


<b>Date</b>	<b>10-Aug-21</b>		
<b>Employee Name</b>	<b>Alphonso Forrest</b>		
<b>Type of Action</b>	<b>Termination</b>		
		<b>Increase Requested</b>	<b>After</b>
<b>Salary</b>	\$45,001.32/ Annual		n/a
	\$20.61 / Hourly	<b>Increase Approved</b>	
<b>Department</b>	<b>Police</b>		
<b>Job Title</b>	<b>Police Officer</b>		
<b>Effective Date</b>	<b>10-Aug-21</b>	<b>Alternate Date</b>	
<b>Reasons for action</b>			
<b>Approved by:</b>			
<b>Dept. Director</b>			
<b>Personnel Officer:</b>			
<b>City Manager:</b>			

**EMPLOYEE ADVERSE ACTION NOTIFICATION – PROVISIONAL EMPLOYEES**

Employee information

Employee name	Alphonso Forrest	Date	August 10, 2021
Type of Adverse Action	Dismissal	Personnel Rules & Regulations Section	Not Applicable
Supervisor	Lt. R. Pendleton	Department	Police

Reason for adverse action, outlining dates, nature of the problem/behavior, code section from Personnel Rules and Regulations and/or department operating procedure

On Wednesday, August 4, 2021, an internal affairs investigation was begun to investigate allegations lodged against Officer A. Forrest. As of this date it has been determined that Ofc. Forrest did violate City Personnel Rules and Regulations 6.2 (10/11), and Snellville Police Department S.O.P. Code of Conduct (F1, 11). Based on the policy violations determined thus far, along with the fact that Ofc. Forrest is a provisional employee, today will be his last day of employment. He is being advised on this notice that he has the ability to request a name clearing hearing as allowed by City Personnel Rules and Regulations.


Effective date of proposed action & employee return to work date (if applicable)


August 10, 2021

Acknowledgement of Receipt

By signing this form, you confirm that you understand the information in this adverse action. You do have the rights afforded to provisional employees as outlined in the Snellville Personnel Rules and Regulations, section 6.4 and may request a name-clearing hearing before the City Personnel Officer prior to the effective date of the proposed action

  
Employee Signature \_\_\_\_\_ Date 08/10/2021

  
Division Commander \_\_\_\_\_ Date 8/10/2021

  
Department Head Signature \_\_\_\_\_ Date 8/10/2021

Witness Signature (if employee understands Adverse Action but refuses to sign) \_\_\_\_\_ Date \_\_\_\_\_



State of Georgia  
Department of Labor  
**SEPARATION NOTICE**

1. Employee's Name Alphonso Forrest 2. SSN 253817434

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

3. Period of Last Employment: From 06/01/2021 To 08/10/2021

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: \_\_\_\_\_

Dismissal

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 \_\_\_\_\_ % 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 \$ 865.00

City of Snellville c/o Equifax Workforce Solutions  
Employer's Name

P.O. Box 283  
Mailing Address

St. Louis MO 63166  
City State Zip Code

Employer's Telephone No. 800 846-9210  
(Area Code) (Number)

**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 separation information, you may attach a copy of this form (DOL-800) as a part of your response.

**GA D. O. L. Account Number** 14026207

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.

Digitally signed by Gabriela Downs  
DN: cn=Gabriela Downs, o=City of Snellville, ou, email=gdowns@snellville.org, c=US  
Date: 2021.08.09 08:32:49 -0400

\_\_\_\_\_  
Signature of Official, Employee of the Employer  
or authorized agent for the employer

Human Resources  
Title of Person Signing

08/10/2021  
Date Completed and Released to Employee

**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.**

**PRINT**

**CLEAR**

## 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 employer-filed claims (partial) 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 accuracy.**
- 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 regarding a potential claim.

GA DOL Account Number Employer's 8-digit state account number assigned by GDOL.

Your state DOL Unemployment Insurance Account Number as it appears on your Quarterly Tax and Wage Report.

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.

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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."

## EMPLOYER NOTIFICATION TO EMPLOYEES OF THE AVAILABILITY OF UNEMPLOYMENT COMPENSATION

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the state UI eligibility laws. You may file a UI claim the first week that your employment stops or your work hours are reduced.

For assistance or more information about filing a UI claim visit the Georgia Department of Labor's website at [dol.georgia.gov](http://dol.georgia.gov). You will need to provide the following information in order for the state to process your claim:

- Your legal name as it appears on your Social Security card
- Social Security Number
- Georgia Driver's License, if applicable
- Work authorization documents, if you are not a U.S. citizen
- Bank's routing number and your account number, if you want to receive your benefit payments via direct deposit
- Work history information for the last 18 months, to include your separation notice, if provided by your employer

You can file your claim online using any Internet accessible device. Follow these steps to file your claim online:

1. Go to [dol.georgia.gov](http://dol.georgia.gov).
2. Select **Apply for Unemployment Benefits**.
3. Answer the questions completely.
4. Download and read the **UI Claimant Handbook**. Information in this handbook provides detailed instructions regarding the unemployment insurance (UI) program and the "Next Steps" to follow after submitting your claim.
5. Record your **Confirmation Number**. A confirmation email will be sent to the email address provided when completing the claim application. (If you do not receive a confirmation number, the application was not successfully completed. It remains on the system for 24 hours. Log in again and make sure you select FINISH to receive a confirmation number.)

If you have questions about the status of your claim, you can check the status of your claim online at [dol.georgia.gov](http://dol.georgia.gov) by using **My UI (Check My UI Claim Status)**.

For assistance, contact UI Customer Service at 1.877.709.8185 Monday–Friday, 8:00 a.m. – 4:30 p.m. EST or email [Customer.Service@gdol.ga.gov](mailto:Customer.Service@gdol.ga.gov).