

**Georgia Department of Human Services
Request for Personnel/Payroll Action**

Complete this Section for all Actions – Then use appropriate Blocks

Employee ID or Leave blank for New Hire: XXXXXXXXXX		Name (Last, First, MI): Head, Kristen	
Position No.: 00022226	FLSA Status: Exempt	Zip Code: XXXXXX	MD ID: 127-030001
Job Title: SS Supv		Division/Unit: DFCS R5/Walton	Dept ID: 1270500147
Effective Date: 4/1/2022	Unit Contact Name: Julie McElreath		Contact Phone:
Supervisor Name: Lauren Edenfield		Employee Email:	

APPOINTMENT

Full time
 Part Time
 TANF Salary
 Transfer from Other State Agency

Job Title: _____ Pay Grade: _____ Salary: _____
 Job Code: _____ Hours To Pay: _____
 Supervisor Name: _____

PROMOTION/DEMOTION ***Attach documentation**

Promotion
 Voluntary Demotion
 *Disciplinary Demotion

Current Job Title:	PG:	Position No:	Job Code:	Salary:
New Job Title:	PG:	Position No:	Job Code:	% Increase: Salary:
Supervisor Name: _____				

LATERAL TRANSFER WITHIN SAME COMPANY

Same Class
 Different Class

Current Job Title:	Job Code:	Position No:
New Job Title:	Job Code:	Position No:
Unit Change To:	Mail Drop ID:	
Supervisor Name: _____		

EMPLOYMENT STATUS CHANGE

Percentage of Time
 From: _____
 To: _____

SALARY CHANGE

Disciplinary Salary Reduction
 Salary Increase
 Restoration of Salary Reduction
 Stipend Bonus *
 Salary Supplement
 Removal of Salary Supplement
 Hourly Rate Change
 Hiring Bonus**

Current Salary : 47,101.41
 % Increase: 10
 % Decrease
 New Salary: \$56,811.56 Includes COLA

WORK SCHEDULE: Must be completed for Leave of Absences & Separations that occur in the middle of a pay period.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

***LEAVE OF ABSENCE**
 AUTHORIZED
 UNAUTHORIZED
***Attach documentation**

<input type="checkbox"/> Regular LWOP	<input type="checkbox"/> Short Term LWOP	<input type="checkbox"/> Family Leave W/Pay
<input type="checkbox"/> Military LWOP	<input type="checkbox"/> Contingent LWOP	<input type="checkbox"/> Military Leave W/Pay
<input type="checkbox"/> Suspension W/O Pay	<input type="checkbox"/> Family LWOP	<input type="checkbox"/> Suspension W/Pay

Employee worked _____ out of _____ scheduled hours.

Last Date and Time in Pay Status: _____ Last Date and Time Present at Work: _____

RETURN FROM LEAVE OF ABSENCE

Return from Family Leave W/O Pay
 Return from Family Leave W/ Pay
 Return from LWOP
 Return from Suspension W/O Pay
 Return from Suspension W/Pay

Employee worked _____ out of _____ scheduled hours.

Last Date and Time in Pay Status: _____ Return Date and Time: _____

SEPARATION

Release From Employment
 Resignation
 Retirement
 Transfer to Other State Agency
 No Position Upon Return
 Reduction in Force (RIF)
 Dismissal
 Name of Agency: _____
 Failure to Return from Leave
 Expiration of Employment
 Death

Employee worked _____ out of _____ scheduled hours.

COMMENTS OR EXPLANATORY REMARKS:

EE approved to receive a 10% salary increase for obtaining master's degree. New salary Include \$5000 COLA increase.

Copy and Paste Requisition from Insight:

* Requisition # : 2022-39164 * Division/Office : County DFCS - Region 5 Unit: Walton Co. DFCS * Job Code: SSP073 - Social Svcs Spec Spv Working Title : Social Svcs Spv- Salary Increase
 Desired Start Date: 04/01/22 * Hiring Managers: Adams, Stephanie CRISS, DAWN Clack, Rebecca Glass Murphy, Tina Hale, Audrey Marrow, Javine McElreath, Julie VanMeter, Bridget Walker, Kristen Job Term: Full Time List Type: Regular and Promotional Vacancies: 0 Click or press enter key to see position information Position: 00022226 - Social Svcs Spec Spv Skills: Comments: Authorization Comments: 3.29.22m/w Personnel Actions: Salary Change Repost - Requisition number of the approved request to hire Department ID Number: 1270500147 Position #: # (USE THE SAME POSITION # SELECTED ABOVE): 00022226 Position Location: Walton DFCS Budgeted Location: Walton DFCS Zip Code: 30655 Maildrop ID: 127030001 UAS CODES - (DFCS ONLY) 103 DFCS UNITS: (DFCS ONLY) Child Welfare Supervisor's Name: Lauren Edenfield Supervisor Position #: 00175376 Supervisors' Phone #: (770) 000-0000 Hire Comment: 10% Salary change due to career path and EE obtaining Master's Degree. _____ NEW SECTION: REQUEST TO HIRE Continuous Recruitment Pay Grade: Base Annual Salary (Market Average): Fringes (Annual Salary x .61734) effective 7.1.21 Total Annual Salary Cost: (Salary + Fringes): Duties & Responsibilities must be listed here or a detailed job description must be attached. (Attach the job template) Funding Source: Specify Other Funding Source: Justification Statement: Number of Days to Advertise: FREE Advertising (check those where you want this job to be posted): List Other Advertisement: _____ End of Section NEW SECTION: SALARY CHANGE (Current Org Chart must be attached. Duties Should Not Change until Requisition is Approved) Salary Increase _____ Employee Name (Last, First, MI): Head, Kristen Employee ID Number: 01067946 Request % of Increase: 10% Request % of Decrease Current Job Code: ssp073 New Job Code: Current Position Number: 00022226 New Position Number: Current Job Title: Social Services Supervisor New Job Title: Current Annual Base Salary: 47,101.41 New Annual Base Salary: 51811.55 Current Pay Grade: J New Pay Grade: Current Department ID Number: 1270500147 New Department ID Number: Current Maildrop ID: 127030001 New Maildrop ID: Requested Supplement Amount: Temporary Salary Supplement Term: Will the position be back filled? Has recruitment started? Justification Statement with details for ALL Changes (REQUIRED statement or attach justification): 10% Salary change due to career path and EE obtaining Master's Degree. _____ NEW SECTION: REALLOCATION Current Position Type: Requested Position Action: (if applicable) _____ Reallocation - Name of Employee Reallocation - Employee ID number Current Job Code: New Requested Job Code: Current Position Number: New Position Number: Current Job Title: New Job Title: Current Pay Grade: New Requested Pay Grade: Current Department ID Number: New Department ID Number: Current Maildrop ID: New Maildrop ID: New Position Type: New Supervisor (if changing): Position # of New Supervisor: Reallocation Justification/Comments: _____ NEW SECTION: SEPARATION SEPARATION TYPE: Employee Name (Last, First, MI): Employee ID Number: Employee SOG ID: Rehire (Please provide justification if answer is, "No") Comments (Please include applicable documentation, i.e. Resignation, Justification, etc.): * Approval 1: HR Generalist Must approve before next approval - McElreath, Julie - Walker, Kristen Approval 2: Regional Director Must approve before next approval - CRISS, DAWN Approval 3: District Managers Must approve before next approval - Parham, Ashley Approval 4: Compensation Must approve before next approval - Harris, Kameisha - Alexander, Alison - Harper, Gentry Approval 5: HR Director or Designee Final approval - Burris, Ann

SIGNATURES:

Requesting Official Signature	Date	Phone
Approving Official Signature Julie McElreath	Date 04/06/2022	Phone

Note: For Position Activity, please use the appropriate Position Action Request.

Brian F. Kemp
Governor

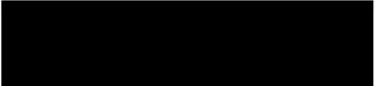
Candice L. Broce
Commissioner



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

April 6, 2022

Ms. Kristen Head



Dear Ms. Head:

Please be advised that effective April 1, 2022, you have been approved to receive a 10.0% salary adjustment for obtaining your master's degree. As a result, your new salary will be \$56,811.56. Your new base salary also includes the \$5000 COLA effective April 1, 2022. The necessary paperwork for this salary adjustment has been submitted to your payroll location for processing.

Should you have any questions, please let me know.

Sincerely,

Julie McElreath

Julie McElreath, HR Generalist
OHR-North District

cc: Tina Murphy, County Director
CW Staff Resource Management (SRM)
Data Processing



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

TO: Kristen Head
FROM: Julie McElreath
RE: Acknowledgement of Pre-Employment Drug Testing

In accordance with the Department of Family and Children Services, Pre-Employment Drug Testing Policy, you are directed to submit to drug testing.

You are required to immediately go to the following location _____ before COB on _____ with the attached Custody and Control Form, Order for Testing, and a picture ID. Should you have any problems with the collection process, you are to contact _____ at _____ while remaining at the collection site.

As a condition of employment:

- The cost of this drug test will be paid by the employer.
- You must successfully complete the pre-employment drug testing process as directed. The test is conducted under the authority of O.C.G.A. 45-20-110 to determine the presence of illegal drugs.
- If you fail to successfully complete the drug testing process as directed or if your drug test result is verified by the Medical Review Officer (MRO) as positive for the presence of an illegal drug(s), the job offer will be rescinded, and you will be disqualified from employment with any State employer for a period of two (2) years.

You are advised that if:

- You expressly decline to submit to drug testing;
- You fail to appear at the testing location by the specified time;
- You engage in conduct that clearly obstructs the testing process;
- You fail to provide adequate urine for testing (45 ml.) without an acceptable medical reason;
- The temperature of your specimen is outside the acceptable range;
- You leave the testing location before providing an adequate sample in the allotted time (up to 3 hours if necessary); or
- The testing laboratory and/or the MRO determine that your sample has been adulterated or substituted.

The actions described below will be taken:

- a. If you have not begun employment, the offer of employment will be withdrawn and you will be disqualified from state employment for a period of two (2) years from the date of testing or date of refusal to test; or,
- b. If you have begun employment, you will be separated immediately in accordance with the Rules of the State Personnel Board and disqualified from state employment for a period of two (2) years from the date of testing or refusal to test.

I certify that I have read and understand the information contained in this document. I certify that I have received, read, and understand the "Order for Testing" form. I understand that if I refuse to take the drug test, fail to appear at the testing location by the specified time, fail to successfully complete the drug testing process, or receive a verified positive drug test result, I am forfeiting any further consideration for this position.

Kristen Head

01/25/2022

Applicant's Signature

Date

Brian P. Kemp
Governor

Candice L. Broce
Commissioner



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

TO:

FROM:

RE: Acknowledgement of Random Drug Testing

In accordance with the Department of Family and Children Services Random Drug Testing Policy, you are directed to submit to drug testing.

You are required to immediately go to the following location _____ before COB on _____ with the attached Custody and Control Form, Order for Testing, and a picture ID. Should you have any problems with the collection process, you are to contact _____ at _____ while remaining at the collection site.

After providing the specimen, two copies of the completed drug testing form will be given to you. You are to return directly to work. Immediately upon returning, you are to submit the completed drug testing form to _____ in order to complete the drug testing process.

_____ Immediately _____ by (_____ COB)

You are advised that if:

- You expressly decline to submit to drug testing;
- You fail to appear at the testing location by the specified time;
- You engage in conduct that clearly obstructs the testing process;
- You fail to provide adequate urine for testing (45 ml.) without an acceptable medical reason;
- You leave the testing location before providing an adequate sample in the allotted time (up to 3 hours if necessary);
- The temperature of your specimen is outside the acceptable range;
- The testing laboratory and/or the MRO determine that your sample has been adulterated or substituted; or,
- Your drug test result is verified by the Medical Review Officer (MRO) as positive for the presence of an illegal drug(s).

The actions described below will be taken:

- You will be immediately separated from employment with the Department of Human Services. Additionally, you will not be eligible for future employment with DHS for a period of two (2) years from the date of separation.
- If you would like to review DHS Policy #1302 reference above, please see me immediately.

I certify that I have read and understand the information contained in this document. I certify that I have received, read and understand the "Order for Testing" form. I understand that if I refused to sign this form, refuse to take the drug test, fail to appear at the testing location by the specified time, fail to successfully complete the drug testing process, or receive a verified positive drug test result, I am forfeiting any further consideration for this position.

Kristen Head

02/06/2022

Employee's Signature

Date

Two Peachtree Street, NW, Atlanta, Georgia 30303
1-844-MYGADHS | dhs.ga.gov



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

**CONDITIONS OF EMPLOYMENT AND EXPECTATIONS
FOR NEW SOCIAL SERVICES SPECIALISTS**

All Social Services Specialist staff hired on or after March 1, 2015 are required to successfully complete both phases of New Worker Training (Keys and Track) with test scores of at least 80%. Employees will have two opportunities to obtain the required score with remedial training provided (in partnership between ETS Trainers and County Management) after a failed first attempt, in preparation for a second attempt. If unable to obtain a passing score upon second attempt, the employee will be released from employment. There will be no exceptions.

Employees are expected to attend every class. If you must be absent due to illness, you may be required to provide a doctor's statement. Employees who are chronically tardy or absent during training may be subject to termination.

I have read and understand the provisions of the *Conditions of Employment and Expectations for New Social Services Specialists*.

Kristen Head

02/06/2022

Signature

Date

Brian P. Kemp
Governor

Candice L. Broce
Commissioner



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

CONFIDENTIALITY

The right of Privacy protects persons receiving services and protects investigations conducted by the Agency from public scrutiny. Federal regulations govern programs in all states. There are four basic types of information specifically covered by Federal regulations.

1. Name, address, and amount of assistance.
2. Information related to socioeconomic condition or circumstance of information about an individual.
3. Agency evaluation of an individual.
4. Medical data including diagnosis and past history.

The general rule about these types of information is non-disclosure, but there are exceptions. Disclosure of the above information can be made in the following types of situations.

1. Written consent of client.
2. An emergency provided that the client is notified as soon as possible.
3. Involuntary surrender of information by subpoena.
4. Release of information to certain agencies and for establishing eligibility or to provide services to applicants or recipients.

As a member of this staff you will have access to information mentioned. You may know some of our clients. In no instance should any information be mentioned outside this office, either during your stay with the Agency or at termination of your employment with this Agency. You have a position of high trust. As a safeguard, a case should not be discussed with others in the office except with your supervisor or the worker concern with handling of the case and this should be done in a professional setting.

In line with this confidentiality, case records must never be taken out of the office. If it becomes absolutely necessary to take a record out, permission must be obtained from the Director or Section Program Director.

In destroying record material, notes or paper with clients' names, the documentation must be shredded.

When in doubt as to information to be given out, consult with your supervisor.

Kristen Head

02/06/2022

Signature

Date



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

Conflict of Interest Questionnaire

Instructions:

- All DHS employees are required to complete the attached questionnaire.
- If ALL of the answers to questions 4-10 are "NO," please print the completed form and forward it back to your human resource office along with your hiring packet.
- If you answered "YES" to ANY of questions 4-10, the completed form is to be returned to your supervisor.

This questionnaire is to be completed by all DHS employees in order to determine whether or not a conflict of interest or the appearance of a conflict of interest exists as a result of possible relationships between themselves and other DHS employees as well as with employees of service providers contracting with DHS.

DHS Personnel Policy 1201, "Standards of Conduct and Ethics in Government," states, "A conflict of interest may exist where employees engage in activities which may financially or otherwise enhance themselves, their relatives or individuals with whom they are personally or financially involved as a result of knowledge, information or action taken in an official capacity as departmental employees." The policy further states, "Employees are to make every effort to avoid even the appearance of a conflict of interest."

DHS holds its employees accountable for avoiding conflicts of interest as well as the appearance of conflicts of interest; therefore it is critical that employees report any relational circumstances that have potential to create conflicts or the appearance of conflicts of interest within the Department.

***NOTE: THIS SURVEY DOES NOT SOLICIT INFORMATION ABOUT RELATIONSHIPS THAT ARE UNRELATED TO YOUR EMPLOYMENT AND SUCH RELATIONSHIPS SHOULD NOT BE DISCLOSED.**



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

Please answer the following questions completely and honestly.

1. What is your name?

Kristen Head

2. What is the name and location of the DHS division or office you work for?

Walton County DFCS 300 Georgia Ave. Monroe, Ga 30655

3. What is your job title and role within your DHS unit?

Social Services Supervisor over Family Preservation Services

4. Is your spouse or someone with whom you have an intimate¹ relationship an employee of DHS?

No

¹ For purposes of this questionnaire, an intimate relationship exists between parties who:
a) currently reside together; b) have a current business relationship; c) have a current financial relationship; d) have a current sexual relationship; **or** e) were in a relationship characterized by one or more of the above criteria within a year of the employee's completion of this questionnaire.

5. Are you related² to an employee of DHS?

No



Georgia Department of Human Services

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6. If the answer to question 4 or 5 is "yes", what, if any, interaction do you have with the identified individual(s) because of your employment?

7. Is your spouse or someone with whom you have an intimate relationship, an employee of a service provider that contracts with DHS?

No

If so, identify the service provider and describe that individual's role within his/her organization.

8. Are you related to anyone who is an employee of a service provider that contracts with DHS? No

If so, identify the service provider(s) and describe those individuals' roles within their respective organizations.

DHS Personnel Policy defines "relative" as any of the following: spouse; child/grandchild (includes biological, adopted or foster child, step child, legal ward, or child for whom the employee stands *in loco parentis*); sister/brother (includes step/half relationships); parent/grandparent (includes step relationships); aunt/uncle; niece/nephew; first cousin; immediate in-law (i.e., mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law or son-in-law); or guardian (as defined by law).

9. If the answer to question 7 or 8 is "yes", what, if any, interaction do you have with the identified individual(s) because of your employment?

Brian P. Kemp
Governor

Candice L. Broco
Commissioner



Georgia Department of Human Services

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10. In addition to your employment with DHS, are you currently employed, in any way, by a service provider or other organization that contracts with DHS? If so, please explain.

No

CONSENT FOR RELEASE OF INFORMATION DHS Policy #504

Double-click on the boxes below to indicate your consent. Consent must be granted for each entry.

Yes	<input type="checkbox"/> Yes	I hereby give my consent for a criminal history check. I understand that Department of Human Services (DHS) requires me to provide complete information for ALL arrests and convictions regardless of First Offender Status or any final disposition. I further understand that failure to adhere to this requirement shall serve as grounds for disqualification from further consideration or termination with DHS.
Yes	<input type="checkbox"/> Yes	I understand that this is a preliminary check for employment purposes and that all prior arrest information will be reported by the Georgia Crime Information Center (GCIC) to the Office of Human Resource Management and Development in the Department of Human Services (DHS).
Yes	<input type="checkbox"/> Yes	I understand that I will be requested to provide documentation to explain any charges that are not cleared as "acceptable for hiring consideration" by the DHS Office of the Inspector General (OIG). I further understand that information received from the criminal history record check may be used as a basis for removing me from consideration for employment or separation from employment.
Yes	<input type="checkbox"/> Yes	I understand that if I am offered employment with DHS, my fingerprints will be taken and a more extensive background check will be completed.
Yes	<input type="checkbox"/> Yes	I understand that failure to disclose any prior convictions will be grounds for disqualification from further consideration or termination of employment with DHS.
Yes	<input type="checkbox"/> Yes	I understand that this consent is voluntary; however, I acknowledge that refusal to give this consent will remove me from further consideration for the position for which I applied.
Yes	<input type="checkbox"/> Yes	In addition to the Criminal History Background check, I give consent to the completion of a comprehensive background check including but not limited to education verification, Motor Vehicle Report (MVR), Integrated Data System (IDS) and reference checks.
Yes	<input type="checkbox"/> Yes	I also acknowledge that providing false information or failure to disclose any information pertaining to my identity or criminal history may be a violation of O.C.G.A §16-10-20 (False statements and writings, concealment of facts, and fraudulent documents in matters within jurisdiction of state or political subdivisions).

Applicant's Last, First, Middle Name		Head Kristen Nicole							
Street Address or PO Box									
City, State, Zip Code									
Phone Number									
Social Security Number									
Date of Birth									
Gender	Female	Race	White	Height	5'4"	Weight	200	Eye Color	Blue

College/University	City & State	Major	Degree	Graduation Date	Full Name on Degree
Georgia State University	Atlanta, Ga	Social Work	BSW	05/2017	Kristen Nicole Head

Signature of Applicant	Kristen Head		
Date	01/25/2022		
Name of DHS Organizational Unit	Walton County DFCS		
Contact Person	Julie McElreath		
Phone Number	706/227/7084	Email Address	julie.mcelreath@dhs.ga.gov

FOR OHR USE ONLY:

No criminal history found through GCIC system check.
 Criminal history found that prohibits hiring (See attached).
 Criminal history found that does not prohibit hiring (See attached).

Brian P. Kemp
Governor

Candice L. Broce
Commissioner



Georgia Department of Human Services
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DESIGNATION FOR OUTSTANDING WAGE PAYMENTS

IMPORTANT!! Please Read Instructions on Reverse Side Before Completing This Form.

1 - EMPLOYEE'S DESIGNATION OF BENEFICIARY (To receive any outstanding wages or other moneys upon the employee's death)

*In the event that upon my death I have wages or other moneys due me from the State of Georgia, Department of Human Services, by this statement I authorize all such sums to be paid to the following individual whom I hereby designate as my beneficiary of any such sums:

Employee's Signature Kristen Head SSN [REDACTED]
Employee's Name [REDACTED] Date [REDACTED]

Please provide the following information:

A. BENEFICIARY
Beneficiary's Name [REDACTED] SSN [REDACTED]
Address [REDACTED]

NOTE: Where the above beneficiary is under a legal incapacity to receive such sums, please indicate, if known, the name and address of the duly qualified guardian of the beneficiary.

B. DULY QUALIFIED GUARDIAN
Guardian's Name _____ SSN _____
Address _____ Phone # _____

2 - SURVIVING SPOUSE OR SURVIVING MINOR CHILDREN (To receive any outstanding wages or other moneys upon the employee's death)

*In the event that upon my death I have wages or other moneys due me from the State of Georgia, Department of Human Services, and in the absence of a designated beneficiary, by this statement, I authorize all such sums to be paid to my surviving spouse and in the absence of a surviving spouse, I authorize all such sums to be paid to the duly qualified guardian of my surviving minor child or children:

Employee's Signature Kristen Head SSN [REDACTED]
Employee's Name Walton County DFCS Date 02/04/2022



Georgia Department of Human Services

Aging Services | Child Support Services | Family & Children Services

Please provide the following information:

A. SPOUSE

Spouse's Name _____ SSN _____

Address _____ Phone # _____

B. MINOR CHILD OR CHILDREN

Child's/Children's Name(s) _____ SSN(s) _____

Address _____ Phone # _____

NOTE: Please indicate, if known, the name and address of the duly qualified guardian.

C. DULY QUALIFIED GUARDIAN

Guardian's Name(s) _____ SSN(s) _____

Address _____ Phone # _____

NOTE: It is the responsibility of the employee to furnish and to keep this information current!!

DESIGNATION FOR OUTSTANDING WAGE PAYMENTS

Chapter 7 of Title 34 of the Official Code of Georgia, Annotated, as amended, provides for the payment of a deceased employee's outstanding wages or other moneys **either** to a designated beneficiary or to a surviving spouse. In the absence of a surviving spouse, outstanding wages would then be paid to the employee's surviving minor child or children.

The following information is presented to help you decide and properly designate the recipient of any outstanding wages of yours.

1 - Designating a Beneficiary

- a. Where a beneficiary is designated, he/she will be the **primary** recipient of outstanding wages over any other individual.
- b. A beneficiary may be an organization or an individual. An individual designated as a beneficiary may or may not be related to you.
- c. Where the designated beneficiary is under a legal incapacity that will act to prevent the beneficiary from directly receiving the outstanding wages, please indicate in the appropriate area, the name and address of the duly qualified guardian of the beneficiary.
- d. For DHS record-keeping purposes, where a beneficiary has been designated but you also have a wife and a minor child or children, please give the requested information in the appropriate spaces in section 2.



Georgia Department of Human Services

Aging Services | Child Support Services | Family & Children Services

NOTE: If at the time of your death the designated beneficiary cannot receive your outstanding wages, these wages will then pass to your surviving spouse, and in the absence of a surviving spouse, to a minor child or children.

2 - Designating a Surviving Spouse or Surviving Minor Children

- a. The law provides that if at the time of your death you have outstanding wages and you have not designated a beneficiary of your wages, any outstanding wages must first go to your surviving spouse. In the absence of a surviving spouse at the time of your death, your wages will pass to your surviving minor child or children. A minor child is age 18 years or under.
- b. If your minor child (or children) has a duly qualified guardian (other than yourself), please indicate in the appropriate area, the name and address of the individual.

In compliance with the above referenced law, you are requested to complete the *DESIGNATION FOR OUTSTANDING WAGES* form on the reverse side of this sheet and submit it as soon as possible to your supervisor. The form will be forwarded through appropriate channels for inclusion in your official DHS personnel file. **Please be aware that beneficiary designations listed in section 1 will supersede any previous beneficiary designations which you have made.**

Any sums payable under this Code Section may be paid pursuant to the designation made by the employee to a beneficiary, or to the employee's spouse, or to the employee's minor child or children.

It is the responsibility of the employee to furnish and keep any such information and designation current.

WHEN CLAIMING OUTSTANDING WAGES, it is the responsibility of the individual designated to receive any outstanding wages to present to the **Personnel Manager** a copy of the death certificate of the deceased employee.



**GEORGIA DEPARTMENT OF HUMAN SERVICES
HUMAN RESOURCES POLICY #1301**

ALCOHOL AND DRUG - FREE WORKPLACE NOTICE

It is the policy of the Department of Human Services (DHS) to provide an alcohol and drug-free workplace. Illegal drug use significantly impacts the workplace and is a serious threat to public health, safety, and welfare. DHS employees are **prohibited** from engaging in the **unlawful/illegal** manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace or while performing assigned duties. Employees are **required** to notify their supervisors and/or their human resources representative of **any** criminal drug arrests or convictions **within five (5) calendar days** of the occurrence. Violations of the above may result in disciplinary action, up to and including separation from employment.

As a condition of employment, while in the workplace or performing assigned duties (including work time while in travel status) employees are:

- Required to be free of illegal drugs.
- Prohibited from abusing legal drugs or other substances, which create the potential for significant risk or harm to themselves or others.
- Prohibited from the illegal use of someone else's prescription drugs.
- Required to be free of alcohol.
- Prohibited from possessing or consuming alcohol.

Any DHS employee may be required to submit to alcohol and/or drug test due to reasonable suspicion. In addition, based on your position, you are subject to be tested based on the following:

- Pre-employment (drug testing only)
- Random (drug testing only)

Drug testing is conducted for the presence of the following illegal drugs:

- Amphetamines/ Methamphetamines
- Cocaine
- Marijuana/Cannabinoids (THC)
- Phencyclidine (PCP)
- Opiates

Alcohol Testing and Results

Employees who refuse to submit to alcohol testing when directed will be immediately separated from employment. Employees whose test shows the presence of alcohol are subject to disciplinary action, up to and including separation from employment. In

ALCOHOL AND DRUG - FREE WORKPLACE NOTICE

addition, when employees are separated, future employment with DHS could be jeopardized. A determination of appropriate action regarding alcohol testing will be made on a case-by-case basis.

Drug Testing and Results

Employees who refuse to submit to drug testing when directed, or whose test result indicates an illegal drug(s), will be immediately separated from employment and will not be eligible for future employment with DHS for a period of two (2) years.

Applicants currently employed with State government but not DHS who refuse preemployment drug testing or whose test result indicates an illegal drug(s), will not be employed by the Department and will not be eligible for future employment with DHS for a period of two (2) years.

Applicants not currently employed with State government who refuse preemployment drug testing or whose test result indicates an illegal drug(s), will not be employed by the Department and will not be eligible for any State employment for a period of two (2) years.

Please refer to DHS Human Resources Policy #1301 for more specific information regarding the alcohol and drug testing programs.

Assistance

DHS is willing to assist employees with alcohol and/or drug-related problems. Employees must advise their supervisor or human resources representative in writing of the need for assistance prior to being notified of required testing and prior to being arrested for a criminal drug or alcohol offense. Employees may also seek assistance with alcohol and/or drug-related problems through their health insurance provider.

ALCOHOL AND DRUG - FREE WORKPLACE NOTICE

ACKNOWLEDGEMENT RECEIPT

My signature below indicates I understand and will abide by the conditions outlined in this notice and DHS Human Resources Policy #1301. I will notify my supervisor and/or human resources representative of any criminal drug and/or alcohol arrest or conviction **within five (5) calendar days** of the arrest or conviction. I realize that federal law may require that my employer communicate conviction information to a federal agency.

I also understand that I am to be free of alcohol and illegal drugs in the workplace and while performing assigned duties. I have been advised that I will be subject to the alcohol and/or drug test indicated in this notice.

Employee Printed Name: Kristen Head

Employee Signature: *Kristen Head*

Organizational Unit: Walton County DFCS

Date: 02/06/2022

Brian P. Kemp
Governor

Robyn A. Crittenden
Commissioner



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

RE: Welcome to DHS!

Dear Kristen Head

On behalf of the Department of Human Services (DHS), I am delighted to welcome you to our team! You bring the skills and expertise that are critical to fulfilling the agency's mission of safeguarding Georgia's most vulnerable, and I hope you find your work here rewarding, challenging and meaningful.

At DHS, we strive to provide our team members with the same level of responsiveness and compassion that we extend to our customers. Should you need any assistance, your colleagues and your Human Resource Generalist are available to support you as you settle into your new role. The HR Helpline is also available at 844-993-4747 to answer your HR-related questions.

We are pleased that you have accepted our job offer and that you are ready to begin your career with the agency. I wish you success here at DHS.

Sincerely,

A handwritten signature in black ink that reads 'Robyn A. Crittenden'. The signature is written in a cursive, flowing style.

Robyn A. Crittenden

Enclosures (2):
New Employee Orientation Booklet
Employee Handbook

Welcome Letter Acknowledgment Form

I certify that I have received and read the DHS Commissioner's *Welcome Letter*. Also, I will read and adhere to the documents enclosed in it as well.

Kristen Head

{Name (Print)}

Kristen Head

{Signature}

02/16/2022

{Date}

Brian P. Kemp
Governor

Candice L. Broce
Commissioner



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

February 2, 2022

Kristen Head
[REDACTED]

Re: Offer of Employment

Dear Ms. Head:

It is with great pleasure that the Georgia Department of Human Services (DHS) offers, and you have accepted the position of Social Services Supervisor, position #00022226, pay grade J, in the Walton County Division of Family and Children Services. You will be reporting to Tabitha Willoughby, Social Services Supervisor, and your start date is scheduled for **Wednesday, February 16, 2022**.

We recognize that you retain the option, as does DHS, to end your employment with DHS at any time, with or without notice and with or without cause. As such, your employment with DHS is at-will and neither this letter nor any other oral or written representation may be considered a contract for any specific period of time.

Your annual salary will be \$47,101.41 paid on the 15th and the last business day of the month. This is a full-time, exempt position with consideration of the Fair Labor Standards Act (FLSA) position classification requirements. Therefore, you will not receive FLSA compensatory time for time worked over 40 hours in a work period. This is an unclassified position under the State Personnel Board Rules.

In addition, you are eligible to participate in the State Health Benefit Plan (SHBP) for medical benefits and the State of Georgia Flexible Benefits Program for dental, vision, etc. The State of Georgia's retirement program is administered through the Georgia State Employees' Pension and Savings Plan (GSEPS), which is comprised of a Defined Benefit Pension Plan and a Defined Contribution Plan 401(k) with matching employer contributions. The Defined Benefit Pension Plan has a mandatory participation contribution of 1.25%. The Peach State Reserves (PSR) 401(k) Plan has an automatic enrollment upon hire of 5% with the option to increase, decrease or opt out of the plan. Details of the above will be presented during New Hire Orientation.

Brian P. Kemp
Governor

Candice L. Broce
Commissioner



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

**Employee Acknowledgment
Patient Protection and Affordable Care Act (ACA)
Health Insurance Marketplace**

As an employer covered under the Fair Labor Standards Act (FLSA), the Department of Human Services (DHS) is attentive to provisions of the Patient Protection and Affordable Care Act (ACA). Included within the provisions is the requirement that DHS provide all employees with written notification (Exchange Notice) of the existence of the Health Insurance Marketplace and their rights in the Marketplace. Existing employees (on board as of September 30, 2013) must receive the notification on or before October 1, 2013, and employees hired on or after October 1, 2013, within 14 days of start date

My signature below acknowledges that I, Kristen Head have received
(Print Name)

timely notification of options that are available for me to obtain health insurance coverage from private providers, starting October 1, 2013, through the Health Insurance Marketplace. Additionally, basic information about the health insurance coverage offered by the State Health Benefits Plan to eligible employees has been provided to me. I further acknowledge that I have received the name and contact information of a DHS staff member should I need additional information to complete an application for coverage in the Marketplace.

Employee Signature: *Kristen Head* Employee ID#: [REDACTED]

Division/Office: Walton County DFCS Date: 02/06/2022

116647

To: Shanell Bathersfield/Walton County DFCS

January 21, 2020

300 Georgia Ave.

Monroe, GA 30655

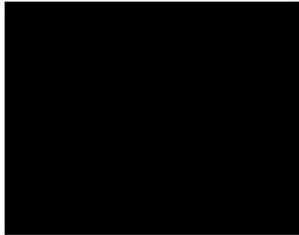
To Whom it May Concern,

Please accept this as my official notice to resign on February 7, 2020. It was been a blessing to work for DFCS for the past three and a half years. I have learned more than I could have ever imagined and am a better person because of it. It is with a heavy heart that I say goodbye.

Thank you,

A handwritten signature in black ink, appearing to read 'Kristen Head', followed by a long horizontal flourish.

Kristen Head



Brian P. Kemp
Governor

Robyn A. Crittenden
Commissioner



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

January 27, 2020

Kristen Head
[REDACTED]

Dear Ms. Head:

Enclosed is your separation notice stating that you resigned effective at the close of business, Friday, February 7, 2020.

Due to your separation, you may request a refund of all contributions made by you to the Employees Retirement System. Below is a link to the refund of contributions form for ERS and GSEPS. Please download the appropriate form(s) and follow the instructions listed:

ERS form: http://www.ers.ga.gov/Docs/Formsandpubs/ERS_Refund_App.pdf

GSEPS form: http://www.ers.ga.gov/Docs/Formsandpubs/GSEPS_Refund_App_PW.pdf

Please allow at least 30 to 45 days from your last day in pay status before requesting this refund.

If I can be any further assistance to you please call me at 706/227-7084 or by e-mail at Julie.mcelreath@dhs.ga.gov

In addition, we ask that you complete the online exit survey recommended by DHS Policy#1906 for all separated Full-Time employees. The Survey URL: <https://www.surveymonkey.com/r/DHSEXIT> Password: Exit

Please feel free to respond candidly, responses are confidential.

On behalf of Department of Human Services, I wish you success in your future endeavors.

Sincerely,

Julie McElreath
HR Generalist North District

CC: Data Transactions

Enclosures: (1)



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name Kristen Head 2. SSN [REDACTED]

a. State any other name(s) under which employee worked. _____

3. Period of Last Employment: From 06/01/2017 To 02/07/2020

4. REASON FOR SEPARATION:

a. LACK OF WORK

b. If for other than lack of work, state fully and clearly the circumstances of the separation:

Voluntary Resignation

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
(DO NOT include vacation pay or earned wages)

_____ in the amount of \$ _____ for period from _____ to _____
(type of payment)

Date above payment(s) was/will be issued to employee _____

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

_____ per month 0.00% of contributions paid by employer

6. Did this employee earn at least \$7,300.00 in your employ? YES NO If NO, how much? \$ _____

Average Weekly Wage _____

Employer's Name State of Georgia

Address 2 Peachtree Street
(Street or RFD)

City Allanta State GA | 30303
| ZIP Code

Employer's Telephone No. (404) 656-6750 FAX: (404) 463-0920
(Area Code) (Number)

Ga. D. O. L. Account Number 11008401

This is the number assigned to the employer by Georgia Department of Labor.

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

Julie McElreath
Signature of Official, Employee of the Employer or authorized agent for the employer

HR Generalist

Title of Person Signing

02/07/2020

Date Completed and Released to Employee

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.

NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

**INSTRUCTIONS TO EMPLOYER FOR COMPLETION
OF THIS SEPARATION NOTICE**

In accordance with the Employment Security Law, OCGA Section 34-8-190(c) and Rules pursuant thereto, a Separation Notice **must** be completed for each worker who leaves your employment, regardless of the reason for the separation. This notice shall be used where the employer-employee relationship is terminated and shall not be used when partial (DOL-408) or mass separation (DOL-402) notices are filed.

Item 1. Enter employee's name as it appears on your records. If it is different from the name appearing on the employee's Social Security Card, report both names.

Item 2. Enter the employee's Social Security Number. **Verify for correctness.**

Item 3. Enter the dates of employee's most recent work period.

Item 4. a. If the reason for separation is for "LACK OF WORK," check box indicated.
b. If the reason for separation is OTHER THAN "lack of work," give complete details about the separation in space provided. If needed, add a separate sheet of paper.

Item 5. If any type payment, (i.e. Separation Pay, Wages-in-lieu of Notice, etc.) was made, indicate the type of payment and the period for which payment was made beyond the last day. Give the date on which the payment was/will be issued to the employee. DO NOT include vacation pay or earned wages.

Item 6. Check the appropriate block YES or NO to indicate whether this employee earned at least \$7,300.00 in your employ. If you check NO, enter amount earned in your employ. Give average weekly wage (without overtime) at the time of separation.

Employer's Name. Give full name of employer under which the business is operated.

Address. Give full mailing address of the employer where communications are to be sent in regard to any potential claim.

Company's Georgia DOL Account Number. Your state DOL Unemployment Insurance Account Number as it appears on your Quarterly Tax and Wage Report, Form DOL-4.

Signature. This notice must be signed by an officer or employee of the employer or authorized agent for the employer, and this person's title or position held with the employer must be shown.

Date. This notice must be dated as of the date it is handed to the worker. If the employee is no longer available at the time employment ceases, mail this form (DOL-800) to the employee's last known address and enter date the form is mailed.

OCGA Section 34-8-256(b)

PENALTY FOR OFFENSES BY EMPLOYERS. "Any employing unit or any officer or agent of an employing unit or any other person who knowingly makes a false statement or representation or who knowingly fails to disclose a material fact in order to prevent or reduce the payment of benefits to any individual entitled thereto or to avoid becoming or remaining subject to this chapter or to avoid or reduce any contribution or other payment required from an employing unit under this chapter or who willfully fails or refuses to make any such contributions or other payment or to furnish any reports required under this chapter or to produce or permit the inspection or copying of records as required under this chapter shall upon conviction be guilty of a misdemeanor and shall be punished by imprisonment not to exceed one year or fined not more than \$1,000.00 or shall be subject to both such fine and imprisonment. Each such act shall constitute a separate offense."

OCGA Section 34-8-122(a)

PRIVILEGED STATUS OF LETTERS, REPORTS, ETC., RELATING TO ADMINISTRATION OF CHAPTER. "All letters, reports, communications, or any other matters, either oral or written, from the employer or employee to each other or to the department or any of its agents, representatives, or employees, which letters, reports, or other communications shall have been written, sent, delivered, or made in connection with the requirements of the administration of this chapter, shall be absolutely privileged and shall not be made the subject matter or basis for any action for slander or libel in any court of the State of Georgia."

Brian P. Kemp
Governor

Candice L. Broce
Commissioner



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

February 2, 2022

Kristen Head
[REDACTED]

Re: Offer of Employment

Dear Ms. Head:

It is with great pleasure that the Georgia Department of Human Services (DHS) offers, and you have accepted the position of Social Services Supervisor, position #00022226, pay grade J, in the Walton County Division of Family and Children Services. You will be reporting to Tabitha Willoughby, Social Services Supervisor, and your start date is scheduled for **Wednesday, February 16, 2022.**

We recognize that you retain the option, as does DHS, to end your employment with DHS at any time, with or without notice and with or without cause. As such, your employment with DHS is at-will and neither this letter nor any other oral or written representation may be considered a contract for any specific period of time.

Your annual salary will be \$47,101.41 paid on the 15th and the last business day of the month. This is a full-time, exempt position with consideration of the Fair Labor Standards Act (FLSA) position classification requirements. Therefore, you will not receive FLSA compensatory time for time worked over 40 hours in a work period. This is an unclassified position under the State Personnel Board Rules.

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You are required to attend New Hire Orientation on **2/16/2022 at 9:00 A.M.** The New Hire Orientation will be done remotely, meaning you will not have to come into the office. You will receive an email with the New Hire Orientation presentation and other related materials. Please follow the instructions and complete your documentation by the deadline. You will be contacted by **Julie McElreath** in the Office of Human Resources to follow up and answer your questions.

In accordance with operational guidance provided by the Federal Bureau of Investigation, the Georgia Bureau of Investigation, and the Georgia Department of Human Services, this offer of employment remains contingent upon your successful completion of the entire background check process which may include, but may not be limited to, criminal background check, drug testing, Child Protective Services history review, education verification, and rehire eligibility status.

Your first day of work in your assigned office location will be Thursday, February 16, 2022. Please be advised your supervisor will be in touch with you prior to Thursday, February 16, 2022, to advise on where to report. Feel free to contact me at 706 340-8567 if you have any questions.

Welcome to the Georgia Department of Human Services!

Sincerely,

Julie McElreath

Julie McElreath
HR Generalist

Cc: Tina Murphy, County Director
HR Data Processing
CW Staff Resource Management

PERSONAL CONTACT/EMPLOYEE INFORMATION FORM

EMPLOYEE INFORMATION

Last Name: Head	First Name: Kristen	Middle Initial: N
SSN: [REDACTED]		

HOME ADDRESS

[REDACTED HOME ADDRESS]

PRIMARY EMERGENCY CONTACT

[REDACTED PRIMARY EMERGENCY CONTACT]

SECONDARY EMERGENCY CONTACT

[REDACTED SECONDARY EMERGENCY CONTACT]

Gender: Male Female

Marital Status: Single (Never Married) Married Separated Divorced Widowed

Ethnic Group:	<input type="checkbox"/> Hispanic or Latino	<input checked="" type="checkbox"/> White (non-Hispanic or Latino)	<input type="checkbox"/> Black or African American (non-Hispanic or Latino)
<input type="checkbox"/> I do not wish to provide this information			

<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (non-Hispanic or Latino)	<input type="checkbox"/> Asian (non-Hispanic or Latino)	<input type="checkbox"/> American Indian or Alaskan Native (non-Hispanic or Latino)	<input type="checkbox"/> Two or more races (non-Hispanic or Latino)
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VETERAN STATUS

A veteran is a former member of the Armed Forces of the United States (Army, Navy, Air Force, Marine Corps, and Coast Guard) who served on active duty and was discharged under conditions, which were other than dishonorable.

Are You A Veteran? Yes No

If Yes, Branch of Armed Forces: Army Navy Air Force Marine Corps Coast Guard

HOW DID YOU LEARN ABOUT THIS JOB OPPORTUNITY? (Please check all that apply)

<input type="checkbox"/> Team.Georgia.gov/careers	<input checked="" type="checkbox"/> DHSJOBSSGA.com	<input type="checkbox"/> Monster.com	<input type="checkbox"/> AJCjobs.com	<input type="checkbox"/> CareerBuilder.com
<input type="checkbox"/> Indeed.com	<input type="checkbox"/> SimplyHired.com	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Dept. of Labor	<input type="checkbox"/> University Website (specify)
<input type="checkbox"/> Division of Aging Services	<input type="checkbox"/> Division of Child Support Services	<input type="checkbox"/> Division of Family & Children Services	<input type="checkbox"/> Department of Human Services Employee	<input type="checkbox"/> Other (specify)

Brian P. Kemp
Governor

Candice L. Broce
Commissioner



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

FALSIFICATION OF RECORDS

I understand that as an employee of the Department of Human Services that if I, outside established regulations, steal, alter, corrupt, falsify, forge, remove or destroy any record, document, correspondence, contract, conveyance, minutes, books, sound recording, audiovisual materials in any format, magnetic or other tapes, or electronic data processing records of or belonging to the Department of Human Services, or if I shall cause to be committed or procure the commission of any of these offenses, I shall be subject to disciplinary action up to and including immediate dismissal by the Department in addition to any civil or criminal actions which may be brought against me for such acts.

I further understand that the penalty for falsification of any record, where the falsification presents the potential for endangerment of safety or security of a client or any person, shall be immediate dismissal.

02/04/2022

Date

Kristen Head

Print Name

Kristen Head

Signature



GSEPS Automatic Enrollment Acknowledgement Form

I, _____, do hereby acknowledge that as a Georgia State Employees' Pension & Savings Plan (GSEPS) member of the Employees' Retirement System of Georgia, I have been automatically enrolled in the Peach State Reserves 401(k) Plan at a contribution rate of 5% of my eligible before-tax salary. This contribution will be deducted each pay period. I understand that I may elect to change my contribution rate or opt out of the plan at any time by contacting GaBreeze.

I have also received the GSEPS Enrollment Information Notice as part of my new hire informational material from my Human Resources official.

Kristen Head

(Please print name)

Kristen Head

Employee Signature

Date



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

Important Information on DHS HIPAA Privacy Policies and Procedures

"HIPAA" is the short name for the Health Insurance Portability and Accountability Act of 1996. Part of that Act provides for the safeguarding of each individual's personal health information or "PHI." The federal Department of Health and Human Services ("HHS") has issued a "Privacy Rule," effective April 14, 2003. The Privacy Rule details when and how the privacy safeguards apply, and the administrative requirements "covered entities" such as DHS must follow. DHS has adopted privacy policies and procedures in order to comply with the Privacy Rule. All members of DHS's workforce will be trained on those DHS policies and procedures. Training will be done in a manner suitable to the employee's role within the agency and the extent of the employee's involvement with PHI. Every member of the workforce, including volunteers and trainees, should keep in mind the following key points from DHS policies and procedures:

- DHS has issued a "notice of privacy practices" stating how it will use and disclose an individual's PHI. The notice will be available in paper and electronic formats.
- DHS must obtain written agreements from its contractors or "business associates" reasonably assuring that their activities will meet HIPAA privacy requirements.
- Normally, an individual's written authorization should be obtained before PHI may be used by DHS or disclosed to others.
- When PHI is used or disclosed without a written authorization, the use or disclosure should only be of the minimum PHI necessary to accomplish the purpose for which the use or disclosure is being made.
- An individual has the rights to access the individual's own PHI; to request limitations on its use and disclosure, including restricting the persons to whom disclosure may be made; to request amendment of the individual's PHI; and, to request an accounting of disclosures made without written authorization or other legal authority. DHS must maintain records of those disclosures and keep the records for six years.
- An individual who believes his or her rights under the Privacy Rule have been violated has a right to make a complaint to the DHS or to the Secretary of HHS.
- DHS has designated a Privacy Officer responsible for developing and implementing privacy policies and procedures, which provide for Division and Office Privacy Coordinators responsible for providing information, receiving complaints and responding to inquiries.
- Both civil and criminal penalties may apply if privacy violations occur.

Please keep a copy of this document for ready reference, sign and date a copy below and return it to the person who distributes your paycheck. Thank you for helping DHS achieve HIPAA compliance.

Kristen Head
Signature

02/04/2022
Date

Kristen Head
Please Print Name Clearly

Walton Co. DFCS
Division / Unit

Brian P. Kemp
Governor

Candice L. Broce
Commissioner



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

NEW EMPLOYEE POLICY ACKNOWLEDGEMENT STATEMENTS

Please read and initial each acknowledgement statement within the document.

Name: Kristen Head

Position Title: Social Svcs Spec Spv

Division/Office and Section/Unit: County DFCS - Region 5

Walton Co. DFCS

1. ACKNOWLEDGEMENT OF UNCLASSIFIED POSITION

I hereby acknowledge that the position I have accepted with the Department of Human Services is in the unclassified service. I understand that as an employee in the unclassified service, my employment is "at-will" and I may be separated at any time without notice or statement of reasons. * I further understand that in accepting this unclassified position, any employment rights I may have had in a position in the classified service no longer exists. I hereby accept these terms of employment.

Note that employees who first established membership in the Employees' Retirement System prior to April 1, 1972, and who have a minimum of eighteen (18) years of State employment, may have involuntary separation rights under the Georgia Retirement System Law. See DHS Human Services/Personnel Policy #1904 - Involuntary Separation - Retirement Benefits for specific information. Please refer to DHS Human Services/Personnel Policy #302 - Movement from Classified to Unclassified Employment for additional information on movement to the unclassified service.

Employee's Initials: KH Date: 02/04/2022

2. ACKNOWLEDGMENT OF WORKERS' COMPENSATION TREATMENT

My initials below indicate that I have been advised that as an employee of the Georgia Department of Human Services I am covered by the Georgia Workers' Compensation Law. I have been informed that I am to immediately report all on-the-job injuries regardless of the extent of the injuries to my supervisor, HR/Personnel Representative or other authorized official. I realize that a delay in notification can result in denial of payment for any medical services rendered.

I understand that if I am injured while on the job and emergency treatment IS necessary, I will receive emergency treatment as soon as possible. All follow up care, however, must be provided by a Workers' Compensation physician listed on the OFFICIAL NOTICE which is posted in my work area.

I further understand that if emergency treatment is NOT necessary, I must receive treatment from a Workers' Compensation physician listed on the OFFICIAL NOTICE. If I obtain nonemergency medical treatment from a physician not on the OFFICIAL NOTICE, I will be responsible for any medical expenses.

I have been advised that if I am dissatisfied with the physician selected, I may make one change without permission to a second physician on the OFFICIAL NOTICE. Any further changes of physicians will require the permission of the Office of Human Resource Management and Development or the State Board of Workers' Compensation.

If I have questions regarding the above, I should discuss them with my supervisor or other authorized official.

For additional information, please review DHS Human Services/Personnel Policy #1701 - Workers' Compensation and Special Injury Return-To-Work Program.

Employee's Initials: KH Date: 02/04/2022

3. SELECTIVE SERVICE REQUIREMENT

State law requires all selected male applicants between the ages of 18 and 26 to present proof of having registered with the Selective Service System or to present proof of being exempt from registration prior to beginning State employment. If an applicant's information cannot be verified online, the applicant will be asked to provide proof of Selective Service registration. Failure to provide proof within seven (7) days of the request will result in withdrawal of the employment offer. I hereby acknowledge that I have read this notice and understand the requirements.

Employee's Initials: KH Date: 02/04/2022

4. EQUAL EMPLOYMENT OPPORTUNITY AND UNLAWFUL DISCRIMINATION

The Department of Human Services is an equal opportunity employer, and does not discriminate on the basis of race, color, creed, national origin, ancestry, citizenship, religion, political opinions or affiliations, age, disability, genetic information, gender, pregnancy, childbirth or related conditions, military or veteran status, or other status protected by federal, or state law or regulation. The Department's goal is to ensure that all individuals are treated in a fair and non-discriminatory manner throughout the employment process. As part of this commitment, the Department prohibits and will not tolerate discrimination against any qualified individual with a disability and seeks to provide reasonable accommodation to all qualified individuals with disabilities. The Department also prohibits discrimination against an employee who has a family member with a disability. Similarly, the Department strives to reasonably accommodate employees' religious needs. My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #101 – *Equal Employment Opportunity and Unlawful Discrimination*.

Employee's Initials: KH Date: 02/04/2022

5. HARASSMENT IN THE WORKPLACE

The Department is committed to maintaining a harassment-free workplace. The Department prohibits and will not tolerate harassment of a sexual nature and/or harassment based on race, color, creed, national origin, ancestry, citizenship, religion, political opinions or affiliations, age, disability, genetic information, gender, pregnancy, childbirth or related conditions, military or veteran status, or other status protected by federal, or state law or regulation. Such harassment violates an individual's fundamental rights and personal dignity and undermines the integrity of the workplace.

The Department's policy of maintaining a harassment-free workplace applies to everyone. The Department will not permit any employee to be harassed in the course of their work by supervisors, coworkers, or third parties, such as vendors or customers. Any employee who engages in prohibited harassment will be subject to prompt disciplinary action, up to and including termination of employment. My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #102 – *Sexual Harassment*.

Employee's Initials: KA Date: 02/04/2022

6. SMOKING POLICY

It is the policy of the Department of Human Services (DHS) to provide a smoke-free environment in all DHS facilities. Smoking is, therefore, prohibited in all facilities either occupied or controlled by DHS and in vehicles owned by or assigned to the Department. Smoking is also prohibited in employee's personal vehicles during work times when clients, patients or customers are being transported. Appropriate action will be taken against employees who violate the smoking policy. My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #103 – *Smoking Policy*.

Employee's Initials: KA Date: 02/04/2022

7. UNDERSTANDING CONCERNING FLSA COMPENSATORY TIME

I acknowledge and understand that, as part of the terms and conditions of my employment with the Georgia Department of Human Services, I may be required to work more than forty (40) hours in a work period. I further understand that if I am a non-exempt employee, I will receive FLSA compensatory time at the rate of time and one-half for overtime worked, in lieu of overtime payment. I understand that I must at all times maintain an accurate and truthful record of my hours worked each day and each work period. I am to sign-in and sign-out recording the exact minute that I begin

work, take meal periods and leave work each day. My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #1001 – *Fair Labor Standards Act*.

Employee's Initials: KA Date: 02/04/2022

8. STANDARDS OF CONDUCT & USE OF STATE PROPERTY ACKNOWLEDGEMENT

Employees of the Department of Human Services (DHS) have a duty of trust to the State of Georgia and its citizens. It is expected that employees will maintain and exercise the highest moral and ethical standards in carrying out their duties and responsibilities. Guidelines for employee conduct have been developed and published in the DHS Human Services/Personnel Policy Manual to prevent the appearance of impropriety, placement of self-interest above public interest, partiality, prejudice, threats, favoritism and undue influence.

State property is to be used for work-related reasons only. Employees are not to use, misuse or permit the use of State property for other than work-related reasons. State property includes, but is not limited to: computers, telephones, cellular phones, fax machines, copiers or other equipment, supplies, vehicles, work areas and furniture.

My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #1201 - Standards of Conduct and Ethics in Government and Policy #1205 - *Use of State Property as a condition of employment*.

Employee's Initials: KA Date: 02/04/2022

9. POLITICAL ACTIVITY

Employees of the Department of Human Services (DHS) are protected from undue political pressure, influence or coercion by Federal and State laws, as well as Department policy. The same laws and policy limit political activity while assuring that the right to participate in the political process is preserved. The provisions of this policy apply to all DHS employees.

Employees must complete the REQUEST FOR POLITICAL ACTIVITY AUTHORIZATION Form and submit it through appropriate lines of authority to their Division/Office Director or authorized designee to request a review and approval of potential political activity.

My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #1202 – *Political Activity*.

Employee's Initials: KA Date: 02/04/2022

10. APPROVAL OF OTHER EMPLOYMENT

A DHS employee may seek and secure employment in addition to DHS employment, provided that the other employment: does not constitute a violation of any Federal or State law, Rules of the State Personnel Board or DHS policy; does not constitute a conflict of interest with departmental employment; and, does not interfere or conflict with an employee's ability to effectively perform assigned duties and responsibilities with the department. In all cases, the employee's job with DHS must be considered primary. Employees are not to begin other employment prior to receiving written approval from the supervisor and authorizing official, or designee. My initials below signify my understanding that I am responsible for reviewing and complying with DHS Human Services/Personnel Policy #1203 – *Other Employment*.

Employee's Initials: KA Date: 02/04/2022



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy # 1203**

SECONDARY EMPLOYMENT REQUEST

All employees requesting secondary employment, whether the employment is with another State entity (e.g. University System of Georgia) or a business entity outside of the State, must complete and submit this request form to their supervisor, Division/Office Director and DHS HR Director. However, employees seeking secondary employment with another State entity must also have written authorization from their second State employer via this form. In addition, this request establishes an agreement that the secondary State employment entity will be responsible for compensating FLSA overtime for State employees.

Employees are responsible for ensuring that all required documents are submitted to their supervisor, Division/Office Director and DHS HR Director. Employees are not authorized to begin secondary employment prior to receiving written approval from the DHS HR Director.

Employee Information	
Name: Kristen Head	[REDACTED]
Job Title: Social Services Supervisor	Division/Office: Walton County DFCS
Office Phone: 6788982515	Office Email: kristen.head@dhs.ga.gov

Secondary Employer Information				
Secondary Employer Name:				
Employment Type:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Temporary
Days to be worked:	<input type="checkbox"/> No Schedule	<input type="checkbox"/> On-Call	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends
Compensation:	<input type="checkbox"/> Fee	<input type="checkbox"/> Honorarium	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Salary
Describe the position duties?				

SECONDARY EMPLOYMENT REQUEST

What is your work schedule? Include the number of days and hours you will be working.

What is the duration of the employment?

Employee Acknowledgement and Signature

This is to request permission for secondary employment as defined in DHS Human Resources Policy #1203 – Secondary Employment. If this request is approved, my secondary employment will not interfere or conflict with my ability to effectively and efficiently perform the duties and responsibilities of my DHS position; provide the potential for improper decisions in departmental activities; or present an actual or perceived conflict of interest.

Signature: Kristen Head

Date: 02/06/2022

Secondary State Employer Written Authorization

(Only complete, if the secondary employment is with another State entity. This section must be completed by your Secondary Employer's authorized designee.)

Authorizer Name:

Authorizer Job Title:

Authorizer Office Phone:

Authorizer Office Email:

I acknowledge that this employee's primary employer is DHS and my agency is the secondary employer. As the secondary employer, my employment agency will be responsible for compensating FLSA overtime for the DHS employee.

Signature:

Date:

DHS Supervisor Approval

Name:

The request is:

Approved

Denied

If denied, provide justification.

Signature:

Date:

SECONDARY EMPLOYMENT REQUEST

DHS Division/Office Director Approval

Name:		
The request is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
If denied, provide justification.		

Signature:	Date:
------------	-------

DHS HR Director

Name:		
The request is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
If denied, provide justification.		

Signature: <i>Kristen Head</i>	Date: 02/06/2022
--------------------------------	------------------

Forward this completed form to:

Office of Human Resources
 Compliance Management
 2 Peachtree Street NW, 28th Floor
 Atlanta, GA 30303

The Office of Human Resources will coordinate the request with the DHS HR Director. A copy of the completed request form will be placed in the employee's official personnel file and forwarded to the employee and appropriate supervisory officials.

Georgia Department of Human Services

EPAR

Complete this Section for all Actions – Then use appropriate Blocks

Employee ID or Leave blank for New Hire: [REDACTED]		Name (Last, First, MI): Kristen Head	
Position No.: 00022226	FLSA Status: exempt	Zip Code: 30655	MD ID: 127,030,001
Job Title: Social Svcs Spec Spv		Division/Unit: DFCS R5/Walton	Dept ID: 1,270,500,147
Effective Date: 02/16/2022	Unit Contact Name: Julie McElreath		Contact Phone: (706) 202-5398
Supervisor Name: Tabitha Willoughby		[REDACTED]	Requisition number: 2022-35539
APPOINTMENT			
<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> TANF Salary <input type="checkbox"/> Transfer from Other State Agency			
Job Title: SS Supv		Pay Grade: J	Salary: \$47,101.41
Job Code: SSP073	Hours to Pay:		
Supervisor Name:			
PROMOTION/DEMOTION * Attach documentation			
<input type="checkbox"/> Promotion <input type="checkbox"/> Voluntary Demotion			
From County or Division GA		To County or Division GA	
Current Job Title:	PG:	Position No:	Job Code: Salary:
New Job Title:	PG:	Position No:	Job Code: % Increase: Salary:
Supervisor Name:			
REALLOCATION FOR NON-COMPETITIVE PROMOTIONS * Attach documentation			
Current Job Title:	PG:	Position No:	Job Code: Salary:
Current Department id:	Current Maildrop id:		Reports to position number:
New Job Title:	PG:	Position No:	Job Code: Salary:
New Department id:	New Maildrop id:		New Reports to position number:
REALLOCATIONS * Attach documentation			
From County or Division		To County or Division	
Current Job Title:	PG:	Position No:	Job Code: Salary:
Current Department id:	Current Maildrop id:		Reports to position number:
New Job Title:	PG:	Position No:	Job Code: Salary:
New Department id:	New Maildrop id:		New Reports to position number:
LATERAL TRANSFER WITHIN SAME COMPANY			
<input type="checkbox"/> Same Class <input type="checkbox"/> Different Class		From County/Division	To County/Division
Current Job Title:		Job Code:	Position No:
New Job Title:		Job Code:	Position No:
Unit Change To:		Mail Drop ID:	
Supervisor Name:			
SALARY CHANGE			
<input type="checkbox"/> Salary Increase <input type="checkbox"/> Hourly Rate Change <input type="checkbox"/> Stipend Bonus * <input type="checkbox"/> Hiring Bonus**			
<input type="checkbox"/> Temporary Salary Supplement <input type="checkbox"/> Lower Level Duties <input type="checkbox"/> Equivalent Level Duties <input type="checkbox"/> Higher Level Duties <input type="checkbox"/> Other Additional Duties			
<input type="checkbox"/> Removal of Temporary Salary Supplement			
Supplemented position #:	Job Title:	Job code:	Paygrade:
Current Salary:	% Increase:	% Decrease	New Salary:
SEPARATION			
<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Transfer to Other State Agency - Name of Agency:			
<input type="checkbox"/> Death <input type="checkbox"/> Release from Employment <input type="checkbox"/> Failure to Return from Leave <input type="checkbox"/> Expiration of Employment			
Employee worked _____ out of _____ scheduled hours.			
COMMENTS OR EXPLANATORY REMARKS:			
2/16/2022 Rehire. Reports to T. Willoughby #00025415			

Copy and Paste Requisition from Insight:

* Requisition # : 2022-35539 * Division/Office : County DFCS - Region 5 Unit: Walton Co. DFCS * Job Code: SSP073 - Social Svcs Spec Spv Working Title : Social Svcs Spec Spv - Request to Repost Desired Start Date: 01/01/22 * Hiring Managers: Adams, Stephanie CRISS, DAWN Clack, Rebecca Glass Murphy, Tina Hale, Audrey Marrow, Javine McElreath, Julie Walker, Kristen Job Term: Full Time List Type: Vacancies: 1 Click or press enter key to see position Information.Position: 00022226 - Social Svcs Spec Spv Skills: Comments: Resignation attached. Authorization Comments: 12.14.21 rn/ad 12-20-21 RN repost of 33735 1.25.22 Julie to on-am Personnel Actions: Request to Repost - Request to Repost - Requisition number of the approved request to hire 2022-33735 Department ID Number: 1270500147 Position #: #(USE THE SAME POSITION # SELECTED ABOVE): 00022226 Position Location: Walton Co. Budgeted Location: Walton Co. Zip Code: 30655 Maildrop ID: 127030001 UAS CODES - (DFCS ONLY) 103 DFCS UNITS: (DFCS ONLY) Child Welfare Supervisor's Name: Tabitha Willoughby Supervisor Position #: 00025415 Supervisors' Phone #: (706) 621-1482 Hire Comment: Request 3rd repost. All applicants considered and dispositioned.

NEW SECTION: REQUEST TO HIRE Request To Hire Continuous Recruitment No Pay Grade: J Base Annual Salary (Market Average): 51811.55 Fringes (Annual Salary x .61734) effective 7.1.21 31985.34 Total Annual Salary Cost (Salary + Fringes): 83796.89 Duties & Responsibilities must be listed here or a detailed job description must be attached. (Attach the job template) Job description attached. Funding Source: Specify Other Funding Source: Justification Statement: Walton County is a class 4 size county in need of a social services supervisor for the foster care team in the social services section. There are currently 190 children in care and three case managers without an assigned supervisor. Walton County continues to have turnover and onboarding of new staff meeting leadership and supervision. Number of Days to Advertise: 2 weeks FREE Advertising (check those where you want this job to be posted): DHS Website Team.GA.Gov/Careers Dept of Labor List Other Advertisement: ----- End of Section NEW SECTION: SALARY CHANGE (Current Org Chart must be attached. Duties Should Not Change until Requisition is Approved) ----- Employee Name (Last, First,MI): Employee Id Number: Request % of Increase: Request % of Decrease Current Job Code: New Job Code: Current Position Number: New Position Number: Current Job Title: New Job Title: Current Annual Base Salary: New Annual Base Salary: Current Pay Grade: New Pay Grade: Current Department ID Number: New Department ID Number: Current Maildrop ID: New Maildrop ID: Requested Supplement Amount: Temporary Salary Supplement Term: Will the position be back filled? Has recruitment started? Justification Statement with details for ALL Changes (REQUIRED statement or attach justification):----- NEW SECTION: REALLOCATION Current Position Type: Requested Position Action: (if applicable) ----- Reallocation - Name of Employee Reallocation - Employee ID number Current Job Code: New Requested Job Code: Current Position Number: New Position Number: Current Job Title: New Job Title: Current Pay Grade: New Requested Pay Grade: Current Department ID Number: New Department ID Number: Current Maildrop ID: New Maildrop ID: New Position Type: New Supervisor (if changing): Position # of New Supervisor: Reallocation Justification/Comments: ----- NEW SECTION: SEPARATION SEPARATION TYPE: Employee Name (Last, First,MI): Employee ID Number: Employee SOG ID: Rehire (Please provide justification if answer is, "No") Comments (Please include applicable documentation, i.e. Resignation, Justification, etc.): Approvals None

SIGNATURES:

Requesting Official Signature	<i>Julie McElreath</i>	Date 02/03/2022	Phone (706) 340-8567
Approving Official Signature		Date	Phone

Georgia Department of Human Services

EPAR

Complete this Section for all Actions – Then use appropriate Blocks

Employee ID or Leave blank for New		Name (Last, First, MI)	
Position No		MD ID	
FLSA Status		Zip Code	
Job Title		Division/Unit	
Effective Date		Unit Contact Name	
Supervisor Name		Employee Email	
Requisition number:			
APPOINTMENT			
<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> TANF Salary <input type="checkbox"/> Transfer from Other State Agency			
Job Title:		Pay Grade:	
Job Code:		Salary:	
Supervisor Name:		Hours to Pay:	
PROMOTION/DEMOTION *Attach documentation			
<input type="checkbox"/> Promotion <input type="checkbox"/> Voluntary Demotion			
From County or Division		To County or Division	
Current Job Title:		PG:	
Position No:		Job Code:	
Salary:			
New Job Title:		PG:	
Position No:		Job Code:	
% Increase:		Salary:	
Supervisor Name:			
REALLOCATION FOR NON-COMPETITIVE PROMOTIONS *Attach documentation			
Current Job Title:		PG:	
Position No:		Job Code:	
Salary:			
Current Department id:		Current Maildrop id:	
Reports to position number:			
New Job Title:		PG:	
Position No:		Job Code:	
Salary:			
New Department id:		New Maildrop id:	
New Reports to position number:			
REALLOCATIONS *Attach documentation			
From County or Division		To County or Division	
Current Job Title:		PG:	
Position No:		Job Code:	
Salary:			
Current Department id:		Current Maildrop id:	
Reports to position number:			
New Job Title:		PG:	
Position No:		Job Code:	
Salary:			
New Department id:		New Maildrop id:	
New Reports to position number:			
LATERAL TRANSFER WITHIN SAME COMPANY			
<input type="checkbox"/> Same Class <input type="checkbox"/> Different Class From County/Division To County/Division			
Current Job Title:		Job Code:	
Position No:			
New Job Title:		Job Code:	
Position No:			
Unit Change To:		Mail Drop ID:	
Supervisor Name:			
SALARY CHANGE			
<input type="checkbox"/> Salary Increase <input type="checkbox"/> Hourly Rate Change <input type="checkbox"/> Stipend Bonus * <input type="checkbox"/> Hiring Bonus**			
<input type="checkbox"/> Temporary Salary Supplement <input type="checkbox"/> Lower Level Duties <input type="checkbox"/> Equivalent Level Duties <input type="checkbox"/> Higher Level Duties <input type="checkbox"/> Other Additional Duties			
<input type="checkbox"/> Removal of Temporary Salary Supplement			
Supplemented position #:		Job Title:	
Job code:		Paygrade:	
Current Salary:		% Increase:	
% Decrease:		New Salary:	
SEPARATION			
<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Transfer to Other State Agency - Name of Agency:			
<input type="checkbox"/> Death <input type="checkbox"/> Release from Employment <input type="checkbox"/> Failure to Return from Leave <input type="checkbox"/> Expiration of Employment			
Employee worked _____ out of _____ scheduled hours.			
COMMENTS OR EXPLANATORY REMARKS:			
Voluntary resignation effective COB 2/7/2020			

Copy and Paste Requisition from Insight:

* Requisition #: 2020-16647 * Division/Office: County DFCS - Region 5 Unit: Walton Co. DFCS * Job Code: SSP071 - Social Svcs Spec 2 Working Title: Social Services Spec 1 resignation
 Desired Start Date: 12/27/19 * Hiring Managers: Boone, Beverly CRISS, DAWN Clack, Rebecca Grubbs, Tina McElreath, Julie Walker, Kristen Job Term: Full Time List Type: Regular Vacancies:
 1 Click or press enter key to see position information. Position: 00186504 - Social Svcs Spec 2 Skills: Comments: Authorization Comments: 1.27.20-AD Personnel Actions: Personnel Action:
 Separation/Resignation Repost - Requisition number of the approved request to hire Department ID Number: 1270500147 Position #: #(USE THE SAME POSITION # SELECTED ABOVE):
 00186504 Position Location: Walton County Budgeted Location: Walton County Zip Code: 30655 Maildrop ID: 127030002 UAS CODES - (DFCS ONLY) 103 DFCS UNITS: (DFCS ONLY) Child
 Welfare Supervisor's Name: Shanell Bathersfield Supervisor Position #: 00170769 Supervisors' Phone #: (770) 207-4020 FLSA Status: Comment: This position is on Walton's 85% floor.
 immediate fill is requested as this is a critical hire with over 200 children in foster care.

Annual Salary (Market Average): Fringes (Annual Salary x .61884) Total Annual Salary Cost (Salary + Fringes): Duties & Responsibilities must be listed here or a detailed job description must
 be attached. (Attach the job template) Funding Source: Specify Other Funding Source: Justification Statement: Number of Days to Advertise: FREE Advertising (check those where you
 want this job to be posted); List Other Advertisement: _____ NEW SECTION: REQUEST TO HIRE Continuous Recruitment Pay Grade: Base
 (Current Org Chart must be attached. Duties Should Not Change until Requisition is Approved) Employee Name (Last, First, MI): Employee ID Number: Request % of Increase: Request % of
 Decrease Current Job Code: Current Position Number: Current Job Title: Current Annual Base Salary: Current Pay Grade: Current Department ID Number: Current Maildrop ID: Requested
 Supplement Amount: New Job Code: New Position Number: New Job Title: New Annual Base Salary: New Pay Grade: New Department ID Number: New Maildrop ID: Temporary Salary
 Supplement Term: Will the position be back filled? Has recruitment started? Justification Statement with details for ALL Changes (REQUIRED statement or attach justification):
 ***** NEW SECTION: REALLOCATION Current Position Type: Requested Position Action: (if applicable) Current Job Code: Current Position Number: Current
 Job Title: Current Pay Grade: Current Department ID Number: Current Maildrop ID: New Department ID Number: New Maildrop ID: New Position Type: New Position Number: New
 Requested Job Code: New Job Title: New Requested Pay Grade: New Supervisor (if changing): Position # of New Supervisor: NEW SECTION: SEPARATION Voluntary SEPARATION TYPE:
 Resignation Employee Name (Last, First, MI): Kristen Head Employee ID Number: 01067946 Employee SOG ID: Rehire (Please provide justification if answer is, "No") Yes Comments (Please
 include applicable documentation, i.e. Resignation, Justification, etc.): Ms. Head will be leaving the division to seek employment with a community partner. Last day of employment will be
 Feb. 7, 2020 Approvals None

SIGNATURES:

Requesting Official Signature Julie McElreath	Date 01/28/2020	Phone 706 227-7084
Approving Official Signature Julie McElreath	Date 01/28/2020	Phone 706 227-7084

**GEORGIA DEPARTMENT OF HUMAN SERVICES
STATE SECURITY QUESTIONNAIRE / LOYALTY OATH**
(Please complete this form legibly. If more space is needed, please use Section 6.)

IMPORTANT WARNING: It is critical that you complete this form accurately. Material falsification or misrepresentation of any information, including criminal charges, will result in the employment offer being withdrawn or separation from employment. For clarification of any portion of this form, please discuss with the hiring official or Human Resource/Personnel Office *prior* to signing the form.

STATE SECURITY QUESTIONNAIRE

NOTICE TO APPLICANTS/EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Georgia Law 16-11-5 *et seq.*) requires each applicant/employee to complete and sign, prior to employment in State government, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits, advocates, or teaches any act intended to overthrow or destroy the government of the United States or government of the State of Georgia by force or violence, or who is a knowing member of a subversive organization.

1. LIST FULL NAME (ALSO INCLUDE MAIDEN NAME, NAMES OF FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES, AND NICKNAMES, AND THE DATES USED)			
LAST NAME Head Kristen Nicole	FIRST NAME	MIDDLE NAME	
OTHER NAMES, AS DESCRIBED ABOVE Butchart			
NAME Butchart	DATES USED 11/08/1993-10/29/16	NAME	DATES USED
NAME	DATES USED	NAME	DATES USED

2. CURRENT ADDRESS	APT. NO.	CITY	COUNTY	STATE	ZIP CODE
[REDACTED]					

<p>3. Are you now or have you been within the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or of the government of the State of Georgia by force or violence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the name of the organization and your past and present membership status including any offices held.</p> <p>NOTE: If the answer to the above question is "Yes" and the department deems further inquiry is necessary, you will be notified. If the result of the inquiry brings your application within the prohibition of Georgia Law 16-11-5 <i>et seq.</i>, you will be notified and given the opportunity to present evidence prior to action adverse to your application being taken.</p>
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CRITICAL: Failure to list all information on criminal charges, pending charges, and/or convictions (Questions 4 & 5) will result in the employment offer being withdrawn or separation from employment. Pleas of *nolo contendere* must be listed. Charges processed under Georgia's First Offender Act are not required to be listed IF all requirements are being or have been met. (e.g., fines paid, community service, probation, etc. are being or have been completed) If unsure of the status, please discuss with the hiring official or Human Resource/Personnel Office *prior* to signing this form. (NOTE: DUI's cannot be processed under Georgia's First Offender Act, and all DUI convictions, *nolo* pleas or pending charges must be listed.)

4. Have you ever been convicted by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, County or Municipal law, regulation, or ordinance? (This includes all felonies or misdemeanors, including traffic violations for which a fine of greater than \$35.00 was imposed. Please do not include anything that happened before your sixteenth birthday. All convictions must be included even if they were pardoned.)
 Yes No If the answer is "Yes," state the reason convicted, the date convicted and the place where convicted.

CHARGE(S) ON WHICH CONVICTED	DATE CONVICTED	NAME OF COURT & PLACE WHERE CONVICTED	PARDONED (Yes or No)

5. Are there any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, County or Municipal law, regulation or ordinance? (Please do not include anything that happened before your sixteenth birthday.) Yes No If the answer is "Yes," provide the following information.

VIOLATION(S) CHARGED	DATE CHARGED	NAME OF COURT & PLACE WHERE PENDING

6. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show Section numbers to which answers or explanations apply. Attach a separate sheet if more space is needed.)

LOYALTY OATH

Georgia Law 45-3-11 requires all employees of State government to take an oath that they will support the Constitution of the United States and the Constitution of the State of Georgia.

I, _____, a citizen of _____ and being an employee of the Georgia Department of Human Services, _____ (Name of DHS Organizational Unit) and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia.

NOTE: Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Georgia Law 16-10-71. Anyone who does not sign this form will not be permitted to receive payment from the State.

AFFIDAVIT OF VERIFICATION

Georgia _____ County (Where Notarized)

I, _____ (Name of applicant/employee), declare under penalties of false swearing that I am the person who completed this document. I have read, know and understand the contents of this document. The answers and information furnished by me on this document, including any attachments, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME:
 This _____ day of (mo) _____, (yr)

 SIGNATURE OF AFFIANT (APPLICANT/EMPLOYEE)

 SIGNATURE OF NOTARY PUBLIC

 PRINT NAME

My commission expires

 DATE

**GEORGIA DEPARTMENT OF HUMAN SERVICES
STATE SECURITY QUESTIONNAIRE / LOYALTY OATH**
(Please complete this form legibly. If more space is needed, please use Section 6.)

IMPORTANT WARNING: It is critical that you complete this form accurately. Material falsification or misrepresentation of any information, including criminal charges, will result in the employment offer being withdrawn or separation from employment. For clarification of any portion of this form, please discuss with the hiring official or Human Resource Personnel Office *prior* to signing the form.

STATE SECURITY QUESTIONNAIRE

NOTICE TO APPLICANTS EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Georgia Law 16-11-5 *et seq.*) requires each applicant/employee to complete and sign, prior to employment in State government, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits, advocates, or teaches any act intended to overthrow or destroy the government of the United States or government of the State of Georgia by force or violence, or who is a knowing member of a subversive organization.

1. LIST FULL NAME(S) (INCLUDE MAIDEN NAME, NAME OF FURTHER DISPLAYED NAMES, NAME(S) CHANGED OR AKA(S), OTHER NICKNAMES AND DIMINUTIVES AND THE DATES USED)			
LAST NAME	FIRST NAME	MIDDLE NAME	
Head	Kristen	Nicole	
2. LIST NAME AND DESCRIBE AKA(S) Butchart			
NAME	DATE(S) USED	NAME	DATE(S) USED
Butchart	11/08/1993-10/29/16		
NAME	DATE(S) USED	NAME	DATE(S) USED

3. HOME ADDRESS	CITY	COUNTY	STATE	ZIP CODE
[REDACTED]				

3. Are you now or have you been within the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or of the government of the State of Georgia by force or violence? Yes No If "Yes," state the name of the organization and your past and present membership status including any offices held.

NOTE: If the answer to the above question is "Yes" and the department deems further inquiry is necessary, you will be notified. If the result of the inquiry brings your application within the prohibition of Georgia Law 16-11-5 *et seq.*, you will be notified and given the opportunity to present evidence prior to action adverse to your application being taken.

CRITICAL: Failure to list all information on criminal charges, pending charges, and/or convictions (Questions 4 & 5) will result in the employment offer being withdrawn or separation from employment. Pleas of *nolo contendere* must be listed. Charges processed under Georgia's First Offender Act are not required to be listed IF all requirements are being or have been met. (e.g., fines paid, community service, probation, etc. are being or have been completed) If unsure of the status, please discuss with the hiring official or Human Resource Personnel Office *prior* to signing this form. (NOTE: DUI's cannot be processed under Georgia's First Offender Act, and all DUI convictions, *nolo* pleas or pending charges must be listed.)

4. Have you ever been convicted by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, County or Municipal law, regulation, or ordinance? (This includes all felonies or misdemeanors, including traffic violations for which a fine of greater than \$35.00 was imposed. Please do not include anything that happened before your sixteenth birthday. All convictions must be included even if they were pardoned.)
 Yes No If the answer is "Yes," state the date convicted and the place where convicted

CHARGE(S) FOR WHICH CONVICTED	DATE CONVICTED	STATE, COUNTY OR PLACE WHERE CONVICTED	PARDONED (Yes or No)

5. Are there any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, County or Municipal law, regulation or ordinance? (Please do not include anything that happened before your sixteenth birthday.) Yes No If the answer is "Yes," provide the following information

CHARGE(S) NOW PENDING	DATE CHARGED	STATE, COUNTY OR PLACE WHERE CHARGED

6. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS (Show Section numbers to which answers or explanations apply. Attach a separate sheet if more space is needed.)

LOYALTY OATH

Georgia Law 45-3-11 requires all employees of State government to take an oath that they will support the Constitution of the United States and the Constitution of the State of Georgia

I, Kristen Head, a citizen of the United States and being an employee of the Georgia Department of Human Services, Walton County d fcs (Name of DHS Organizational Unit) and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia

NOTE Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Georgia Law 16-10-71. Anyone who does not sign this form will not be permitted to receive payment from the State.

AFFIDAVIT OF VERIFICATION

Georgia Walton County (Where Notarized)

I, Kristen Head (Name of applicant/employee), declare under penalties of false swearing that I am the person who completed this document. I have read, know and understand the contents of this document. The answers and information furnished by me on this document, including any attachments, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME

This 26 day of February, 2022


 SIGNATURE OF NOTARY PUBLIC
 My commission expires _____


 SIGNATURE OF AFFIANT (APPLICANT EMPLOYEE)
Kristen Head
 PRINT NAME
1-26-2022
 DATE

EMPLOYEE ACKNOWLEDGEMENT FORM

The *EMPLOYEE HANDBOOK* has important information about DHS employment. My signature below acknowledges that I have received the *HANDBOOK*, and that I understand it is my responsibility to read and comply with the guidelines described in it. I understand that, if I have any questions not answered in the *HANDBOOK*, I should

- contact my supervisor
- contact my Human Resources Representative
- contact the Office of Human Resources
- refer to the DHS Human Services/Personnel Policy Manual

I UNDERSTAND THAT THIS *HANDBOOK* IS NOT A CONTRACT OF EMPLOYMENT OR A LEGAL DOCUMENT, AND IS NOT TO BE INTERPRETED AS SUCH. The Department has the right to change information in this *HANDBOOK* at any time or for any reason without prior notice.

Please complete below:

EMPLOYEE'S NAME (please print clearly)

EMPLOYEE'S SIGNATURE

Kristen Head

WORK LOCATION & ADDRESS

DATE

This copy should be filed with the employee's personnel file.

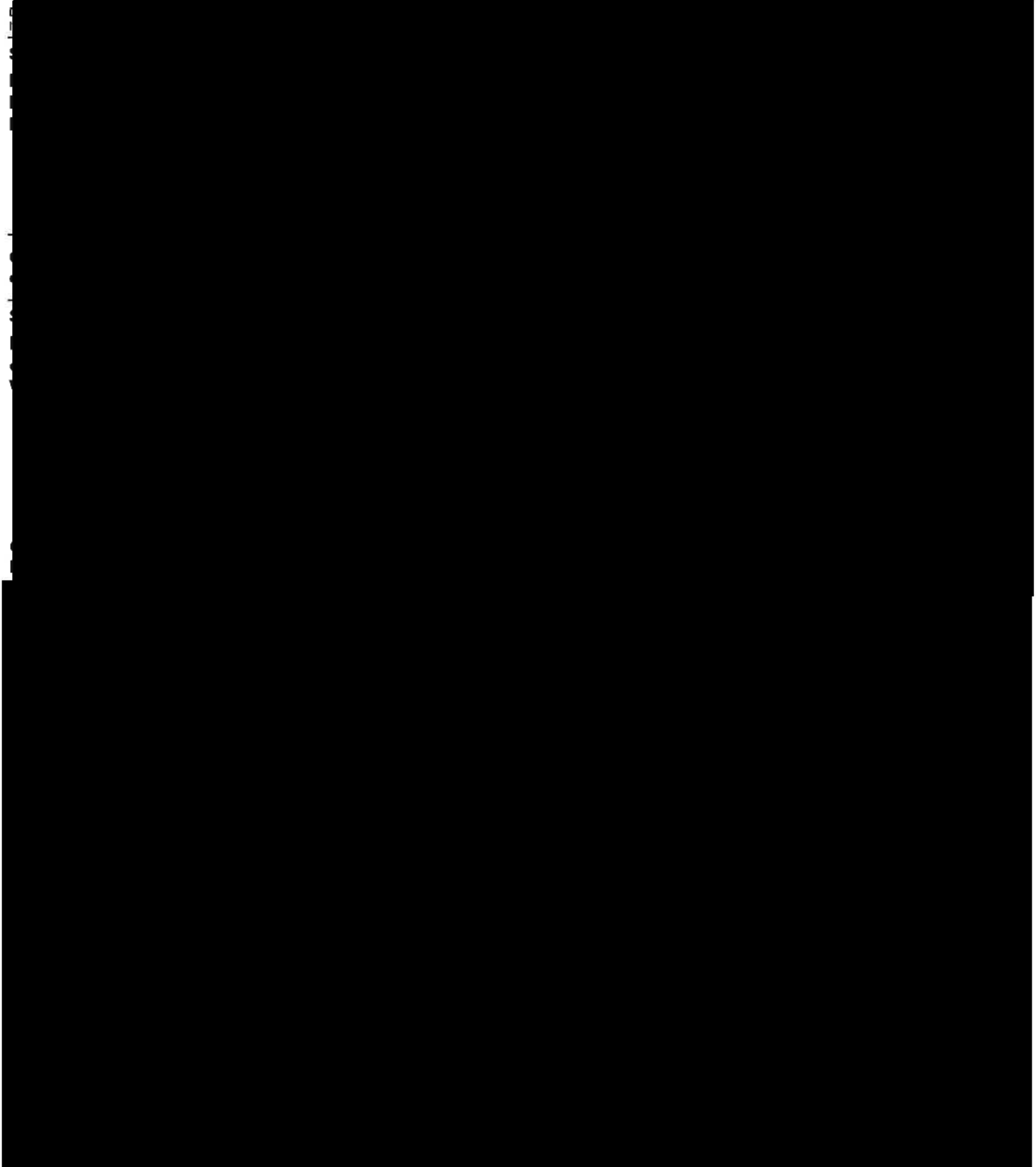
Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

2022



General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only **ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 1 \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 2c \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____

- 4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) 4 \$ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____

- 2 Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ 2 \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$ _____

- 5 Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730