

CITY AND COUNTY OF SAN FRANCISCO

OFFICE OF THE DISTRICT ATTORNEY



George Gascón  
District Attorney

CRISTINE SOTO DE BERRY  
Chief of Staff

DIRECT DIAL: (415) 553-1747

E-MAIL: CRISTINE.DEBERRY@SFGOV.ORG

September 19, 2019

VIA ELECTRONIC MAIL

William F. Marshall  
bmarshall@judicialwatch.org  
Judicial Watch  
Senior Investigator  
425 Third St., SW, Suite 800  
Washington, DC 20024

Re: Your Public Record Request Received on 9/9/2019

Dear Mr. Marshall,

This letter is in response to your request for records under the California Public Records Act received on 9/9/2019 via mail, making the following request:

1. *All expense reports filed by Kamala Harris during her tenure as SFDAO Assistant District Attorney*
2. *All personnel evaluations and disciplinary records related to Kamala Harris during her tenure SFDAO Assistant District Attorney.*
3. *All emails between then-Assistant District Attorney Harris and San Francisco Mayor Willie Brown.*
4. *All emails sent to or from then-Assistant District Attorney Harris about San Francisco Mayor Willie Brown.*
5. *All emails sent to or from then-Assistant District Attorney Harris and SFDA official Darrell Salomon regarding "Prop 21", District Attorney Hallinan, and/or the 2003 election for San Francisco District Attorney.*

*The time frame for the requested records is February 1998 to August 2000.*

Please see the response to your request below:

Under the Public Records Act and the Sunshine Ordinance, a "public record" is broadly defined to include "any writing containing information relating to the conduct of the public's business prepared, owned, used or retained by any state or local agency, regardless of the physical form or characteristics." (Govt. Code §6252(e)). If the department has no records responsive to the specific request, the department has no duty to create or recreate one.

Personnel records, the disclosure of which would constitute an unwarranted invasion of personal privacy, are protected from disclosure under Cal. Govt. Code § 6254(c). Individuals also have a constitutional right to privacy under Cal. Govt. Code §§ 6250, 6254(c) and Cal. Const., Art. I, §§1, 3 (b), which bar public disclosure of certain records.

CITY AND COUNTY OF SAN FRANCISCO

OFFICE OF THE DISTRICT ATTORNEY

Enclosed, please find records potentially responsive to item #2 of your request. Please note that personally identifying information within these records has been redacted per Cal. Govt. Code § 6254(c) and the state constitutional right to privacy; it sheds no light on the operation of City government. Personnel records that serve a limited, if any, public interest, and the disclosure of which would warrant an invasion of personal privacy, have also been withheld per the authorities cited above.

As for the remaining portions of your request, following a reasonable search, our office was unable to find responsive records.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alex Bastian', followed by a horizontal line.

Alex Bastian  
Deputy Chief of Staff

DISTRICT ATTORNEY  
YROLL/PERSONNEL DIV.  
1 BRYANT ST., ROOM 322  
SAN FRANCISCO, CA 94103

Ms. Kamala D. Harris



Maile

2/1/2012

ENDORSED  
FILED  
San Francisco County Clerk

# OATH OF OFFICE

JAN 13 2004

BY: MARIBEL JALDON  
Deputy County Clerk

STATE OF CALIFORNIA )  
City and County of San Francisco) ss

I, Kamala Harris, do solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter and during such time as I hold the office of District Attorney of the City and County of San Francisco.



KAMALA HARRIS

Term Expires: January 8, 2008

Subscribed and sworn to before me  
this eighth day of January, 2004.



HON. RONALD M. GEORGE

Chief Justice of the Supreme  
Court of the State of California

City and County of San Francisco

ENDORSED  
**FILED**  
San Francisco County Clerk

JAN 13, 2004

by: **MARIBEL JALDON**  
Deputy County Clerk

# OATH OF OFFICE

STATE OF CALIFORNIA                    )  
City and County of San Francisco) ss

I, Kamala Harris, do solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter and during such time as I hold the office of District Attorney of the City and County of San Francisco.

  
KAMALA HARRIS

Term Expires: January 8, 2008

Subscribed and sworn to before me  
this eighth day of January, 2004.

  
HON. RONALD M. GEORGE

Chief Justice of the Supreme  
Court of the State of California

City and County of San Francisco



Susie B Sales/DA/SFGOV  
05/17/2005 04:28 PM

To Johnny Zabala/CON/SFGOV@SFGOV  
cc Gail Stein/DA/SFGOV@SFGOV  
bcc  
Subject Kamala Harris TESS File

Hi, Johnny:

Thank you for your phone call this afternoon regarding the report that PPSP is working on with regards to identifying employees who are still receiving incentive and should not have due to change of job classification. Kamala Harris "MAAINQ" incentive should be removed as her job classification does not allow her to receive the benefit. However, I tried to removed the "MAAINQ" from her file, but the system does not allow me to do anything. Can you look in to it in addition to the split file distribution in her records that should also be removed?

-----  
Susie B. Sales  
Payroll/Personnel Officer  
Office of the District Attorney Kamala D. Harris  
City and County of San Francisco  
850 Bryant St., Room 305  
San Francisco, CA 94103  
phone no.: (415) 553-1854  
fax no.: (415) 553-9700  
email: susie.b.sales@sfgov.org

PPSD 01/01

1CO. NO. 1  
SYSTEM

09:29:53  
CPD391  
PAGE 1

ODEPT: 04  
ROSTER: 20630

rptc392.txt  
CITY AND COUNTY OF SAN FRANCISCO

REPORT C392  
PAYROLL  
RUN ON 2005/05/13

CONTROLLER'S PAYROLL  
EMPLOYEE INCENTIVE UNMATCHED TO WORKGROUP  
FOR PAY PERIOD ENDING 05/06/2005

EMPLOYEE NAME	EMPLOYEE NUMBER	JOB CLASS	S A STD T P HOURS	EMPLOYEE WORKGROUP	EMPLOYEE INCENTIVE	INCENTIVE DESCRIPTION	INCENTIVE EARNCODE
OHARRIS, KAMALA D	[REDACTED]	8198 A V	80.00	556000001E	MAA INEQ	MAA INEQUITY PREM	04U1

1CO. NO. 1  
SYSTEM

09:29:53  
CPD391  
PAGE 2

ODEPT: 04  
ROSTER: 21330

CITY AND COUNTY OF SAN FRANCISCO

REPORT C392  
PAYROLL  
RUN ON 2005/05/13

CONTROLLER'S PAYROLL  
EMPLOYEE INCENTIVE UNMATCHED TO WORKGROUP  
FOR PAY PERIOD ENDING 05/06/2005

EMPLOYEE NAME	EMPLOYEE NUMBER	JOB CLASS	S A STD T P HOURS	EMPLOYEE WORKGROUP	EMPLOYEE INCENTIVE	INCENTIVE DESCRIPTION	INCENTIVE EARNCODE
OHONG, RICHARD	[REDACTED]	8150 A N	80.00	351020001E	DAPOST2	DA ADV POST PREM-REG	04T1

1CO. NO. 1  
SYSTEM

09:29:53  
CPD391  
PAGE 3

CITY AND COUNTY OF SAN FRANCISCO

REPORT C392  
PAYROLL  
RUN ON 2005/05/13

CONTROLLER'S PAYROLL

Post-it® Fax Note 7871		Date 05/20/05	# of pages 1
To SUSIE SALES		From J. ZABALA	
Co./Dept. 04		Co. PPSD	
Phone #		Phone #	
Fax #		Fax #	

EMPLOYEE	EMPLOYEE	JOB	S A STD	EMPLOYEE	EMPLOYEE	INCENTIVE
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PPSD 5587856 05/20/2005 14:33

Obtained via FOIA by Judicial Watch, Inc.





## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
05/06/2005	04/25/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/26/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/27/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/28/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/29/2005	8	\$614.90	8	\$12.30					16	\$627.20
	05/02/2005	8	\$614.90	8	\$12.30					16	\$627.20
	05/03/2005	8	\$614.90	8	\$12.30					16	\$627.20
	05/04/2005	8	\$614.90	8	\$12.30					16	\$627.20
	05/05/2005	8	\$614.90	8	\$12.30					16	\$627.20
	05/06/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
04/22/2005	04/11/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/12/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/13/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/14/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/15/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/18/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/19/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/20/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/21/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/22/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
04/08/2005	03/28/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/29/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/30/2005	8	\$614.90	8	\$12.30					16	\$627.20





## T300 Employee Detail by Work Date

From PPE 04/05/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	03/31/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/01/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/04/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/05/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/06/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/07/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/08/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
03/25/2005	03/14/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/15/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/16/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/17/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/18/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/21/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/22/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/23/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/24/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/25/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
03/11/2005	02/28/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/01/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/02/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/03/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/04/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/07/2005	8	\$614.90	8	\$12.30					16	\$627.20



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	03/08/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/09/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/10/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/11/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
02/25/2005	02/14/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/15/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/16/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/17/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/18/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/21/2005			8	\$12.30	8	\$614.90			16	\$627.20
	02/22/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/23/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/24/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/25/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>72</b>	<b>\$5,534.10</b>	<b>80</b>	<b>\$123.00</b>	<b>8</b>	<b>\$614.90</b>			<b>160</b>	<b>\$6,272.00</b>
02/11/2005	01/31/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/01/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/02/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/03/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/04/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/07/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/08/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/09/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/10/2005	8	\$614.90	8	\$12.30					16	\$627.20



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	02/11/2005	8	\$614.90	8	\$123.00					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
01/28/2005	01/17/2005			8	\$123.00	8	\$614.90			16	\$627.20
	01/18/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/19/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/20/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/21/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/24/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/25/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/26/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/27/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/28/2005	8	\$614.90	8	\$123.00					16	\$627.20
	<b>Grand Total</b>	<b>72</b>	<b>\$5,534.10</b>	<b>80</b>	<b>\$123.00</b>	<b>8</b>	<b>\$614.90</b>			<b>160</b>	<b>\$6,272.00</b>
01/14/2005	01/03/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/04/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/05/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/06/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/07/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/10/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/11/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/12/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/13/2005	8	\$614.90	8	\$123.00					16	\$627.20
	01/14/2005	8	\$614.90	8	\$123.00					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
12/31/2004	12/20/2004	8	\$614.90	8	\$123.00					16	\$627.20



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	12/21/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/22/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/23/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/24/2004			8	\$12.30	8	\$614.90			16	\$627.20
	12/27/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/28/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/29/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/30/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/31/2004			8	\$12.30	8	\$614.90			16	\$627.20
	<b>Grand Total</b>	<b>64</b>	<b>\$4,919.20</b>	<b>80</b>	<b>\$123.00</b>	<b>16</b>	<b>\$1,229.80</b>			<b>160</b>	<b>\$6,272.00</b>
12/17/2004	12/06/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/07/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/08/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/09/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/10/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/13/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/14/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/15/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/16/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/17/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
12/03/2004	11/22/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/23/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/24/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/25/2004			8	\$12.30	8	\$614.90			16	\$627.20





## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	11/26/2004			8	\$12.30	8	\$614.90			16	\$627.20
	11/29/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/30/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/01/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/02/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/03/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>64</b>	<b>\$4,919.20</b>	<b>80</b>	<b>\$123.00</b>	<b>16</b>	<b>\$1,229.80</b>			<b>160</b>	<b>\$6,272.00</b>
11/19/2004	11/08/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/09/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/10/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/11/2004			8	\$12.30	8	\$614.90			16	\$627.20
	11/12/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/15/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/16/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/17/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/18/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/19/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>72</b>	<b>\$5,534.10</b>	<b>80</b>	<b>\$123.00</b>	<b>8</b>	<b>\$614.90</b>			<b>160</b>	<b>\$6,272.00</b>
11/05/2004	10/25/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/26/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/27/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/28/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/29/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/01/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/02/2004	8	\$614.90	8	\$12.30					16	\$627.20



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	11/03/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/04/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/05/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
10/22/2004	10/11/2004			8	\$12.30	8	\$614.90			16	\$627.20
	10/12/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/13/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/14/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/15/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/18/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/19/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/20/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/21/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/22/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>72</b>	<b>\$5,534.10</b>	<b>80</b>	<b>\$123.00</b>	<b>8</b>	<b>\$614.90</b>			<b>160</b>	<b>\$6,272.00</b>
10/08/2004	09/27/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/28/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/29/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/30/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/01/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/04/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/05/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/06/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/07/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/08/2004	8	\$614.90	8	\$12.30					16	\$627.20



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earm Code :ALL

Employee No [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	<b>Grand Total</b>	80	\$6,149.00	80	\$123.00					160	\$6,272.00
09/24/2004	09/13/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/14/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/15/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/16/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/17/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/20/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/21/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/22/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/23/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/24/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	80	\$6,149.00	80	\$123.00					160	\$6,272.00
09/10/2004	08/30/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/31/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/01/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/02/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/03/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/06/2004			8	\$12.30	8	\$614.90			16	\$627.20
	09/07/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/08/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/09/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/10/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	72	\$5,534.10	80	\$123.00	8	\$614.90			160	\$6,272.00
08/27/2004	08/16/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/17/2004	8	\$614.90	8	\$12.30					16	\$627.20





## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	08/18/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/19/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/20/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/23/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/24/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/25/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/26/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/27/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
08/13/2004	08/02/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/03/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/04/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/05/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/06/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/09/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/10/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/11/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/12/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/13/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
07/30/2004	07/19/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/20/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/21/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/22/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/23/2004	8	\$614.90	8	\$12.30					16	\$627.20



## T300 Employee Detail by Work Date

From PPF 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	07/26/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/27/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/28/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/29/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/30/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
07/16/2004	07/05/2004			8	\$12.30	8	\$614.90			16	\$627.20
	07/06/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/07/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/08/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/09/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/12/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/13/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/14/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/15/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/16/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>72</b>	<b>\$5,534.10</b>	<b>80</b>	<b>\$123.00</b>	<b>8</b>	<b>\$614.90</b>			<b>160</b>	<b>\$6,272.00</b>
07/02/2004	06/21/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/22/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/23/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/24/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/25/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/28/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/29/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/30/2004	8	\$604.00	8	\$12.08					16	\$616.08



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earm Code :ALL

Employee No : [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	07/01/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/02/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,061.80</b>	<b>80</b>	<b>\$121.24</b>					<b>160</b>	<b>\$6,183.04</b>
06/18/2004	06/07/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/08/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/09/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/10/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/11/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/14/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/15/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/16/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/17/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/18/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
06/04/2004	05/24/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/25/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/26/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/27/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/28/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/31/2004			8	\$12.08	8	\$604.00			16	\$616.08
	06/01/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/02/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/03/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/04/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>72</b>	<b>\$5,436.00</b>	<b>80</b>	<b>\$120.80</b>	<b>8</b>	<b>\$604.00</b>			<b>160</b>	<b>\$6,160.80</b>



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
05/21/2004	05/10/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/11/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/12/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/13/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/14/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/17/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/18/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/19/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/20/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/21/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	80	\$6,040.00	80	\$120.80					160	\$6,160.80
05/07/2004	04/26/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/27/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/28/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/29/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/30/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/03/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/04/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/05/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/06/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/07/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	80	\$6,040.00	80	\$120.80					160	\$6,160.80
04/23/2004	04/12/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/13/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/14/2004	8	\$604.00	8	\$12.08					16	\$616.08





## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	04/15/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/16/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/19/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/20/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/21/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/22/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/23/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
04/09/2004	03/29/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/30/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/31/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/01/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/02/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/05/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/06/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/07/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/08/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/09/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
03/26/2004	03/15/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/16/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/17/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/18/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/19/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/22/2004	8	\$604.00	8	\$12.08					16	\$616.08



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	03/23/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/24/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/25/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/26/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
03/12/2004	03/01/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/02/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/03/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/04/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/05/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/08/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/09/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/10/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/11/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/12/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
02/27/2004	02/16/2004			8	\$12.08	8	\$604.00			16	\$616.08
	02/17/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/18/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/19/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/20/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/23/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/24/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/25/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/26/2004	8	\$604.00	8	\$12.08					16	\$616.08



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No. [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	02/27/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>72</b>	<b>\$5,436.00</b>	<b>80</b>	<b>\$120.80</b>	<b>8</b>	<b>\$604.00</b>			<b>160</b>	<b>\$6,160.80</b>
02/13/2004	02/02/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/03/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/04/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/05/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/06/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/09/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/10/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/11/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/12/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/13/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
01/30/2004	01/19/2004			8	\$12.08	8	\$604.00			16	\$616.08
	01/20/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/21/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/22/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/23/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/26/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/27/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/28/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/29/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/30/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>72</b>	<b>\$5,436.00</b>	<b>80</b>	<b>\$120.80</b>	<b>8</b>	<b>\$604.00</b>			<b>160</b>	<b>\$6,160.80</b>
01/16/2004	01/08/2004	4	\$302.00	4	\$6.04			4	\$0.00	12	\$308.04





## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	01/09/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/12/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/13/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/14/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/15/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/16/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	52	\$3,926.00	52	\$78.52			4	\$0.00	108	\$4,004.52



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
05/06/2005	04/25/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/26/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/27/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/28/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/29/2005	8	\$614.90	8	\$12.30					16	\$627.20
	05/02/2005	8	\$614.90	8	\$12.30					16	\$627.20
	05/03/2005	8	\$614.90	8	\$12.30					16	\$627.20
	05/04/2005	8	\$614.90	8	\$12.30					16	\$627.20
	05/05/2005	8	\$614.90	8	\$12.30					16	\$627.20
	05/06/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
04/22/2005	04/11/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/12/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/13/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/14/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/15/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/18/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/19/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/20/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/21/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/22/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
04/08/2005	03/28/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/29/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/30/2005	8	\$614.90	8	\$12.30					16	\$627.20



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No. [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	03/31/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/01/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/04/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/05/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/06/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/07/2005	8	\$614.90	8	\$12.30					16	\$627.20
	04/08/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
03/25/2005	03/14/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/15/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/16/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/17/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/18/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/21/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/22/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/23/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/24/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/25/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
03/11/2005	02/28/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/01/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/02/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/03/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/04/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/07/2005	8	\$614.90	8	\$12.30					16	\$627.20



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	03/08/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/09/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/10/2005	8	\$614.90	8	\$12.30					16	\$627.20
	03/11/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
02/25/2005	02/14/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/15/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/16/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/17/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/18/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/21/2005			8	\$12.30	8	\$614.90			16	\$627.20
	02/22/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/23/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/24/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/25/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>72</b>	<b>\$5,534.10</b>	<b>80</b>	<b>\$123.00</b>	<b>8</b>	<b>\$614.90</b>			<b>160</b>	<b>\$6,272.00</b>
02/11/2005	01/31/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/01/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/02/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/03/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/04/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/07/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/08/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/09/2005	8	\$614.90	8	\$12.30					16	\$627.20
	02/10/2005	8	\$614.90	8	\$12.30					16	\$627.20





## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earm Code :ALL

Employee No [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	02/11/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
01/28/2005	01/17/2005			8	\$12.30	8	\$614.90			16	\$627.20
	01/18/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/19/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/20/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/21/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/24/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/25/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/26/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/27/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/28/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>72</b>	<b>\$5,534.10</b>	<b>80</b>	<b>\$123.00</b>	<b>8</b>	<b>\$614.90</b>			<b>160</b>	<b>\$6,272.00</b>
01/14/2005	01/03/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/04/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/05/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/06/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/07/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/10/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/11/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/12/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/13/2005	8	\$614.90	8	\$12.30					16	\$627.20
	01/14/2005	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
12/31/2004	12/20/2004	8	\$614.90	8	\$12.30					16	\$627.20



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	12/21/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/22/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/23/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/24/2004			8	\$12.30	8	\$614.90			16	\$627.20
	12/27/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/28/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/29/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/30/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/31/2004			8	\$12.30	8	\$614.90			16	\$627.20
	<b>Grand Total</b>	<b>64</b>	<b>\$4,919.20</b>	<b>80</b>	<b>\$123.00</b>	<b>16</b>	<b>\$1,229.80</b>			<b>160</b>	<b>\$6,272.00</b>
12/17/2004	12/06/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/07/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/08/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/09/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/10/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/13/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/14/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/15/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/16/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/17/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
12/03/2004	11/22/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/23/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/24/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/25/2004			8	\$12.30	8	\$614.90			16	\$627.20



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	11/26/2004			8	\$12.30	8	\$614.90			16	\$627.20
	11/29/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/30/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/01/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/02/2004	8	\$614.90	8	\$12.30					16	\$627.20
	12/03/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>64</b>	<b>\$4,919.20</b>	<b>80</b>	<b>\$123.00</b>	<b>16</b>	<b>\$1,229.80</b>			<b>160</b>	<b>\$6,272.00</b>
11/19/2004	11/08/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/09/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/10/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/11/2004			8	\$12.30	8	\$614.90			16	\$627.20
	11/12/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/15/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/16/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/17/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/18/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/19/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>72</b>	<b>\$5,534.10</b>	<b>80</b>	<b>\$123.00</b>	<b>8</b>	<b>\$614.90</b>			<b>160</b>	<b>\$6,272.00</b>
11/05/2004	10/25/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/26/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/27/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/28/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/29/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/01/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/02/2004	8	\$614.90	8	\$12.30					16	\$627.20





## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	11/03/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/04/2004	8	\$614.90	8	\$12.30					16	\$627.20
	11/05/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
10/22/2004	10/11/2004			8	\$12.30	8	\$614.90			16	\$627.20
	10/12/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/13/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/14/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/15/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/18/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/19/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/20/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/21/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/22/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>72</b>	<b>\$5,534.10</b>	<b>80</b>	<b>\$123.00</b>	<b>8</b>	<b>\$614.90</b>			<b>160</b>	<b>\$6,272.00</b>
10/08/2004	09/27/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/28/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/29/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/30/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/01/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/04/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/05/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/06/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/07/2004	8	\$614.90	8	\$12.30					16	\$627.20
	10/08/2004	8	\$614.90	8	\$12.30					16	\$627.20



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	<b>Grand Total</b>	80	\$6,149.00	80	\$123.00					160	\$6,272.00
09/24/2004	09/13/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/14/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/15/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/16/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/17/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/20/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/21/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/22/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/23/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/24/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	80	\$6,149.00	80	\$123.00					160	\$6,272.00
09/10/2004	08/30/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/31/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/01/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/02/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/03/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/06/2004			8	\$12.30	8	\$614.90			16	\$627.20
	09/07/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/08/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/09/2004	8	\$614.90	8	\$12.30					16	\$627.20
	09/10/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	72	\$5,534.10	80	\$123.00	8	\$614.90			160	\$6,272.00
08/27/2004	08/16/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/17/2004	8	\$614.90	8	\$12.30					16	\$627.20



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	08/18/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/19/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/20/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/23/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/24/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/25/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/26/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/27/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
08/13/2004	08/02/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/03/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/04/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/05/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/06/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/09/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/10/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/11/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/12/2004	8	\$614.90	8	\$12.30					16	\$627.20
	08/13/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
07/30/2004	07/19/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/20/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/21/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/22/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/23/2004	8	\$614.90	8	\$12.30					16	\$627.20





## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	07/26/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/27/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/28/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/29/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/30/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,149.00</b>	<b>80</b>	<b>\$123.00</b>					<b>160</b>	<b>\$6,272.00</b>
07/16/2004	07/05/2004			8	\$12.30	8	\$614.90			16	\$627.20
	07/06/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/07/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/08/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/09/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/12/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/13/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/14/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/15/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/16/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>72</b>	<b>\$5,534.10</b>	<b>80</b>	<b>\$123.00</b>	<b>8</b>	<b>\$614.90</b>			<b>160</b>	<b>\$6,272.00</b>
07/02/2004	06/21/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/22/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/23/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/24/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/25/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/28/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/29/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/30/2004	8	\$604.00	8	\$12.08					16	\$616.08



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	07/01/2004	8	\$614.90	8	\$12.30					16	\$627.20
	07/02/2004	8	\$614.90	8	\$12.30					16	\$627.20
	<b>Grand Total</b>	<b>80</b>	<b>\$6,061.80</b>	<b>80</b>	<b>\$121.24</b>					<b>160</b>	<b>\$6,183.04</b>
06/18/2004	06/07/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/08/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/09/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/10/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/11/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/14/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/15/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/16/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/17/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/18/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
06/04/2004	05/24/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/25/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/26/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/27/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/28/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/31/2004			8	\$12.08	8	\$604.00			16	\$616.08
	06/01/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/02/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/03/2004	8	\$604.00	8	\$12.08					16	\$616.08
	06/04/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>72</b>	<b>\$5,436.00</b>	<b>80</b>	<b>\$120.80</b>	<b>8</b>	<b>\$604.00</b>			<b>160</b>	<b>\$6,160.80</b>



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
05/21/2004	05/10/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/11/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/12/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/13/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/14/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/17/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/18/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/19/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/20/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/21/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
05/07/2004	04/26/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/27/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/28/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/29/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/30/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/03/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/04/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/05/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/06/2004	8	\$604.00	8	\$12.08					16	\$616.08
	05/07/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
04/23/2004	04/12/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/13/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/14/2004	8	\$604.00	8	\$12.08					16	\$616.08





## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	04/15/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/16/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/19/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/20/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/21/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/22/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/23/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
04/09/2004	03/29/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/30/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/31/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/01/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/02/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/05/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/06/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/07/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/08/2004	8	\$604.00	8	\$12.08					16	\$616.08
	04/09/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
03/26/2004	03/15/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/16/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/17/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/18/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/19/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/22/2004	8	\$604.00	8	\$12.08					16	\$616.08





## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED]

Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	03/23/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/24/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/25/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/26/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
03/12/2004	03/01/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/02/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/03/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/04/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/05/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/08/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/09/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/10/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/11/2004	8	\$604.00	8	\$12.08					16	\$616.08
	03/12/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
02/27/2004	02/16/2004			8	\$12.08	8	\$604.00			16	\$616.08
	02/17/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/18/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/19/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/20/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/23/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/24/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/25/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/26/2004	8	\$604.00	8	\$12.08					16	\$616.08



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	02/27/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>72</b>	<b>\$5,436.00</b>	<b>80</b>	<b>\$120.80</b>	<b>8</b>	<b>\$604.00</b>			<b>160</b>	<b>\$6,160.80</b>
02/13/2004	02/02/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/03/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/04/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/05/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/06/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/09/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/10/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/11/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/12/2004	8	\$604.00	8	\$12.08					16	\$616.08
	02/13/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>80</b>	<b>\$6,040.00</b>	<b>80</b>	<b>\$120.80</b>					<b>160</b>	<b>\$6,160.80</b>
01/30/2004	01/19/2004			8	\$12.08	8	\$604.00			16	\$616.08
	01/20/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/21/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/22/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/23/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/26/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/27/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/28/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/29/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/30/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>72</b>	<b>\$5,436.00</b>	<b>80</b>	<b>\$120.80</b>	<b>8</b>	<b>\$604.00</b>			<b>160</b>	<b>\$6,160.80</b>
01/16/2004	01/08/2004	4	\$302.00	4	\$6.04			4	\$0.00	12	\$308.04



## T300 Employee Detail by Work Date

From PPE 01/16/2004 to PPE 05/06/2005

Earn Code :ALL

Employee No : [REDACTED] Name : HARRIS, KAMALA D 8198

Pay Period Ending      Work Date		04 - DISTRICT ATTORNEY									
		Regular		04U1		LH		XX		Grand Total	
		Hours	Pay	Hours	Pay	Hours	Pay	Hour	Pay	Hours	Pay
	01/09/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/12/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/13/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/14/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/15/2004	8	\$604.00	8	\$12.08					16	\$616.08
	01/16/2004	8	\$604.00	8	\$12.08					16	\$616.08
	<b>Grand Total</b>	<b>52</b>	<b>\$3,926.00</b>	<b>52</b>	<b>\$78.52</b>			<b>4</b>	<b>\$0.00</b>	<b>108</b>	<b>\$4,004.52</b>

San Francisco District Attorney's Office  
Checklist for New Employees  
Page Two

**D.A. Property for New Employee**

(please initial & date if received or write "N/A" if not applicable)

	Initial / Date	N/A
1. Keys issued: <i>Seni hoi # 38616</i>		
a. "12" Key for outside hall doors	<i>1/9/04</i>	
b. "6" Key for DA Main Office		
c. Personal Office Key	<i>Executive Suite</i>	<i>1/9/04</i>
2. Pager (pager No# [redacted])		
3. Cellular Phone [redacted]		
4. Parking Access Card	<i>1/9/04</i>	
5. Employee Picture Identification Card		
6. Phone number issued/D.A. Phone list	<i>3-1466</i>	
7. Voicemail Instructions/Voicemail ready		
8. Computer access/Password given		
<i>Vehicle 141-001</i>		

The items listed above have been explained to me. I understand that if I have questions on these or similar matters, I am to ask my supervisor.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Personnel Officer's Signature

*2/11/04*  
\_\_\_\_\_  
Date

cc: Employee  
Supervisor  
Employee File (original)

revised April 15, 1997

**SAN FRANCISCO DISTRICT ATTORNEY'S OFFICE**  
CHECKLIST FOR NEW EMPLOYEES

NAME: Kamala D. Harris CLASS: 8198 STEP: Flat  
(ENTERING DA'S OFFICE)

DIVISION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

**APPOINTMENT PROCESSING**

(please initial & date if received or write "N/A" if not applicable)

	Initial / Date	N/A
1. Background Check	<u>2/1</u>	
2. W4 form	_____	_____
3. Residence Form	_____	_____
4. Warrant recipient designation	_____	_____
5. Acknowledgment of Receipt of Charter Section 8.346	_____	_____
6. Review of Judicial History and Driving Record	_____	_____
7. Post Employment Self Identification	_____	_____
8. I-9 (Employment Eligibility Verification)	_____	_____
9. P.E.R.S Membership Form (for 8140-8150s only)	<u>N/A</u>	
10. Swearing in (Attorneys only)	<u>1/8/04</u>	
11. Belt Badges issued (Investigators only)	<u>N/A</u>	

**NEW EMPLOYEE ORIENTATION PACKAGE**

	Initial / Date	N/A
1. Employee Handbook	_____	_____
2. Welcome Letter	_____	_____
3. Introduction to the District Attorney's Office	_____	_____
4. Employee Sick Leave Policy	_____	_____
5. Information on Vacations, Holidays, Leave of Absences	_____	_____
6. Information on Worker's Compensation	_____	_____
7. Employee Assistance Program Brochure	_____	_____
8. Statement to Return SFDA Items upon leaving SFDA	_____	_____



City and County of San Francisco



Civil Service Commission

## Employee Personnel Records Transmittal Receipt

<b>SECTION I</b>	
To: Receiving Department	From: Releasing Department
Susie Sales	Rumella Gallofin
<b>Name</b>	<b>Name</b>
Payroll/Personnel	Payroll/Personnel
<b>Title</b>	<b>Title</b>
District Attorney	City Attorney
<b>Department</b>	<b>Department</b>
850 Bryant Street	1390 Market Street, 5th Floor
<b>Address</b>	<b>Address</b>
Hall of Justice	(415) 554-3922
	<b>Contact Phone No.</b>

Enclosed for consolidation into one Official Employee Personnel Folder (OPEF) is the existing employee personnel folder or the OEPF of the following employee who recently separated from this department for employment in your department.

January 12, 2004	Messenger pick up
<b>Date of Transmittal</b>	<b>Method of Transmittal</b>
Kamala Harris	8182 Head Attorney
<b>Name of Employee</b>	<b>Class No. &amp; Title in Former Department</b>

### SECTION II

#### Record of Receipt of Employee Personnel Records

The employee personnel records of the employee listed above were received by:

Susie Sales  
 Signature

SUSIE SALES  
 Name (Print)

District Attorney  
 Department

1/14/04  
 Date

#### Releasing Dept:

1. Prepare in triplicate.
2. Complete Section I.
3. Specify whether copy A, B, or C below.
4. Send copies A & B to new department.
5. Hold copy C in suspense folder.
6. When copy B returned, file in "Former Employee File" attached to departmental copy of the "Employment History Summary."
7. Discard copy C.

#### Receiving Department:

1. Complete Section II of copies A & B.
2. Return copy B to former department.
3. File copy A in OEPF, Section A, Side 1.

Indicate copy by ☒ or X.

☒ Copy A    ☐ Copy B    ☐ Copy C



## Employee Personnel Records Transmittal Receipt

**SECTION I****To: Receiving Department****From: Releasing Department**

ROMELLA GALLOSIN

SUSIE B. SALES

Name

Name

PERSONNEL CLERK

D.A. ASSISTANT INVESTIGATOR

Title

Title

CITY ATTORNEY

DISTRICT ATTORNEY

Department

Department

1390 MARKET STREET, 6TH FLOOR (FOX PLAZA)

850 BRYANT STREET, ROOM 207

Address

Address

SAN FRANCISCO

(415) 553-1009

Contact Phone No.

Enclosed for consolidation into one Official Employee Personnel Folder (OPEF) is the existing employee personnel folder or the OEPF of the following employee who recently separated from this department for employment in your department.

08/15/00

Date of Transmittal

HAND DELIVERED

Method of Transmittal

KAMALA D. HARRIS

8182 - HEAD ATTORNEY

Name of Employee

Class No. &amp; Title in Former Department

**SECTION II****Record of Receipt of Employee Personnel Records**

The employee personnel records of the employee listed above were received by:

Signature

Rumella Gallofin

Name (Print)

City Attorney

Department

8/25/00

Date

**Releasing Dept:**

1. Prepare in triplicate.
2. Complete Section I.
3. Specify whether copy A, B, or C below.
4. Send copies A & B to new department.
5. Hold copy C in suspense folder.
6. When copy B returned, file in "Former Employee File" attached to departmental copy of the "Employment History Summary."
7. Discard copy C.

**Receiving Department:**

1. Complete Section II of copies A & B.
2. Return copy B to former department.
3. File copy A in OEPF, Section A, Side 1.

Indicate copy by ✓ or X.

☒ Copy A    ☐ Copy B    ☐ Copy C



EMPLOYEE CHANGE OF DEPARTMENT FORM

To CITY ATTORNEY #03  
(new department name and no.)

From DISTRICT ATTORNEY #04  
(prior department name and no.)

Employee Information

Name KAMALA D. HARRIS

Employee Number [REDACTED]

Class 8182 Title HEAD ATTORNEY (in prior department)

Last day employed by prior department 08-17-00

Paid Leave Information

OE (comp time) balance 0 hours as of 08-14-00 (date)

LH (in lieu) balance 0 hours as of 08-14-00 (date)

FH (floating holiday) balance 32 hours as of 08-14-00 (date)

EX (Admin Leave) balance 48 hours as of 08-14-00 (date)

Outstanding Pay Adjustments and Banked Vacation Information

Check the box(es) that are applicable:

- ☐ Employee has outstanding adjustments to pay. (Attach a copy of the Problem Description Form and any other supporting documentation.)
- ☐ Employee is a former State Port employee. (Attach copies of Notification of Initial Vacation Hours Banked, PPSP-1033, and any Vacation Hours Banking Forms, PPSP-1095).

Prepared by Jessica S. Sales Date 08-14-00

Phone 553-1009

Approved by Ken Smith Date 8/14/00

Employee's signature Kamala D. Harris

Date 8.17.00

\*If the employee is unavailable for signing, verify the balances with the employee verbally.



## EMPLOYMENT HISTORY SUMMARY

### COMMENDATIONS, AWARDS OF MERIT, ETC.

Date	Awarded by	Reason

### RECORD OF TRAINING

Date	Provided by	Title of Coursework/Workshop

### DISCIPLINARY RECORD

Date(s)	Action	Reason




CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES

## APPOINTMENT PROCESSING

Obtained via FOIA by Judicial Watch, Inc.

NAME (LAST, FIRST, MI) SEE ATTACHED		PIN -----	DATE ISSUED 07/01/2004	DHR USE ONLY AP-
HOME ADDRESS		DATE OF BIRTH SEE ATTACHED	SOCIAL SECURITY NO. SEE ATTACHED	
HOME PHONE				
TYPE OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> NON-CIVIL SERVICE <input type="checkbox"/> CERTIFIED TEMP (TCS) <input checked="" type="checkbox"/> EXEMPT-PERM <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> EXEMPT-TEMP <input type="checkbox"/> LIMITED TENURE <input type="checkbox"/> EXEMPT-RETIREE		WORK SCHEDULE <input type="checkbox"/> AS NEEDED/SEASONAL <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME 20 OR MORE <input type="checkbox"/> PART-TIME LESS THAN 20 <input type="checkbox"/> SCHOOL TERM PART-TIME <input type="checkbox"/> SCHOOL TERM	JOB CODE 8177	JOB TITLE ATTORNEY
		LIST ID/LIST NO. -----	RANK -----	DHR REQ/DEPT. REQ. NO. SEE ATTACHED
		DEPT. NO./ABBREV. 04 / DAT	DEPARTMENT NAME DISTRICT ATTORNEY	
START WORK DATE SEE ATTACHED	GENDER CODE SEE ATTACHED	RACE/ETHNICITY CODE SEE ATTACHED	SF RESIDENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATION/REFERRAL DATE N/A

IS THIS PERSON NOW EMPLOYED BY THE CITY AND COUNTY OF SAN FRANCISCO? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, CURRENT APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> NON-CIVIL SERVICE <input type="checkbox"/> CERTIFIED TEMP (TCS) <input checked="" type="checkbox"/> EXEMPT-PERM <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> EXEMPT-TEMP <input type="checkbox"/> LIMITED TENURE <input type="checkbox"/> EXEMPT-RETIREE		CURRENT EMPLOYEES ONLY IS THIS PERSON NOW WORKING IN THE SAME DEPARTMENT AND CLASS ON THE SAME REQUISITION IN ANOTHER APPOINTMENT STATUS? <input type="checkbox"/> YES 1. DATE EMPLOYEE BEGAN WORKING IN YOUR DEPT UNDER TCS OR PROVISIONAL APPOINTMENT 2. DO NOT COMPLETE A SEPARATION REPORT <input checked="" type="checkbox"/> NO A SEPARATION REPORT MUST ACCOMPANY	
JOB CODE SEE ATTACHED	DEPT. NO./ABBREV. SEE ATTACHED	DEPARTMENT NAME DISTRICT ATTORNEY			
JOB CODE /	DEPT. NO./ABBREV. /	DEPARTMENT NAME			
IF NOT A CURRENT CITY EMPLOYEE, HAS EMPLOYEE WORKED PREVIOUSLY <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPT. NO./ABBREV. /	JOB CODE	JOB TITLE	STATUS	FROM TO

APPOINTING OFFICER: SIGNATURE/TITLE  KAMALA D. HARRIS, DISTRICT ATTORNEY	DATE	APPOINTEE: SIGNATURE SEE ATTACHED	DATE
---	------	---	------

APPOINTMENT PROCESSING: GO ONLY TO THE STEPS CHECKED AS REQUIRED. YOU MUST DO THEM IN THE ORDER LISTED.

STEP	REQUIRED	NOT REQUIRED		AGENCY USE
1.	<input type="checkbox"/>	<input type="checkbox"/>	REPORT TO CURRENT OR FORMER DEPARTMENT	_____
2.	<input type="checkbox"/>	<input type="checkbox"/>	MEDICAL EXAM: DATE: _____ TIME: _____	_____
3.	<input type="checkbox"/>	<input type="checkbox"/>	FINGERPRINTING: DATE: _____ TIME: _____ 44 GOUGH STREET @ MARKET	_____
4.	<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT SYSTEM: 30 VAN NESS AVENUE, THIRD FLOOR	_____
5.	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH SERVICE SYSTEM: 1145 MARKET STREET, SECOND FLOOR	_____
6.	<input type="checkbox"/>	<input type="checkbox"/>	RETURN THIS FORM TO YOUR NEW DEPARTMENT	_____

DEPARTMENT: FORWARD THIS FORM (AND SEPARATION REPORT IF REQUIRED) TO DEPARTMENT OF HUMAN RESOURCES

## DHR USE ONLY

TO THE APPOINTING OFFICER: YOU ARE AUTHORIZED TO EMPLOY THIS APPOINTEE IN ACCORDANCE WITH CITY ORDINANCES AND COLLECTIVE BARGAINING AGREEMENTS. IF THIS IS A PERMANENT APPOINTMENT, THE PROBATIONARY PERIOD REQUIREMENTS ARE AS STATED IN THE CIVIL SERVICES RULES OR COLLECTIVE BARGAINING AGREEMENTS AS APPLICABLE.	CONVICTIONS	INITIALS	CW SEN	_____	CERTIFICATION TYPE _____ DATE INITIALS
	N STR	_____	CW DEPT NO	_____	
	DISABILITY	_____	DEPT SEN	_____	VALIDATION _____ DATE INITIALS
	ID VERIFIED	_____	DATE	INITIALS	
RO LOG	_____				
POSTED	_____				
HUMAN RESOURCES DIRECTOR					

EMPLOYEE LIST FOR CONSOLIDATION OF ATTORNEY JOB CODES  
TO JOB CODE 8177  
EFFECTIVE JULY 1, 2004

Employee Name		SSN	Dept No	Requisition Information	
Last	First			Req #	Dept Req #
Breall	Rema M		04	1076220	PE5100
Chow	Dennis		04	1076221	PE5101
Culbertson	Lisa		04	1076222	PE5102
Delgado	John		04	1076223	PE5103
Fee	Heather		04	1076224	PE5104
Garbutt	Allison K.		04	1076225	PE5105
Gray	Alison		04	1076226	PE5106
Higgins	Williams A		04	1076227	PE5107
Kang	Jean		04	1076228	PE5108
Mahoney	Patrick		04	1076229	PE5109
Mendez	Gregory G.		04	1076230	PE5110
Mitchell	David C		04	1076231	PE5111
Ogden	Louise Raye		04	1076232	PE5112
Pappas	Evanthia		04	1076233	PE5113
Policy	Kathleen N		04	1076234	PE5114
Roland	Robert W.		04	1076235	PE5115
Zahar	John		04	1076236	PE5116
Andrews	Mario L		04	1076237	PE5117
Clark	Scoty L		04	1076238	PE5118
Dawson-Talley	Michele		04	1076239	PE5119
Del Rosario	Conrad B		04	1076240	PE5120
Flores	Gregory		04	1076241	PE5121
Gordon	Scarlet R		04	1076242	PE5122
Harris	Kia		04	1076243	PE5123
Leung	Gale J		04	1076244	PE5124
Merin	David M		04	1076245	PE5125
Reardon	Sharon M		04	1076246	PE5126
Rowland	James Taylor		04	1076247	PE5127
Singh	Kulvinder K.		04	1076248	PE5128
Wagner Clancy	Rebecca		04	1076250	PE5130
de Souza	Lawrence		04	1076251	PE5131
Allen	Linda J		04	1076253	PE5132
Bacon	Sharon H		04	1076254	PE5133
Barrett	Todd		04	1076255	PE5134
Bautista	Reve G		04	1076256	PE5135
Bringardner	Brian A		04	1076257	PE5136
Chow	Wade K		04	1076258	PE5137
Cogan	Leslie A		04	1076259	PE5138
Gipson	Tiffaney Y		04	1076260	PE5139
Gonzalez	Ana		04	1076201	PE5012
Hechler	Richard B		04	1076261	PE5140
Hernandez	Antonio J		04	1076263	PE5141
Hudson	Michael		04	1076264	PE5142
Kelly	Paul		04	1076266	PE5143
Khine	Marshall		04	1076267	PE5144

Obtained via FOIA by Judicial Watch, Inc.

**EMPLOYEE LIST FOR CONSOLIDATION OF ATTORNEY JOB CODES  
TO JOB CODE 8177  
EFFECTIVE JULY 1, 2004**

Employee		SSN	Dept No	Requisition Information	
Last	First			Req #	Dept Req #
Ly	Van T		04	1076269	PE5145
Martin	Michon A		04	1076270	PE5146
Menesini	Michael M		04	1076271	PE5147
Murphy	William J		04	1076272	PE5148
Rowland	Celia E		04	1076273	PE5149
Silard	Timothy P		04	1076274	PE5150
Thompson	James R		04	1076275	PE5151
Totah	Bassam		04	1076276	PE5152
Williams	Kimberly T		04	1076277	PE5153
Yee	Franklin S		04	1076278	PE5154
Zunino	Laura L		04	1076279	PE5155
Barge	Gregory A		04	1076280	PE5156
Barrett	Marianne L		04	1076281	PE5157
Beckelman	Elliot S		04	1076302	PE5158
Bogott	Thomas A		04	1076305	PE5159
Brown	Angela		04	1076306	PE5160
Butterworth	Melody M		04	1076307	PE5161
Cashman	Dennis R		04	1076308	PE5162
Chignell	Donna L		04	1076309	PE5163
Cullinan	Thomas M		04	1076311	PE5164
Fong	Raymond		04	1076313	PE5165
Forman	Richard B		04	1076314	PE5166
Garvey	Judith M		04	1076315	PE5167
Gordon III	Robert C		04	1076316	PE5168
Henderson	Paul D		04	1076317	PE5169
Johns	Cynthia A		04	1076319	PE5170
Johnson	Judy		04	1076320	PE5171
Jovel	Mario J		04	1076214	PE5013
Katz	Marc		04	1076321	PE5172
Kennedy	Arthur A		04	1076322	PE5173
Knoles	Diane P		04	1076323	PE5174
Matthews	Cheryl L		04	1076324	PE5175
Meyers	Laura L		04	1076325	PE5176
Moon	David C		04	1076326	PE5177
Moore	Linda M		04	1076327	PE5178
Moreno	Mercedes U		04	1076328	PE5179
Morris	Dennis J		04	1076329	PE5180
Pecora Hansen	Pamela A		04	1076330	PE5181
Pujari	Davina		04	1076331	PE5182
Ross	Jeffrey A		04	1076333	PE5184
Underwood	Pamela		04	1076334	PE5185
Vines	Keith B		04	1076335	PE5186
Wood	Charles		04	1076336	PE5187
Woods	Braden C		04	1076337	PE5188



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES

Obtained via FOIA by Judicial Watch, Inc.

## SEPARATION REPORT (SR)

NAME (LAST, FIRST, M.I.) <b>SEE ATTACHED</b>		DATE OF BIRTH <b>SEE ATTACHED</b>	SOCIAL SECURITY NO. <b>SEE ATTACHED</b>	DHR USE ONLY <b>SR-</b>
CLASS NO. <b>8174-8180</b>	TITLE <b>ATTORNEY</b>	RANK _____	LIST _____	CERTIFICATION OR START WORK DATE <b>SEE ATTACHED</b>
HOME ADDRESS (REQUIRED) <b>SEE ATTACHED</b>		DATE ISSUED <b>07/01/2004</b>	DATE EFFECTIVE <b>07/01/2004</b>	DHR REQ NUMBER <b>SEE ATTACH</b>
HOME TELEPHONE NUMBER: _____				
TYPE OF APPOINTMENT PERMANENT (PCS) <input checked="" type="checkbox"/> EXEMPT-PERM (PEX) <input checked="" type="checkbox"/> TEMPORARY (TCS) _____ EXEMPT-TEMP (TEX) _____ PROVISIONAL (TPV) _____ RETIREE (REX) _____ LIMITED TENURE (TLT) _____ NON-CIVIL SERVICE (NCS) _____		WORK SCHEDULE <input checked="" type="checkbox"/> FULL-TIME _____ PART-TIME _____ SCHOOL TERM/FULL-TIME _____ SCHOOL TERM/PART-TIME _____ AS NEEDED (Irregular)		IS THE EMPLOYEE SERVING A PROBATIONARY PERIOD AT THE TIME OF SEPARATION?  YES _____ IF YES, SPECIFY TYPE: _____ ENTRANCE NO <input checked="" type="checkbox"/> _____ PROMOTIVE
IS THIS A COMPLETE SEPARATION FROM CITY & COUNTY SERVICE? YES _____ NO <input checked="" type="checkbox"/>		IF NO, RETURNING TO PCS POSITION? YES _____ NO _____ DEPT _____ CLASS _____		IF ACCEPTING OTHER EMPLOYMENT: (Check One Below) <input type="checkbox"/> PROMOTIVE NEW DEPT: <b>SEE ATTACHED</b> <input type="checkbox"/> STATUS GRANT CLASS: <b>SEE ATTACHED</b> STATUS: <b>SEE ATTACHED</b>

<b>1 REASSIGNMENT</b>					
NEW REQUISITION	DEPT REQ NBR	DHR REQ NBR	DEPT	CLASS	WORK SCHED

<b>2 LEAVE/SUSPENSION OVER 5 DAYS</b>		APPROVED DURATION START DATE
<input type="checkbox"/> MILITARY LEAVE (ATTACH ORDERS) LESS THAN 180 DAYS MORE THAN 180 DAYS	<input type="checkbox"/> SUSPENSION <input type="checkbox"/> OTHER-SPECIFY	END DATE
<input type="checkbox"/> UNPAID ADMINISTRATIVE LEAVE		

<b>3 RESIGNATION</b>		BY THE APPOINTEE: I HEREBY FREELY AND VOLUNTARILY RESIGN FROM THE ABOVE POSITION. I REQUEST APPROVAL OF THIS RESIGNATION AS OF THE EFFECTIVE DATE WITH THE FULL UNDERSTANDING THAT ONCE APPROVED, I MAY ACQUIRE ANOTHER POSITION IN THIS CLASS ONLY AS PROVIDED IN THE RULES OF THE CIVIL SERVICE COMMISSION (SEE EMPLOYEE COPY AND CSC RULES 114 & 119)
<input type="checkbox"/> SATISFACTORY SERVICES (TER: RSS)	SIGNATURE _____ DATE _____	
<input type="checkbox"/> UNSATISFACTORY SERVICES (TER: RUS)		


<b>5 TERMINATION</b>	
<input type="checkbox"/> RELEASE FR APPOINTMENT REACHED LEGAL LIMIT (LLT) SETTLEMENT AGREEMENT (RZA) RELEASE OF NCS, TPV, EX (RLS)	
<input type="checkbox"/> RELEASE FROM PROBATION DISCIPLINARY (RFC) NON-DISCIPLINARY (RFP)	
<input type="checkbox"/> DISMISSAL OF A PCS (DPE) DISMISSAL OF A TLT (TLT)	
<input type="checkbox"/> TERMINATED FOR CAUSE (TFC) (TPV, NCS, & EXEMPTS ONLY)	
<input type="checkbox"/> DEATH OF AN EMPLOYEE (OEA)	
<input type="checkbox"/> AUTOMATIC RESIGNATION (ARS)	
<input type="checkbox"/> NEVER REPORTED TO WORK (DSH)	
<input type="checkbox"/> OTHER (Specify) _____	

<b>6 TRANSFER</b>	
<input type="checkbox"/> ADMIN (ADM) <input type="checkbox"/> EE REQUEST (EER)	<input type="checkbox"/> LIMITED TERM (LTT) <input type="checkbox"/> FUNCTION (TOF)

<b>7 RETIREMENT</b>	
<input type="checkbox"/> NORMAL-RMT	<input type="checkbox"/> DISABILITY-RTD <input type="checkbox"/> ERP-ERT

<b>4 LAY-OFF</b>		REASON	METHOD
<input type="checkbox"/> INVOLUNTARY LEAVE (PCS_LIL)	<input type="checkbox"/> LACK OF WORK <input type="checkbox"/> LACK OF FUNDS A.S.O. <input type="checkbox"/> OTHER <input type="checkbox"/> DISPLACED <input type="checkbox"/> RETRENCHMENT BY ELIG. <input type="checkbox"/> BY HOLDOVER	<input type="checkbox"/> HAND DELIVERED <input type="checkbox"/> CERTIFIED MAIL	
<input type="checkbox"/> INVOLUNTARY LAY-OFF (PCS_LIO)			
<input type="checkbox"/> VOLUNTARY LAY-OFF (PCS_LVO)			
<input type="checkbox"/> ELECTIVE INVOLUNTARY LVE (PCS_EIL)			
PV & EX ONLY: <input type="checkbox"/> INVOL. (INH) <input type="checkbox"/> VOL. (NHV)			

BY THE APPOINTEE: I ACKNOWLEDGE RECEIPT OF THE DHR INFORMATION LEAFLET.	
SIGNATURE _____	DATE _____

APPOINTING OFFICER SIGNATURE 		TELEPHONE NUMBER <b>553-1741</b>	
NAME/TITLE <b>KAMALA D. HARRIS DISTRICT ATTORNEY</b>			
DEPARTMENT NO. <b>04</b>	DEPARTMENT NAME <b>DISTRICT ATTORNEY</b>	PERSONNEL FILE FORWARDED? YES _____ NO <input checked="" type="checkbox"/>	FORWARDED TO DEPT: CONTACT: _____

DHR USE	
ACTION PENDING:	<input type="checkbox"/> YES <input type="checkbox"/> NO
ANALYST:	DATE: _____
RQ STATUS:	
CANCEL RQ:	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOC. #.	Date _____
SR POSTED	Date _____
CN POSTED	Date _____
Holdover Canvass _____	

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES

Continued on Form by Judicial Watch, Inc.

## APPOINTMENT PROCESSING

NAME (LAST, FIRST, MI) HOME ADDRESS HOME PHONE		PIN DATE OF BIRTH 10/20/64	DATE ISSUED 01/08/04	DHR USE ONLY AP- 1285502
TYPE OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> CERTIFIED TEMP (TCS) <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> LIMITED TENURE		WORK SCHEDULE <input type="checkbox"/> AS NEEDED/SEASONAL <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME 20 OR MORE <input type="checkbox"/> PART-TIME LESS THAN 20 <input type="checkbox"/> SCHOOL TERM PART-TIME <input type="checkbox"/> SCHOOL TERM	JOB CODE 8198 LIST ID/LIST NO. /	JOB TITLE DISTRICT ATTORNEY RANK DHR REQ/DEPT. REQ. NO. 10737/56 / PE4021
START WORK DATE 01/08/04		GENDER CODE F	RACE/ETHNICITY CODE	SF RESIDENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATION/REFERRAL DATE		DEPARTMENT NAME DISTRICT ATTORNEY		

IS THIS PERSON NOW EMPLOYED BY THE CITY AND COUNTY OF SAN FRANCISCO? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, CURRENT APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> NON-CIVIL SERVICE <input type="checkbox"/> CERTIFIED TEMP (TCS) <input checked="" type="checkbox"/> EXEMPT-PERM <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> EXEMPT-TEMP <input type="checkbox"/> LIMITED TENURE <input type="checkbox"/> EXEMPT-RETIREE		CURRENT EMPLOYEES ONLY IS THIS PERSON NOW WORKING IN THE SAME DEPARTMENT AND CLASS ON THE SAME REQUISITION IN ANOTHER APPOINTMENT STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
JOB CODE 8182	DEPT. NO./ABBREV. 03/	DEPARTMENT NAME CITY ATTORNEY			
JOB CODE /	DEPT. NO./ABBREV. /	DEPARTMENT NAME			
IF NOT A CURRENT CITY EMPLOYEE, HAS EMPLOYEE WORKED PREVIOUSLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEPT. NO./ABBREV. /	JOB CODE	JOB TITLE	STATUS FROM TO

APPOINTING OFFICER:  
SIGNATURE/TITLE

KAMALA HARRIS, DISTRICT ATTORNEY

DATE

1/8/04

APPOINTEE:  
SIGNATURE

DATE

1.8.04

TERESA SERATA, CHIEF FINANCIAL OFFICER

APPOINTMENT PROCESSING: GO ONLY TO THE STEPS CHECKED AS REQUIRED. YOU MUST DO THEM IN THE ORDER LISTED.

STEP	REQUIRED	NOT REQUIRED	AGENCY USE
1.	<input type="checkbox"/>	<input type="checkbox"/>	REPORT TO CURRENT OR FORMER DEPARTMENT
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MEDICAL EXAM: DATE: TIME:
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FINGERPRINTING: DATE: TIME: 44 GOUGH STREET @ MARKET
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RETIREMENT SYSTEM: 30 VAN NESS AVENUE, THIRD FLOOR
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEALTH SERVICE SYSTEM: 1145 MARKET STREET, SECOND FLOOR
6.	<input type="checkbox"/>	<input type="checkbox"/>	RETURN THIS FORM TO YOUR NEW DEPARTMENT

DEPARTMENT: FORWARD THIS FORM (AND SEPARATION REPORT IF REQUIRED) TO DEPARTMENT OF HUMAN RESOURCES

## DHR USE ONLY

TO THE APPOINTING OFFICER: YOU ARE AUTHORIZED TO EMPLOY THIS APPOINTEE IN ACCORDANCE WITH CITY ORDINANCES AND COLLECTIVE BARGAINING AGREEMENTS. IF THIS IS A PERMANENT APPOINTMENT, THE PROBATIONARY PERIOD REQUIREMENTS ARE AS STATED IN THE CIVIL SERVICES RULES OR COLLECTIVE BARGAINING AGREEMENTS AS APPLICABLE.	CONVICTIONS	INITIALS	CW SEN	CERTIFICATION TYPE
	N STR		CW DEPT NO	
	DISABILITY		DEPT SEN	DATE INITIALS
	ID VERIFIED			
RD LOG			DATE INITIALS	VALIDATION
POSTED				DATE INITIALS

HUMAN RESOURCES DIRECTOR

DHR 6-12C (Rev. 2/03)

DISTRIBUTION:

☐ DEPT. OF HUMAN RESOURCES (ORIGINAL)  
☐ EMPLOYEE☐ DEPARTMENT  
☐ DEPARTMENT SUSPENSE



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES

Obtained via FOIA by Judicial Watch, Inc.

SEPARATION REPORT (SR)

NAME (LAST, FIRST, MI) <b>HARRIS, KAMALA</b>		DATE OF BIRTH <b>10/20/64</b>	SOCIAL SECURITY NO. [REDACTED]	DHR USE ONLY <b>SR-</b>
CLASS NO. <b>8182</b>	TITLE <b>HEAD ATTORNEY, CIVIL &amp; CRIMINAL</b>	RANK [REDACTED]	START WORK DATE <b>08/18/2000</b>	DHR RQ NUMBER <b>1048344</b>
HOME ADDRESS [REDACTED]		DATE ISSUED <b>01/06/04</b>	DATE EFFECTIVE <b>COB: 01/07/04</b>	DEPT. RQ NO. <b>PE-0883</b>
TYPE OF APPOINTMENT PERMANENT <input checked="" type="checkbox"/> PERMANENT EXEMPT <input checked="" type="checkbox"/> TEMP FROM LIST (TCS) <input type="checkbox"/> TEMPORARY EXEMPT <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> LIMITED TENURE (LT) <input type="checkbox"/> NON-CIVIL SERVICE (NCS) <input type="checkbox"/>		WORK SCHEDULE FULL-TIME <input checked="" type="checkbox"/> PART-TIME <input type="checkbox"/> SCHOOL TERM <input type="checkbox"/> AS NEEDED <input type="checkbox"/>		
IS THIS A COMPLETE SEPARATION FROM CITY AND COUNTY SERVICES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, RETURNING TO PCS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO OR ACCEPTING OTHER EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THE EMPLOYEE SERVING A PROBATIONARY PERIOD AT THE TIME OF SEPARATION? YES <input type="checkbox"/> ENTRANCE IF YES, SPECIFY TYPE: <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROMOTIVE		

1 ☐ **REASSIGNMENT** DISTRIBUTE COPIES A-C ONLY

NEW POSITION	DEPT RQ NUMBER	DHR RQ NUMBER	DEPT	DIV	CLASS	POSITION	RQ TYPE	WORK	WORK SHIFT

2 ☐ **LEAVE/SUSPENSION OVER 5 DAYS**

PERSONAL LEAVE ☐ SICK LEAVE ☐ SUSPENSION ☐ MILITARY LEAVE (ATTACH COPY OF ORDER) ☐ UNPAID ADMINISTRATIVE LEAVE ☐

LEAVE TO ACCEPT A TEMPORARY APPOINTMENT ☐

DEPT. ☐ CLASS NO. ☐

OTHER-SPECIFY ☐

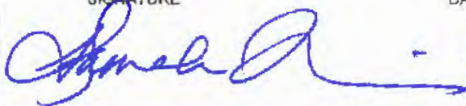
APPROVED DURATION  
START DATE ☐ END DATE ☐

5 ☐ **DISCHARGE**  
DISMISSAL ☐ TERMINATION ☐ AUTOMATIC RESIGNATION ☐

3 ☒ **RESIGNATION**

☒ SATISFACTORY SERVICES  
☐ UNSATISFACTORY SERVICES  
☐ TO ACCEPT ANOTHER CIVIL SERVICE POSITION (NOT A SEPARATION FROM THE CITY AND COUNTY SERVICE)

BY THE APPOINTEE: I HEREBY FREELY AND VOLUNTARILY RESIGN FROM THE ABOVE POSITION. I REQUEST APPROVAL OF THIS RESIGNATION AS OF THE EFFECTIVE DATE WITH THE FULL UNDERSTANDING THAT ONCE APPROVED, I MAY ACQUIRE ANOTHER POSITION IN THIS CLASS ONLY AS PROVIDED IN THE RULES OF THE CIVIL SERVICE COMMISSION (SEE EMPLOYEE COPY AND CSC RULES 14 & 19)

SIGNATURE  DATE **1.9.04**

6 ☐ **OTHER**  
REINSTATEMENT ☐ TRANSFER ☐ RETIREMENT ☐ RELEASE FROM EXEMPT/NCS ☐ APPOINTMENT ☐ EMPLOYEE HAS REACHED THE PERMISSIBLE LIMIT OF TEMPORARY TIME ☐ DEATH ☐ OTHER ☐

4 ☐ **LAY-OFF**

INVOLUNTARY LEAVE ☐ INVOLUNTARY LAYOFF ☐ VOLUNTARY LAYOFF ☐ ELECTIVE INVOLUNTARY LEAVE ☐

REASON  
LACK OF WORK ☐ LACK OF FUNDS ☐ DISPLACED ☐ RETRENCHMENT ☐

METHOD OF NOTICE  
HAND DELIVERED ☐ CERTIFIED MAIL ☐

BY THE APPOINTEE: I ACKNOWLEDGE RECEIPT OF THE DHR INFORMATION LEAFLET

SIGNATURE ☐ DATE ☐

APPOINTING OFFICER SIGNATURE 		TELEPHONE NUMBER <b>(415) 554-3939</b>	DHR USE RQ STATUS CANCEL: YES <input type="checkbox"/> NO <input type="checkbox"/> DOC # SR POSTED DATE CN POSTED DATE Holdover Canvass
NAME/TITLE <b>DAVID DUPREE, DIRECTOR OF ADMINISTRATIVE SERVICES</b>			
DEPARTMENT NO. <b>03</b>	DEPARTMENT NAME <b>CITY ATTORNEY</b>	PERSONNEL FILE FORWARDED YES <input type="checkbox"/> NO <input type="checkbox"/>	



**Patricia Pon/DHR/SFGOV**

01/13/04 01:15 PM

To Susie B Sales/DA/SFGOV@SFGOV, Johnny  
Zabala/CON/SFGOV@SFGOV  
cc James Smothers/CON/SFGOV@SFGOV, Ted  
Yamasaki/DHR/SFGOV@SFGOV

bcc

Subject Appointment for DA's Office

To All:

Following appointments have been entered into Peoplesoft:

SS#:

AP#:

Name:

Commissioner

1285606

Martha Knutzen - promoted from Human Rights

1285502

Kamala Harris - promoted from City Attorney's Office

Ms. Harris' appointment was effective 01/08/04.

Ms. Knutzen's appointment was effective 01/10/04.

Thanks

Pat

**SFDA**

**Fax**

**To:** CLAIRE MURPHY  
RETIREMENT SYSTEMS  
30 VAN NESS ,STE. 3000

**From:** San Francisco Dist. Atty.  
SUSIE SALES-Payroll/Personnel  
850 Bryant Street

Fax: 553-9007 Phone: 553-1854

**Fax:** (415) 487-7023

**Date:** January 13, 2004

**Phone:** (415) 487-7020

**Pages:** 2 INCLUDING COVER LETTER

**Re:** Appointment Processing Form – **cc:**  
Kamala D. Harris

☒ **Urgent**   ☐ **For Review**   ☐ **Please Comment**   ☐ **Please Reply**   ☐ **Please Recycle**

**GOOD AFTERNOON, MS. MURPHY. PER YOUR INSTRUCTION IN OUR PHONE CONVERSATION OF JANUARY 9<sup>TH</sup>, I AM SENDING A COPY OF MS. HARRIS APPOINTMENT PROCESSING FORM SHOWING HER NEW CLASSIFICATION AS CLASS 8198 (DISTRICT ATTORNEY) EFFECTIVE DATE JANUARY 8, 2004.**

**PLEASE FAX HER RETIREMENT BENEFIT INFORMATION TO ME AT 553-9700.**

**THANK YOU FOR YOUR ASSISTANCE.**

CONFIDENTIALITY NOTE: The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity name below. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us at 850 Bryant Street, San Francisco, California 94103.

Obtained via FOIA by Judicial Watch, Inc.  
TRANSMISSION VERIFICATION REPORT

TIME : 01/13/2010 01:48  
NAME : SFDA 2ND FLOOR  
FAX : 4155539700  
TEL : 4155531754  
SER.# : BROG3J523460

DATE, TIME	01/13 01:47
FAX NO./NAME	94877023
DURATION	00:00:47
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM



**SFDA**

**Fax**

**To:** PAT PON / WINSTON DE LARA

44 GOUGH STREET

**From:** San Francisco Dist. Atty.

SUSIE SALES-Payroll/Personnel

FAX: 553-9700 PHONE: 553-1854

**Fax:** (415) 557-4834

**Date:** January 12, 2004

**Phone:** (415) 557-4820

**Pages:** 3 INCLUDING COVER LETTER

**Re:** Appointment Validation:

**cc:**

KAMALA HARRIS

☒ **Urgent**   ☐ For Review   ☐ Please Comment   ☐ Please Reply   ☐ Please Recycle

**ATTACHED PLEASE FIND COPIES OF SIGNED APPOINTMENT PROCESSING FORM (DHR 8-12C) AND SEPARATION REPORT FOR KAMALA HARRIS TO VALIDATE HER APPOINTMENT TO CLASS 8198 EFFECTIVE 01/08/04.**

**THANK YOU FOR YOUR ASSISTANCE, AND IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO GIVE ME A CALL AT 553-1854.**

CONFIDENTIALITY NOTE: The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity name below. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this message is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us at 850 Bryant Street, San Francisco, California 94103.

Obtained via FOIA by Judicial Watch, Inc.  
TRANSMISSION VERIFICATION REPORT

TIME : 01/11/2010 21:36  
NAME : SFDA 2ND FLOOR  
FAX : 4155539700  
TEL : 4155531754  
SER.# : BROG3J523460

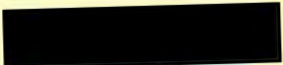
DATE, TIME	01/11 21:35
FAX NO./NAME	95574834
DURATION	00:01:04
PAGE(S)	03
RESULT	OK
MODE	STANDARD
	ECM

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES


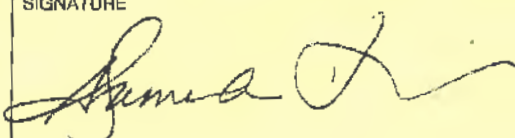
Obtained via FOIA by Judicial Watch, Inc.

APPOINTMENT PROCESSING

REPLACED BY PE 2005

LEGAL NAME (LAST, FIRST, M.I.) <b>HARRIS, Kamala</b>		PIN	DATE ISSUED <b>8/15/00</b>	DEPT. CONTROL NO. <b>PE-0883</b>	DHR USE ONLY <b>AP-1240217</b>
CLASS <b>8182</b>	TITLE <b>Head Attorney, Civil &amp; Criminal</b>		DATE OF BIRTH <b>10/20/64</b>		SOCIAL SECURITY NO. 
TYPE OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> CERTIFIED TEMP (TCS) <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> LIMITED TENURE		WORK SCHEDULE <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SCHOOL TERM <input type="checkbox"/> AS NEEDED <input type="checkbox"/> SEASONAL		PART-TIME HRS <b>1048344</b>	DHR RQ NUMBER <b>1048344</b>
RANK		LIST	DATE CERTIFIED		
DEPT NUMBER <b>03</b>		DEPARTMENT NAME <b>City Attorney</b>			

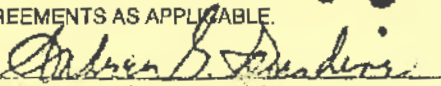

IS THIS PERSON NOW EMPLOYED BY THE CITY AND COUNTY OF SAN FRANCISCO? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES - CURRENT APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> CERTIFIED TEMP (TCS) <input type="checkbox"/> NON CIVIL SERVICE <input checked="" type="checkbox"/> EXEMPT-PERM. <input type="checkbox"/> EXEMPT-TEMP. <input type="checkbox"/> EXEMPT-RETIREE		CURRENT EMPLOYEES ONLY IS THIS PERSON NOW WORKING IN THE SAME DEPARTMENT AND CLASS IN ANOTHER TYPE OF APPOINTMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - A SEPARATION REPORT MUST ACCOMPANY	
CLASS <b>8182</b>	DEPARTMENT <b>District Attorney</b>				
IF NOT NOW - HAS SHE/HE WORKED PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT	CLASS NO AND TITLE	STATUS	FROM	TO

APPOINTING OFFICER: SIGNATURE / TITLE  <b>David Dupree</b> <b>Director, Human Resources Services</b>	DATE <b>8/15/00</b>	APPOINTEE: SIGNATURE 	DATE <b>8.16.00</b>
---	------------------------	--	------------------------

APPOINTMENT PROCESSING: FOLLOW THE INSTRUCTIONS ON THE SEPARATE SHEET OF PAPER GIVEN TO YOU WITH THIS FORM. GO ONLY TO THE STEPS CHECKED AS REQUIRED. YOU MUST DO THEM IN THE ORDER LISTED.

STEP	REQUIRED	NOT REQUIRED	AGENCY USE
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>8/8/00</b>  <b>A.C. 8/16/00</b> <b>SKM 8/10/00</b> <b>8/8/00</b>
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

DEPARTMENT: FORWARD THIS FORM (AND SEPARATION REPORT IF REQUIRED) TO DEPARTMENT OF HUMAN RESOURCES FOR VALIDATION.

DHR USE ONLY	
TO THE APPOINTING OFFICER: YOU ARE AUTHORIZED TO EMPLOY THIS APPOINTEE IN ACCORDANCE WITH CITY ORDINANCES AND COLLECTIVE BARGAINING AGREEMENTS. IF THIS IS A PERMANENT APPOINTMENT, THE PROBATIONARY PERIOD REQUIREMENTS ARE AS STATED IN CIVIL SERVICE COMMISSION RULE 17 OR COLLECTIVE BARGAINING AGREEMENTS AS APPLICABLE.  <b>R. Gourdin</b> HUMAN RESOURCES DIRECTOR	INITIALS  RQ LOG POSTED DATE INITIALS DATE INITIALS
S/W DATE <b>8/18/00</b>	VALIDATION DATE <b>8.18.00</b>
CODE SF	CODE RE
CODE SX	

SOCIAL SECURITY NUMBER



NAME


KAMALA D. HARRIS

(Please Print)

CITY AND COUNTY OF SAN FRANCISCO

ACKNOWLEDGEMENT OF RECEIPT OF COPY OF CHARTER SECTION 8.346

I hereby acknowledge that I have received this date a copy of Charter Section 8.346 - Disciplinary Action Against Striking Employees Other than Members of the Police and Fire Departments.

  
SIGNATURE

8.16.00

DATE

8182 Head Attorney

CLASS NUMBER AND TITLE

City Attorney

DEPARTMENT



HARRIS, K.

Author: SF\_HRMS@ci.sf.ca.us at ~ctl-internet-po

Date: 8/7/00 3:25 PM

ormal

TO: David Dupree at ~CITY-ATTORNEY, James Peavey at ~CITY-ATTORNEY,  
Martie Moore at ~CITY-ATTORNEY, Rumella Gallofin at ~CITY-ATTORNEY,  
Wendy Cheng at ~CITY-ATTORNEY

Subject: Job Requisition Approval

----- Message Contents -----

/P+

The following Job Requisition has been Approved as Submitted

Requisition: PE0883 as HRMS # 1048344

Department: CAT, City Attorney

Job Code: 8182, Head Atty, Civil & Criminal

Final Approval Date: 2000-08-07

Hiring on this requisition is based on the final approval date.

Please DO NOT REPLY to the SF\_HRMS mail box about  
Job Requisition approval notices.

If this requisition was Approved as Modified, the details may  
be viewed on-line. Check the status and notepad tabs for  
details on who modified the requisition and for the  
etails.



City and County of San Francisco

LOUISE H. RENNE  
CITY ATTORNEY

Office of the City Attorney

HUMAN RESOURCE SERVICES

August 11, 2000

Ms. Kamala Harris

Dear Ms. Harris

I am pleased to inform you that you have been appointed to the position of Deputy City Attorney with the Child and Family Services Team of the Office of the City Attorney, effective August 18, 2000.

In your position, you will be responsible for planning, directing, monitoring and evaluating the services and activities of the Child and Family Services Team. In addition, you will represent the interests of the City's abused and foster children in a variety of settings, including child dependency and guardianship hearings. City Attorney Louise Renne will supervise your work activities. Please be advised that your position is exempt from Civil Service examination. As an exempt employee you will serve at the pleasure of Ms. Renne.

Your salary has been established at an annualized rate of \$123,916.00 which represents Step 5 of the salary range for Class 8182 Head Attorney. Because your appointment represents a transfer within city government, your health care, retirement and other employee benefits will not change.

Arrangements have been made for you to meet with Rumella Gallofin, Personnel/Payroll Coordinator, at 2:00PM on Wednesday, August 16, to process your appointment documentation. Please ask for Ms. Gallofin through the receptionist located on the sixth floor of the Fox Plaza Office Building at 1390 Market Street.

On behalf of City Attorney Louise Renne and the entire staff, congratulations on your appointment to the position of Deputy City Attorney. I am confident that you will find working with the Office of the City Attorney to be a challenging and rewarding professional experience. I look forward to meeting you on August 16.

Sincerely

David Dupree  
Director  
Human Resource Services

cc Louise H. Renne  
Kim Manolius



**SF.HRMS@sfgov.org**

01/09/04 11:08 AM

To Annalie.E.Flores@sfgov.org;Susie.B.Sales@sfgov.org;Teresa.  
Serata@sfgov.org;;;

cc

bcc

Subject Job Requisition Approval

The following Job Requisition has been Approved as Submitted

Requisition: PE4021 as HRMS # 1073756

Department: DAT, District Attorney

Job Code: 8198, District Attorney

Final Approval Date: 2004-01-09

Hiring on this requisition is based on the final approval date.

Please DO NOT REPLY to the SF\_HRMS mail box about  
Job Requisition approval notices.

If this requisition was Approved as Modified, the details may  
be viewed on-line. Check the status and notepad tabs for  
details on who modified the requisition and for the  
details.

Obtained via FOIA by Judicial Watch, Inc.

# APPOINTMENT PROCESSING

NAME (LAST, FIRST, M.I.) <b>HARRIS, KAMALA D.</b>		PIN	DATE ISSUED <b>2/19/98</b>	DEPT. CONTROL NO. <b>PE-1595</b>	DHR USE ONLY <b>AP-1027634</b>	
CLASS <b>8182</b>	TITLE <b>HEAD ATTORNEY</b>		DATE OF BIRTH <b>10/20/64</b>		SOCIAL SECURITY NO. <b>[REDACTED]</b>	
TYPE OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> CERTIFIED TEMP (TCS) <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> LIMITED TENURE		WORK SCHEDULE <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SCHOOL TERM <input type="checkbox"/> AS NEEDED		PART-TIME HRS <b>N/A</b>	DHR RQ NUMBER <b>1023083</b>	RANK <b>[REDACTED]</b>
<input type="checkbox"/> NON-CIVIL SERVICE <input checked="" type="checkbox"/> EXEMPT-PERM <input type="checkbox"/> EXEMPT-TEMP <input type="checkbox"/> EXEMPT-RETIREE		DEPT NUMBER <b>04</b>		DEPARTMENT NAME <b>District Attorney</b>		
		LIST		DATE CERTIFIED		


IS THIS PERSON NOW EMPLOYED BY THE CITY AND COUNTY OF SAN FRANCISCO? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES - CURRENT APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> CERTIFIED TEMP.(TCS) <input type="checkbox"/> NON CIVIL SERVICE <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> LIMITED TENURE <input type="checkbox"/> EXEMPT-PERM. <input type="checkbox"/> EXEMPT-TEMP. <input type="checkbox"/> EXEMPT-RETIREE		CURRENT EMPLOYEES ONLY IS THIS PERSON NOW WORKING IN THE SAME DEPARTMENT AND CLASS IN ANOTHER TYPE OF APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO - A SEPARATION REPORT MUST ACCOMPANY ① DATE EMPLOYEE BEGAN WORKING IN YOUR DEPT. UNDER TEMP./PROVISIONAL APPT. ② DO NOT COMPLETE A SEPARATE REPORT	
CLASS	DEPARTMENT	CLASS	DEPARTMENT	FROM	TO
IF NOT NOW - HAS SHE/HE WORKED PREVIOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

APPOINTING OFFICER: SIGNATURE / TITLE <b>TERENCE HALLINAN, DISTRICT ATTORNEY</b> BY: <u><i>Teresa Serata</i></u> Teresa Serata, Dir. Of Finance and Adm.		DATE 2/19/78	APPOINTEE: SIGNATURE <u><i>[Signature]</i></u>	DATE 2/23/78
--	--	-----------------	--	-----------------

**APPOINTMENT PROCESSING:** FOLLOW THE INSTRUCTIONS ON THE SEPARATE SHEET OF PAPER GIVEN TO YOU WITH THIS FORM.  
GO ONLY TO THE STEPS CHECKED AS REQUIRED. YOU MUST DO THEM IN THE ORDER LISTED.

STEP	REQUIRED	NOT REQUIRED	AGENCY USE
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/> REPORT TO CURRENT OR FORMER DEPARTMENT	
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/> MEDICAL EXAM: DATE: _____ TIME: _____	
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/> FINGERPRINTING	555-- 7th St. Rm. 200
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/> RETIREMENT	1155 -Market St. 2nd Fl.
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/> HEALTH SERVICE	1145 - Market St. 2nd fl.
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/> RETURN FORM TO YOUR NEW DEPARTMENT	

DEPARTMENT: FORWARD THIS FORM (AND SEPARATION REPORT IF REQUIRED) TO DEPARTMENT OF HUMAN RESOURCES FOR VALIDATION.

TO THE APPOINTING OFFICER: YOU ARE AUTHORIZED TO EMPLOY THIS APPOINTEE IN ACCORDANCE WITH CITY ORDINANCES AND COLLECTIVE BARGAINING AGREEMENTS. IF THIS IS A PERMANENT APPOINTMENT, THE PROBATIONARY PERIOD REQUIREMENTS ARE AS STATED IN CIVIL SERVICE COMMISSION RULE 17 ON COLLECTIVE BARGAINING AGREEMENTS AS APPLICABLE.		INITIALS 		CERTIFICATION TYPE  	
<u>Andrea R. Gourdine</u> <b>Andrea R. Gourdine</b>		RQ LOG POSTED <u>11/3/98</u>		DATE <u>11/3/98</u> INITIALS <u>1</u>	
HUMAN RESOURCES DIRECTOR		S/W DATE 2/23/98		VALIDATION DATE 2/26/98	
		CODE SF N		CODE RE 2	
				CODE SX F	



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES

PERSONNEL REQUISITION (RQ)

CLASS NO. <b>8182</b>	TITLE <b>HEAD ATTORNEY</b>	DATE ISSUED <b>1/24/97</b>	DATE TO REPORT <b>2/9/98</b>	DEPT. REQUISITION <b>PE-1595</b>	DHR USE ONLY <b>RQ-1093083</b>
TYPE (CHECK ONLY ONE) <input type="checkbox"/> PERMANENT (P) <input type="checkbox"/> TEMPORARY (T) <input checked="" type="checkbox"/> DECLARED PERM (DP) <input checked="" type="checkbox"/> EXEMPT-PERM (PE) <input type="checkbox"/> EXEMPT-TEMP (TE)		FUNDING (CHECK ONLY ONE) PERMANENT FUNDS <input checked="" type="checkbox"/> ALSO ITEM <input type="checkbox"/> DIVERTED (TX) <input type="checkbox"/> WORK ORDER <input type="checkbox"/> GRANT <input type="checkbox"/> PROJECT TEMPORARY FUNDS		SALARY <b>\$3597-4372/BW</b>	
Exempt per Charter Section 10.104 Category # <b>13</b>		THIS RQ REPLACES: DEPT. RQ NO. <b>E-1265</b> DHR NO. <b>219486</b>		DURATION	
WORK SCHEDULE (CHECK ONE OR MORE) <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SCHOOL TERM <input type="checkbox"/> AS NEEDED <input type="checkbox"/> OTHER-SPECIFY:		WORK SHIFT (CHECK ONLY ONE) <input checked="" type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> GRAVEYARD <input type="checkbox"/> ROTATING <input type="checkbox"/> TO BE ASSIGN <input type="checkbox"/> OTHER-SPECIFY:		WORK WEEK (CHECK ONE OR MORE) <input checked="" type="checkbox"/> WEEKD <input type="checkbox"/> WEEKE <input type="checkbox"/> HOLIDAY <input type="checkbox"/> OTHER	
DEPT. CONTACT <b>Teresa Serata</b>		NAME		FOR REASSGN: CURRENT DHR RQ NO. STATUS	
TITLE <b>Director of Finance and Administration</b>				FOR TRANSFER: TYPE	
TELEPHONE <b>553-1895</b>					

*Kumale Harris*  
*Step 5*  
*2/23/98*

SOURCE OF FUNDS	DEPT. DAT	PROGRAM AID	SUB-FUND ACP	PROJECT/GRANT PDA 064 (040118)	CLASS 8182	POSITION NUMBER 0003
POSITION CONTROL		VICE INFORMATION NAME <b>Jackson, Teri</b> SSN [REDACTED]		EXPLAIN VICE <b>Resigned- C.O.B. 12/12/97</b>		
ENTITLED TO _____ HOURS PAY IN LIEU OF VESTED SICK PAY AT SEPARATION						
ENTITLED TO _____ HOURS VACATION PAY						
DEPARTMENT <b>District Atto</b>						
REQUIRED SIGNATURES						
CITY ADMINISTRATOR BOARD OR COMMISSION						
IF FOR INTERDEPARTMENTAL SERVICE, THE EMPLOYMENT WILL BE MADE IN ACCORDANCE WITH ANNUAL SALARY ORDINANCE REGULATING SUCH						
<i>Terence Hallinan</i> <b>TERENCE HALLINAN, DISTRICT ATTORNEY</b>						
DEPARTMENT OF HUMAN RESOURCES						
CLASSIFICATION APPROVED BY _____						
EXEMPT STATUS APPROVED BY _____						
TEMPORARY APPROVED BY _____						
DECLARED PERMANENT BY _____						
BILINGUAL REQ. APPROVED BY _____						
SPECIAL CONDITIONS APPROVED BY _____						
DATE _____						
DATE _____						
DATE _____						
HUMAN RESOURCES DIRECTOR						
CN RQ Y/N						
RO NO.						
RQ NO.						
ENTERED BY <i>[Signature]</i> DATE <b>1/23/98</b>						

*Kumale*  
*70% - 049810*  
*30% - 040118*

## OATH OF OFFICE

STATE OF CALIFORNIA

City and County of San Francisco,

} s.s.

I, KAMALA HARRIS do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter during such time as I hold the office of Assistant District Attorney



Subscribed and sworn to before me

this 24<sup>th</sup> day of February, 1998

TERENCE HALLINAN  
District Attorney



SOCIAL SECURITY NUMBER



NAME

KANALA D. HARRIS  
(Please Print)

CITY AND COUNTY OF SAN FRANCISCO

ACKNOWLEDGEMENT OF RECEIPT OF COPY OF CHARTER SECTION 8.346

I hereby acknowledge that I have received this date a copy of Charter Section 8.346 - Disciplinary Action Against Striking Employees Other than Members of the Police and Fire Departments.

[Signature]  
SIGNATURE

2-28-38  
DATE

8182 ASSISTANT DIST ATT  
CLASS NUMBER AND TITLE

DIST. ATTORNEY'S OFFICE  
DEPARTMENT



**U.S. Department of Justice**  
**Immigration and Naturalization Service**

 OMB No. 1115-0125  
**Employment Eligibility Verification**

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

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

Print Name: Last	First	Middle Initial	Maiden Name
Harris	Kamala	D.	
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
			10/20/64
City	Zip Code	Social Security #	

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

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

☒ A citizen or national of the United States

☐ A Lawful Permanent Resident (Alien # A \_\_\_\_\_)

☐ An alien authorized to work until \_\_\_\_\_ (Alien # or Admission # \_\_\_\_\_)

Employee's Signature: Kamala Harris Date (month/day/year): 2-23-98

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature: <u>Nelsen Wong</u>	Print Name: <u>Nelsen Wong</u>
Address (Street Name and Number, City, State, Zip Code):	
850 Bryant St. District Attorney's Office	
Date (month/day/year): <u>2/19/98</u>	

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

List A	OR	List B	AND	List C
Document title: <u>Passport</u>				
Issuing authority: <u>Fed Bureau</u>				
Document #: <u>[REDACTED]</u>				
Expiration Date (if any): <u>10/04/04</u>				
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) 1/1/98 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative: <u>Teresa Serata</u>	Print Name: <u>Teresa Serata</u>	Title: <u>Dir. Of Finance and Adm.</u>
Business or Organization Name: <u>District Attorney's Office</u>		Date (month/day/year): <u>2/19/98</u>
Address (Street Name and Number, City, State, Zip Code): <u>850 Bryant St. S.F. Ca. 94103</u>		

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

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

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

Signature of Employer or Authorized Representative: _____	Date (month/day/year): _____
---	------------------------------



Obtained via FOIA by Judicial Watch, Inc.  
**KAMALA D. HARRIS**

## EDUCATION

### Hastings College of the Law

San Francisco, California

Juris Doctor, 1989

#### Activities:

Instructor, "Street Law" Program, Fremont High School  
 Subregional Director, National Black Law Students' Association  
 Honorary Mention, Moot Court Society  
 President, Black Law Students' Association  
 Program Coordinator, Minority Corporate Job Fair

### Howard University

Washington, D.C.

Bachelor of Arts, Economics, 1986

#### Activities:

Chairperson, Abram Harris Economics Society  
 Recipient, Martin Luther King, Jr. Forensics Society Scholarship  
 Class Representative, Liberal Arts Student Council  
 Member, Howard University Debate Team  
 Member, Alpha Kappa Alpha Sorority

## EXPERIENCE

### Alameda County District Attorney's Office

Oakland, California

Deputy District Attorney, June 1990 - present

Extensive experience in both felony and misdemeanor criminal cases, including jury and court trials, preliminary hearings, legal motions and sentencing recommendations.

### California Unemployment Appeals Board

Sacramento, California

Board Member, June 1994 - November 1994

Reviewed and decided appeals for unemployment insurance benefits.

### Alexander, Millner & McGee

San Francisco, California

Summer Associate, Summer 1987

Prepared motions and memoranda on civil litigation, employment, insurance defense, and procedural issues.  
 Analysis of lease and trust agreements.

### Federal Trade Commission

Washington, D.C.

Student Assistant, June 1985 - May 1986

Assisted in preparation of weekly newsletter and conducted research for the Office of Public Affairs.

### Bureau of Engraving and Printing

Washington, D.C.

Tour Guide, December 1984 - June 1985

Described history and printing process of U.S. currency.

### Honorable Alan Cranston

Washington, D.C.

U.S. Senate Intern, Summer 1984

Drafted letters to constituents and conducted research for legislation.

### Peter D. Hart Research Firm

Washington, D.C.

Statistical Analyst, October 1983 - December 1984

Conducted interviews for opinion polls during 1984 Presidential campaign.

**KAMALA D. HARRIS**

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Page 2

## PROFESSIONAL AND COMMUNITY AFFILIATIONS

<b>San Francisco Museum of Modern Art</b> Member, Board of Trustees, January 1996 - present	San Francisco, California
<b>California Medical Assistance Commission</b> Commissioner, November 1994 - present Negotiate Medi-Cal contracts with hospitals on behalf of the State of California.	Sacramento, California
<b>California Constitution Revision Commission</b> Commissioner, April 1994 - January 1996 Critically examined California Constitution and the relationship between state and local governments in preparation for recommendations to the legislature.	Sacramento, California
<b>Highland Hospital Auxiliary</b> Founding Member, Fundraising Chair and past Vice-President	Oakland, California
<b>Women Judges' Fund for Justice</b> Planning Committee Member, Special Panel Presentation to the ABA on "Substance Abuse: Legal and Ethical Issues Affecting Pregnant Women."	Washington, D.C.
<b>Wiley Manuel Moor Court Competition</b> Instructor	Oakland, California
<b>Stanford Law School</b> Faculty Member, Advocacy Skills Workshop	Stanford, California
<b>University of San Francisco School of Law</b> Faculty Member, Intensive Advocacy Program	San Francisco, California
<b>National Institute of Trial Advocacy, Boalt Hall</b> Faculty Member	Berkeley, California
<b>State Bar of California, American Bar Association, Alameda County Bar Association, Charles Houston Bar Association, California District Attorneys Association</b> Member	

CITY AND COUNTY OF SAN FRANCISCO

OFFICE OF THE DISTRICT ATTORNEY



KAMALA D. HARRIS  
District Attorney

January 10, 2011

Honorable Attorney General Kamala D. Harris

Dear AG Harris:

Enclosed you will find a copy of your separation report and a Health Services Brochure entitled "Changing your Benefit Elections Outside Open Enrollment".

You may find this information helpful in this transition period in making decisions regarding benefits and/or keeping appointments with Health and Retirement Services.

If you should have any questions, please contact me directly at 415-553-1009 or [Evette.Monachino@sfgov.org](mailto:Evette.Monachino@sfgov.org).

Best regards,

Evette Taylor-Monachino  
Departmental Personnel Officer

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES

## SEPARATION REPORT (SR)

NAME (LAST, FIRST, M.I.)  
HARRIS, KAMALA D.DATE OF BIRTH  
10-20-64

SOCIAL SECURITY NO.

DHR USE ONLY  
SR -

CLASS NO.

8198

TITLE

District Attorney

RANK

N/A

LIST

N/A

CERTIFICATION OR  
START WORK DATE

01-08-04

DHR REQ NUMBER

1073756

HOME ADDRESS (REQUIRED)

DATE ISSUED

12-28-10

DATE EFFECTIVE

01-03-11 COB

DEPT. REQ. NUMBER

PE4021

HOME TELEPHONE NUMBER:

TYPE OF APPOINTMENT

- ☐ PERMANENT (PCS) ☐ EXEMPT-PERM (PEX) ☒ X
- ☐ TEMPORARY (TCS) ☐ EXEMPT-TEMP (TEX)
- ☐ PROVISIONAL (TPV) ☐ RETIREE (RET)
- ☐ LIMITED TENURE (TLT)
- ☐ NON-CIVIL SERVICE (NCS)

WORK SCHEDULE

- ☐ FULL-TIME ☒ X
- ☐ PART-TIME
- ☐ SCHOOL TERM/FULL-TIME
- ☐ SCHOOL TERM/PART-TIME
- ☐ AS NEEDED (Irregular)

IS THE EMPLOYEE SERVING A PROBATIONARY  
PERIOD AT THE TIME OF SEPARATION

- ☐ YES IF YES, SPECIFY TYPE: ☐ ENTRANCE ☐ PROMOTIVE
- ☐ NO ☒ X

## NOTE: SEPARATION OF ELECTED OFFICIAL

IS THIS A COMPLETE  
SEPARATION FROM  
CITY & COUNTY SERVICE? ☐ YES ☒ XIF NO, RETURNING TO PCS POSITION?  
☐ YES DEPT.  
☐ NO CLASSIF ACCEPTING OTHER EMPLOYMENT:  
(Check One Below) NEW DEPT:  
☐ PROMOTIVE CLASS  
☐ STATUS GRANT STATUS:1 ☐ REASSIGNMENT

NEW REQUISITION	DEPT REQ NBR	DHR REQ NBR	DEPT	CLASS	WORK SCHED

2 ☐ LEAVE/SUSPENSION OVER 5 DAYS

- ☐ MILITARY LEAVE (ATTACH ORDERS) ☐ SUSPENSION
- ☐ LESS THAN 180 DAYS
- ☐ MORE THAN 180 DAYS

APPROVED DURATION  
START DATE☐ OTHER-SPECIFY: \_\_\_\_\_

END DATE

☐ UNPAID ADMINISTRATIVE LEAVE3 ☒ RESIGNATION X

BY THE APPOINTEE: I HEREBY FREELY AND VOLUNTARILY RESIGN FROM THE ABOVE POSITION. I REQUEST APPROVAL OF THIS RESIGNATION AS OF THE EFFECTIVE DATE WITH THE FULL UNDERSTANDING THAT ONCE APPROVED, I MAY ACQUIRE ANOTHER POSITION IN THIS CLASS ONLY AS PROVIDED IN THE RULES OF THE CIVIL SERVICE COMMISSION (SEE EMPLOYEE COPY AND CSC RULES 114 & 119)

☐ SATISFACTORY SERVICES  
(TER: RSS) ☒ X☐ UNSATISFACTORY SERVICES  
(TER: RUS)

SIGNATURE

DATE

5 ☐ TERMINATION

- ☐ RELEASE FROM APPOINTMENT
- ☐ REACHED LEGAL LIMIT (LLT)
- ☐ SETTLEMENT AGREEMENT (RZA)
- ☐ RELEASE OF NCS, TPV, EX (RLS)
- ☐ RELEASE FROM PROBATION
- ☐ DISCIPLINARY (RFC)
- ☐ NON-DISCIPLINARY (RFP)
- ☐ DISMISSAL OF A PCS (DPE)
- ☐ DISMISSAL OF A TLT (TLT)
- ☐ TERMINATED FOR CAUSE (TFC)  
(TPV, NCS, & EXEMPTS ONLY)
- ☐ DEATH OF AN EMPLOYEE (DEA)
- ☐ AUTOMATIC RESIGNATION (ARS)
- ☐ NEVER REPORTED TO WORK (DSH)

☐ OTHER (Specify) \_\_\_\_\_6 ☐ TRANSFER

- ☐ ADMIN (ADM) ☐ LIMITED TERM (LTT)
- ☐ EE REQUEST (EER) ☐ FUNCTION (TOF)

7 ☐ RETIREMENT

- ☐ NORMAL-RMT ☐ DISABILITY-RTD ☐ ERP-ERT

4 ☐ LAY-OFF

- ☐ INVOLUNTARY LEAVE (PCS\_LIL)
- ☐ INVOLUNTARY LAY-OFF (PCS\_LIO)
- ☐ VOLUNTARY LAY-OFF (PCS\_LVO)
- ☐ ELECTIVE INVOLUNTARY LVE (PCS\_EIL)
- PV & EX ONLY: ☐ INVOL. (NHI) ☐ VOL. (NHV)

## REASON

- ☐ LACK OF WORK
- ☐ LACK OF FUNDS
- ☐ A.S.O. ☐ OTHER
- ☐ DISPLACED
- ☐ BY ELIG. ☐ BY HOLDOVER

## METHOD


- ☐ HAND DELIVERED
- ☐ CERTIFIED MAIL
- ☐ RETRENCHMENT

BY THE APPOINTEE: I ACKNOWLEDGE RECEIPT OF  
THE EMPLOYEE LAYOFF INFORMATION BOOKLET.

SIGNATURE

DATE



APPOINTING OFFICER SIGNATURE 		TELEPHONE NUMBER 415-553-1742 <small>Obtained via FOIA by Judicial Watch, Inc.</small>	
NAME / TITLE Kamala D. Harris, District Attorney			
DEPARTMENT NO. DAT	DEPARTMENT NAME District Attorney	PERSONNEL FILE FORWARDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	FORWARDED TO: DEPT: _____ CONTACT: _____

DHR 1-57 (REV. 05/24/04 - SFSD LLL91279)

DEPARTMENT OF HUMAN RESOURCES

DHR USE	
ACTION PENDING	<input type="checkbox"/> YES <input type="checkbox"/> NO
ANALYST: _____	DATE: _____
RQ STATUS: CANCEL RQ: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOC. # _____	DATE _____
SR POSTED _____	DATE _____
CN POSTED _____	DATE _____
Holdover Canvass _____	

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES

Obtained via FOIA by Judicial Watch, Inc.


## SEPARATION R

SENT 01/06/04

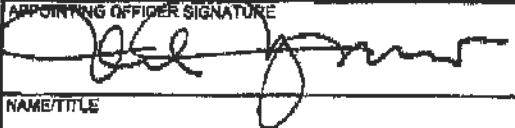
NAME (LAST, FIRST, MI) <b>HARRIS, KAMALA</b>		DATE OF BIRTH <b>10/20/64</b>	SOCIAL SECURITY NO. [REDACTED]	
CLASS NO. <b>8192</b>	TITLE <b>HEAD ATTORNEY, CIVIL &amp; CRIMINAL</b>	RANK	LIST	CERTIFICATION OR START WORK DATE <b>08/18/2000</b>
HOME ADDRESS (WRITE FOR PARTS 3, 4, OR 5 ONLY) [REDACTED]		DATE ISSUED <b>01/06/04</b>	DATE EFFECTIVE <b>COB: 01/07/04</b>	DEPT. RG NO. <b>PE-0883</b>
HOME TEL: [REDACTED]		IS THE EMPLOYEE SERVING A PROBATIONARY PERIOD AT THE TIME OF SEPARATION? YES _____ ENTRANCE IF YES, SPECIFY TYPE: <b>X</b> NO _____ PROMOTIVE		
TYPE OF APPOINTMENT PERMANENT <input checked="" type="checkbox"/> PERMANENT EXEMPT <input checked="" type="checkbox"/> TEMP FROM LIST (TCS) _____ TEMPORARY EXEMPT _____ PROVISIONAL _____ LIMITED TENURE (LT) _____ NON-CIVIL SERVICE (NCS) _____		WORK SCHEDULE <b>X</b> FULL-TIME PART-TIME _____ SCHOOL TERM _____ AS NEEDED _____		
IS THIS A COMPLETE SEPARATION FROM CITY AND COUNTY SERVICE? <input checked="" type="checkbox"/> YES _____ NO _____		IF NO, RETURNING TO PCS POSITION? OR ACCEPTING OTHER EMPLOYMENT? YES _____ NEW DEPT _____ NO _____ CLASS _____ STATUS _____		

1 <input type="checkbox"/> REASSIGNMENT (DISTRIBUTE COPIES A/C ONLY)									
NEW POSITION	DEPT REQ NUMBER	DNR REQ NUMBER	DEPT	DIV	CLASS	POSITION	REQ TYPE	WORK	WORK SHIFT

2 <input type="checkbox"/> LEAVE/SUSPENSION OVER 5 DAYS		APPROVED DURATION		5 <input type="checkbox"/> DISCHARGE	
PERSONAL LEAVE SICK LEAVE SUSPENSION MILITARY LEAVE (ATTACH COPY OF ORDER) UNPAID ADMINISTRATIVE LEAVE		LEAVE TO ACCEPT A TEMPORARY APPOINTMENT DEPT. _____ CLASS NO. _____ OTHER-SPECIFY _____		START DATE END DATE	
				DEATH TERMINATION AUTOMATIC RESIGNATION	

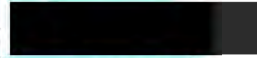
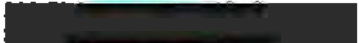

3 <input checked="" type="checkbox"/> RESIGNATION		BY THE APPOINTEE: I HEREBY FREELY AND VOLUNTARILY RESIGN FROM THE ABOVE POSITION. I REQUEST APPROVAL OF THIS RESIGNATION AS OF THE EFFECTIVE DATE WITH THE FULL UNDERSTANDING THAT ONCE APPROVED, I MAY ACQUIRE ANOTHER POSITION IN THIS CLASS ONLY AS PROVIDED IN THE RULES OF THE CIVIL SERVICE COMMISSION (SEE EMPLOYEE COPY AND CSC RULES 14 & 19)		6 <input type="checkbox"/> OTHER	
<input checked="" type="checkbox"/> SATISFACTORY SERVICES ____ UNSATISFACTORY SERVICES ____ TO ACCEPT ANOTHER CIVIL SERVICE POSITION (NOT A SEPARATION FROM THE CITY AND COUNTY SERVICE)		SIGNATURE  DATE <b>1.8.04</b>		REINSTATEMENT TRANSFER RETIREMENT RELEASE FROM EXEMPT/PCS APPOINTMENT EMPLOYEE HAS REACHED THE PERMISSIBLE LIMIT OF TEMPORARY TIME DEATH _____ OTHER _____	

4 <input type="checkbox"/> LAY-OFF		REASON		METHOD OF NOTICE		BY THE APPOINTEE: I ACKNOWLEDGE RECEIPT OF THE DHR INFORMATION LEAFLET	
INVOLUNTARY LEAVE INVOLUNTARY LAYOFF VOLUNTARY LAYOFF ELECTIVE INVOLUNTARY LEAVE		LACK OF WORK LACK OF FUNDS DISPLACED RETIREDMENT		HAND DELIVERED CERTIFIED MAIL		SIGNATURE _____ DATE _____	

APPOINTING OFFICER SIGNATURE 		TELEPHONE NUMBER <b>(415) 554-3939</b>		DHR USE	
NAME/TITLE <b>DAVID DUPREE, DIRECTOR OF ADMINISTRATIVE SERVICES</b>					
DEPARTMENT NO. <b>03</b>	DEPARTMENT NAME <b>CITY ATTORNEY</b>	PERSONNEL FILE FORWARD YES _____ NO _____	FORWARDED TO:		
RG STATUS CANCEL: YES _____ NO _____ DOC. # _____ SR POSTED DATE _____ CN POSTED DATE _____ Hardover Carriage _____					

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES

## SEPARATION REPORT (SR)

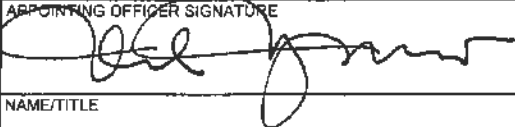
NAME (LAST, FIRST, MI) <b>HARRIS, KAMALA</b>		DATE OF BIRTH <b>10/20/64</b>	SOCIAL SECURITY NO. 	DHR USE ONLY <b>SR-</b>
CLASS NO. <b>8182</b>	TITLE <b>HEAD ATTORNEY, CIVIL &amp; CRIMINAL</b>	RANK	LIST	CERTIFICATION OR START WORK DATE <b>08/18/2000</b>
HOME ADDRESS - COMPLETE FOR PARTS 3, 4, OR 5 ONLY 		DATE ISSUED <b>01/06/04</b>	DATE EFFECTIVE <b>COB: 01/07/04</b>	DHR REQ NO. <b>PE-0883</b>
HOME TELEPHONE NUMBER: 				
TYPE OF APPOINTMENT PERMANENT <input checked="" type="checkbox"/> PERMANENT EXEMPT TEMP FROM LIST (TCS) <input type="checkbox"/> TEMPORARY EXEMPT PROVISIONAL <input type="checkbox"/> LIMITED TENURE (LT) <input type="checkbox"/> NON-CIVIL SERVICE (NCS) <input type="checkbox"/>		WORK SCHEDULE <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SCHOOL TERM <input type="checkbox"/> AS NEEDED		
IS THIS A COMPLETE SEPARATION FROM CITY AND COUNTY SERVICE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, RETURNING TO PCS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO DEPT <input type="checkbox"/> CLASS <input type="checkbox"/>		IS THE EMPLOYEE SERVING A PROBATIONARY PERIOD AT THE TIME OF SEPARATION? YES <input type="checkbox"/> ENTRANCE IF YES, SPECIFY TYPE: <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROMOTIVE		
ACCEPTING OTHER EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO NEW DEPT <input type="checkbox"/> CLASS <input type="checkbox"/> STATUS <input type="checkbox"/>				

1 <input type="checkbox"/> <b>REASSIGNMENT</b> <small>DISTRIBUTE COPIES A-C ONLY</small>									
NEW POSITION	DEPT REQ NUMBER	DHR REQ NUMBER	DEPT	DIV	CLASS	POSITION	REG TYPE	WORK CENTER	WORK SHIFT

2 <input type="checkbox"/> <b>LEAVE/SUSPENSION OVER 5 DAYS</b>		APPROVED DURATION		5 <input type="checkbox"/> <b>DISCHARGE</b>	
PERSONAL LEAVE <input type="checkbox"/> SICK LEAVE <input type="checkbox"/> SUSPENSION <input type="checkbox"/> MILITARY LEAVE (ATTACH COPY OF ORDER) <input type="checkbox"/> UNPAID ADMINISTRATIVE LEAVE <input type="checkbox"/>		LEAVE TO ACCEPT A TEMPORARY APPOINTMENT <input type="checkbox"/> DEPT. <input type="checkbox"/> CLASS NO. <input type="checkbox"/> OTHER-SPECIFY <input type="checkbox"/>		START DATE <input type="checkbox"/> END DATE <input type="checkbox"/> DISMISSAL <input type="checkbox"/> TERMINATION <input type="checkbox"/> AUTOMATIC RESIGNATION <input type="checkbox"/>	

3 <input checked="" type="checkbox"/> <b>RESIGNATION</b>		BY THE APPOINTEE: I HEREBY FREELY AND VOLUNTARILY RESIGN FROM THE ABOVE POSITION. I REQUEST APPROVAL OF THIS RESIGNATION AS OF THE EFFECTIVE DATE WITH THE FULL UNDERSTANDING THAT ONCE APPROVED, I MAY ACQUIRE ANOTHER POSITION IN THIS CLASS ONLY AS PROVIDED IN THE RULES OF THE CIVIL SERVICE COMMISSION (SEE EMPLOYEE COPY AND CSC RULES 14 & 19)		6 <input type="checkbox"/> <b>OTHER</b>	
<input checked="" type="checkbox"/> SATISFACTORY SERVICES <input type="checkbox"/> UNSATISFACTORY SERVICES <input type="checkbox"/> TO ACCEPT ANOTHER CIVIL SERVICE POSITION (NOT A SEPARATION FROM THE CITY AND COUNTY SERVICE)		SIGNATURE <input type="checkbox"/> DATE <input type="checkbox"/>		REINSTATEMENT <input type="checkbox"/> TRANSFER <input type="checkbox"/> RETIREMENT <input type="checkbox"/> RELEASE FROM EXEMPT/NCS APPOINTMENT <input type="checkbox"/> EMPLOYEE HAS REACHED THE PERMISSIBLE LIMIT OF TEMPORARY TIME <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER <input type="checkbox"/>	

4 <input type="checkbox"/> <b>LAY-OFF</b>		REASON		METHOD OF NOTICE		BY THE APPOINTEE: I ACKNOWLEDGE RECEIPT OF THE DHR INFORMATION LEAFLET	
INVOLUNTARY LEAVE <input type="checkbox"/> INVOLUNTARY LAYOFF <input type="checkbox"/> VOLUNTARY LAYOFF <input type="checkbox"/> ELECTIVE INVOLUNTARY LEAVE <input type="checkbox"/>		LACK OF WORK <input type="checkbox"/> LACK OF FUNDS <input type="checkbox"/> DISPLACED <input type="checkbox"/> RETRENCHMENT <input type="checkbox"/>		HAND DELIVERED <input type="checkbox"/> CERTIFIED MAIL <input type="checkbox"/>		SIGNATURE <input type="checkbox"/> DATE <input type="checkbox"/>	

APPOINTING OFFICER SIGNATURE 		TELEPHONE NUMBER <b>(415) 554-3939</b>		DHR USE	
NAME/TITLE <b>DAVID DUPREE, DIRECTOR OF ADMINISTRATIVE SERVICES</b>					
DEPARTMENT NO. <b>03</b>	DEPARTMENT NAME <b>CITY ATTORNEY</b>	PERSONNEL FILE FORWARD YES <input type="checkbox"/> NO <input type="checkbox"/>	FORWARDED TO:		
RQ STATUS CANCEL: YES <input type="checkbox"/> NO <input type="checkbox"/> DOC.# <input type="checkbox"/> SR POSTED <input type="checkbox"/> DATE <input type="checkbox"/> CN POSTED <input type="checkbox"/> DATE <input type="checkbox"/> Holdover Canvas <input type="checkbox"/>					



# City and County of San Francisco

DENNIS J. HERRERA  
CITY ATTORNEY

# Office of the City Attorney

ADMINISTRATIVE SERVICES

January 6, 2004

Kamala D. Harris

Dear Kamala

Congratulations on your election to the position of District Attorney.

In order to effect your resignation from the Class 8182 Head Attorney position you held with the Office of the City Attorney, please sign and date Section 3 of the enclosed Separation Report; make a copy of the report for your records; and return the original to me in the enclosed envelope at your earliest opportunity. Please feel free to contact me should you have questions regarding the Separation Report.

Dennis and the entire staff send you our collective best wishes for a bright and successful future.

Sincerely

A handwritten signature in black ink, appearing to read "David Dupree", written over a horizontal line.

David Dupree  
Director  
Administrative Services



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF HUMAN RESOURCES

Obtained via FOIA by Judicial Watch, Inc.

SEPARATION REPORT (SR)

NAME (LAST, FIRST, M.I.) <b>HARRIS, KAMALA D.</b>		DATE OF BIRTH <b>10/20/64</b>	SOCIAL SECURITY NO. <b>[REDACTED]</b>	DHR USE ONLY <b>SR-</b>
CLASS NO. <b>8182</b>	TITLE <b>HEAD ATTORNEY</b>	RANK _____	CERTIFICATION OR START WORK DATE <b>02/23/98</b>	DHR RQ NUMBER <b>1023083</b>
HOME ADDRESS - COMPLETE FOR PARTS 3,4, OR 5 ONLY <b>[REDACTED]</b>		DATE ISSUED <b>08/11/00</b>	DATE EFFECTIVE <b>COB-08/17/00</b>	DEPT. RQ NO. <b>PE-1595</b>
HOME TELEPHONE NUMBER <b>[REDACTED]</b>		IS THE EMPLOYEE SERVING A PROBATIONARY PERIOD AT THE TIME OF SEPARATION? <b>X NO</b>		
TYPE OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY FROM LIST (TCS) <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> LIMITED TENURE (LT) <input type="checkbox"/> NON-CIVIL SERVICE (NCS)		WORK SCHEDULE <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SCHOOL TERM <input type="checkbox"/> AS NEEDED		
IS THIS A COMPLETE SEPARATION FROM CITY AND COUNTY SERVICE? <b>X NO</b>		IF NO, RETURNING TO PCS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO OR ACCEPTING OTHER EMPLOYMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NEW DEPT. <b>03</b> CLASS <b>8182</b> STATUS <b>PE</b>		

1 <input type="checkbox"/> REASSIGNMENT - DISTRIBUTE COPIES A-C ONLY									
NEW REQUISITION	DEPT REQ NUMBER	DHR REQ NUMBER	DEPT	DIV	CLASS	POSITION NUMBER	REQ TYPE	WORK SCHED	WORK SHIFT

2 <input type="checkbox"/> LEAVE/SUSPENSION OVER 5 DAYS		APPROVED DURATION START DATE
<input type="checkbox"/> PERSONAL LEAVE <input type="checkbox"/> SICK LEAVE <input type="checkbox"/> SUSPENSION <input type="checkbox"/> MILITARY (ATTACH COPY OF ORDERS) <input type="checkbox"/> UNPAID ADMINISTRATIVE LEAVE	<input type="checkbox"/> LEAVE TO ACCEPT A TEMPORARY APPOINTMENT DEPT. _____ CLASS NO. _____ <input type="checkbox"/> OTHER-SPECIFY _____	END DATE

3 <input checked="" type="checkbox"/> RESIGNATION		BY THE APPOINTEE: I HEREBY FREELY AND VOLUNTARILY RESIGN FROM THE ABOVE POSITION. I REQUEST APPROVAL OF THIS RESIGNATION AS OF THE EFFECTIVE DATE WITH THE FULL UNDERSTANDING THAT ONCE APPROVED, I MAY ACQUIRE ANOTHER POSITION IN THIS CLASS ONLY AS PROVIDED IN THE RULES OF THE CIVIL SERVICE COMMISSION (SEE EMPLOYEE COPY AND CSC RULES 14 & 19). SIGNATURE <i>Kamala Harris</i> DATE <b>8.16.00</b>
<input type="checkbox"/> SATISFACTORY SERVICES <input type="checkbox"/> UNSATISFACTORY SERVICES <input checked="" type="checkbox"/> TO ACCEPT ANOTHER POSITION (NOT A SEPARATION FROM THE CITY AND COUNTY SERVICE)		

5 DISCHARGE
<input type="checkbox"/> DISMISSAL <input type="checkbox"/> TERMINATION <input type="checkbox"/> AUTOMATIC RESIGNATION
6 OTHER
<input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> TRANSFER <input type="checkbox"/> RETIREMENT <input type="checkbox"/> RELEASE FROM APPOINTMENT <input type="checkbox"/> EXEMPT/NCS PROBATIONARY <input type="checkbox"/> NON-DISCIPLINARY <input type="checkbox"/> DISCIPLINARY <input type="checkbox"/> REACHED PERMISSIBLE TIME LIMIT <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER

4 <input type="checkbox"/> LAY-OFF		REASON	METHOD OF NOTICE	BY THE APPOINTEE: I ACKNOWLEDGE RECEIPT OF THE DHR INFORMATION LEAFLET.
<input type="checkbox"/> INVOLUNTARY LEAVE <input type="checkbox"/> INVOLUNTARY LAY-OFF <input type="checkbox"/> VOLUNTARY LAY-OFF <input type="checkbox"/> ELECTIVE INVOLUNTARY LEAVE	<input type="checkbox"/> LACK OF WORK <input type="checkbox"/> LACK OF FUNDS <input type="checkbox"/> DISPLACED <input type="checkbox"/> RETRENCHMENT	<input type="checkbox"/> HAND DELIVERED <input type="checkbox"/> CERTIFIED MAIL	SIGNATURE _____ DATE _____	

APPOINTING OFFICER SIGNATURE <i>Terrell Solomon</i>		TELEPHONE NUMBER <b>553-1741</b>	
NAME/TITLE <b>TERENCE HALLINAN, DISTRICT ATTORNEY</b>			
DEPARTMENT NO. <b>04</b>	DEPARTMENT NAME <b>DISTRICT ATTORNEY</b>	PERSONNEL FILE FORWARDED <b>YES X NO</b>	FORWARDED TO: <b>City Attorney's Office</b>

DHR USE
RQ STATUS
CANCEL: YES <input type="checkbox"/> NO <input type="checkbox"/>
DOC.#:
SR POSTED _____ Date _____
CN POSTED _____ Date _____
Holdover Canvass _____

**SAN FRANCISCO DISTRICT ATTORNEY'S OFFICE**  
CHECKLIST FOR EMPLOYEES LEAVING THE SFDA

NAME: KAMALA HARRIS CLASS: 8182 STEP: 5  
(LEAVING DA'S OFFICE)

DIVISION: DISTRICT ATTORNEY SUPERVISOR: TERENCE HALLINAN

**STATEMENT TO SUBMIT ALL ITEMS BELONGING TO THE SFDA:**

UPON LEAVING EMPLOYMENT OF THE SAN FRANCISCO DISTRICT ATTORNEY'S OFFICE, I HEREBY PROMISE TO RETURN ALL OF THE FOLLOWING ITEMS TO THE SAN FRANCISCO DISTRICT ATTORNEY'S OFFICE - OFFICE OF THE SUPERVISOR - ON OR BEFORE MY LAST DAY OF EMPLOYMENT. I UNDERSTAND THAT I WILL NOT RECEIVE MY FINAL PAYCHECK UNTIL I RETURN THE LISTED ITEMS BELOW:

	Initial / Date	N/A
1. KEYS TO THE OFFICES ("6" KEY, "12" KEY, PERSONAL OFFICE KEY);	<u>KCH 8.17.00</u>	
2. PAGER (IF ISSUED);	<u>KCH 8.17.00</u>	
3. CELLULAR PHONE (IF ISSUED);	<u>N/A</u>	
4. PARKING ACCESS CARD (IF ISSUED);	<u>N/A</u>	
5. EMPLOYEE PICTURE IDENTIFICATION CARD;	<u>KCH 8.17.00</u>	
6. COMPUTER (IF ISSUED);	<u>N/A</u>	
7. BELT BADGE (IF ISSUED)	<u><del>KCH</del> N/A</u>	

EMPLOYEE SIGNATURE:  DATE: 8.17.00

PERSONNEL OFFICER:  DATE: 8.17.00

Mr. Terrence Hallinan  
Office of the District Attorney  
City and County of San Francisco  
850 Bryant Street  
San Francisco, CA 94103

August 7, 2000

Dear Terence,

I hereby resign my position as the managing attorney of the Career Criminal division of the San Francisco District Attorney's Office. My resignation will be effective August 17, 2000.

I have prepared and will submit a list of my case load to my immediate supervisor Paul Cummins. I have also completed and submitted to the Office of Criminal Justice and Planning the bi-annual Career Criminal Prosecution grant report. You are aware that last year, in an effort to help relieve the backlog of cases, I volunteered my trial skills to the Homicide unit and successfully prosecuted a murder case. Again this year I volunteered to help and received a murder case which has since been continued for trial. I will reassign the case to a member of my team unless instructed otherwise. As for my remaining case load, some can be reassigned within the team, the rest should be assigned to my successor. I will make myself available to ensure a smooth transition.

Sincerely,

A handwritten signature in black ink, appearing to read "Kamala D. Harris", with a stylized flourish at the end.

Kamala D. Harris



TERENCE HALLINAN  
DISTRICT ATTORNEY  
CITY AND COUNTY OF SAN FRANCISCO

---

To: **KAMALA HARRIS**

From: The Payroll/Personnel Division

**BAR ADMISSION DATE**

As agreed upon by the Memorandum of Understanding (MOU) between the City and County of San Francisco and the Municipal Attorneys Association, as of January 15<sup>th</sup> of each year, each employee employed in a classification represented by the Municipal Attorneys Association (MAA) shall be reimbursed for the full amount of his/her annual mandatory California State Bar Dues for that calendar year.

Please confirm your date of admission to the Bar by **filling out** this form and **returning** this memo to the Payroll/Personnel Division.

Bar Admission Date: May 1990



DATE PRINTED 09/18/99 SEQ 16

CITY AND COUNTY OF SAN FRANCISCO

OFFICE OF PERSONNEL SERVICES

DEPARTMENT

TO: DISTRICT ATTORNEY

PERSONNEL ACTION REQUEST

EFFECTIVE DATE

EMPLOYEE NUMBER

EMPLOYEE SOCIAL SEC NO

MP ID

TCD

DEPT

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

PERSONAL DATA

LAST NAME

FIRST NAME

MI

BIRTH DATE

SEX

RACE

TRUE  
LAST  
STAT

SSN NO

HARRIS

KAMALA

D 10/20/64

F

1

STREET ADDRESS

AL

CITY

ZIP

HOME

PAYROLL DATA

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	101.7695	01	80.0	40	4	1	1	20630	20006	8198	DISTRICT ATTY	11.15

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	V		0	0		0	0			0			8198

PERSONNEL DATA

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE4021	1						

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
1285592		0001	02/23/98	02/26/98			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E
				0				

LEAVE FROM PERMANENT CLASS DATA

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

PRIMARY LABOR CODE

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	045011	0010			99.9

EMERGENCY CONTACT

LAST NAME	FIRST NAME

ALTERNATE LABOR CODES

01								
02								
03								
04								
05								

PHONE NUMBER

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY PHONE # DATE APPOINTING OFFICER/AUTHORIZED SIGNATURE DATE

PAYROLL/PERSONNEL SERVICES DIVISION  
**PERSONNEL ACTION REQUEST**

TO DISTRICT ATTORNEY

EFFECTIVE DATE

**A**

01/16/04	15
EMPLOYEE NUMBER	
EMPLOYEE SOCIAL SEC NO	DEPT
	04

- ☐ PROMOTION    ☐ SEPARATION  
☐ REAPPOINTMENT    ☐ TRANSFER  
☐ REINSTATEMENT    ☐ LEAVE  
☐ PRINT PAR ONLY    ☐ OTHER CHANGE

**PERSONAL DATA**

**B**

LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX	RACE	DOB	SSN
HARRIS	KAMALA	D	10/20/64	F		1	

**C**

[REDACTED]							
------------	--	--	--	--	--	--	--

**PAYROLL DATA**

**D**

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHEET CODE	SHEET NO	BT STAT	ROSTER CODE	CHECK DISTRICT CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	75.5000	01	80.0	40	4	1	1	20630	20006	8198	DISTRICT ATTY	11.15

**E**

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPAID LEAVE REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	V		0	0		0	0			0			8198

**PERSONNEL DATA**

**F**

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE4021	1						

**G**

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BIENNIAL CERT DATE	FOREIGN LANGUAGE
1285502		0001	02/23/98	02/26/98			

**H**

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

**LEAVE FROM PERMANENT CLASS DATA**

**I**

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

**PRIMARY LABOR CODE**

**J**

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	045011	0010			99.9

**EMERGENCY CONTACT**

LAST NAME	FIRST NAME
[REDACTED]	

**ALTERNATE LABOR CODES**

01								
02								
03								
04								
05								

PHONE NUMBER	STREET ADDRESS
[REDACTED]	

REMARKS \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

DATE PRINTED 11/03/01 SEQ 14  
EMPLOYEE NUMBER  
EMPLOYEE SOCIAL SEC NO  
MP 10 TCD 0 DEPT 11

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUEST

DEPARTMENT  
EFFECTIVE DATE 01/09/04

- ☒ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☒ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

PERSONAL DATA

LAST NAME FIRST NAME MI BIRTH DATE SEX RACE SOCIAL SEC NO  
STREET ADDRESS APT NO/P.O. BOX CITY ST ZIP HOME PHONE

PAYROLL DATA

PAY TYPE PAY RATE SALARY STEP STANDARD HOURS AUTO DEPOSIT SHFT CODE SHFT % OT STAT ROSTER CODE CHECK DISTRICT CODE JOB CLASS CLASS TITLE SALARY SCHEDULE  
EMP STAT APPT TYPE VAC ANNIV DATE VAC METH VAC FAC SICK PAY ANNIV DATE SICK METH SICK FAC SEP CODE SEPARATION DATE UNPD LV REASON UNPAID LEAVE START DATE UNPAID LEAVE RETURN DATE BUDGETED CLASS

PERSONNEL DATA

DEPT REQ NO NO OF EMPL CERT DATE RANK LIST NEXT MERIT INCREASE DATE NEXT REVIEW DATE WORK PHONE  
OA NUMBER APPT EXP DATE DEPT POS SEQ NO DATE OF FIRST CITY EMPLOYMENT FINGERPRINT DATE MEDICAL EXAM DATE BILINGUAL CERT DATE FOREIGN LANGUAGE  
DRIVER'S LICENSE NO EXP DATE PROFESSIONAL LICENSE NAME RENEWAL DATE SPECIAL USE

LEAVE FROM PERMANENT CLASS DATA

PERM DEPT PERM CLASS PERM STEP LEAVE START DATE LEAVE END DATE PERM DEPT REQ NO PERM CERT DATE PERM RANK PERM LIST NEXT MERIT INCREASE DATE - PERM CLASS

PRIMARY LABOR CODE

SEQ DEPT DIV SEC INDEX SUB OBJ PROJ W/P DEPT DATA %

EMERGENCY CONTACT

LAST NAME FIRST NAME

ALTERNATE LABOR CODES

01									
02									
03									
04									
05									

PHONE NUMBER STREET ADDRESS  
CITY ST ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE

CITY AND COUNTY OF SAN FRANCISCO  
 PAYROLL/PERSONNEL SERVICES DIVISION  
**PERSONNEL ACTION REQUEST**

DEPARTMENT  
**TO: CITY ATTORNEY**

DATE PRINTED **01/23/01** SEQ **13**

EMPLOYEE NUMBER

EMPLOYEE SOCIAL SEC NO [REDACTED]

MP ID **0** TCD **9** DEPT **03**

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

EFFECTIVE DATE

**PERSONAL DATA**

LAST NAME **HARRIS** FIRST NAME **KANALA** MI **D** BIRTH DATE **10/20/64** SEX **F** RACE **1** SOCIAL SEC NO [REDACTED]

STREET ADDRESS [REDACTED] APT NO/PO BOX [REDACTED] CITY [REDACTED] ST [REDACTED] ZIP [REDACTED] HOME PHONE [REDACTED]

**PAYROLL DATA**

PAY TYPE **1** PAY RATE **60-6000** SALARY STEP **05** STANDARD HOURS **80-0** AUTO DEPOSIT **40** SHFT CODE **4** SHFT % **1** OT STAT **1** ROSTER CODE **10210** CHECK DISTRIB CODE **01001** JOB CLASS **8182** CLASS TITLE **HD ATY CVL CRM** SALARY SCHEDULE **77-40**

EMP APPT STAT TYPE **1 N** VAC ANNIV DATE **02/23/98** VAC METH **1** VAC FAC **1** SICK PAY ANNIV DATE **02/23/98** SICK METH **1** SICK FAC **1** SEP CODE [REDACTED] SEPARATION DATE [REDACTED] UNPD LY REASON **0** UNPAID LEAVE START DATE [REDACTED] UNPAID LEAVE RETURN DATE [REDACTED] BUDGETED CLASS **8182**

**PERSONNEL DATA**

DEPT REQ NO **PE0883** NO OF EMPL **1** CERT DATE [REDACTED] RANK [REDACTED] LIST [REDACTED] NEXT MERIT INCREASE DATE [REDACTED] NEXT REVIEW DATE [REDACTED] WORK PHONE [REDACTED]

OA NUMBER **1240217** APPT EXP DATE [REDACTED] DEPT POS REQ NO **0008** DATE OF FIRST CITY EMPLOYMENT **02/23/98** FINGERPRINT DATE **02/26/98** MEDICAL EXAM DATE [REDACTED] BILINGUAL CERT DATE [REDACTED] FOREIGN LANGUAGE [REDACTED]

DRIVER'S LICENSE NO [REDACTED] EXP DATE [REDACTED] PROFESSIONAL LICENSE NAME [REDACTED] RENEWAL DATE [REDACTED]

SPECIAL USE  
 A [REDACTED] B [REDACTED] C [REDACTED] D [REDACTED] E [REDACTED]

**LEAVE FROM PERMANENT CLASS DATA**

PERM DEPT [REDACTED] PERM CLASS [REDACTED] PERM STEP [REDACTED] LEAVE START DATE [REDACTED] LEAVE END DATE [REDACTED] PERM DEPT REQ NO [REDACTED] PERM CERT DATE [REDACTED] PERM RANK [REDACTED] PERM LIST [REDACTED] NEXT MERIT INCREASE DATE - PERM CLASS [REDACTED]

**PRIMARY LABOR CODE**

SEQ **00** DEPT **03** DIV **01** SEC **00** INDEX **035004** SUB OBJ **0010** PROJ W/P [REDACTED] DEPT DATA [REDACTED] % **99-9**

**EMERGENCY CONTACT**

LAST NAME [REDACTED] FIRST NAME [REDACTED]

**ALTERNATE LABOR CODES**

01									
02									
03									
04									
05									

PHONE NUMBER [REDACTED] STREET ADDRESS [REDACTED]

CITY [REDACTED] ST [REDACTED] ZIP [REDACTED]

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.



DATE PRINTED 08/21/00 SEQ 12  
EMPLOYEE NUMBER  
EMPLOYEE SOCIAL SEC NO  
MP ID 09  
TCD 03

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUEST

DEPARTMENT  
TO CITY ATTORNEY

EFFECTIVE DATE

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
PRINT PAR ONLY ☐ OTHER CHANGE

PERSONAL DATA

LAST NAME HARRIS FIRST NAME KANALA MI D BIRTH DATE 10/20/64 SEX F RACE 1 SOCIAL SEC NO

STREET ADDRESS ART NO BOY CITY ST ZIP HOME PHONE

PAYROLL DATA

PAY TYPE 1 PAY RATE 59.5750 SALARY STEP 05 STANDARD HOURS 80.0 AGG DEPOSIT 40 SHIFT CODE 41 OT STAT 1 ROSTER CODE 10210 CHECK DISTRIB CODE 01001 JOB CLASS 8182 CLASS TITLE HD ATY CUL CRM SALARY SCHEDULE 77.05

LMP STAT 1 APT TYPE N VAC ANNIV DATE 02/23/98 VAC METH 1 VAC FAC 1 SICK PAY ANNIV DATE 02/23/98 SICK METH 1 SICK FAC 1 SEP CODE SEPARATION DATE UNPD LV REASON 0 UNPAID LEAVE START DATE UNPAID LEAVE RETURN DATE BUDGETED CLASS 8182

PERSONNEL DATA

DEPT REQ NO PE0883 NO OF EMPL 1 CERT DATE RANK LIST NEXT MERIT INCREASE DATE NEXT REVIEW DATE WORK PHONE

OA NUMBER 1240217 APPT EXP DATE DEPT POS SEQ NO 0008 DATE OF FIRST CITY EMPLOYMENT 02/23/98 FINGERPRINT DATE 02/26/98 MEDICAL EXAM DATE BILINGUAL CERT DATE FOREIGN LANGUAGE

DRIVER'S LICENSE NO EXP DATE PROFESSIONAL LICENSE NAME RENEWAL DATE SPECIAL USE A B C D E

LEAVE FROM PERMANENT CLASS DATA

PERM DEPT PERM CLASS PERM STEP LEAVE START DATE LEAVE END DATE PERM DEPT REQ NO PERM CERT DATE PERM RANK PERM LIST NEXT MERIT INCREASE DATE - PERM CLASS

PRIMARY LABOR CODE

SEQ 00 DEPT 03 DIV 01 SEC 00 INDEX 035004 SUB OBJ 0010 PROJ W/P DEPT DATA 99-9

EMERGENCY CONTACT

LAST NAME FIRST NAME

ALTERNATE LABOR CODES

01								
02								
03								
04								
05								

PHONE NUMBER STREET ADDRESS

CITY ST ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

DATE PRINTED  
7/19/00SEQ  
11

CITY AND COUNTY OF SAN FRANCISCO

PAYROLL PERSONNEL SERVICES DIVISION

## PERSONNEL ACTION REQUEST

DEPARTMENT  
TOO 5 DIST ATTORNEY

EFFECTIVE DATE

081800

EMPLOYEE NUMBER

EMPLOYEE SOCIAL SEC NO

MP

ID

TOD

0

DEPT

04

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☒ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

## PERSONAL DATA

LAST NAME

KARPIS

FIRST NAME

KANALA

MI

D

BIRTH DATE

10/20/64

SEX

F

RACE

1

SOCIAL SEC NO

STREET ADDRESS

APT NO/PO BOX

CITY

ST

ZIP

## PAYROLL DATA

JAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	DI STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	52.3700	25	40.0	40	4	1	1	20630	20006	0132	HD 4TY CVL CFM	77.00
								10210	01001			

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	N	02/23/99	1	1	02/23/99	1	1			0			0132

## PERSONNEL DATA

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE1595 PE 0883	1						

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003 08	02/23/98	02/26/99			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	R	C	D	E

## LEAVE FROM PERMANENT CLASS DATA

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE PERM CLASS

## PRIMARY LABOR CODE

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	040110	0010			70.0
	03	01	00	035004	0010			79.9

## EMERGENCY CONTACT

LAST NAME	FIRST NAME

## ALTERNATE LABOR CODES

	SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
01	04	01	00	040110	0010				30.0
02									
03									
04									
05									

PHONE NUMBER	STREET ADDRESS

CITY	ST	ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

Prepared by  
Zunilla PallejaPHONE #  
247700DATE  
8/16/00APPOINTING OFFICER/AUTHORIZED SIGNATURE  
[Signature]DATE  
8/16/00

DATE PRINTED 07/04/00	SEQ 10
EMPLOYEE NUMBER	
EMPLOYEE SOCIAL SEC NO	MP ID
TCD	
DEPT	

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUEST

DEPARTMENT  
TO: 037 037 037 037

EFFECTIVE DATE

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

PERSONAL DATA

LAST NAME HARDTS	FIRST NAME KAMALA	MI J	BIRTH DATE 10/20/64	SEX F	RACE 1	SOCIAL SEC NO
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STREET ADDRESS	APT NO/P.O. BOX	CITY	ST	ZIP	HOME PHONE
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PAYROLL DATA

PAY TYPE 1	PAY RATE 59-5750	SALARY STEP 05	STANDARD HOURS 20-0	AUTO DEPOSIT 40	SHIFT CODE 4	SHIFT % 1	OT STAT 1	ROSTER CODE 20630	CHECK DISTRIB CODE 20006	JOB CLASS 3132	CLASS TITLE HD ATY CVL CRM	SALARY SCHEDULE 77-05
---------------	---------------------	-------------------	------------------------	--------------------	-----------------	--------------	--------------	----------------------	-----------------------------	-------------------	-------------------------------	--------------------------

EMP STAT 1	SPPT TYPE N	VAC ANNIV DATE 02/23/98	VAC METH 1	VAC FAC 1	SICK PAY ANNIV DATE 02/23/98	SICK METH 1	SICK FAC 1	SEP CODE	SEPARATION DATE	UNPD LV REASON 0	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS 9192
---------------	----------------	----------------------------	---------------	--------------	---------------------------------	----------------	---------------	----------	-----------------	---------------------	-------------------------	--------------------------	------------------------

PERSONNEL DATA

DEPT REQ NO PE1595	NO OF EMPL 1	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
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OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO 0001	DATE OF FIRST CITY EMPLOYMENT 02/23/98	FINGERPRINT DATE 02/26/98	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
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DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE A B C D E				
---------------------	----------	---------------------------	--------------	--------------------------	--	--	--	--

LEAVE FROM PERMANENT CLASS DATA

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS
-----------	------------	-----------	------------------	----------------	------------------	----------------	-----------	-----------	---------------------------------------

PRIMARY LABOR CCDE

SEQ 00	DEPT 04	DIV 01	SEC 00	INDEX 049010	SUB OBJ 0010	PROJ W/P	DEPT DATA	% 70.0
-----------	------------	-----------	-----------	-----------------	-----------------	----------	-----------	-----------

EMERGENCY CONTACT

LAST NAME	FIRST NAME
-----------	------------

ALTERNATE LABOR CODES

01	04	01	00	040110	0010			30.0
02								
03								
04								
05								

PHONE NUMBER	STREET ADDRESS		
CITY		ST	ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY PHONE # DATE APPOINTING OFFICER/AUTHORIZED SIGNATURE DATE

DATE PRINTED 11/07/99	SEC 09	
EMPLOYEE NUMBER		
EMPLOYEE SOCIAL SEC NO	MP ID 2	TCD 9

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUEST

TOP SECRET

DEPARTMENT  
0100

EFFECTIVE DATE  
02/01

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☒ OTHER CHANGE

PERSONAL DATA

LAST NAME HARRIS	FIRST NAME KAMALA	MI D	BIRTH DATE 10/20/54	SEX F	RACE 1	SOCIAL SEC NO
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STREET ADDRESS	APT NO./P.O. BOX	CITY	ST	ZIP	HOME PHONE
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PAYROLL DATA

PAY TYPE 1	PAY RATE 58.5125	SALARY STEP 05	STANDARD HOURS 30.0	AUTO DEPOSIT 40	SHIFT CODE 4	SHIFT % 1	OT STAT 1	ROSTER CODE 20630	CHECK DISTRIB CODE 20006	JOB CLASS 8192	CLASS TITLE HD ATY CVL CRM	SALARY SCHEDULE 16.73
---------------	---------------------	-------------------	------------------------	--------------------	-----------------	--------------	--------------	----------------------	-----------------------------	-------------------	-------------------------------	--------------------------

EMP STAT 1	APPT TYPE N	VAC ANNIV DATE 02/23/98	VAC METH 1	VAC FAC 1	SICK PAY ANNIV DATE 02/23/98	SICK METH 1	SICK FAC 1	SEP CODE	SEPARATION DATE	UNPAID REASON 0	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS 3132
---------------	----------------	----------------------------	---------------	--------------	---------------------------------	----------------	---------------	----------	-----------------	--------------------	-------------------------	--------------------------	------------------------

PERSONNEL DATA

DEPT REQ NO PE1595	NO OF EMPL 1	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
-----------------------	-----------------	-----------	------	------	--------------------------	------------------	------------

OA NUMBER	APPT EXP DATE	DEPT POS 0003	DATE OF FIRST CITY EMPLOYMENT 02/23/98	FINGERPRINT DATE 02/26/98	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
-----------	---------------	------------------	---	------------------------------	-------------------	---------------------	------------------

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE A B C D E				
---------------------	----------	---------------------------	--------------	--------------------------	--	--	--	--

LEAVE FROM PERMANENT CLASS DATA

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS
-----------	------------	-----------	------------------	----------------	------------------	----------------	-----------	-----------	---------------------------------------

PRIMARY LABOR CODE

SEQ 00	DEPT 04	DIV 01	SEC 00	INDEX 049110	SUB OBJ 0010	PROJ W/P	DEPT DATA	% 70.0
-----------	------------	-----------	-----------	-----------------	-----------------	----------	-----------	-----------

EMERGENCY CONTACT

LAST NAME	FIRST NAME
-----------	------------

ALTERNATE LABOR CODES

01	04	01	00	040113	0010			30.0
02								
03								
04								
05								

PHONE NUMBER	STREET ADDRESS
--------------	----------------

CITY	ST	ZIP
------	----	-----

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY: PHONE #: DATE: APPOINTING OFFICER/AUTHORIZED SIGNATURE: DATE:



DATE PRINTED 11/14/98

PAYROLL/PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUEST

TO: JIA 7 11/14/98

EFFECTIVE DATE

A

EMPLOYEE NUMBER		MP ID	TCD	DB
[REDACTED]		0	9	24

- ☐ PROMOTION      ☐ SEPARATION  
☐ REAPPOINTMENT      ☐ TRANSFER  
☐ REINSTATEMENT      ☐ LEAVE  
☐ PRINT PAR ONLY      ☐ OTHER CHANGE

PERSONAL DATA

B

LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX	RACE	TRUE NAME STAT	SOCIAL SEC NO
HARRIS	KAMALA	D	10/20/64	F	[REDACTED]	1	[REDACTED]

C

STREET ADDRESS	APT NO/P.O. BOX	CITY	ST	ZIP	HOME PHONE
[REDACTED]					

PAYROLL DATA

D

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	DT STAT	FOSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	57.5500	05	30.0	40	4	1	1	20630	20006	8182	40 ATY CYL CR1	76.15

E

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	4	02/23/99	1	1	02/13/99	1	1			0			3182

PERSONNEL DATA

F

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE1595	1						

G

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003	02/23/98	02/26/98			

H

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE	
				A	B C D E

LEAVE FROM PERMANENT CLASS DATA

I

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

PRIMARY LABOR CODE

J

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	049010	0010			70.0

EMERGENCY CONTACT

K

LAST NAME	FIRST NAME
[REDACTED]	

ALTERNATE LABOR CODES

L

01	04	01	00	040118	0010			30.0
02								
03								
04								
05								

PHONE NUMBER	STREET ADDRESS
[REDACTED]	

CITY	ST	ZIP
[REDACTED]		

REMARKS \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

DATE PRINTED: 07/03/99 SEQ: 07

CITY AND COUNTY OF SAN FRANCISCO

PAYROLL/PERSONNEL SERVICES DIVISION

PERSONNEL ACTION REQUEST

TO: DIS: TOT: ATTORNEY

DEPARTMENT

EMPLOYEE NUMBER

EMPLOYEE SOCIAL SEC NO

MP ID

TOD

DEPT

☐ PROMOTION☐ SEPARATION☐ REAPPOINTMENT☐ TRANSFER☐ REINSTATEMENT☐ LEAVE☐ PRINT PAR ONLY☐ OTHER CHANGE

EFFECTIVE DATE

## PERSONAL DATA

LAST NAME

FIRST NAME

MI

BIRTH DATE

SEX

RACE

TRUE

STAT

SOCIAL SEC NO

STREET ADDRESS

APT NO/P.O. BOX

CITY

ST

ZIP

HOME PHONE

## PAYROLL DATA

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	37.5500	05	70.0	40	4	1	1	20530	20006	8182	MO ATY CVL CRM	76-35

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPAID LEAVE REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	N	02/23/98	1	1	02/23/98	1	1			0			8182

## PERSONNEL DATA

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE1595	1						

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003	02/23/98	02/26/98			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

## LEAVE FROM PERMANENT CLASS DATA

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

## PRIMARY LABOR CODE

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	049910	0010			70.0

## EMERGENCY CONTACT

LAST NAME	FIRST NAME

## ALTERNATE LABOR CODES

01	04	01	00	040113	0010			30.0

PHONE NUMBER	STREET ADDRESS

CITY	ST	ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE

DATE STARTED 01/01/99  
EMPLOYEE NUMBER  
EMPLOYEE SOCIAL SEC NO  
MP ID  
TCD

PAYROLL/PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUEST

TO: ( )

ICF ATTORNEY

EFFECTIVE DATE

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☒ OTHER CHANGE

07/01/99

PERSONAL DATA

LAST NAME FIRST NAME MI BIRTH DATE SEX RACE TRUE MAR STAT SOCIAL SEC NO  
HARRIS KAMALA 0 10/20/64 F 1

STREET ADDRESS APT NO/P.O. BOX CITY ST ZIP HOME PHONE

PAYROLL DATA

PAY TYPE PAY RATE SALARY STEP STANDARD HOURS AUTO DEPOSIT CODE SHIFT CODE OT STAT ROSTER CODE CHECK DISTRIB CODE JOB CLASS CLASS TITLE SALARY SCHEDULE  
1 56.5875 05 90.0 40 4 1 1 20630 20006 8182 HD ATY CVL CRM 75.00

EMP STAT APPT TYPE VAC ANNIV DATE VAC METH VAC FAC SICK PAY ANNIV DATE SICK METH SICK FAC SEP CODE SEPARATION DATE UNPAID LEAVE REASON UNPAID LEAVE START DATE UNPAID LEAVE RETURN DATE BUDGETED CLASS  
1 N 02/23/98 1 1 02/23/98 1 1 0 0

PERSONNEL DATA

DEPT REQ NO NO OF EMPL CERT DATE RANK LIST NEXT MERIT INCREASE DATE NEXT REVIEW DATE WORK PHONE  
PE1595 1

OA NUMBER APPT EXP DATE DEPT POS SEQ NO DATE OF FIRST CITY EMPLOYMENT FINGERPRINT DATE MEDICAL EXAM DATE BILINGUAL CERT DATE FOREIGN LANGUAGE  
0003 02/23/98 02/26/98

DRIVER'S LICENSE NO EXP DATE PROFESSIONAL LICENSE NAME RENEWAL DATE SPECIAL USE  
A B C D E

LEAVE FROM PERMANENT CLASS DATA

PERM DEPT PERM CLASS PERM STEP LEAVE START DATE LEAVE END DATE PERM DEPT REQ NO PERM CERT DATE PERM RANK PERM LIST NEXT MERIT INCREASE DATE - PERM CLASS

PRIMARY LABOR CODE

SEQ DEPT DIV SEC INDEX SUB OBJ PROJ W/P DEPT DATA %  
00 04 01 00 049910 0010 70.0  
049010

EMERGENCY CONTACT

LAST NAME FIRST NAME

ALTERNATE LABOR CODES

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
01	04	01	00	040113	0010			30.0
02								
03								
04								
05								

PHONE NUMBER STREET ADDRESS

CITY ST ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY 583-1009 2/5/99 APPOINTING OFFICER/AUTHORIZED SIGNATURE 1/8/99  
DATE

DATE PRINTED: 07/01/98  
EMPLOYEE NUMBER  
EMPLOYEE SOCIAL SEC NO  
MP 12  
TCD 7  
DEPT 04

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUEST

TO: DEPT 04  
DEPARTMENT

EFFECTIVE DATE  
07/01/98

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☒ OTHER CHANGE

PERSONAL DATA (H2000)

LAST NAME: JAMES  
FIRST NAME: KAMALA  
MI: D  
BIRTH DATE: 10/20/64  
SEX: F  
RACE: 1  
SOCIAL SEC NO: [REDACTED]

STREET ADDRESS: [REDACTED]  
APT NO/P.O. BOX: [REDACTED]  
CITY: [REDACTED]  
ST: [REDACTED]  
ZIP: [REDACTED]  
HOME PHONE: [REDACTED]

PAYROLL DATA (H2500)

PAY TYPE: 1  
PAY RATE: 55.5475  
SALARY STEP: 05  
STANDARD HOURS: 80.0  
AUTO DEPOSIT: 40  
SHEET CODE: 4  
SHEET %: 1  
OT STAT: 1  
ROSTER CODE: 20630  
CHECK DISTRIB CODE: 20006  
JOB CLASS: 8182  
CLASS TITLE: HD ATY CVL CRM  
SALARY SCHEDULE: 75.00

EMP APPT STAT TYPE: 1  
VAC ANNIV DATE: 02/23/98  
VAC METH: 1  
VAC FAC: 1  
SICK PAY ANNIV DATE: 02/23/98  
SICK METH: 1  
SICK FAC: 1  
SEP CODE: [REDACTED]  
SEPARATION DATE: [REDACTED]  
UNPD LV REASON: 0  
UNPAID LEAVE START DATE: [REDACTED]  
UNPAID LEAVE RETURN DATE: [REDACTED]  
BUDGETED CLASS: 8182

PERSONNEL DATA (H2000)

DEPT REQ NO: PE1595  
NO OF EMPL: 1  
CERT DATE: [REDACTED]  
RANK: [REDACTED]  
LIST: [REDACTED]  
NEXT MERIT INCREASE DATE: [REDACTED]  
NEXT REVIEW DATE: [REDACTED]  
WORK PHONE: [REDACTED]

OA NUMBER: [REDACTED]  
APPT EXP DATE: [REDACTED]  
DEPT POS SEQ NO: 0003  
DATE OF FIRST CITY EMPLOYMENT: 02/23/98  
FINGERPRINT DATE: 02/26/98  
MEDICAL EXAM DATE: [REDACTED]  
BILINGUAL CERT DATE: [REDACTED]  
FOREIGN LANGUAGE: [REDACTED]

DRIVER'S LICENSE NO: [REDACTED]  
EXP DATE: [REDACTED]  
PROFESSIONAL LICENSE NAME: [REDACTED]  
RENEWAL DATE: [REDACTED]  
SPECIAL USE: A [REDACTED] B [REDACTED] C [REDACTED] D [REDACTED] E [REDACTED]

LEAVE FROM PERMANENT CLASS DATA (H2000)

PERM DEPT: [REDACTED]  
PERM CLASS: [REDACTED]  
PERM STEP: [REDACTED]  
LEAVE START DATE: [REDACTED]  
LEAVE END DATE: [REDACTED]  
PERM DEPT REQ NO: [REDACTED]  
PERM CERT DATE: [REDACTED]  
PERM RANK: [REDACTED]  
PERM LIST: [REDACTED]  
NEXT MERIT INCREASE DATE - PERM CLASS: [REDACTED]

PRIMARY LABOR CODE (H2000)

SEQ: 00  
DEPT: 04  
DIV: 01  
SEC: 00  
INDEX: 049910  
SUB OBJ: 0010  
PROJ W/P: [REDACTED]  
DEPT DATA: [REDACTED]  
%: 70.0

EMERGENCY CONTACT (H2000)

LAST NAME: [REDACTED]  
FIRST NAME: [REDACTED]

ALTERNATE LABOR CODES (H2000)

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
01	04	01	00	049910	0010			30.0
02								
03								
04								
05								

PHONE NUMBER: [REDACTED]  
STREET ADDRESS: [REDACTED]

CITY: [REDACTED]  
ST: [REDACTED]  
ZIP: [REDACTED]

REMARKS: [REDACTED]

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY: [Signature]

PHONE #: 653-1009

DATE: 1/22/99

APPOINTING OFFICER/AUTHORIZED SIGNATURE: [Signature]

DATE: 1/26/99



DATE PRINTED: 10/28/98  
SEL: 04  
EMPLOYEE NUMBER  
EMPLOYEE SOCIAL SEC NO  
MP ID: 0  
TCD: 9  
DE: 04

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUEST

DEPARTMENT  
TO: DISTRICT ATTORNEY

EFFECTIVE DATE

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

PERSONAL DATA (H08BU)

LAST NAME: HARRIS  
FIRST NAME: KAMALA  
MI: 0  
BIRTH DATE: 10/20/64  
SEX: F  
RACE: 1  
SOCIAL SEC NO: [REDACTED]  
STREET ADDRESS: [REDACTED]  
APT NO/P.O. BOX: [REDACTED]  
CITY: [REDACTED]  
ST: [REDACTED]  
ZIP: [REDACTED]  
HOME PHONE: [REDACTED]

PAYROLL DATA (H08BU)

PAY TYPE: 1  
PAY RATE: 55.7250  
SALARY STEP: 05  
STANDARD HOURS: 30.0  
AUTO DEPOSIT: 40  
SHIFT CODE: 4  
SHIFT %: 1  
OT STAT: 1  
ROSTER CODE: 20630  
CHECK DISTIB CODE: 20006  
JOB CLASS: 8182  
CLASS TITLE: HD ATT CVL CRM  
SALARY SCHEDULE: 75.70  
EMP STAT: 1  
APPT TYPE: M  
VAC ANNIV DATE: 02/23/98  
VAC METH: 1  
VAC FAC: 1  
SICK PAY ANNIV DATE: 02/23/98  
SICK METH: 1  
SICK FAC: 1  
SEP CODE: 0  
SEPARATION DATE: [REDACTED]  
UNPAID LEAVE REASON: 0  
UNPAID LEAVE START DATE: [REDACTED]  
UNPAID LEAVE RETURN DATE: [REDACTED]  
BUDGETED CLASS: 8182

PERSONNEL DATA (H08BU)

DEPT REQ NO: PE1595  
NO OF EMPL: 1  
CERT DATE: [REDACTED]  
RANK: [REDACTED]  
LIST: [REDACTED]  
NEXT MERIT INCREASE DATE: [REDACTED]  
NEXT REVIEW DATE: [REDACTED]  
WORK PHONE: [REDACTED]  
AREA CODE: [REDACTED]  
OA NUMBER: [REDACTED]  
APPT EXP DATE: [REDACTED]  
DEPT POS SEQ NO: 0003  
DATE OF FIRST CITY EMPLOYMENT: 02/23/98  
FINGERPRINT DATE: 02/26/98  
MEDICAL EXAM DATE: [REDACTED]  
BILINGUAL CERT DATE: [REDACTED]  
FOREIGN LANGUAGE: [REDACTED]  
DRIVER'S LICENSE NO: [REDACTED]  
EXP DATE: [REDACTED]  
PROFESSIONAL LICENSE NAME: [REDACTED]  
RENEWAL DATE: [REDACTED]  
SPECIAL USE: [REDACTED]

LEAVE FROM PERMANENT CLASS DATA (H08BU)

PERM DEPT: [REDACTED]  
PERM CLASS: [REDACTED]  
PERM STEP: [REDACTED]  
LEAVE START DATE: [REDACTED]  
LEAVE END DATE: [REDACTED]  
PERM DEPT REQ NO: [REDACTED]  
PERM CERT DATE: [REDACTED]  
PERM RANK: [REDACTED]  
PERM LIST: [REDACTED]  
NEXT MERIT INCREASE DATE - PERM CLASS: [REDACTED]

PRIMARY LABOR CODE (H08BU)

SEQ: 00  
DEPT: 04  
DIV: 01  
SEC: 00  
INDEX: 049910  
SUB OBJ: 0010  
PROJ W/P: [REDACTED]  
DEPT DATA: [REDACTED]  
%: 70.0

EMERGENCY CONTACT (H08BU)

LAST NAME: [REDACTED]  
FIRST NAME: [REDACTED]

ALTERNATE LABOR CODES (H08BU)

01: 04 01 00 045007 0010 30.0  
02: [REDACTED]  
03: [REDACTED]  
04: [REDACTED]  
05: [REDACTED]

PHONE NUMBER: [REDACTED]  
STREET ADDRESS: [REDACTED]  
CITY: [REDACTED]  
ST: [REDACTED]  
ZIP: [REDACTED]

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY: [REDACTED] PHONE #: [REDACTED] DATE: [REDACTED] APPOINTING OFFICER/AUTHORIZED SIGNATURE: [REDACTED] DATE: [REDACTED]

10/19/12

## PERSONAL DATA 1-0800-01

LAST NAME	FIRST NAME	MF	BIRTH DATE	SEX	RACE	HIDE MARR STAT	SOCIAL SEC NO
PARLIS	KAMALA	0	10/20/64	F		1	

STREET ADDRESS	APT NO/PO BOX	CITY	ST	ZIP	HOME PHONE
[REDACTED]					

**PAYROLL DATA** (349300)

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	55.7250	05	80.0	40	4	1	1	20630	20006	8182	HD ATY CVL CRM	75.70

EMP STAT	ADPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SF CODE	SEPARATION DATE	UNPD LY REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	W	02/23/99	1	1	02/23/99	1	1			0			0102
								01					

## PERSONNEL DATA (HQBUE)

[illegible]

OA NUMBER	APPT EXP DATE	DEPT POS SEC NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003	02/23/99	02/26/93			

DRIVER'S LICENSE NO.	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

**LEAVE FROM PERMANENT CLASS DATA (40800)**

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MEANT INCREASE DATE - PERM CLASS
		0							

## PRIMARY LABOR CODE (H0300)

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	047910	0010			70.0

**EMERGENCY CONTACT** (H06UL)

LAST NAME	FIRST NAME
[REDACTED]	

**ALTERNATE LABOR CODES** (HOBBS)

01	04	01	00	045007	0010			30.0
02								▲
03								▲
04								▲
05								▲

PHONE NUMBER	STREET ADDRESS
[REDACTED]	

CITY	ST	ZIP
[REDACTED]		

REMARKS \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE # \_\_\_\_\_

DATE \_\_\_\_\_

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE \_\_\_\_\_

DATE PRINTED: 07/07/98 SEQ 02

CITY AND COUNTY OF SAN FRANCISCO  
PERSONNEL ACTION REQUESTDEPARTMENT  
TO DISTRICT ATTORNEY

EFFECTIVE DATE

EMPLOYEE NUMBER

EMPLOYEE SOCIAL SEC NO

MP ID

TCD

DEPT

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

## PERSONAL DATA

LAST NAME

FIRST NAME

MI

BIRTH DATE

SEX RACE

INDU

SOCIAL SEC NO

HARRIS

KAMALA

D 10/20/64

F

1

STREET ADDRESS

APT NO/P.O. BOX

CITY

ST

ZIP

HOME PHONE

## PAYROLL DATA

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT/SHIFT CODE	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	55.7250	05	80.0	40	4 1 1	1	20630	20006	8182	HD ATY CVL CRM	75-70

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH FAC	SICK PAY ANNIV DATE	SICK METH FAC	SEP CODE	SEPARATION DATE	UNPAID LEAVE REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	N	02/23/98	1 1	02/23/98	1 1			0			8182

## PERSONNEL DATA

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE1595	1						

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003	02/23/98	02/26/98			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

## LEAVE FROM PERMANENT CLASS DATA

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

## PRIMARY LABOR CODE

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/F	DEPT DATA	%
00	04	01	00	040118	0010			30.0

## EMERGENCY CONTACT

LAST NAME	FIRST NAME

## ALTERNATE LABOR CODES

	01	02	03	04	05
	04 01 00 049810 0010				

PHONE NUMBER	STREET ADDRESS

CITY	ST	ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE

DATE PRINTED	03/10/98	SEQ	01
EMPLOYEE NUMBER			
EMPLOYEE SOCIAL SEC NO	MP ID	TCD	DEPT
	0	?	14

CITY AND COUNTY OF SAN FRANCISCO  
OFFICE OF PERSONNEL SERVICES  
**PERSONNEL ACTION REQUEST**

DEPARTMENT  
TO: DISTRICT ATTORNEY  
EFFECTIVE DATE

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☒ OTHER CHANGE

07-01-98

**PERSONAL DATA**

LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX	RACE	TRUE MAR STAT	SOCIAL SEC NO
HARRIS	A S A L A		10/20/64				

STREET ADDRESS	APT NO/P.O. BOX	CITY	ST	ZIP	HOME PHONE

**PAYROLL DATA**

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	54-6500	05	30-0	40	4	1	1	20030	20006	8132	HD ATY CYL CRM	75-30

EMP STAT	APPT TYPE	VAC ANNV DATE	VAC METH	VAC FAC	SICK PAY ANNV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	N	02/23/98	1	1	02/23/98	1	1			0			8182

**PERSONNEL DATA**

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE1595	1						

OA NUMBER	APPT EXP DATE	DEPT REQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003	02/23/98	02/26/98			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

**LEAVE FROM PERMANENT CLASS DATA**

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

**PRIMARY LABOR CODE**

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	040110	0010			70.0

**EMERGENCY CONTACT**

LAST NAME	FIRST NAME

**ALTERNATE LABOR CODES**

01	04	01	00	040110	0010			70.0
02								
03								
04								
05								

PHONE NUMBER	STREET ADDRESS

CITY	ST	ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE



CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
Obtained via FOIA by Judicial Watch, Inc.

TO:

DEPARTMENT

EFFECTIVE DATE

- ☐ NEW HIRE  
☐ PRINT PAR ONLY  
☐ TRANSFER FROM SFUSD

## PERSONAL DATA (H03110)

LAST NAME		FIRST NAME		MI	BIRTH DATE	SEX	RACE	TRUE MAR STAT	SOCIAL SEC NO
RAMALLO		RAMALLO			2/1/1960				
STREET ADDRESS			APT NO/P.O. BOX		CITY		ST	ZIP	HOME PHONE

## PAYROLL DATA (H03110)

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE	
1	5465.00	0.5	2080	40	7	1		206293		8177			
EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	N	01/01/98	1	1	04/30/98	1	1	0					8177

## PERSONNEL DATA (H0301)

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE	
PE-1597	001				10/19/98			
OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE	
		046	06/25/98	06/26/98				
DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

## LEAVE FROM PERMANENT CLASS DATA (H0301)

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

## PRIMARY LABOR CODE (H0301)

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	0408	0010			300

## EMERGENCY CONTACT (H0301)

LAST NAME	FIRST NAME

## ALTERNATE LABOR CODES (H0301)

01	04	01	00	0408				700
02								
03								
04								
05								

PHONE NUMBER	STREET ADDRESS	
CITY	ST	ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE

DATE PRINTED 01/16/04 SEC 15

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION

DEPARTMENT

TODISTRICT ATTORNEY

PERSONNEL ACTION REQUEST  
Obtained via FOIA by Judicial Watch, Inc.

EFFECTIVE DATE

EMPLOYEE NUMBER  
EMPLOYEE SOCIAL SEC NO  
MP ID  
TCD  
DEPT

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

PERSONAL DATA

LAST NAME FIRST NAME MI BIRTH DATE SEX RACE TRUE MAR STAT SOCIAL SEC NO

ADDRESS BOX CITY ST ZIP HOME PHONE

PAYROLL DATA

PAY TYPE PAY RATE SALARY STEP STANDARD HOURS AUTO DEPOSIT SHFT CODE SHFT % OT STAT ROSTER CODE CHECK DISTRIB CODE JOB CLASS CLASS TITLE SALARY SCHEDULE

EMP STAT TYPE VAC ANNIV DATE VAC METH VAC FAC SICK PAY ANNIV DATE SICK METH SICK FAC SEP CODE SEPARATION DATE UNPD LV REASON UNPAID LEAVE START DATE UNPAID LEAVE RETURN DATE BUDGETED CLASS

PERSONNEL DATA

DEPT REQ NO NO OF EMPL CERT DATE RANK LIST NEXT MERIT INCREASE DATE NEXT REVIEW DATE WORK PHONE

OA NUMBER APPT EXP DATE DEPT POS SEQ NO DATE OF FIRST CITY EMPLOYMENT FINGERPRINT DATE MEDICAL EXAM DATE BILINDEN CERT DATE FOREIGN LANGUAGE

DRIVER'S LICENSE NO EXP DATE PROFESSIONAL LICENSE NAME RENEWAL DATE SPECIAL USE

LEAVE FROM PERMANENT CLASS DATA

PERM DEPT PERM CLASS PERM STEP LEAVE START DATE LEAVE END DATE PERM DEPT REQ NO PERM CERT DATE PERM RANK PERM LIST NEXT MERIT INCREASE DATE - PERM CLASS

PRIMARY LABOR CODE

SEQ DEPT DIV SEC INDEX SUB OBJ PROJ W/P DEPT DATA %

EMERGENCY CONTACT

FIRST NAME

ALTERNATE LABOR CODES

Table with 5 rows and 5 columns for alternate labor codes.

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

**PERSONNEL ACTION REQUEST**

- Obtained via FOIA by Judicial Watch, Inc.
- ☐ PROMOTION
  - ☐ REAPPOINTMENT
  - ☐ REINSTATEMENT
  - ☐ PRINT PAR ONLY
  - ☐ SEPARATION
  - ☐ TRANSFER
  - ☐ LEAVE
  - ☐ OTHER CHANGE

EFFECTIVE DATE

01/16/04 15

EMPLOYEE NUMBER

EMPLOYEE SOCIAL SEC NO

MP ID

TCD

DEPT

**PERSONAL DATA**

LAST NAME: **HARRIS**

FIRST NAME: **KARALA**

MI: **G**

BIRTH DATE: **10/20/64**

SEX: **F**

RACE: **I**

SOCIAL SEC NO

STREET ADDRESS

APT NO/P O BOX

CITY

ST

ZIP

HOME PHONE

**PAYROLL DATA**

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	75.5600	51	30.0	40	4	1	1	20630	20000	8190	DISTRICT ATTY	12.15

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	V		C	O		C	O			0			8194

**PERSONNEL DATA**

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE4021	1						

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
1285502		0001	02/23/90	02/25/93			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

**LEAVE FROM PERMANENT CLASS DATA**

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

**PRIMARY LABOR CODE**

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	045011	0010			99.9

**EMERGENCY CONTACT**

LAST NAME	FIRST NAME

**ALTERNATE LABOR CODES**

01	02	03	04	05

PHONE NUMBER	STREET ADDRESS

CITY	ST	ZIP

REMARKS

CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.



PAYROLL/PERSONNEL SERVICES DIVISION  
**PERSONNEL ACTION REQUEST**

Obtained via FOIA by Judicial Watch, Inc.

TO: [REDACTED]

EFFECTIVE DATE

EMPLOYEE NUMBER

EMPLOYEE SOCIAL SEC NO

MP ID

TCD

DEPT

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

**PERSONAL DATA** (HQBUL)

LAST NAME

FIRST NAME

MI

BIRTH DATE

SEX

RACE

TRIAL PERIOD

SOCIAL SEC NO

STREET ADDRESS

APT NO/P.O. BOX

CITY

ST

ZIP

HOME PHONE

**PAYROLL DATA** (HQBUL)

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	JOB CODE	SHIFT	OT STAT	ROSTER CODE	DISTRICT CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	75.5000	01	80.0	40	4	2	1	20630	20006	3198	DISTRICT ATTY	11.15

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPAID LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	V		0	0		0	0			0			8199

**PERSONNEL DATA** (HQBUL)

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE4021	1						

QA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
1285502		0001	02/23/98	02/26/98			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

**LEAVE FROM PERMANENT CLASS DATA** (HQBUL)

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

**PRIMARY LABOR CODE** (HQBUL)

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	045011	0010			99.9

**EMERGENCY CONTACT** (HQBUL)

LAST NAME	FIRST NAME
[REDACTED]	[REDACTED]

**ALTERNATE LABOR CODES** (HQBUL)

01								
02								
03								
04								
05								

PHONE NUMBER	STREET ADDRESS
[REDACTED]	[REDACTED]

CITY	ST	ZIP
[REDACTED]	[REDACTED]	[REDACTED]

REMARKS

CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE







TO: CITY-AT-RENEW

07/09/01 14

PAYROLL/PERSONNEL SERVICES DIVISION

## PERSONNEL ACTION REQUEST

Obtained via FOIA by Judicial Watch, Inc.

- ☒ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☒ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

EFFECTIVE DATE

07/08/04

## PERSONAL DATA (H08BUE)

LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX	RACE	THIRD MAR STAT	SOCIAL SEC NO
HARRIS	KANALA		10/20/64				

STREET ADDRESS	APT NO/P.O. BOX	CITY	ST	ZIP	HOME PHONE

## PAYROLL DATA (H08BUD)

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	47.1000	05	80.00	40	4	1	1	10210	01001	0102	HO ATY CVL CRM	70.50
	25.5000							20680	10006	0198		

EMP STAT	VAC ANNIV DATE	VAC METH	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	02/23/90	P	02/23/90	P				0			0102
V	06/01/04		06/01/04								0198

## PERSONNEL DATA (H08BUE)

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
FE0803	1						
FE 4081							

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
1260217		0008	02/23/94	02/26/98			
1885502		2941					

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

## LEAVE FROM PERMANENT CLASS DATA (H08BUI)

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

## PRIMARY LABOR CODE (H08BUJ)

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	03	01	00	035004	0010			99.9
	04			045011				

## EMERGENCY CONTACT (H08BUL)

LAST NAME	FIRST NAME

## ALTERNATE LABOR CODES (H08BUL)

01								
02								
03								
04								
05								

PHONE NUMBER	STREET ADDRESS

CITY	ST	ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE

1/14/04



CITY AND COUNTY OF SAN FRANCISCO  
Obtained via FOIA by Judicial Watch, Inc.  
**PAYROLL/PERSONNEL SERVICES DIVISION**

**PROBLEM DESCRIPTION FORM**

**DO NOT SUBMIT DUPLICATE COPIES. IF NO RESPONSE AFTER 5 WORKING DAYS CALL PPSD.**

**NUMBERS 1 2 & 3 ARE TO BE FILLED OUT BY THE DEPARTMENTAL PAYROLL STAFF**

1	EMPLOYEE NUMBER	EMPLOYEE NAME			DEPT. NO.	DEPARTMENT NAME	PAY PERIOD END DATE
	SOCIAL SECURITY NUMBER	LAST	FIRST	M.I.			MM/DD/YY
	[REDACTED]	09	Harris, Kamala		03	City Attorney	11/21/03

**TYPE OF ADJUSTMENT REQUIRED**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> NON-PAYMENT | <input type="checkbox"/> SYMBOL CHANGE        | <input type="checkbox"/> DECEASED                   |
| <input type="checkbox"/> UNDERPAYMENT           | <input type="checkbox"/> OVERTIME/SPECIAL PAY | <input type="checkbox"/> CANCEL/REISSUE             |
| <input type="checkbox"/> OVERPAYMENT            | <input type="checkbox"/> TAXES                | <input type="checkbox"/> RETRO (Worksheet Required) |
| <input type="checkbox"/> WC/ASSAULT PAY         | <input type="checkbox"/> DISABILITY PAY       | <input type="checkbox"/> DEDUCTION (specify)        |
| <input type="checkbox"/> SDI                    | <input type="checkbox"/> JURY DUTY            | <input type="checkbox"/> OTHER (specify)            |

**2** BRIEFLY DESCRIBE THE PROBLEM. CLASS 8182 HOURLY RATE 72.6125 SHIFT % RATE \_\_\_\_\_ (IF THE EMPLOYEE WAS PAID INCORRECTLY, SHOW HOW THE EMPLOYEE WAS PAID. ATTACH PHOTOCOPY OF PAGE APPLICABLE TO THIS PROBLEM FROM REPORT 10.)

Employee was incorrectly recorded on the payroll as being on Leave without pay.

*123 CPS = 2692  
2047976 = 4.1  
- 311 = 101.7*

**3** BRIEFLY DESCRIBE THE REQUESTED ACTION. (IF THE EMPLOYEE WAS PAID INCORRECTLY, SHOW HOW THE EMPLOYEE SHOULD HAVE BEEN PAID AND WRITE YOUR COMPUTATION.)

Please pay employee: 37 FH = 2686.66

43 VA = 3122.34

*153 CPS = 2692  
2047976 = 4.1  
- 311 = 1917.97*

Please pay employee \$5,809.00

PREPARED BY Rumella Gallofin PHONE NO. 554-3922 DATE 12/3/03  
APPOINTING OFFICER'S SIGNATURE David Dupree DATE 12/3/03

PPSD INTERNAL USE ONLY - DO NOT WRITE BELOW THIS LINE

**4** PPSD RESPONSE \_\_\_\_\_

*255000 manual check for \$5809.00 GR*

**THIS ADJUSTMENT WILL BE PROCESSED ON PAY PERIOD ENDING** 12/3/03

PREPARED BY [signature] PHONE NO. 28-7873 DATE 12/3/03

**5** ADJUSTMENT ACCEPTED/REJECTED EFFECTIVE PAY PERIOD ENDING 1/1/04

VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_



JULY 2001							AUGUST 2001							SEPTEMBER 2001							PP	COMP TIME			EX/AD LEAVE									
SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	DATE	E	U	BAL	E	U	BAL							
1	2	4TH	LH	EX	6	7		5	6	7	8	9	10							1	FRWD													
8	9	10	11	12	13	14	5	6	7	8	9	10	11	2	LH	4	5	6	EX	8	07/06				8	8	0							
15	16	17	18	19	20	21	12	13	14	15	16	17	18	9	10	11	12	13	14	15	07/20													
22	23	24	25	26	27	28	19	20	21	22	23	24	25	16	17	18	19	20	21	22	08/03													
29	30	31					26	27	28	29	30	31		23/30	24	25	26	27	28	29	08/17													
OCTOBER 2001							NOVEMBER 2001							DECEMBER 2001							08/31													
SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	09/14				8	8	0							
	1	2	3	4	5	6					1	2	3						1	09/28														
7	LH	9	10	11	12	13	4	5	6	7	8	EX	10	2	3	4	5	6	7	8	10/12													
14	15	16	17	18	19	20	11	LH	13	14	15	16	17	9	10	11	12	13	14	15	10/26													
21	22	23	24	25	26	27	18	19	20	21	LH	LH	24	16	EX	EX	EX	EX	EX	22	11/09				4	4								
28	29	30	31				25	26	27	28	29	30		23/30	24/31	LH	26	27	28	29	11/23													
JANUARY 2002							FEBRUARY 2002							MARCH 2002							12/07													
SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	12/21													
		LH	2	3	4	5						1	2						1	2	01/04													
6	7	8	9	10	11	12	3	4	5	6	7	8	9	3	4	5	6	7	8	9	01/18													
13	14	15	16	17	18	19	10	11	12	13	14	15	16	10	11	12	13	14	15	16	02/01													
20	LH	22	23	24	25	26	17	LH	19	20	21	22	23	17	18	19	20	21	22	23	02/15													
27	28	29	30	31			24	25	26	27	28	29	30	24/31	25	26	27	28	29	30	03/01													
APRIL 2002							MAY 2002							JUNE 2002							03/15													
SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	03/29													
	1	2	3	4	5	6				1	2	3	4						1	04/12														
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8	04/26													
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	05/10													
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	05/24													
28	29	30					26	LH	28	29	30	31		23/30	24	25	26	27	28	29	06/07				20	20	0							
FLOATING HOLIDAYS 1) 7/30/01 2) 4/26/02 3) 5/3/02							MAA/MEA/TWU							4) 5/14/02 5) 5/15/02							06/21													
IN LIEU							E							E							E							TOTAL						
HOLIDAYS							U							U							U							NAME: HARRIS, KAMALA						
CARRY-OVERS							E							E							E							CLASS: 8182						
HRS							U							U							U							ANNIVERSARY DATE: 02/23/98						



CITY AND COUNTY OF SAN FRANCISCO  
Obtained via FOIA by Judicial Watch, Inc.  
PAYROLL/PERSONNEL SERVICES DIVISION

**PROBLEM DESCRIPTION FORM**

DO NOT SUBMIT DUPLICATE COPIES. IF NO RESPONSE AFTER 5 WORKING DAYS CALL PPSD.

NUMBERS 1 2 & 3 ARE TO BE FILLED OUT BY THE DEPARTMENTAL PAYROLL STAFF

1	EMPLOYEE NUMBER		EMPLOYEE NAME			DEPT. NO.	DEPARTMENT NAME	PAY PERIOD END DATE
	SOCIAL SECURITY NUMBER	DOB	LAST	FIRST	M.I.			MM/DD/YY
						03	City Attorney	12/21/2001

TYPE OF ADJUSTMENT REQUIRED

- ☐ NON-PAYMENT
- ☒ UNDERPAYMENT
- ☐ OVERPAYMENT
- ☐ WC/ASSAULT PAY
- ☐ SDI

- ☐ SYMBOL CHANGE
- ☐ OVERTIME/SPECIAL PAY
- ☐ TAXES
- ☐ DISABILITY PAY
- ☐ JURY DUTY

- ☐ DECEASED
- ☐ CANCEL/REISSUE
- ☐ RETRO (Worksheet Required)
- ☐ DEDUCTION (specify)
- ☐ OTHER (specify)

2 BRIEFLY DESCRIBE THE PROBLEM. CLASS 8182 HOURLY RATE 67.1000 SHIFT % RATE \_\_\_\_\_ (IF THE EMPLOYEE WAS PAID INCORRECTLY, SHOW HOW THE EMPLOYEE WAS PAID. ATTACH PHOTOCOPY OF PAGE APPLICABLE TO THIS PROBLEM FROM REPORT 10.)

Was paid: 40WK = 2684.00 ✓

HSS CASH = 96.92 ✓

IMPUTGTL = 4.15 ✓

TOTAL = 2785.07 ✓

40 X 1 = 0.00

3 BRIEFLY DESCRIBE THE REQUESTED ACTION. (IF THE EMPLOYEE WAS PAID INCORRECTLY, SHOW HOW THE EMPLOYEE SHOULD HAVE BEEN PAID AND WRITE YOUR COMPUTATION.)

Should have been paid:

80WK = 5368.00 ✓

IMPUTGTL = 4.15 ✓

HSS CASH = 96.92 ✓

TOTAL = 5469.07

Please pay employee \$2684.00 ✓

PREPARED BY Wendy Cheng PHONE NO. 554-4259 DATE 1/3/2002

APPOINTING OFFICER'S SIGNATURE [Signature] DATE 1/3/2002

PPSD INTERNAL USE ONLY • DO NOT WRITE BELOW THIS LINE

4 PPSD RESPONSE

Revised manual check for \$2684.00

THIS ADJUSTMENT WILL BE PROCESSED ON PAY PERIOD ENDING 1/24/02

PREPARED BY [Signature] PHONE NO. 8782 DATE 1/24/02

5 ADJUSTMENT ACCEPTED/REJECTED EFFECTIVE PAY PERIOD ENDING 1/1/02

VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_

Obtained via FOIA by Judicial Watch, Inc.  
**Time Sheet Hours for Harris, Kamala**

12/10/01 through 12/21/01

Date	Hours	Type
12/10/01	8.00	Regular Hours
12/11/01	8.00	Regular Hours
12/12/01	8.00	Regular Hours
12/13/01	8.00	Regular Hours
12/14/01	8.00	Regular Hours
12/17/01	8.00	Regular Hours
12/18/01	15.50	Regular Hours
12/19/01	8.00	Regular Hours
12/20/01	8.00	Regular Hours
12/21/01	8.00	Regular Hours
Totals	87.50	Regular Hours
	87.50	Total for 12/10/01 through 12/21/01

did not  
get paid!

and a PFT on 1/3/02!

80 hrs underpayment!

Time Entry updated \_\_\_\_\_✓  
Pay Cal updated \_\_\_\_\_✓  
Employee updated \_\_\_\_\_✓  
Date processed \_\_\_\_\_1/3/02✓

TO CITY ATTORNEY

DATE PRINTED 01/23/01 SEQ 13

PAYROLL/PERSONNEL SERVICES DIVISION

## PERSONNEL ACTION REQUEST

Obtained via FOIA by Judicial Watch, Inc.

EMPLOYEE NUMBER

EMPLOYEE SOCIAL SECURITY NO

P D

TCD

DEF

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

EFFECTIVE DATE

LAST NAME

FIRST NAME

MI

BIRTH DATE

SEX RACE

TRUE MAP STAT

SOCIAL SEC NO

HARRIS

KAYALA

D

10/20/64

F

1

STREET ADDRESS

## PATROLL DATA (HQBUL)

PAY TYPE 1	PAY RATE 60-6000	SALARY STEP 05	STANDARD HOURS 80-0	AUTO DEPOSIT 40	SHIFT CODE 4	SHIFT % 1	OT STAT 1	ROSTER CODE 10210	CHECK DISTRICT CODE 01001	JOB CLASS 8182	CLASS TITLE HD ATY CVL CRM	SALARY SCHEDULE 77-40	
EMP STAT 1	APPT TYPE N	VAC ANNIV DATE 02/23/98	VAC METH 1	VAC FAC 1	SICK PAY ANNIV DATE 02/23/98	SICK METH 1	SICK FAC 1	SEP CODE	SEPARATION DATE	UNPD LV REASON 0	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS 8182

## PERSONNEL DATA (HQBUL)

DEPT REQ NO PE0883	NO OF EMPL 1	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
OA NUMBER 1240217	APPT EXP DATE	DEPT POS SEQ NO 0008	DATE OF FIRST CITY EMPLOYMENT 02/23/98	FINGERPRINT DATE 02/26/99	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE A B C D E			

## LEAVE FROM PERMANENT CLASS DATA (HQBUL)

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS
-----------	------------	-----------	------------------	----------------	------------------	----------------	-----------	-----------	---------------------------------------

## PRIMARY LABOR CODE (HQBUL)

SEQ 00	DEPT 03	DIV 01	SEC 00	INDEX 035004	SUB OBJ 0010	PROJ W/P	DEPT DATA	% 99.9
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## EMERGENCY CONTACT (HQBUL)

## ALTERNATE LABOR CODES (HQBUL)

01								
02								
03								
04								
05								

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE







DATE PRINTED 08/21/00 SEQ 12

CITY AND COUNTY OF SAN FRANCISCO

PAYROLL/PERSONNEL SERVICES DIVISION

TO CITY ATTORNEY

DEPARTMENT

PERSONNEL ACTION REQUEST

Obtained via FOIA by Judicial Watch, Inc.

EMPLOYEE NUMBER

EMPLOYEE SOCIAL SEC NO

MP ID

TCD

DEF

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

EFFECTIVE DATE

PERSONAL DATA (HQBUB)

LAST NAME

FIRST NAME

MI

BIRTH DATE

SEX

RACE

TRUE MAP STAT

SOCIAL SEC NO

STREET ADDRESS

APT NO/P.O. BOX

CITY

ST

ZIP

HOME PHONE

PAYROLL DATA (HQBUD)

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	59-5750	05	80-0	40	6	1	1	10210	01001	0102	HD ATY CUL CRM	77-05

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPAID LEAVE REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	N	02/23/98	1	1	02/23/98	1	1			0			0102

PERSONNEL DATA (HQBUI)

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE0883	1						

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	HNGBPRINT DATE	MEDICAL EXAM DATE	JIU ANNUAL CERT DATE	FOREIGN LANGUAGE
1240217		0008	02/23/98	02/26/98			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

LEAVE FROM PERMANENT CLASS DATA (HQBUI)

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

PRIMARY LABOR CODE (HQBUI)

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	03	01	00	035004	0010			99-9

EMERGENCY CONTACT (HQBUL)

LAST NAME	FIRST NAME
<div></div>	

ALTERNATE LABOR CODES (HQBUN)

01								
02								
03								
04								
05								

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE

DATE PRINTED 07/19/00 SEQ 11  
EMPLOYEE NUMBER  
EMPLOYEE SOCIAL SEC NO  
MP ID 0 TGD 9 DEP 04

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUEST

DEPARTMENT  
TO DISTRICT ATTORNEY

EFFECTIVE DATE  
081800

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☒ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

PERSONAL DATA

LAST NAME HARRIS FIRST NAME KANALA MI 0 BIRTH DATE 10/20/64 SEX F RACE 1 SOCIAL SEC NO

STREET ADDRESS APT NO/P.O. BOX CITY ST ZIP HOME PHONE

PAYROLL DATA

PAY TYPE 1 PAY RATE 50.5750 SALARY STEP 03 STANDARD HOURS 80-0 AUTO DEPOSIT 40 SHIFT CODE 4 SHIFT % 1 OT STAT 1 ROSTER CODE 20630 CHECK DISTRIB 20006 JOB CLASS 8182 CLASS TITLE HD ATY CVL CSM SALARY SCHEDULE 77-05  
1021001001

EMP STAT 1 APPT TYPE 1 VAC ANNIV DATE 02/23/98 VAC METH 1 VAC FAC 1 SICK PAY ANNIV DATE 02/23/98 SICK METH 1 SICK FAC 1 SEP CODE SEPARATION DATE UNPD LV REASON 0 UNPAID LEAVE START DATE UNPAID LEAVE RETURN DATE BUDGETED CLASS 8182

PERSONNEL DATA

DEPT REQ NO PE2595 NO OF EMPL 1 CERT DATE PE 0883 RANK LIST NEXT MERIT INCREASE DATE NEXT REVIEW DATE WORK PHONE

QA NUMBER APPT EXP DATE DEPT POS SEQ NO 0003 02/23/98 DATE OF FIRST CITY EMPLOYMENT 02/26/98 FINGERPRINT DATE 02/26/98 MEDICAL EXAM DATE BILINGUAL CERT DATE FOREIGN LANGUAGE

DRIVER'S LICENSE NO EXP DATE PROFESSIONAL LICENSE NAME RENEWAL DATE SPECIAL USE A B C D E

LEAVE FROM PERMANENT CLASS DATA

PERM DEPT PERM CLASS PERM STEP LEAVE START DATE LEAVE END DATE PERM DEPT REQ NO PERM CERT DATE PERM RANK PERM LIST NEXT MERIT INCREASE DATE - PERM CLASS

PRIMARY LABOR CODE

SEQ 04 DEPT 01 DIV 00 SEC 049110 SUB OBJ 0010 PROJ W/P DEPT DATA 70-0  
00 030100 0350040010 999

EMERGENCY CONTACT

LAST NAME FIRST NAME

ALTERNATE LABOR CODES

01	04	01	00	040110	0010	30-0
02						
03						
04						
05						

PHONE NUMBER STREET ADDRESS

CITY ST ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY *Rumelti, Jallif*

PHONE # 554-9710

DATE 8/16/00

APPOINTING OFFICER/AUTHORIZED SIGNATURE *[Signature]*

DATE 8/16/00



# S

AN FRANCISCO CITY AND COUNTY  
EMPLOYEES' RETIREMENT SYSTEM  
SAN FRANCISCO, CALIFORNIA

## PAYROLL FORM

6832300



NAME (FIRST) <i>Kamala</i>	(MIDDLE)	(LAST) <i>Harris</i>	(SEX)	REF. NO. <i>D4581</i>
ADDRESS (NUMBER)	(STREET)	(CITY)	(STATE) (ZIP CODE)	EMP. NO.
DEPT. / BUREAU / NO. <i>03 City Attorney</i>				S.S. NO. [REDACTED]
CLASS NO. / TITLE <i>8182 Head Attorney, Civil &amp; Criminal</i>				BIRTH DATE <i>10/20/64</i>
DATE CERTIFIED	DATE PROCESSED <i>8/16/00</i>			AGE
NEW MEMBER	PROMOTION / TRANSFER			RET. RATE <i>2.5%</i>
REHIRE	REHIRE - TERM. DATE			EFFECT. DATE
REINSTATEMENT	TEMP. (MEMBER OF SYS.)			PRIOR DEPT. NO.
HEALTH PLAN [REDACTED]				HEALTH PLAN RATE <i>9.5</i>

## PAYROLL FORM

ATTENTION PAYROLL CLERK: PLEASE COMPLETE THE REMAINDER OF THIS FORM AND  
DUPLICATE WITHIN THREE DAYS OF THE ASSIGNED REPORTING DATE OF THE EMPLOYEE AND  
RETURN BOTH COPIES TO:

**CITY AND COUNTY OF SAN FRANCISCO**  
**EMPLOYEES' RETIREMENT SYSTEM**  
30 VAN NESS AVENUE, SUITE 3000  
SAN FRANCISCO, CA 94102

THE FOLLOWING INFORMATION IS PROVIDED FOR PAYROLL PURPOSES IN ACCORDANCE WITH THE  
CHARTER RESOLUTION OR ORDINANCE PROVISION AND THE RULES AND REGULATIONS OF THE HEALTH  
SERVICE SYSTEM.

- I A) DATE EMPLOYEE WENT TO WORK AS PERMANENT 8/18/00
- B) EMPLOYEE FAILED TO REPORT TO WORK \_\_\_\_\_
- II ENROLLMENT DATE OF EMPLOYEE IN HEALTH SERVICE SYSTEM \_\_\_\_\_
- III BI-WEEKLY HEALTH PLAN RATE \_\_\_\_\_
- IV INITIAL HEALTH PLAN DEDUCTION WILL BE MADE FROM PAYROLL ENDING \_\_\_\_\_

PAYROLL CLERK  
SIGNATURE

*R. Palluf*

DATE

MONTH

DAY

YEAR

*8/16/00*

07/08/09 10

PAYROLL/PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUESTDEPARTMENT  
TO: DISTRICT ATTORNEY

EFFECTIVE DATE

Obtained via FOIA by Judicial Watch, Inc.

☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

## PERSONAL DATA

EMPLOYEE NUMBER	LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX	RACE	TRIP WAR STAT	SOCIAL SEC NO
09	HARRIS	KAPALA	0	10/20/64	F		1	

STREET ADDRESS	APT NO/P.O. BOX	CITY	ST	ZIP	HOME PHONE

## PAYROLL DATA

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	59.5700	05	80.0	40	4	1	1	20630	20000	3102	HO ATY CYL CRR	77.05

EMP STAT	APPT TYPE	VAC ANNIV DATE	ACT VAC MPTH	SICK PAY ANNIV DATE	SICK MPTH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	3	02/23/98	1	02/23/98	1	1			0			3102

## PERSONNEL DATA

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
0E1595	1						

OA NUMBER	APPT EXP DATE	DEPT POS NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003	02/23/98	02/26/98			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

## LEAVE FROM PERMANENT CLASS DATA

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

## PRIMARY LABOR CODE

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	049010	0010			70.0

## EMERGENCY CONTACT

LAST NAME	FIRST NAME

## ALTERNATE LABOR CODES

01	04	01	00	040118	0010			30.0
02								
03								
04								
05								

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE



DATE PRINTED 01/07/00 SEC 09

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION

TO: DISTRICT ATTORNEY DEPARTMENT

## PERSONNEL ACTION REQUEST

Obtained via FOIA by Judicial Watch, Inc.

EMPLOYEE NUMBER		
EMPLOYEE SOCIAL SEC NO	MP ID	TCD
	0	9

DEPT 04

- ☐ PROMOTION  
☐ REAPPOINTMENT  
☐ REINSTATEMENT  
☐ PRINT PAR ONLY
- ☐ SEPARATION  
☐ TRANSFER  
☐ LEAVE  
☒ OTHER CHANGE

EFFECTIVE DATE

070100

## PERSONAL DATA

LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX/RACE	DATE MAR STAT	SOCIAL SEC NO
HARRIS	KAMALA	D	10/20/64	F	1	

STREET ADDRESS	APT NO/P.O. BOX	CITY	ST	ZIP	HOME PHONE

## PAYROLL DATA

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	58.5125	05	80.0	40	4	1	1	20630	20006	6182	HD ATY CYL CRN	76.70

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	4	02/23/98	1	1	02/23/98	1	1			0			3102

## PERSONNEL DATA

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE1575	1						

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003	02/23/98	02/26/98			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE		
				A	B	C

## LEAVE FROM PERMANENT CLASS DATA

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

## PRIMARY LABOR CODE

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	049010	0010			70.0
				049110				

## EMERGENCY CONTACT

LAST NAME	FIRST NAME

## ALTERNATE LABOR CODES

	04	01	00	049119	0010			30.0
01								
02								
03								
04								
05								

PHONE NUMBER	STREET ADDRESS	
CITY	ST	ZIP

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE

KAMALA HARRIS

## EARNED VACATION TIME FOR PPE 07/10/98 THROUGH 08/06/99

<u>Pay Period</u>	<u>Vacation Time Posted on Pay Stub</u>	<u>Vacation time used</u>	<u>Time earned per pay period</u>	<u>Vacation Days taken</u>
7/10/98	29.88			
7/24/98	32.81		2.93	
8/7/98	35.74		2.93	
8/21/98	38.67		2.93	
9/4/98	41.60		2.93	
9/18/98	44.68		3.08	
10/2/98	47.61		3.01	
10/16/98	50.54		2.93	
10/30/98	53.62		3.08	
11/13/98	56.55		2.93	
11/27/98	59.48		2.93	
12/11/98	62.41		2.93	
12/25/98	65.49		3.08	
1/8/99	68.57		3.08	
1/22/99	71.65		3.08	
2/5/99	74.73		3.08	
2/19/99	77.81		3.08	
3/5/99	80.89		3.08	
3/19/99	83.97		3.08	
4/2/99	87.05		3.08	
4/16/99	90.13		3.08	
4/30/99	77.21	16 hours	3.08	2 days - 4/29/99 and 4/30/99
5/14/99	80.29		3.08	
5/28/99	67.37	16 hours	3.08	2 days - 5/27/99 and 5/27/99
6/11/99	70.45		3.08	
6/25/99	57.53	16 hours	3.08	2 days - 6/17/99 and 6/18/99
6/30/99	58.45		0.92	
7/9/99	60.61		1.76	
7/23/99	59.69	4 hours	3.48	4 hours - 7/12/99
8/3/99	62.77		3.08	

62.77 Vacation time earned showing on Ms. Harris pay stub for PPE 8/26/99 is accurate.

EMPLOYEE NAME **HARRIS, KAMALA D** CLASS **8182** ROSTER **2063**  
 START WORK \_\_\_\_\_ PREM PAY \_\_\_\_\_  
 NEXT INCREMENT DATE \_\_\_\_\_ STEP \_\_\_\_\_

FLOATING HOLIDAYS								ADMINISTRATIVE LEAVE													
09.25.98								03.16.99													
09.28.98								03.17.99													
02.05.99								03.18.99													
03.12.99								03.19.99													
03.15.99								04.28.99													
PP	PERIOD ENDIN G	S S A U T N	M O N	T U E	W E D	T H U	F R I	S S A U T N	M O N	T U E	W E D	T H U	F R I	PAID HRS	SP USED	VA USED	COMP USED	NON- PAID HRS	REMARKS		
FY 98/99																					
14	07.10				8	8	LH		8	8	8	8	8	64.0							
15	07.24		8	PL 4.00	8	8	8		8	8	8	8	8	76.0				4.0			
16	08.07		8	PL 4.00	8	8	8		8	8	8	8	8	76.0				4.0			
17	08.21		8	PL 4.00	8	8	8		8	8	8	8	8	76.0				4.0			
18	09.04		8	PL 4.00	8	8	8		8	8	8	8	8	76.0				4.0			
19	09.18		LH	8	8	8	8		8	8	8	8	8	80.0							
20	10.02		8	8	8	PL 4.00	FH		FH	8	8	8	8	76.0				4.0			
21	10.16		8	8	8	PL 4.00	8		LH	8	8	8	8	76.0				4.0			
22	10.30		8	8	8	8	8		8	8	8	8	8	80.0							
23	11.13		8	8	8	8	8		8	PL 4.00	LH	8	8	76.0				4.0			
24	11.27		8	8	8	8	8		8	PL 4.00	8	LH	LH	76.0				4.0			
25	12.11		8	8	8	8	8		8	PL 4.00	8	8	8	76.0				4.0			
26	12.25		8	8	8	8	8		8	8	8	8	LH	80.0							
1	01.08		8	8	8	8	LH		8	8	8	8	8	80.0							
2	01.22		8	8	8	8	8		LH	8	8	8	8	80.0							
3	02.05		8	8	8	8	8		8	8	8	8	FH	80.0							
4	02.19		8	8	8	8	8		LH	8	8	8	8	80.0							
5	03.05		8	8	8	8	8		8	8	8	8	8	80.0							
6	03.19		8	D	D	D	FH		FH	AD	AD	AD	AD	80.0							
7	04.02		8	8	8	8	8		8	8	8	8	8	80.0							
8	04.16		8	8	8	8	8		8	8	8	8	8	80.0							
9	04.30		8	8	8	8	8		8	8	AD	VA	VA	80.0		16.0					
10	05.14		8	8	8	8	8		8	8	8	8	8	80.0							
11	05.28		8	8	8	8	8		8	8	8	VA	VA	80.0		16.0					
12	06.11		LH	8	8	8	D		8	8	8	8	8	80.0							
13	06.25		8	8	8	VA	VA		8	8	8	8	8	80.0		16.0					
	06.30		8	8	8									24.0							
TOTAL														2028.0	0.0	48.0	0.0	36.0			

EMPLOYEE NAME HARRIS, KAMALA D.  
 START WORK \_\_\_\_\_  
 NEXT INCREMENT DATE \_\_\_\_\_ STEP \_\_\_\_\_

CLASS 8182 ROSTER 2063  
 PREM PAY \_\_\_\_\_

		FLOATING HOLIDAYS							ADMINISTRATIVE LEAVE											
PP	PERIOD ENDIN G	S A T	S U N	M O N	T U E	W E D	T H U	F R I	S S A U T	M O N	T U E	W E D	T H U	F R I	PAID HRS	SP USED	VA USED	COMP USED	NON- PAID HRS	REMARKS
FY 99/00																				
13	07.09						8	8		LH	8	8	8	8	56.0					
14	07.23			VA 4.00	8	8	8	8		8	8	8	8	8	80.0		4.0			
15	08.06			8	8	8	8	8		8	8	8	8	8	80.0					
16	08.20														0.0					
17	09.03														0.0					
18	09.17			LH											0.0					
19	10.01														0.0					
20	10.15									LH					0.0					
21	10.29														0.0					
22	11.12												LH		0.0					
23	11.26												LH	LH	0.0					
24	12.10														0.0					
25	12.24													LH	0.0					
26	01.07							LH							0.0					
1	01.21									LH					0.0					
2	02.04														0.0					
3	02.18									LH					0.0					
4	03.03														0.0					
5	03.17														0.0					
6	03.31														0.0					
7	04.14														0.0					
8	04.28														0.0					
9	05.12														0.0					
10	05.26														0.0					
11	06.09			LH											0.0					
12	06.23														0.0					
13	06.30														0.0					
TOTAL															216.0	0.0	4.0	0.0	0.0	



7/10/98	-	29.88	-	29.88	-	2.93	2/23/98
7/24	-	32.81	-	32.81	-	2.93	
8/7	-	35.74	-	35.74	-	2.93	
8/21	-	38.67	-	38.67	-	2.93	
9/4	-	41.60	-	41.60	-	2.93	
9/18	-	44.68	-	44.68	-	3.08	
10/2	-	47.61	-	47.61	-	3.01	
10/16	-	50.54	-	50.54	-	2.93	
10/30	-	53.62	-	53.62	-	3.08	
11/13	-	56.55	-	56.55	-	2.93	
11/27	-	59.48	-	59.48	-	2.93	
12/11	-	62.41	-	62.41	-	2.93	
12/12	-	62.41	-	62.41	-	3.08	
12/25	-	65.49	-	65.49	-	3.08	
01/08	-	68.57	-	68.57	-	3.08	
01/22	-	71.65	-	71.65	-	3.08	
02/05	-	74.73	-	74.73	-	3.08	
02/19	-	77.81	-	77.81	-	3.08	
03/05	-	80.89	-	80.89	-	3.08	
03/19	-	83.97	-	83.97	-	3.08	
4/2	-	87.05	-	87.05	-	3.08	
4/16	-	90.13	-	90.13	-	3.08	
4/30	-	93.21	-	93.21	-	3.08	(2 VA) taken 4/29-30
5/14	-	96.29	-	96.29	-	3.08	
5/28	-	99.37	-	99.37	-	3.08	(2 VA) taken 5/27-28
6/4	-	102.45	-	102.45	-	3.08	
6/25	-	105.53	-	105.53	-	3.08	(2 VA) taken 6/17-18
6/30	-	108.61	-	108.61	-	0.92	
7/9	-	111.69	-	111.69	-	1.76	
7/23	-	114.77	-	114.77	-	3.48	(VA 4 hours taken 7/12)
8/6	-	117.85	-	117.85	-	3.08	

DATE PRINTED	SEQ		
07/14/99	08		
EMPLOYEE NUMBER			
EMPLOYEE SOCIAL SEC NO	MP ID	TCD	DE
	0	9	04

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
**PERSONNEL ACTION REQUEST**  
Obtained via FOIA by Judicial Watch, Inc.

DEPARTMENT  
TO: DISTRICT ATTORNEY

EFFECTIVE DATE
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- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

**PERSONAL DATA**

LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX	RACE	TRN STAT	SOCIAL SEC NO
HARRIS	KAMALA		10/20/64	F		1	

STREET ADDRESS	APT NO/P.O. BOX	CITY	ST	ZIP	HOME PHONE

**PAYROLL DATA**

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	GT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	37.5500	05	40.0	99	1	1	1	20590	20006	8182	HD ATY CYL CRM	76.37

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	1	01/23/99	1	1	01/23/99	1	1			0			8182

**PERSONNEL DATA**

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE1895	1						

DA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		2003	02/23/99	02/23/99			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

**LEAVE FROM PERMANENT CLASS DATA**

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

**PRIMARY LABOR CODE**

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	040010	0010			70.0

**EMERGENCY CONTACT**

LAST NAME	FIRST NAME

**ALTERNATE LABOR CODES**

01	04	01	00	040118	0010			30.0
02								
03								
04								
05								

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY \_\_\_\_\_ PHONE # \_\_\_\_\_ DATE \_\_\_\_\_ APPOINTING OFFICER/AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATE PRINTED 07/06/99 SEQ 07

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUEST  
Obtained via FOIA by Judicial Watch, Inc.

DEPARTMENT TO: DISTRICT ATTORNEY

EMPLOYEE NUMBER		
EMPLOYEE SOCIAL SEC NO	MP ID	TCD
	0	0

04

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☐ OTHER CHANGE

EFFECTIVE DATE

PERSONAL DATA (H0501)

LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX	RACE	DOB STAT	SOCIAL SEC NO
HARRIS	KARLA	D	10/30/64	F	I	1	

STREET ADDRESS	APT NO/P.O. BOX	CITY	ST	ZIP	HOME PHONE

PAYROLL DATA (H00000)

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHFT CODE	SHFT %	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	57-5500	05	80.0	40	4	1	1	20430	20006	8102	NO ATY CVL CRM	75-35

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LY REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	M	02/23/98	1	1	07/23/98	1	1			0			8102

PERSONNEL DATA (H00001)

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE1505	1						

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0005	02/23/98	02/26/98			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

LEAVE FROM PERMANENT CLASS DATA (H00000)

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

PRIMARY LABOR CODE (H00000)

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	049910	0010			70.0

EMERGENCY CONTACT (H00000)

LAST NAME	FIRST NAME

ALTERNATE LABOR CODES (H00000)

01	04	01	00	040110	0010			30.0
02								
03								
04								
05								

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE



# PAYROLL/PERSONNEL SERVICES DIVISION PERSONNEL ACTION REQUEST

TO: DISTRICT ATTORNEY

Obtained via FOIA by Judicial Watch, Inc.

EFFECTIVE DATE

07/01/99

A

EMPLOYEE NUMBER		
EMPLOYEE SOCIAL SEC NO	MP ID	TCD
	0	3
DEPT		
34		

- ☐ PROMOTION  
☐ REAPPOINTMENT  
☐ REINSTATEMENT  
☐ PRINT PAR ONLY  
☐ SEPARATION  
☐ TRANSFER  
☐ LEAVE  
☒ OTHER CHANGE

## PERSONAL DATA

B

LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX	RACE	TRIP STAT	SOCIAL SEC NO
HARRIS	KARALA		10/20/64	F		1	

C

STREET ADDRESS	APT NO/P.O. BOX	CITY	ST	ZIP	HOME PHONE

D

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DISPOST	SHEET CODE	SHIFT	ST	ROSTER CODE	CHECK DISTRICT CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	36.3875	05	80.0	40	4	1	1	20630	20006	8150	NO ATY CVL CRN	76.00

E

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	D	02/23/98	1	1	02/23/98	1	1			0			0102

## PERSONNEL DATA

F

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
021595	1						

G

OA NUMBER	APPT EXP DATE	DEPT NOS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003	02/23/98	02/26/98			

H

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE		
				A	B	C

## LEAVE FROM PERMANENT CLASS DATA

I

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

## PRIMARY LABOR CODE

J

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	049010	0010			70.0

## EMERGENCY CONTACT

LAST NAME	FIRST NAME

## ALTERNATE LABOR CODES

K

	04	01	00	040113	0010			30.0
01								
02								
03								
04								
05								

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY: *Steve Baker*      PHONE #: 553-1009      DATE: 7/7/99      APPOINTING OFFICER/AUTHORIZED SIGNATURE: *Lee Six*      DATE: 7/8/99

0603-018



DATE PRINTED 01/08/99 SEQ 03

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION

TO: DISTRICT ATTORNEY DEPARTMENT

**PERSONNEL ACTION REQUEST**  
Obtained via FOIA by Judicial Watch, Inc.

EFFECTIVE DATE

070198

A

EMPLOYEE NUMBER	
EMPLOYEE SOCIAL SEC NO	MF IQ TCD
	DEPT

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☒ OTHER CHANGE

**PERSONAL DATA**

B

LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX	RACE	TRUE MAR STAT	SOCIAL SEC NO
HARRIS	KANALA	D	10/20/64	F		1	

C

STREET ADDRESS	APT NO/P.O. BOX	CITY	ST	ZIP	HOME PHONE

**PAYROLL DATA**

D

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	75.3875	05	80.0	40	4	1	1	20630	20005	8192	40 ATY CIVL CRP	75.00

E

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1		02/03/98	1	1	02/23/98	1	1			0			0152

**PERSONNEL DATA**

F

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
251001	1						

G

CA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003	02/23/98	02/26/98			

H

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

**LEAVE FROM PERMANENT CLASS DATA**

I

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

**PRIMARY LABOR CODE**

J

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	045910	0010			70.0

**EMERGENCY CONTACT**

LAST NAME	FIRST NAME

**ALTERNATE LABOR CODES**

K

01	04	01	00	045910	0010			30.0
02								
03								
04								
05								

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

*James B. [Signature]*

533-1009

1/22/99

*[Signature]*

1/26/99

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE

0903-018 (REV. 6-87)

10/28/98 04

PAYROLL/PERSONNEL SERVICES DIVISION  
PERSONNEL ACTION REQUEST

TO: DISTRICT ATTORNEY

EMPLOYEE NUMBER

EMPLOYEE SOCIAL SEC NO

MP ID

TCD

DE

04

- Obtained via FOIA by Judicial Watch, Inc.
- ☐ PROMOTION ☐ SEPARATION
- ☐ REAPPOINTMENT ☐ TRANSFER
- ☐ REINSTATEMENT ☐ LEAVE
- ☐ PRINT PAR ONLY ☐ OTHER CHANGE

EFFECTIVE DATE

## PERSONAL DATA (HOBUB)

LAST NAME

FIRST NAME

MI

BIRTH DATE

SEX RACE

TRUE MAP STAT

SOCIAL SEC NO

HARRIS

KANALA

D 10/20/64

F

1

STREET ADDRESS

APT NO/P.O. BOX

CITY

ST

ZIP

HOME PHONE

## PAYROLL DATA (HOBUD)

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	55.7250	05	80.0	40	4	1	1	20630	20006	8182	HD ATY CVL CRM	75.70

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK MPHT	SICK FAC	SEP CODE	SEPARATION DATE	UNPAID LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	N	02/23/98	1	1	02/23/98	1	1			0			8182

## PERSONNEL DATA (HOBUD)

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE1595	1						

OA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003	02/23/98	02/26/98			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

## LEAVE FROM PERMANENT CLASS DATA (HOBUI)

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

## PRIMARY LABOR CODE (HOBUI)

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	049910	0010			70.0

## EMERGENCY CONTACT (HOBUL)

LAST NAME	FIRST NAME

## ALTERNATE LABOR CODES (HOBUI)

01	04	01	00	045007	0010			30.0
02								
03								
04								
05								

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

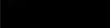
DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE

Jha n/m



DATE PRINTED <b>07/07/98</b>	SEQ <b>02</b>		
EMPLOYEE NUMBER			
EMPLOYEE SOCIAL SEC NO 	MP ID <b>09</b>	TCD	DEPT <b>04</b>

EFFECTIVE DATE

<input type="checkbox"/> PROMOTION	<input type="checkbox"/> SEPARATION
<input type="checkbox"/> REAPPOINTMENT	<input type="checkbox"/> TRANSFER
<input type="checkbox"/> REINSTATEMENT	<input type="checkbox"/> LEAVE
<input type="checkbox"/> PRINT PAR ONLY	<input type="checkbox"/> OTHER CHANGE

## PERSONAL DATA (13/03/08)

PERSONAL DATA		FIRST NAME		MI	BIRTH DATE	SEX	RACE	ETHNIC MAR STAT	SOCIAL SEC NO
LAST NAME									
HARRIS		KAMALA		D	10/20/64	F		1	

STREET ADDRESS	APT NO/P.O. BOX	CITY	ST	ZIP	HOME PHONE
[REDACTED]					

## PAYROLL DATA

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	QT STAT	ROSTER CODE	CHECK DISTRIB CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	55-7250	05	30-0	40	4	1	1	20630	20006	8182	MO ATY CVL CRN	75-70

EMP STAT	APPT TYPE	VAC ANNV DATE	VAC METH	VAC FAC	SICK PAY ANNV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPD LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	N	02/23/98	1	1	02/23/98	1	1			0			8182

## PERSONNEL DATA (XHWB)

PERSONNEL DATA							
DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
PE1595	1						

QA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		0003	02/23/98	02/26/98			

DRIVER'S LICENSE NO		EXP DATE		PROFESSIONAL LICENSE NAME		RENEWAL DATE		SPECIAL USE				
								A	B	C	D	E

## LEAVE FROM PERMANENT CLASS DATA (1-1-70)

[illegible]

## PRIMARY LABOR CODE 040000

SEG	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	01	00	040118	0010			30-0

### ALTERNATE LABOR CODES

	04	01	00	049810	0010			70-0
01								▲
02								▲
03								▲
04								▲
05								▲

**EMERGENCY CONTACT** (U.S. ONLY)[illegible]

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

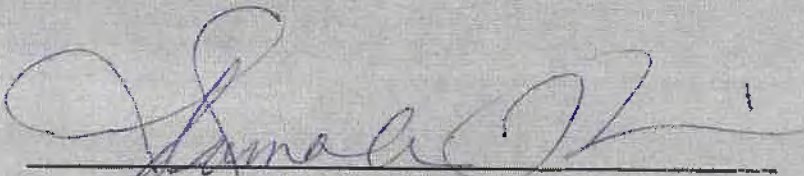
ID 103 SOCIAL SECURITY NO [REDACTED]  
LAST NAME HARRIS FIRST NAME KAMALA MI D  
STREET [REDACTED]  
CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]  
HOME PHONE NO [REDACTED] PAGER NO [REDACTED]  
EMERGENCY CONTACT [REDACTED] TELEPHONE NO [REDACTED]

**TO ENSURE THAT YOUR EMPLOYEE FILE CONTAINS THE MOST  
CURRENT AND ACCURATE INFORMATION, PLEASE COMPLETE  
ANY MISSING INFORMATION OR INACCURATE INFORMATION  
ON THIS FORM.**

**AFTER YOUR REVIEW, PLEASE SIGN AND RETURN THE FORM  
TO THE PAYROLL/PERSONNEL OFFICE (ROOM 207).**

**THANK YOU FOR YOUR COOPERATION**

**SINCERELY,  
SUSIE B. SALES  
PAYROLL/PERSONNEL**

  
Employee's Signature

2-2-99  
Date



CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION

## PAYROLL DEDUCTION AUTHORIZATION/CANCELLATION

DO NOT SUBMIT DUPLICATE COPIES. IF NO RESPONSE AFTER TWO PAY PERIODS CALL PPSD.

☒ NEW AUTHORIZATION ☐ CHANGE AUTHORIZATION ☐ CANCELLATION

EFFECTIVE DATE		
MM	DD	YY
4	3	98

EMPLOYEE NUMBER			EMPLOYEE NAME			DEPT. NO.	DEPARTMENT NAME	JOB CLASS
SOCIAL SECURITY NUMBER	M.P.I.D.	LAST	FIRST	M.I.	DEPT. NO.	DEPARTMENT NAME	JOB CLASS	
[REDACTED]	3 0 9	HARRIS	KAMALA	D	04	O.A.	8182	

ENTER MPID HERE

\$ \_\_\_\_\_ OR 0.5 % GOAL AMOUNT

DEDUCTION AMOUNT PERCENT

MAA

ORGANIZATION NAME

		-		
--	--	---	--	--

ORGANIZATION NUMBER

☒ NEW AUTHORIZATION☐ CHANGE AUTHORIZATION

I hereby authorize the Controller of City and County of San Francisco to withhold from each of my salary warrants the deduction amount stated above and to transmit said sum to the organization named above.

I consent to the adjustment of such deduction (1) to conform to future pay period change or (2) to reflect any change in union dues of which the Controller may be advised by the organization. This authorization shall be in full force and effect until revoked by the undersigned or by the organization.

Any discrepancies in my voluntary deductions as reported on my pay stub must be reported by me in writing to PPSD, 160 South Van Ness, within 30 days after the occurrence.

  
SIGNATURE OF EMPLOYEE

4-3-98

TODAY'S DATE

☐ CANCELLATION

Please cancel my payroll deduction as soon as possible.

SIGNATURE OF EMPLOYEE

TODAY'S DATE

AUTHORIZED BY Nelson Woy PHONE 553-1454 DATE 4-3-98

SIGNATURE

DO NOT WRITE BELOW THIS LINE

H O N O R A R Y	DED. NO.	FREQ.	AMOUNT OR %	GOAL	UTILITY	VERIFY PRECODED UTILITY NUMBERS
		0				00

FREQUENCY

0 = OFF

9 = EVERY PERIOD

PREPARED BY \_\_\_\_\_

PHONE \_\_\_\_\_

DATE \_\_\_\_\_

KEYED BY \_\_\_\_\_

DATE \_\_\_\_\_

DATE PRINTED 07/28/98	SEC 03
EMPLOYEE NUMBER	
EMPLOYEE SOCIAL SEC NO [REDACTED]	MP ID 09

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
**PERSONNEL ACTION REQUEST**

DEPARTMENT  
TO: IST-ICT ATTORNEY

EFFECTIVE DATE 10/09/98
----------------------------

- ☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☒ OTHER CHANGE

**PERSONAL DATA (H08UB)**

LAST NAME HARRIS	FIRST NAME KAMALA	MI D	BIRTH DATE 10/20/64	SEX F	RACE 1	SOCIAL SEC NO [REDACTED]
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STREET ADDRESS [REDACTED]	APT NO/P.O. BOX [REDACTED]	CITY [REDACTED]	ST [REDACTED]	ZIP [REDACTED]	HOME PHONE [REDACTED]
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**PAYROLL DATA (H08UD)**

PAY TYPE 1	PAY RATE 55.7250	SALARY STEP 05	STANDARD HOURS 80.0	AUTO DEPOSIT 40	SHIFT CODE 4	SHIFT % 1	OT STAT 1	ROSTER CODE 20630	CHECK DISTIR CODE 20006	JOB CLASS 8182	CLASS TITLE MO ATY CVL CRM	SALARY SCHEDULE 75.70
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EMP H08PT 1	VAC ANNU DATE 02/23/98	VAC METH 1	VAC FAC 1	SICK PAY ANNU DATE 02/23/98	SICK METH 1	SICK FAC 1	SEP CODE 0	SEPARATION DATE [REDACTED]	UNPD LV REASON 0	UNPAID LEAVE START DATE [REDACTED]	UNPAID LEAVE RETURN DATE [REDACTED]	BUDGETED CLASS 8182
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**PERSONNEL DATA (H08UF)**

DEPT REQ NO PE1595	NO OF EMPL 1	CERT DATE [REDACTED]	RANK [REDACTED]	LIST [REDACTED]	NEXT MERIT INCREASE DATE [REDACTED]	NEXT REVIEW DATE [REDACTED]	WORK PHONE [REDACTED]
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OA NUMBER [REDACTED]	APPT EXP DATE [REDACTED]	DEPT POS SEQ NO 0003	DATE OF FIRST CITY EMPLOYMENT 02/23/98	FINGERPRINT DATE 02/26/98	MEDICAL EXAM DATE [REDACTED]	BILINGUAL CERT DATE [REDACTED]	FOREIGN LANGUAGE [REDACTED]
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DRIVER'S LICENSE NO [REDACTED]	EXP DATE [REDACTED]	PROFESSIONAL LICENSE NAME [REDACTED]	RENEWAL DATE [REDACTED]	SPECIAL USE A B C D E				
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**LEAVE FROM PERMANENT CLASS DATA (H08UI)**

PERM DEPT [REDACTED]	PERM CLASS [REDACTED]	PERM STEP [REDACTED]	LEAVE START DATE [REDACTED]	LEAVE END DATE [REDACTED]	PERM DEPT REQ NO [REDACTED]	PERM CERT DATE [REDACTED]	PERM RANK [REDACTED]	PERM LIST [REDACTED]	NEXT MERIT INCREASE DATE - PERM CLASS [REDACTED]
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**PRIMARY LABOR CODE (H08UJ)**

SEQ 00	DEPT 04	DIV 01	SEC 00	INDEX 049910	SUB OBJ 0010	PROJ W/P [REDACTED]	DEPT DATA [REDACTED]	% 70.0
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**EMERGENCY CONTACT (H08UL)**

LAST NAME [REDACTED]	FIRST NAME [REDACTED]
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**ALTERNATE LABOR CODES (H08UK)**

01	04	01	00	045007	0010	[REDACTED]	[REDACTED]	30.0
02	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
03	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
04	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
05	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

REMARKS \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE



DATE PRINTED 03/10/98 SEQ 01  
EMPLOYEE NUMBER  
EMPLOYEE SOCIAL SEC NO  
MP ID 09  
TCD 06  
DEPT 06

CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
**PERSONNEL ACTION REQUEST**  
Obtained via FOIA by Judicial Watch, Inc.  
☐ PROMOTION ☐ SEPARATION  
☐ REAPPOINTMENT ☐ TRANSFER  
☐ REINSTATEMENT ☐ LEAVE  
☐ PRINT PAR ONLY ☒ OTHER CHANGE

TO: DISTRICT ATTORNEY

EFFECTIVE DATE

07/01/98

**PERSONAL DATA**

LAST NAME FIRST NAME MI BIRTH DATE SEX RACE TRUE VAP REPT SOCIAL SEC NO  
HARRIS KANALA 10/20/64

STREET ADDRESS APT NO/P.O. BOX CITY ST ZIP HOME PHONE

**PAYROLL DATA**

PAY TYPE PAY RATE SALARY STEP STANDARD HOURS AUTO DEPOSIT SHFT CODE SHFT % OT STAT ROSTER CODE CHECK DISTRIB CODE JOB CLASS CLASS TITLE SALARY SCHEDULE  
1 54.8500 05 80.0 40 4 1 1 20630 20008 6182 HD ATY CYL CRM 75.30

EMP STAT TYPE VAC ANNIV DATE VAC METH VAC FAC SICK PAY ANNIV DATE SICK METH SICK FAC SEP CODE SEPARATION DATE UNPD LV REASON UNPAID LEAVE START DATE UNPAID LEAVE RETURN DATE BUDGETED CLASS  
1 N 02/23/98 1 1 02/23/98 1 1 6182

**PERSONNEL DATA**

DEPT REQ NO NO OF EMPL CERT DATE RANK LIST NEXT MERIT INCREASE DATE NEXT REVIEW DATE WORK PHONE  
PE1995 1

OA NUMBER APPT EXP DATE DEPT POS SEQ NO DATE OF FIRST CITY EMPLOYMENT FINGERPRINT DATE MEDICAL EXAM DATE BILINGUAL CERT DATE FOREIGN LANGUAGE  
0003 02/23/98 02/23/98

DRIVER'S LICENSE NO EXP DATE PROFESSIONAL LICENSE NAME RENEWAL DATE SPECIAL USE  
A B C D E

**LEAVE FROM PERMANENT CLASS DATA**

PERM DEPT PERM CLASS PERM STEP LEAVE START DATE LEAVE END DATE PERM DEPT REQ NO PERM CERT DATE PERM RANK PERM LIST NEXT MERIT INCREASE DATE - PERM CLASS

**PRIMARY LABOR CODE**

SEQ DEPT DIV SEC INDEX SUB OBJ PROJ W/P DEPT DATA %  
04 01 00 040119 0010 70.0  
00 049910

**EMERGENCY CONTACT**

LAST NAME FIRST NAME

**ALTERNATE LABOR CODES**

01 04 01 00 040119 0010 30.0  
045007 30.0  
02  
03  
04  
05

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE



CITY AND COUNTY OF SAN FRANCISCO  
PAYROLL/PERSONNEL SERVICES DIVISION  
**PERSONNEL ACTION REQUEST**

TO:

DEPARTMENT

EFFECTIVE DATE

EMPLOYEE NUMBER

EMPLOYEE SOCIAL SEC NO

MP ID

TCD

DL

☐ NEW HIRE

☐ PRINT PAR ONLY

☐ TRANSFER FROM SFUSD

**PERSONAL DATA (H08UB)**

LAST NAME

FIRST NAME

MI

BIRTH DATE

SEX

RACE

TRUE NAME

STATE

SOCIAL SEC NO

STREET ADDRESS

APT NO/P.O. BOX

CITY

PAY TYPE	PAY RATE	SALARY STEP	STANDARD HOURS	AUTO DEPOSIT	SHIFT CODE	SHIFT %	OT STAT	ROSTER CODE	CHECK DISTRI CODE	JOB CLASS	CLASS TITLE	SALARY SCHEDULE
1	54,430	01	01	00	40	4	1	306	0	3	0998142	75

EMP STAT	APPT TYPE	VAC ANNIV DATE	VAC METH	VAC FAC	SICK PAY ANNIV DATE	SICK METH	SICK FAC	SEP CODE	SEPARATION DATE	UNPAID LV REASON	UNPAID LEAVE START DATE	UNPAID LEAVE RETURN DATE	BUDGETED CLASS
1	N	01/01/75	1	0	01/01/75	1	0	0					

**PERSONNEL DATA (H08UB)**

DEPT REQ NO	NO OF EMPL	CERT DATE	RANK	LIST	NEXT MERIT INCREASE DATE	NEXT REVIEW DATE	WORK PHONE
1572	001				12/17/78		

QA NUMBER	APPT EXP DATE	DEPT POS SEQ NO	DATE OF FIRST CITY EMPLOYMENT	FINGERPRINT DATE	MEDICAL EXAM DATE	BILINGUAL CERT DATE	FOREIGN LANGUAGE
		010	01/01/75	01/01/75			

DRIVER'S LICENSE NO	EXP DATE	PROFESSIONAL LICENSE NAME	RENEWAL DATE	SPECIAL USE				
				A	B	C	D	E

**LEAVE FROM PERMANENT CLASS DATA (H08BU)**

PERM DEPT	PERM CLASS	PERM STEP	LEAVE START DATE	LEAVE END DATE	PERM DEPT REQ NO	PERM CERT DATE	PERM RANK	PERM LIST	NEXT MERIT INCREASE DATE - PERM CLASS

**PRIMARY LABOR CODE (H08BU)**

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
00	04	91	4	04088	0010			307

**EMERGENCY CONTACT (H08BU)**

LAST NAME	FIRST NAME

**ALTERNATE LABOR CODES (H08BU)**

SEQ	DEPT	DIV	SEC	INDEX	SUB OBJ	PROJ W/P	DEPT DATA	%
01	04	91	4	04181				700
02								
03								
04								
05								

REMARKS

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND IN ACCORDANCE WITH THE LAW.

PREPARED BY

PHONE #

DATE

APPOINTING OFFICER/AUTHORIZED SIGNATURE

DATE



**LOST PAYCHECK AFFIDAVIT**  
Obtained via FOIA by Judicial Watch, Inc.  
**PAYROLL/PERSONNEL SERVICES DIVISION**  
**160 SOUTH VAN NESS AVENUE**  
**SAN FRANCISCO, CALIFORNIA 94103**

**EMPLOYEE INFORMATION**

NAME KAMALA D. HARRIS  
ADDRESS 850 - BRYANT ST.  
DISTRICT ATTORNEY  
DEPARTMENT [REDACTED]  
EMPLOYEE NUMBER [REDACTED]

**LOST PAYCHECK INFORMATION**

CHECK NUMBER [REDACTED]  
NET AMOUNT \$ 2428.02  
DEPT./DIV./SEC. NUMBERS 04  
DATE OF CHECK 5-12-98

THE EMPLOYEE HEREIN NAMED KAMALA D. HARRIS AFFIRMS THAT THE CITY AND COUNTY OF SAN FRANCISCO CONTROLLER'S PAYCHECK DESCRIBED ABOVE WAS  
☒ LOST \_\_\_\_\_ DESTROYED ON OR ABOUT THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_ UNDER THE FOLLOWING  
CIRCUMSTANCES: \_\_\_\_\_

THAT THE EMPLOYEE IS ENTITLED TO POSSESSION AND HEREBY REQUESTS A REPLACEMENT OF THIS PAYCHECK AS THE:

☒ ORIGINAL PAYEE

☐ ENDORSEE (MUST SHOW PROOF OF RIGHT TO POSSESSION)

☐ CUSTODIAN (MUST SUBMIT CERTIFIED COPY OF AUTHORITY)

I, THE UNDERSIGNED EMPLOYEE, CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT IF AN OVERPAYMENT OCCURS AS A RESULT OF PROCESSING THIS AFFIDAVIT, I AM RESPONSIBLE FOR RETURNING THE OVERPAYMENT TO THE CITY AND COUNTY OF SAN FRANCISCO.

[Signature]  
EMPLOYEE'S SIGNATURE

17 May 98  
DATE

[Signature]  
APPOINTING OFFICER'S SIGNATURE

553-1254  
PHONE

5-27-98  
DATE

**PPSD USE ONLY**

**FIRST CALL:**

PAYCHECK OUTSTANDING \_\_\_\_\_  
DATE \_\_\_\_\_

**SECOND CALL:**

PAYCHECK OUTSTANDING \_\_\_\_\_  
DATE \_\_\_\_\_

CHECK CASHED ON \_\_\_\_\_ VERIFIED BY \_\_\_\_\_  
DATE \_\_\_\_\_ NAME OF PERSON IN COW OFFICE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

ISSUANCE OF REPLACEMENT PAYCHECK:

DATE \_\_\_\_\_

CHECK NO \_\_\_\_\_

# CITY AND COUNTY OF SAN FRANCISCO



## STATEMENT OF EARNINGS AND DEDUCTIONS

PP BEGIN  
PP END

04/18/98  
05/01/98 05/12/98

CHECK DT

SERIAL NO

1502885

DEPT	EMPLOYEE NUMBER	SOC. SEC. NO.	EMPLOYEE NAME	YTD GROSS	CURRENT GR	NET PAY
04	[REDACTED]	[REDACTED]	9 HARRIS, KAMALA D	2196004	447204	242802
HRS/UNITS	RATE	DESCRIPTION	YEAR-TO DATE	DESCRIPTION	CURRENT	TO DATE
800054650		REGULAR	4372002164140	FED TAX	107478	544078
		COMP PAY	21860	OASDI	27726	136152
		HSS CASH	9692	HI	6484	31842
		INPUTGTL	312	ST TAX	31602	160016
				DEF COMP	30600	92400
VACATION	15.40		SICK	20.00		

Fort Check



TERENCE HALLINAN  
DISTRICT ATTORNEY  
CITY AND COUNTY OF SAN FRANCISCO

---

MEMORANDUM

DATE: March 9, 1998

TO: Sandie Yeh  
Senior Payroll and Personnel Clerk

FROM: Teresa Serata *Teresa Serata*  
Director of Finance and Administration

SUBJECT: APPOINTMENT ABOVE FIRST STEP  
Kamala Harris  
[REDACTED]

On February 23, 1998, the District Attorney appointed Kamala Harris to a Class 8182 - Head Attorney position. By this memorandum and pursuant to the Memorandum of Understanding for the Municipal Attorneys' Association, you are advised of the District Attorney's intention to appoint Ms. Harris at Step 5 of her salary range to prevent any loss of compensation based on her previous employment. Supporting documentation for this salary adjustment is available upon request.

If you have any questions, please do not hesitate to contact me at 553-1895.

Thank you in advance for your time and attention to this matter.

cc: Terence Hallinan  
Personnel File

See

PAYROLL FORM

**SAN FRANCISCO CITY AND COUNTY  
EMPLOYEES' RETIREMENT SYSTEM  
SAN FRANCISCO, CALIFORNIA**



NAME: (FIRST) <u>Kamala</u> (MIDDLE) <u>D.</u> (LAST) <u>Harris</u> (SEX) <u>F</u>		RET. NO.
ADDRESS: (NUMBER) [REDACTED] (STREET) [REDACTED] (CITY) [REDACTED] (STATE) (ZIP CODE) [REDACTED]		EMP. NO.
DEPT./BUREAU/NO. <u>04 / District Attorney</u>		S.S. NO. [REDACTED]
CLASS NO./TITLE <u>8182 / Head Attorney</u>		BIRTH DATE <u>10-20-64</u>
DATE CERTIFIED	DATE PROCESSED <u>2-26-98</u>	AGE
NEW MEMBER <u>Yes</u>	PROMOTION/TRANSFER	RET. RATE <u>Z FP 7.50%</u>
REHIRE	REHIRE-TERM. DATE	EFFECT. DATE OF MEMBERSHIP
CHARTER SEC. CODE <u>53</u>		ACTIVITY CODE <u>JJ</u>
REINSTATEMENT	TEMP. (MEMBER OF SYS.)	PRIOR DEPT. NO.
HEALTH PLAN [REDACTED]	HEALTH PLAN RATE <u>0/0</u>	

PAYROLL FORM

**ATTENTION PAYROLL CLERK:** PLEASE COMPLETE THE REMAINDER OF THIS FORM AND  
DUPLICATE WITHIN THREE DAYS OF THE ASSIGNED REPORTING DATE OF THE EMPLOYEE AND RETURN  
BOTH COPIES TO:

**RETIREMENT SYSTEM CENTER  
SECOND FLOOR  
1155 MARKET STREET  
SAN FRANCISCO, CALIFORNIA 94103**

THE FOLLOWING INFORMATION IS PROVIDED FOR PAYROLL PURPOSES IN ACCORDANCE WITH THE  
CHARTER RESOLUTION OR ORDINANCE PROVISION AND THE RULES AND REGULATIONS OF THE  
HEALTH SERVICE SYSTEM.

- I A) DATE EMPLOYEE WENT TO WORK AS PERMANENT 8182 2-23-98
- B) EMPLOYEE FAILED TO REPORT TO WORK 0
- II ENROLLMENT DATE OF EMPLOYEE IN HEALTH SERVICE SYSTEM 2-23-98
- III BI-WEEKLY HEALTH PLAN RATE 0
- IV INITIAL HEALTH PLAN DEDUCTION WILL BE MADE FROM PAYROLL ENDING 3-6-98

PAYROLL CLERK  
SIGNATURE

Neke Woz

DATE

MONTH

DAY

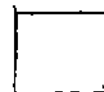
YEAR

2-27-98



RESIDENCE FORM

TO: ~~TERENCE HALLINAN~~  
DISTRICT ATTORNEY

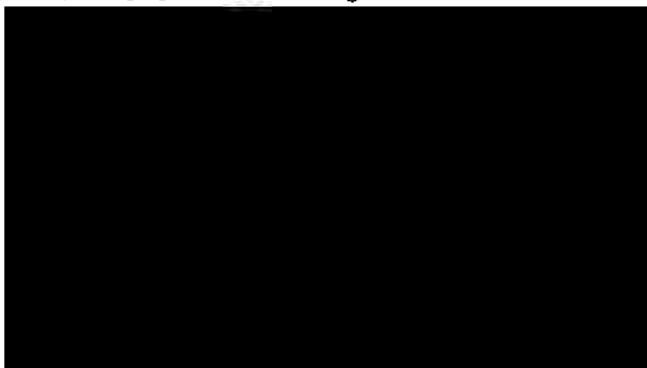


No changes.

FROM: KAMALA D. JARVIS  
(Name of Employee)

2. 23. 98  
(Date)

I presently live at the following address:



(Home Telephone Number)

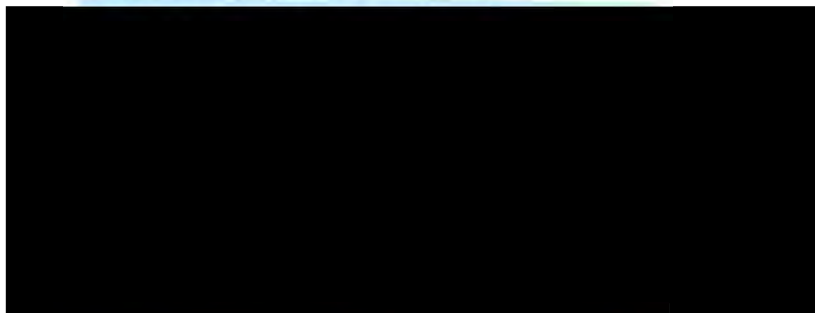
  
(Signature of Employee)

Name of husband/wife: N/A

Name of person to be contacted in case of emergency:

Phone Number:

Address:



Obtained via FOIA by Judicial Watch, Inc.

CITY AND COUNTY OF SAN FRANCISCO  
WARRANT(S) RECIPIENT DESIGNATION

Check One:

- ☒ NEW DESIGNATION
- ☐ REPLACES PREVIOUS DESIGNATION
- ☐ DECLINES TO DESIGNATE A DESIGNEE (DO NOT COMPLETE SECTION 2)

1 - EMPLOYEE INFORMATION

PLEASE PRINT - Press Hard - so Copy of information is CLEAR TO READ.

Social Security Number and Name must be exactly the same as on your Social Security Card

Employee Number			Name			Dept #
Social Security Number	MPID	ICD	Last	First	MI	
[REDACTED]	00		HARRIS	KANALA	D	04

Mailing Address

Street Address / Box / Apt.	City	State	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

NOTE - THIS DESIGNATION DOES NOT APPLY TO RETIREMENT BENEFITS

2 - DESIGNEE INFORMATION - Do Not Designate yourself

Under the provisions of Section 53245 of the Government Code and the City and County of San Francisco Administrative Code, in the event of my death I hereby designate the following person to be entitled to receive all Payroll warrants payable to me by the City and County of San Francisco had I survived:

PLEASE PRINT

Name			Social Security #	Phone Number
Last	First	MI		
HARRIS	NAYA	L	- -	[REDACTED]

Mailing Address

Street Address	Box / Apt.	City	State	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

3 - EMPLOYEE APPROVAL

This designation cancels and replaces any previously signed by me for this purpose and shall remain in effect until canceled in writing by me. It is expressly understood and agreed that the City and County of San Francisco is not obligated to deliver said warrants to the person designated herein unless said designated person, within two years after the date of said warrant or warrants, claims said warrants from the Controller of the City and County of San Francisco and provides to said Controller sufficient proof to identify pursuant to the provisions of Section 53245 of the California Government Code and the San Francisco Administrative Code.

  
EMPLOYEE SIGNATURE

2.23.98  
DATE

Payroll/Personnel Instruction:  
Completed form to be filed with the employee's department personnel office. Send copy to PPSP - Tax Section

See Employee Instructions on Reverse