married (including legally separated from your spouse), you must complete questions 11 thru 14.



PREVIOUS MARRIAGES:

15. For each of your previous legal marriages, please complete all of the following:

FULL NAME (INCLUDE MAIDEN NAME)	MARRIAGE		DIVORCE		DEATH	
	DATE m/d/y	LOCATION (City, State)	DATE m/d/y	LOCATION (City, State)	DATE m/d/y	LOCATION (City, State)



CHILDREN

16. Have you any children of YOUR blood? Yes No

17. If your answer to Question 16 is "YES", give names and dates of birth of ALL children of your blood.

	Social Security Number	Date of Birth

18. Have you any legally adopted children: Yes No

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



SERVICE PRIOR TO MEMBERSHIP

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

FROM	TO	TITLE	DEPARTMENT

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

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

- | | |
|---|--|
| <input type="checkbox"/> State Employees' Retirement System | <input type="checkbox"/> County Employees' Annuity & Benefit Fund |
| <input type="checkbox"/> State Teachers' Retirement System | <input type="checkbox"/> Laborers' Annuity & Benefit Fund |
| <input type="checkbox"/> State Universities Retirement System | <input type="checkbox"/> Park Employees' Annuity & Benefit Fund |
| <input type="checkbox"/> Illinois Municipal Retirement Fund | <input type="checkbox"/> Metropolitan Water Reclamation Fund |
| <input type="checkbox"/> Judges Retirement System | <input type="checkbox"/> Chicago Teachers' Pension Fund |
| <input type="checkbox"/> General Assembly Retirement System | <input type="checkbox"/> Forest Preserve District E. A. & Benefit Fund |

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

Work: () _____ Home: () _____

Email Address: _____

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

Date 6-17-16

(Sign here)

Name in Full

BENEFICIARY DESIGNATION

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

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

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

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

INSTRUCTIONS:

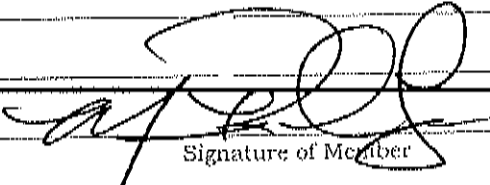
- You may designate one person or as many persons as you wish.
- Two or more persons will receive equal shares.
- The form **MUST BE NOTARIZED** to be valid.
- The most recent beneficiary form filed with the Fund Office will take precedence over all other forms on file.

(MUST BE NOTARIZED)

DESIGNATION OF BENEFICIARY FOR REFUND

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

Name	Address	Relationship


 Signature of Member

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

STATE OF ILLINOIS } SS.
County of

Subscribed and sworn to before me, a Notary Public in and for the County and State aforesaid, by the above
Mauricio Rodriguez JR. this 17th day of June, 2016

(SEAL)


 Notary Public



COC-HR Oper Dept Self Service

Navigator

Favorites

Home Logout Preferences Help

Appointments & Long-Term Reinstatements: Review

Cancel

Back

Save For Later

Print

Submit

Effective Date 16-Jun-2016

Employee Name **RODRIGUEZ JR., MAURICIO**

Employee Number XXXXXXXXXX

Manager **PATTERSON, DOTSY**

Organization Email Address

Department **085-4800 SECURITY OPERATIONS**

Job **4210|AVIATION SECURITY OFFICER**

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

Indicates Changed Items.

Assignment

	Current	Proposed
Department	085-4800 SECURITY OPERATIONS	085-4800 SECURITY OPERATIONS
Job	4210 AVIATION SECURITY OFFICER	4210 AVIATION SECURITY OFFICER
LOC Worker is a Manager	No	No
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 7A	085 0740 4800 4210 AVIATION SECURITY OFFICER 7A
Location	085-4800 SECURITY OPERATIONS	085-4800 SECURITY OPERATIONS
Payroll Name		PAY07
EMPLOYEE STATUS		0
EMPLOYEE SUFFIX	00	00
FLSA CODE		N
ACTUAL JOB CODE/PAID AS		4210
BARGAINING UNIT		02
UNION DUES DEDUCTION CODE		A4
LOCAL COMMENTS		PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME FAIR SHARE
PENSION		1
Pension Tier	2	2
GRANT		CORPORATE
Assignment Status	Active Assignment	Active Assignment
Change Reason		Appointment - New Hire
Salary Basis		SALARY
Work Hours	35	35
Assignment Category		Fulltime-Regular
Home Worker	No	No
Union Member	No	No
Probation Period	6	6

Probation Unit	Months	Months
Probation End Date	15-Dec-2016	15-Dec-2016
Primary Assignment	Yes	Yes

Pay Rate

	Current	Proposed
Appointment - New Hire		3,888.00 USD
Pay Rate	0.00 USD	3,888.00 USD
Pay Rate (Annual Equivalent)	0.00 USD	46,656.00 USD
Salary Effective Date		16-Jun-2016
Comments		

Extra Information Type

PAYROLL_NUM

	Proposed
PAYROLL SUB GROUP	3908
PAYROLL BATTALION	01
PAYROLL UNIT NUMBER	001
PAYROLL SEQUENCE NUMBER	0000

Additional Information

Attachments

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

None

Approvers

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

Add Adhoc Approver

Comments to Approver

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

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CHICAGO DEPARTMENT OF AVIATION
CITY OF CHICAGO

Date: April 12, 2017

To: Mauricio Rodriguez, Jr.
Aviation Security Officer

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

Cc: Jeffrey Redding
Deputy Commissioner
Security

Re: Administrative Leave

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

If you have any questions please feel free to contact me at (773) 984-3034.