



FULTON COUNTY
REPORT OF PERSONNEL ACTION
FORM-8

Date of Request: 4/25/2018

Employee ID: [REDACTED]
Name: WYATT JR, RONNIE B.

Appt ID:
Orig. Appt Date: 12/14/16

Personnel Action: RIF
Description: PP-330-16-IV REDUCTION IN FORCE

Effective Date: 3/25/18

Personnel Action Reason: SFD
Description: TRANSITION TO CITY OF SOUTH FULTON

Employment Status: R Start Date: End Date:
Civil Service Status: P Perm/Temp: P Time Class Code: FULL
Payroll Number: OFFPR Pay Class Code: EXCA

Title Code: 320019 Description: POLICE OFFICER I
Position No.: Description:
Grade: 15 Leave Progression Start Date: 12/14/16
Pay Progression Start Date: 12/14/16

Agency Code: 320 Description: Police
Organization: 3201 Description: Uniform Patrol/Criminal Investigations

Pay Type	Rate Code	Amount or Percent	Effective Date
REGLR	A	\$41,269.0000	3/25/18

Authority for Action: PP 330-16 IV

Comments: 112:00 HOLIDAY AND 105:44 VACATION LEAVE

Approved:

[REDACTED SIGNATURE]

PERSONNEL DIRECTOR

Document Reference: ESMT-215-0425180000000004507-1

TIME DETAIL

Time Period: Current Pay Period
 Dates: 3/21/2018 - 4/03/2018

Printed: 4/02/2018

Name: WYATT, RONNIE B ID: [REDACTED] Pay Rule: Sal NE 171 Comp15-NoLunch-8H
 Primary Account(s): 12/14/2016 - forever 320/3201/-/B301/1000/-

Date	Apply To	In Punch	In Exc	Out Punch	Out Exc	(\$)Amt	Adj/Ent Amount	Totaled Amount	Cum. Tot. Amount	Absence
Wed 3/21									0:00	
Thu 3/22		9:00PM		5:00AM				8:00	8:00	
Fri 3/23		9:00PM		5:00AM				8:00	16:00	
Sat 3/24		9:00PM		5:00AM				8:00	24:00	
Sun 3/25									24:00	
Mon 3/26									24:00	
Tue 3/27									24:00	
Wed 3/28									24:00	
Thu 3/29									24:00	Absence
Fri 3/30									24:00	Absence
Sat 3/31									24:00	Absence
Sun 4/01									24:00	
Mon 4/02									24:00	
Tue 4/03									24:00	

Totals (\$)Amt: 0.00 Adj/Ent Amount: 0:00 Totaled Amount: 24:00 Cum. Tot. Amount: 24:00

Account Summary

Account	Pay Code	Money	Hours	Wages
320/3201/-/B301/1000/-				
	REGULAR		24:00	0.00
	REGULAR		24:00	0.00

Pay Code Summary

Pay Code	Money	Hours	Wages
REGULAR		24:00	0.00

Totals Money: 0.00 Hours: 24:00 Wages: 0.00

Combined Pay Code Summary

Pay Code	Money	Hours	Wages
REGULAR		24:00	0.00

Totals Money: 0.00 Hours: 24:00 Wages: 0.00

112:00 - Hol
105:44 - Vac

1:07
1:23

Employee ID : ██████████ Name : WYATT, RONNIE B
Appointment ID :

	Category	Category Desc	Balance	Amount Basis	Balance Type	Leave Year End Month
✓	COMP	COMP LEAVE	00:00	Hour	Inception to Date	
	HOL	HOL LEAVE	112:00	Hour	Inception to Date	
	LWOP	LWOP	00:00	Hour	Inception to Date	
	MILIT	MILT LV	-48:00	Hour	Leave Year to Date	12
	SICK	SICK LEAVE	99:13	Hour	Inception to Date	
	VAC	VAC LV	105:44	Hour	Inception to Date	

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Search

Selection Month : Balance :
Selection Year : Amount Basis :
Category : Balance Type :
Category Desc : Leave Year End Month :

[Create Leave Accrual](#) [Create Leave Donation](#)



Employee ID : XXXXXXXXXX Name : WYATT, RONNIE B
 Appointment ID :

	<u>Category</u>	<u>Category Desc</u>	<u>Balance</u>	<u>Amount Basis</u>	<u>Balance Type</u>	<u>Leave Year End Month</u>
✓	COMP	COMP LEAVE	00:00	Hour	Inception to Date	
	HOL	HOL LEAVE	00:00	Hour	Inception to Date	
	LWOP	LWOP	00:00	Hour	Inception to Date	
	MILIT	MILT LV	-48:00	Hour	Leave Year to Date	12
	SICK	SICK LEAVE	99:13	Hour	Inception to Date	
	VAC	VAC LV	00:00	Hour	Inception to Date	

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Search

Selection Month : Balance :
 Selection Year : Amount Basis :
 Category : Balance Type :
 Category Desc : Leave Year End Month :

[Create Leave Accrual](#) [Create Leave Donation](#)





State Of Georgia
Department Of Labor
SEPARATION NOTICE

1. Employee's Name: WYATT, RONNIE B 2. Last Four (4): [REDACTED]
- a. State any other name(s) under which employee worked.
3. Period of Last Employment: From: 12/14/2016-3/25/2018
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. TRANSITION TO CITY OF SOUTH FULTON
5. Employee received: Wages in Lieu of Notice Separation Pay Vacation Pay
- In the amount of \$ _____ from _____, _____ to _____, _____
6. Did this employee earn at least \$3,000.00 in your employ? Yes No If no how much \$ _____

Employer's Contact Information:
FULTON COUNTY GOVERNMENT
141 PRYOR STREET, SUITE 3030
ATLANTA, GEORGIA 30303
Contact Number: (404) 613-0925

Unemployment Contact Information:
Name: CORPORATE COST CONTROL
Address: P.O. BOX 1180
(Street of RFD)
City Londonderry State NH Zip 03053
Employer's Telephone No. 614-300-6350 ext. 463
(Area Code) Number
Fax No. 614-300-6351
ATTN: Greg Montjoy
Email: gmontjoy@corporatocostcontrol.com

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-403 FF, you may attach a copy of this form (DOL-800) as a part of your response.

Ga. D.O.L. Account Number [REDACTED]
Number shown on Employee's Quarterly Tax and Wage Report Form DOL-4.

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

[REDACTED SIGNATURE]
Signature of Official, Employee of the Employer or authorized agent for the employer

Human Resources Operations Representative,
Fulton County Personnel Department
141 Pryor Street, Suite 3030
Atlanta, GEORGIA 30303
Phone: (404) 613-0880 Fax No. (404) 612-2499

HUMAN RESOURCES PAYROLL COORDINATOR
Title of Person Signing

3/27/2018
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 SERVICES OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION - DOL-800 (R-5/99)



FINAL REPORT ON PROBATIONER

TO: Crystal Evans, Personnel Manager

FROM: POLICE DEPARTMENT

Date: October 20, 2017

RONNIE WYATT #133058
(Probationer's Name)

POLICE OFFICER I
(Classification)

is a probationary appointee in the POLICE Department whose probation period is due to expire on COB: 12/13/2017. In order to determine the status of the probationer named above this form must be completed and returned to this office on or before the expiration date shown above. Otherwise, the records of the Personnel Office shall reflect permanent status for the employee unless the documents to which his/her appointment was subject have not been received in Human Resource on or before the expiration date. If the probation period is to be extended or if the employee is to be terminated, the Appointing Authority must inform the employee and the Human Resource Director in writing prior to the date of completion of the current probation period as shown above.

Probationer's services have been satisfactory and I request that (he) (she) be given permanent status. I certify that all documents required for permanent status have been furnished to the Department of Human Resource Management.

I wish to extend the probationary period for an additional _____ months for the following reasons (PR-700-1):

Written notice of this extension is attached and was given to this employee on:

(Date to be entered by the Appointing Authority)

(Employee Signature)

12/4/17
(Date)

This employee's services during probation have been unsatisfactory and I request that (he) (she) be terminated during probation for the following specific reasons:

Written notice of this termination is attached and was given to this employee on:

(Date to be entered by Appointing Authority)

(Employee Signature)

(Date)

The employee's work performance is satisfactory. His/her probationary appointment is to be extended pending receipt of the stated outstanding document(s). Upon receipt of these document(s) employee is to be granted permanent status:
Please obtain requested documents for above name employee

APPROVED:

Kenneth L. Hermon, Jr. PHR, IPMA-CA,
Chief Human Resources Officer

Appointing Authority

12/5/17
Date

Under the Provisions of the Fulton County Civil Service Act of 1982, and the Personnel Regulations, the first six (6) months of employment, beginning with the date of original appointment to a permanent position, is designated as a "Probationary Period". Probationary periods may be extended for up to a maximum of one (1) year. For cause, upon the recommendations of an Appointing Authority and approval of the Human Resource Director (PR 700-1.20) Retention beyond a maximum of one (1) year of probationary service is prohibited.

12/14/17
JMR



TO: Kimberly Flowers, Personnel Manager

FROM: POLICE DEPARTMENT

Date: February 13, 2017

RONNIE WYATT [redacted]
(Probationer's Name)

POLICE OFFICER I
(Classification)

is a probationary appointee in the POLICE Department whose probation period is due to expire on COB: 6/13/2017. In order to determine the status of the probationer named above this form must be completed and returned to this office on or before the expiration date shown above. Otherwise, the records of the Personnel Office shall reflect permanent status for the employee unless the documents to which his/her appointment was subject have not been received in Human Resource on or before the expiration date. If the probation period is to be extended or if the employee is to be terminated, the Appointing Authority must inform the employee and the Human Resource Director in writing prior to the date of completion of the current probation period as shown above.

() Probationer's services have been satisfactory and I request that (he) (she) be given permanent status. I certify that all documents required for permanent status have been furnished to the Department of Human Resource Management.

(X) I wish to extend the probationary period for an additional 6(six) months for the following reasons (PR-700-1):
Insufficient time performing solo.

Written notice of this extension is attached and was given to this employee on:

(Date to be entered by the Appointing Authority)
[redacted] _____
(Employee Signature) 6/13/17
(Date)

() This employee's services during probation have been unsatisfactory and I request that (he) (she) be terminated during probation for the following specific reasons:

Written notice of this termination is attached and was given to this employee on:

(Date to be entered by Appointing Authority)

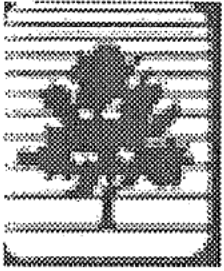
(Employee Signature) _____
(Date)

() The employee's work performance is satisfactory. His/her probationary appointment is to be extended pending receipt of the stated outstanding document(s). Upon receipt of these documents(s) employee is to be granted permanent status:

Please obtain requested documents for above name employee
SUBJECT TO SATISFACTORY OATH OF OFFICE *sent to HR*

APPROVED: _____
Kenneth L. Hermon, Jr. PHR, IPMA-CA, [redacted] _____
Chief Human Resources Officer Appointing Authority 6/13/17 Date

Under the Provisions of the Fulton County Civil Service Act of 1982, and the Personnel Regulations, the first six (6) months of employment, beginning with the date of original appointment to a permanent position, is designated as a "Probationary Period". Probationary periods may be extended for up to a maximum of one (1) year, for cause, upon the recommendations of an Appointing Authority and approval of the Human Resource Director (PR 700-1 (2)). Retention beyond a maximum of one (1) year of probationary service is prohibited.



BREAK

Last Name

WYATT

First Name

RONNIE BENARD

Fulton County ID Number



Social Security Number



DRS ID



ACTIVE

INACTIVE

MISCELLANEOUS



FULTON COUNTY

FULTON COUNTY
REPORT OF PERSONNEL ACTION
FORM-8

Date of Request: 12/28/2016

Employee ID: [REDACTED]

Appt ID:

Name: WYATT JR, RONNIE B.

Orig. Appt Date: 12/14/2016

Personnel Action: EC

Effective Date: 12/14/2016

Description: CORRECT PROBATIONAL APPT

Personnel Action Reason: E/O

Description: ELIGIBLE/OUTSTANDING DOCUMENT

Employment Status: A

Start Date: 12/14/2016

End Date: 6/13/2017

Civil Service Status: PR

Perm/Temp: P

Time Class Code: FULL

Payroll Number: B301

Pay Class Code: EXCA

Title Code: 320019

Description: POLICE OFFICER I

Position No.: 0003226

Description: POLICE OFFICER I

Grade: 15

Leave Progression Start Date: 12/14/2016

Pay Progression Start Date: 12/14/2016

Agency Code: 320

Description: Police

Organization: 3201

Description: Uniform Patrol/Criminal Investigations

Pay Type	Rate Code	Amount or Percent	Effective Date
REGLR	A	\$39,682.0000	12/14/2016

Authority for Action: ELIGIBLE

Comments: SUBJECT TO SATISFACTORY FINGERPRINT REPORT AND OATH OF OFFICE

Approved:

PERSONNEL DIRECTOR

Document Reference: ESMT-215-1228160000000012021-1

Employee Status Maintenance(ESMT) Dept: 215 ID: [REDACTED] Ver.: 1 Function: New Phase: Pending

Modified by smontfort , 12/28/2016

Employee

Action: Undo Update Delete

Tab View

General Information

*Employee ID: [REDACTED]

From: 12/14/2016

Name: WYATT, RONNIE B

To: 12/31/9999

Appointment ID: [REDACTED]

*Original Appointment Date: 12/14/2016

Alternate ID: [REDACTED]

Name Prefix: [REDACTED]

First Name: RONNIE

Middle Name: BENARD

Last Name: WYATT

Name Suffix: JR

Social Security Number: [REDACTED]

Email Address: [REDACTED]

Assignment Information

*Personnel Action Code: EC

Step: [REDACTED]

Personnel Action Desc: COR PROB APP

Step Desc: [REDACTED]

Personnel Action Reason: E/O

*Table Driven: Do Not Use Table

Personnel Action Reason Desc: [REDACTED]

Pay: [REDACTED]

*Employment A Status: [REDACTED]

EEO Full-time: Yes

Employment Status Desc: ACTIVE EMP

*Percent Full-time: 1.0000

*Home Department: 320

ACA Full-time:

Department: [REDACTED]

Union Member: No

Home Department Desc: Police

Union Local: FN

Union Local Desc: FREEZE LIST

***Home Unit:** 3201

Home Unit Desc: Uniform Patrol

Position Number: 0003226

Position Number Desc: POL OFF I

Split Position:

Applicant Information

Applicant ID:

Split Job Notice ID:

Job Notice ID:

Probation Dates

Probation Start Dt: 12/14/2016

Probation End Dt: 06/13/2017

Progression Dates

Pay Progression Start: 12/14/2016


Benefits Progression Start:

Leave Progression Start: 12/14/2016







ACA Non-Assessment Period End:

Classification Attributes

*Payroll Number: B301	*Title: 320019
Payroll Number Desc: SOUTH FULTON	Title Desc: POL OFF I
*Pay Class: EXCA	Sub-Title: <input type="text"/>
Pay Class Desc: BIWK SALARY	Sub-Title Desc: POL OFF I
Civil Service Status: PR	Assignment Type: Permanent
Civil Service Class Desc: PROBATIONAL	Pay Location: 320
	Work Location: 320

Time Class: FULL 
Time Class Desc: FULL TIME

Overrides

Pay Policy: <input type="text"/> 	Grade: 15 
Pay Policy Desc: <input type="text"/>	Grade Desc: ARCHER STUDY
Leave Policy: FLSA 	FLSA: NE ▼
Leave Policy Desc: <input type="text"/>	FLSA Profile: <input type="text"/> 
Benefits Policy: <input type="text"/> 	FLSA Profile Desc: <input type="text"/>
Benefits Policy Desc: <input type="text"/>	CCOMP: <input type="text"/> ▼
	CCOMP Profile: <input type="text"/> 
	CCOMP Profile Desc: <input type="text"/>
	Exclude from FTE Benefit: <input type="checkbox"/>

For Form 8 Action Report

Create FORM-8 Action Report:

Form 8 Authority for Action: ELIG

Form 8 Remarks:
PP & DATA

Copy Discard Approve Reject Print Processing ▼ Workflow ▼ File ▼
Close

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Sherita Montfort

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[Print View](#)

320019-VB 09.26.2016 - POLICE OFFICER I

Contact Information – Person ID: [REDACTED]

Name: Ronnie B Wyatt

Address: [REDACTED]

Home Phone: [REDACTED]

Alternate Phone: [REDACTED]

Email: [REDACTED]

Notification Preference: Email

Former Last Name: [REDACTED]

Month and Day of Birth: 11/30

Personal Information

Driver's License: Yes, Georgia, [REDACTED] Class C

Can you, after employment, submit proof of your legal right to work in the United States? Yes

What is your highest level of education? High School

Preferences

Preferred Salary:

Are you willing to relocate? No

No

I currently live in Fayetteville, Georgia which is in the Atlanta Metropolitan Area.

Types of positions you will accept:

Regular

Types of work you will accept:

Full Time

Types of shifts you will accept:

Rotating

Objective

To obtain a position with the Fulton County Police Department, at where I will strive to be a professional law enforcement professional; steadily progressing in my career.

Education

High School

Fayette County High School

9/2004 - 6/2008

Fayetteville, Georgia

Did you graduate: Yes ✓

Highest Level Completed: 12

Did you receive a GED? No

Degree Received: High School Diploma

Work Experience

Sergeant

5/2005 - Present

Hours worked per week: 0

Monthly Salary: \$0.00

Name of Supervisor: Jamal Callwood - Sgt. First Class

May we contact this employer? Yes

U.S., Georgia Army National Guard

2505 Victory Drive

Columbus, Georgia 31901

770-728-3724

Duties

The National Guard is the Militia for the State of Georgia and supplements the United States Army, I am currently assigned as a diesel engine repair technician.

Reason for Leaving

N/A

Equipment Operator

10/2015 - Present

Hours worked per week: 40

Monthly Salary: \$2,000.00

of Employees Supervised: 0

Name of Supervisor: Sean McDonald - Lieutenant

May we contact this employer? Yes ✓

Clayton County Corrections, Refuge Control

7950 N. McDonough Street

Jonesboro, Georgia 30236

678-898-1947

Duties

Supervise an inmate work detail.

Handwritten notes: "9 12/26/16" and "No docs needed" with a signature.

Reason for Leaving
Supervise inmate work detail

<p>Corrections Officer 1/2013 - 6/2015</p> <p>Clayton County Sheriff's Department Harold R Bank Justice Center, 9157 TaraBoulevard Jonesboro, Georgia 30236 770-471-1122</p>	<p>Hours worked per week: 40 Monthly Salary: \$2,500.00 # of Employees Supervised: 0 Name of Supervisor: Cassandra Pitts - Sergeant May we contact this employer? Yes</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Duties
Secure the perimeter and the housing area of the Clayton County Jail. Additionally, to enforce the rules of the Clayton County Jail.

Reason for Leaving
N/A

Certificates and Licenses

Skills
Office Skills
Typing:
Data Entry:

Additional Information

References
Professional
Fisher, Muriel
Insurance Agent
621 Corsica Lane
Stockbridge, Georgia 30281
678-756-0492

Professional
Adams, Tekyo
Mail Clerk, Senior
140 Heritage Way
Fayetteville, Georgia 30214
678-472-9453

Resume
Text Resume
Attachments

Agency-Wide Questions

1. Q: ARE YOU CURRENTLY A FULTON COUNTY GOVERNMENT EMPLOYEE?
A: No

2. Q: ARE YOU A PREVIOUS EMPLOYEE OF FULTON COUNTY GOVERNMENT?
A: No

3. Q: HAVE YOU EVER SERVED ON ACTIVE DUTY WITH U.S. ARMED SERVICES? WHERE ACTIVE SERVICE WAS OVER SIX MONTHS.
A: No

4. Q: IF YES, WHAT TYPE OF DISCHARGE?
A: DOES NOT APPLY

5. Q: IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A G.E.D. EQUIVALENT?
A:

6. Q: HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? IF YES, GIVE DETAILS
A: Yes; The Clayton County Sheriff's Office. It was as a result of two other officers being involved in a physical altercation. The Agency believed that I was involved as well. I was later cleared of wrong doing and returned to work approximately 7 months later.

7. Q: HOW MUCH NOTICE WILL YOU REQUIRE TO REPORT TO WORK? (THAT IS, HOW MUCH TIME WILL ELAPSE BETWEEN BEING OFFERED EMPLOYMENT AND ACTUALLY REPORTING TO WORK?)
A: Two weeks



8. Q: ARE ANY MEMBERS OF YOUR FAMILY OR ANY RELATIVE (BY BLOOD OR MARRIAGE) EMPLOYED BY FULTON COUNTY?

A: No

9. Q: IF YES, GIVE NAME, RELATIONSHIP AND WHERE EMPLOYED.

A:

10. Q: USUALLY OVER A PERIOD OF TIME THE DUTIES AND RESPONSIBILITIES OF A POSITION WILL TEND TO CHANGE. THIS MAY ARISE FROM CHANGES IN TECHNOLOGY, CHANGES IN THE FUNCTION OF THE DEPARTMENT, OR CHANGES IN THE CLIENTELE GROUP SERVED BY A DEPARTMENT. DO YOU AGREE TO ACCEPT MATERIAL CHANGES IN THE DUTIES AND RESPONSIBILITIES OF YOUR POSITION IF HIRED?

A: Yes

11. Q: CERTAIN POSITIONS WITH FULTON COUNTY REQUIRE SHIFT WORK, ROTATING SHIFT WORK, SOME OTHER DEPARTURE FROM STANDARD DAYTIME OPERATING HOURS OR MAY REQUIRE TRANSFER TO ANOTHER LOCATION, IF IT IS NECESSARY OF A POSITION INTO WHICH YOU ARE PLACED, WOULD YOU ACCEPT THESE CONDITIONS?

A: Yes

12. Q: WILL YOU ACCEPT PART-TIME WORK (CONTINGENT UPON COMPLETION OF FINGERPRINT/RECORDS CHECK)?

A: Yes

Supplemental Questions

1. Q: The answers you provide to the supplemental questions will be used to determine if you meet the minimum qualifications for this position. Your responses pertaining to specific work experience and education must be clearly shown in the areas for work history and education on your application. Your application must be completed in full before it is submitted. Please review all applications for accuracy and make all corrections before submittal because errors can result in not meeting the minimum qualifications. We do not accept additional information after your application has been received by the Personnel Department. Do you accept these conditions?

A: Yes

2. Q: What best describes your highest level of education completed?

A: High School Diploma or G.E.D. Equivalent

3. Q: If you have been awarded some college credits related to this position but did not receive your degree, how many college credits did you earn?

A: None of the Above

4. Q: How many months or years of work experience do you have?

A: 5 Years or More

5. Q: Are you currently a citizen of the United States?

A: Yes

6. Q: Do you currently have a valid driver's license from any state within the United States of America?

A: Yes

7. Q: Have you been convicted by any State or Federal Government of any crime, the punishment for which could have been imprisonment in a Federal or State prison or institution?

A: No

8. Q: Have you been convicted of sufficient misdemeanors to establish a pattern of disregard for the law, provided that, for the purposes of this question, violations of traffic laws and other offenses involving the operation of a motor vehicle when the applicant has received a pardon shall not be considered?

A: No

9. Q: Do you meet the minimum age qualification for this position of being at least 20 years of age?

A: Yes

10. Q: If invited, are you available to participate in a physical agility assessment on Wednesday, October 19, 2016?

A: Yes


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HR (https://secure.neogov.com/employers/emp_personal_page.cfm) Jobs Applicants Tests **LeTonya Robinson**

[Search \(/employers/settings.cfm?typedId=3\)](https://secure.neogov.com/employers/settings.cfm?typedId=3)

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Class Title: **POLICE OFFICER I**
 Class Code: **320019**
 Creator: **Smith, Elaine**

* Required

Desired Start Date:
 * Requisition #: 1600866
 Working Title: POLICE OFFICER I
 Vacancies: 4
 * Department: POLICE
 Division:
 * Hiring Managers: Griffin, Theron
 Halbert, Darryl
 Norris, Uniquka
 Smith, Elaine
 Smith, Michael
 Ware, Aissa
 White, Antwan
 Williams, Amorette

Job Term: PUBLIC SAFETY
 List Type: Regular

Position Type: Existing Position (Replacement of Staff)

Position Control:	Position #	First Name	Last Name	Vacancy Date
	0002617	LERONE	FOSTER	07/26/2016
	0003226	TERRENCE	BARNES	07/26/2016
	0029945	RODERICK	PITTMAN-DELANCEY	07/26/2016
	0055502	FREDRICK	LEE	07/26/2016

Skills:
 Comments: Amorette: Please do not POST position!

Dr. Harris: Office of Diversity and Civil Rights Compliance form has been completed. Thank you.

Authorization Comments:
 Position Status CLASSIFIED
 Type of Recruitment Open Competitive
 Funding Source MERIT

Does this position qualify for a Diversity Recruitment Plan? No
 Has Current Job Description From Classification and Compensation Been Reviewed and Approved For Use? Yes
 Funding Line for position requested 301-320-3201-1000
 Funded Salary for requested position \$39,682.00
 Shift Differential

Major Responsibilities Performs general patrol and traffic duties. Arrests perpetrators, guard the scene, renders first aid to injured persons and takes stolen, lost or abandoned property into custody. Transports arrested persons to County jail. Undertakes initial investigations. Responds to service calls.

Please provide any Supplemental Questions you wish applicants to be asked during recruiting advertisement.

If position needs external recruitment, please provide external sites for advertisement and form of payment.

Is the position funded for the year? Yes
 Is the position funded for the salary requested? Yes
 Is the position vacant in HR System? Yes

Approval 1: Appointing Authority - Stiles, Gary Must approve before next approval
 Approval 2: Budget - Jones, Monica Must approve before next approval
 Approval 3: DCRC Representative - HARRIS, ANN Final approval

Attachments: [Add New](#)

Attachment Title	Date Uploaded	File Name	Action
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My HR Jobs Applicants Tests

Library

All Requisitions

ABCDEFGHIJKLMNOPQRSTUVWXYZ

All

Req # ^	Title ^	Position ID	Department ^	Assigned ^	Created ^	Status Date ^	Creator ^	Status ^	Action
1600866	POLICE OFFICER I	0002617 0003226 0029945 0055502	POLICE	Dowe, G	08/15/16	09/01/16	Smith, E	Open	

Page 1 of 1
1-25 of 1 item.

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FULTON COUNTY, GEORGIA
SECURITY QUESTIONNAIRE

(Required by Georgia Laws No. 904, 1974 Session Page 411)


INSTRUCTIONS: Prospective employee completes the form in the number of copies required by the Appointing Authority and the latter forwards the original to the Personnel Department with initial notification that the individual is to be employed. Fill in all items. If additional space is required, continue under item 6 or attach additional sheets.

1. Department Fulton County Police Dept.

2. Name Wyatt Jr. Ronnie Bernard
(Last Name) (First) (Middle)

Other names used: (Maiden name, names by former marriages, former names changed legally or otherwise, aliases and nicknames. Specify which and show dates used.)

N/A

3. Address 
(Street and No.) (City) (State) (Zip)

4. (A) 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 therein.

(B) If the answer to (A) is Yes and the employing authority deems further inquiry necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the result of such inquiry brings your application within the prohibition within the Sedition and Subversive Activities Act of 1953.

5. (A) Have you ever been convicted or are any charges now pending against you, by Federal, State, or other law-enforcing authority, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35 or less was imposed. All other convictions must be included even if they were pardoned.)

Yes No

5. (B) If the answer to (A) is Yes, state the reason convicted, the date convicted, and the place where convicted. 2007 speeding ticket Fayetteville, 2008 parking ticket Fayetteville, 2008 Following too closely ticket, 2016 Following too closely ticket Jonesboro. All tickets resulted in fines that were paid

6. Space for continuing answers or explanations: (Show item number to which answers or explanations apply. Attach separate sheet(s) if more space is needed. N/A

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 in accordance with the provisions of the Georgia Laws 904, 1974 Session Page 411.

* * *

AFFIDAVIT OF VERIFICATION

Georgia Fulton County

Personally appeared before the undersigned attesting officer, duly authorized to administer oaths, Rennie Bernard Wyatt Jr., who, after being duly sworn, deposes and says and declares under penalties of false swearing that he/she is the person who executed the foregoing instrument, that he/she has read and completed the same and knows and understands the contents thereof; that the matters stated therein and the answers and information furnished by him/her in the foregoing questionnaire, including any attachments, are true and correct.

[Redacted Signature]

Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME

This 29th day of November, 20 16

[Redacted Name]

Notary Public

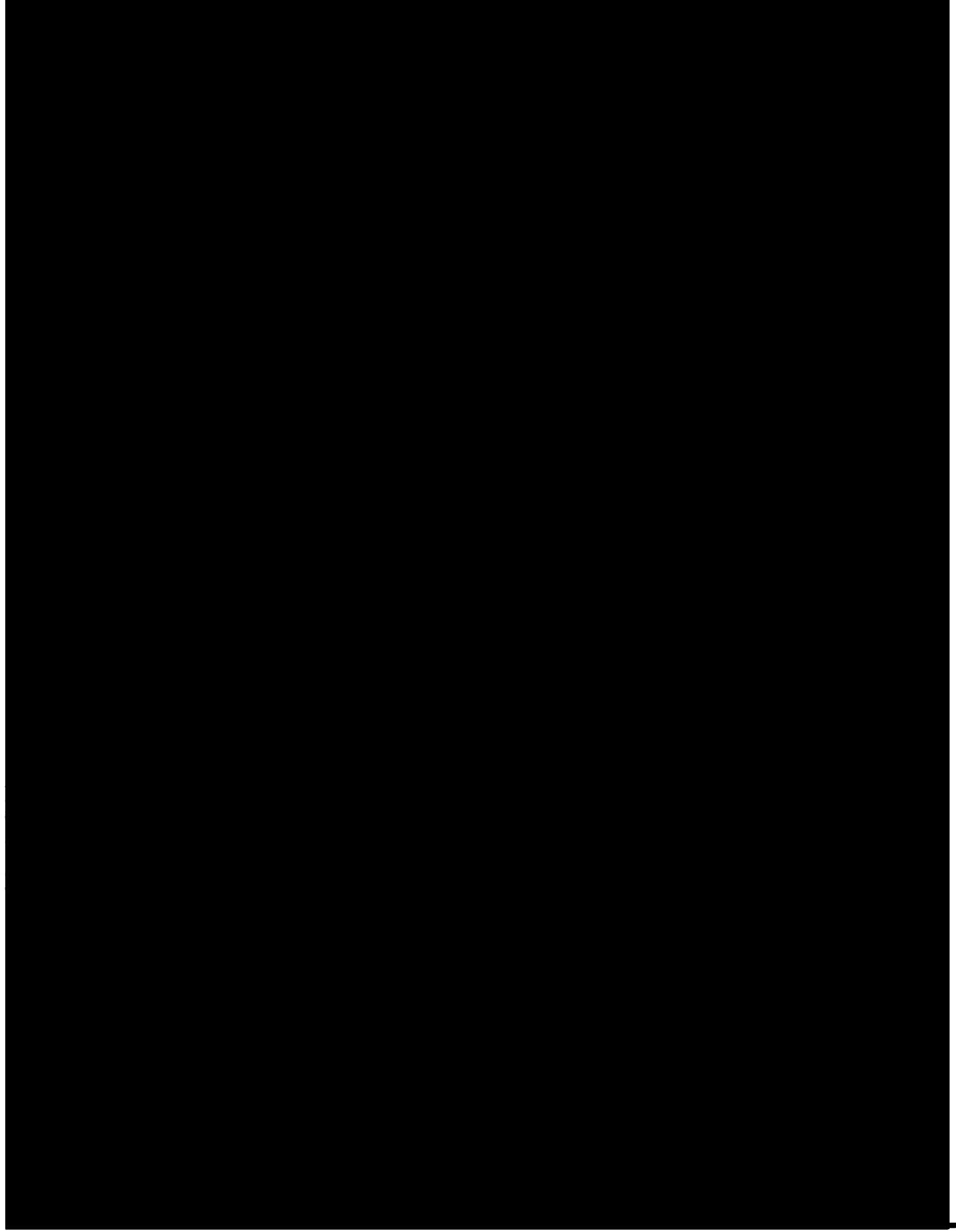
County of Fulton

My Commission Expires 13th day of January, 20 19.

(Affix Seal)

MY COMMISSION EXPIRES JANUARY 13TH, 2019





SOCIAL SECURITY

HEALTH & HUMAN SERVICES

THIS NUMBER HAS BEEN ESTABLISHED FOR

RONNIE BERNARD WYATT JR

SIGNATURE

USA Georgia DRIVER'S LICENSE

11308 DL NO. [REDACTED] DOB [REDACTED] 1989
CLASS C EXP. [REDACTED] 2018
RONNIE BERNARD WYATT JR
[REDACTED]

Restrictions: A End: NONE
Iss: 06/06/2015
Sex: M Eyes: BRO
Hgt: 6'-01" Wgt: 165 lb

URGENT MEDICAL INFORMATION ON REVERSE DONOR

Police

View All 1 of 1 | Document submitted successfully

Department Specific Data(DEPTD) Dept: 215 ID: [REDACTED] Ver.: 1 Function: New Phase: Final

Modified by Irobinson , 12/28/2016

Header

Action: No Action Update Delete

Tab View

General Information

*Employee ID: [REDACTED]	*From: 12/14/2016
Appointment ID: [REDACTED]	To: 12/31/9999
Name: WYATT, RONNIE B	*Department: EC
Home Department: 320	Action:
*Home Unit: 3201	Department Action Desc: COR PROB APP
Home Unit Desc: Uniform Patrol	Department Action Reason: E/O
	Department Action Reason Desc: ELG/OD

Employment Information

*Pay Location: 320	Department Specific ID:
Pay Location Desc: POLICE	Work Cycle: MOFRI
*Work Location: 320	Work Cycle Desc: MON - FRI
Work Location Desc: POLICE	Supervisor ID:
Seniority Date:	Supervisor Name:
Seniority Number:	

View All 1 of 1 | Document submitted successfully

Employee Attributes(ATTR) Dept: 215 ID: [REDACTED] Ver.: 1 Function: New Phase: Final

Modified by Irobinson , 12/28/2016

Employee Attributes

Action: No Action Update Delete

*Employee ID: [REDACTED]

Name:

WYATT, RONNIE B

Tab View

Personal Information

*Birth Date: [REDACTED] 1989

*Ethnicity: B

Social Security Number: [REDACTED]

Ethnicity Desc: BLACK

Place of Birth: GEORGIA

Hispanic/Latino:

*Gender: Male

American Indian/Alaska Native:

*Conviction: No

Asian:

Disability:

Black/African American:

Disability Desc:

*Citizenship Status: Natural Citizen

Hawaiian Native/Other Pacific Islander:

Marital Status:

White:

Marital Status Desc:

Country of Residence:

Date of Death:

Country of Residence Desc:

Education Information

Verify Degree: No

School:

Degree:

School Desc:


Degree Desc:

Year Completed:


Major:

Major Desc:

Veteran Information

*Veteran Status: NV 


Veteran Desc: NON VETERAN


Reserve Branch: 

Reserve Branch Desc:

Discharge: 

Discharge Desc:

Pref Credit Used Date: 

Retro Seniority Date: 

Discharge Date: 

Service Branch: 

Service Branch Desc:

Highest Rank: 

Highest Rank Desc:

User Defined Fields

User Flag 1:

User Flag 2:

User Flag 3:

User Flag 4:

User Flag 5:

User Code 1:

User Code 2:

User Code 3:

User Code 4:

User Code 5:

Edit

Copy

Discard

Print

Processing ▼

Workflow ▼

File ▼

Close

View All 1 of 1 | Document submitted successfully

Employee Accounting Data(DEPTA) Dept: 215 ID: [REDACTED] Ver.: 1 Function: New Phase: Final

Modified by Irobinson , 12/28/2016

Employee Accounting Data

Action: No Action Update Delete

Tab View

General Information

*Employee ID: [REDACTED]

*From: 12/14/2016

Name: WYATT, RONNIE B

To: 12/31/9999

Appointment ID:

Department Information

Home Department: 320

Home Unit: 3201

*Labor Distribution Use Entered Accounting Values

Override Option:

Labor Distribution Profile:

Fund Accounting

Fund: 301

Object: 1000

Sub Fund:

Sub Object:

Department: 320

Revenue Source:

Unit: 3201

Sub Revenue Source:

Sub Unit:

BSA:

Appr:

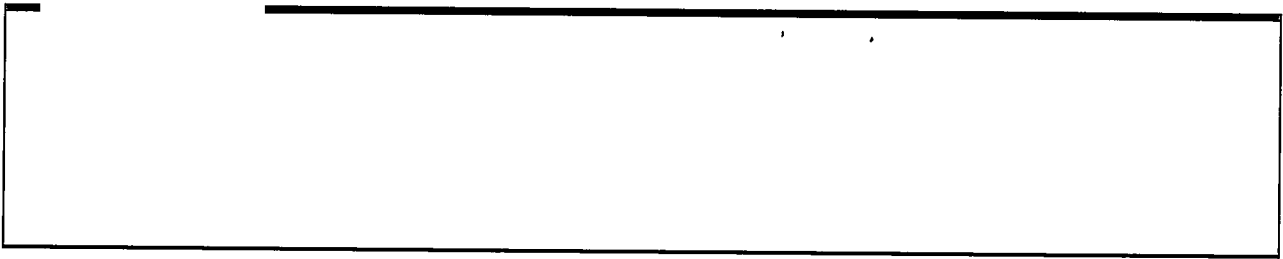
Sub BSA:

OBSA:

Sub OBSA:

Dept Object:

Dept Revenue:



Detail Accounting

Location:	<input type="text"/>		Reporting:	<input type="text"/>
Sub Location:	<input type="text"/>			
Activity:	<input type="text"/>		Sub Reporting:	<input type="text"/>
Sub Activity:	<input type="text"/>		Task:	<input type="text"/>
Function:	<input type="text"/>		Sub Task:	<input type="text"/>
			Task Order:	<input type="text"/>
Sub Function:	<input type="text"/>		Major Program:	<input type="text"/>
			Program:	<input type="text"/>
			Phase:	<input type="text"/>
			Program Period:	<input type="text"/>

Edit	Copy	Discard	Print	Processing ▼	Workflow ▼	File ▼	Close
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Position Management

Department : 320	Position Number : 0003226
Unit : 3201	Position Number Desc : POL OFF I

Current Timeline

Position Status	Title	Title Desc	Sub-Title	Sub-Title Desc	Assignment Type	Position Action	Position Action R
✓ OPEN1	320019	POL OFF I			Permanent	CHANG	BOC

First Prev Next Last [Download](#) [Current Timeline](#) [Complete Timeline](#) [Custom Timeline](#) [Attachments](#)

Search

▼ General Information

Department : 320	From : 12/30/2015
Department Desc : Police	To : 12/31/9999
Unit : 3201	Short Desc : POL OFF I
Unit Desc : Police-Administ	Long Desc : POLICE OFFICER I
Position Number : 0003226	

▼ Position Attributes

Assignment Type : Permanent	Position Status : OPEN1
Table Driven Pay : Do Not Use Table	Position Status Desc : REOPEN JOB
Time Class : FULL	Civil Service Status : CLASS
Time Class Desc : FULL TIME	Civil Service Status Desc : CLASSIFIED
Union Local : N	Pay Class : EXCA
Union Local Desc :	Pay Class Desc : BIWK SALARY
Title : 320019	Payroll Number : B301
Title Desc : POL OFF I	Payroll Number Desc : SOUTH FULTON
Sub-Title :	Position Action : CHANG
Sub-Title Desc :	Position Action Desc : CHANGE
	Position Action Reason : BOC
	Position Action Reason Desc : BOARD OF COMM

▼ Override Profile and Pay

FLSA Exempt : <input type="checkbox"/>	CCOMP Exempt : <input type="checkbox"/>
FLSA Profile :	CCOMP Profile :
FLSA Profile Desc :	CCOMP Profile Desc :
Pay Policy :	
Pay Policy Desc :	
Leave Policy :	
Leave Policy Desc :	
Deduction Policy :	
Deduction Policy Desc :	
Grade : 15	

Grade Desc : ARCHER STUDY

Salary Minimum : 39,682.00

Salary Maximum : 59,523.00

Accounting Source

Labor Distribution Override Option : Use Entered Accounting Values

Labor Distribution Profile :

Fund Accounting

Fund : 301	Object : 1000	OBSA :
Sub Fund :	Sub Object :	Sub OBSA :
Department : 320	Revenue Source :	Dept Object :
Unit : 3201	Sub Revenue Source :	Dept Revenue :
Sub Unit :	BSA :	
Appr :	Sub BSA :	

Detail Accounting

Location :	Reporting :	Major Program :
Sub Location :	Sub Reporting :	Program :
Activity :	Task :	Phase :
Sub Activity :	Sub Task :	Program Period :
Function :	Task Order :	
Sub Function :		

Reporting To Department

Department :	Position Number :
Department Desc :	Position Number Desc :
Unit :	
Unit Desc :	

Old Unit

Department :	Position Number :
Department Desc :	Position Number Desc :
Unit :	
Unit Desc :	

New Unit

Department :	Position Number :
Department Desc :	Position Number Desc :
Unit :	FY : 2015
Unit Desc :	

[Top](#)

[Create Position Status Maintenance](#) [Modify Position Status Maintenance](#)



Letter returning #2982 EIC

Fulton County Police Department

5440 Fulton Industrial Blvd · Atlanta, Georgia 30336
Phone: (404) 613-5711 · Fax: (404) 893-6570

Gary D. Stiles
Chief of Police

December 6, 2016

To: LaTonya Robinson
Fulton County Personnel
141 Pryor Street
Atlanta, GA 30303

Fulton County Personnel has requested of the Fulton County Police Department Recruitment Division that the **Notarized Birth Certificate** for the following employee is provided to them:

RONNIE WYATT JR.

This letter confirms that the **Notarized Birth Certificate** for the above mentioned employee have been submitted as requested.

Signature acknowledges release of Notarized Birth Certificate:

[Redacted Signature]

Releasing FCPD – ELAINE SMITH

12/06/2016

Date/Time

Signature acknowledges receipt of Notarized Birth Certificate:

(Print Name)

Date/Time

(Signature)

/ems
Personnel File

****Notarized Security Questionnaire and I-9 attached.**



PERSONNEL DEPARTMENT

Selection Form



USER DEPARTMENT CHECKLIST

Date of Request: 12/6/2016 **Requisition No.:** 1600866 **Position No.:** 3226 **Position Code:** Permanent

Department: Police **Director:** Stiles, Gary **Telephone(XXX) XXX-XXXX:**

Requestor Name: Smith, Elaine **Title:** Administrative Coordinator II

Classification Title of Position: Police Officer I **Minimum Salary:** \$39,682

If Applicable, Higher than Minimum Form Submitted: No **Type:** New Hire **Date Submitted:** 12/6/2016

Candidate Selected 1: Ronnie Wyatt Jr. **Candidate Selected 2:** **Candidate Selected 3:**

Desired Start Date: 12/14/2016 **Attachments(Higher than Minimum Salary Form, Certifications, Licenses, etc.):** New Hire - Ronnie Wyatt Jr. 12-14-2016.pdf (3.33 MB)

Supervisor/Contact Person: Major Sheila Thomas **Supervisor/Contact Person Telephone (XXX) XXX-XXXX:**

Work Location: Police **What Division, Unit, or Section Candidate Report:** Uniform Patrol

Scheduled Work Week: Mon-Fri; 8a-5p **Additional Info:**

ASSIGNMENTS

HR Team: B **HR Assigned Staff:** Sherita Monfort

HUMAN RESOURCES HIRED CHECKLIST

Requisition Approval Date: 9/1/2016 **Referral List Date:** 9/29/2016

Reference Check 1: Yes Acceptable Not Acceptable

Reference Check 2: Select... Acceptable Not Acceptable

Reference Check 3: Select... Acceptable Non Acceptable School Checklist Non Acceptable

Attachments: Click here to attach a file

If Applicable, CDL Reference Check: No Acceptable Non Acceptable

Schedule Orientation: Yes **Hire Date:** 12/14/2016 **Comments:** HRC III

Schedule for Finger Print Report: Yes **Date:** **Comments:** SUBMITTED BY DEPARTMENT

Conditional Offer Made: Yes **Date:** **Comments:** SUBMITTED BY DEPARTMENT

Offer Letter Sent: Yes **Date:** **Comments:** SUBMITTED BY DEPARTMENT

If Applicable, has Higher than Minimum Salary Report Generated: Select... **Date:** **Comments:**

Orientation Documents Submitted: New Hire Packets Date Received 12/8/2016 I9 Form Date Received 12/8/2016
 Oath Date Received 12/8/2016 Health Screen Questionnaire Date Received Date Submitted to Payroll

CLOSE OUT REQUISITION

Return Applicant to Referred List, if Applicable: Date: Comments:
Forward Applicant to Rejected List, If Applicable: Date: Comments:
Send Non-Selected Letters To Applicants: Date: Comments:
Close Out Requisition For Title: Date: Comments:

No