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258-29-3714

State of Georgia  
Department of Public Safety  
Georgia State Patrol

Appointment Record - Oath of Office

Trooper  
(Position to which appointed)

July 15, 1994  
(Date)

Forsyth  
(Location)

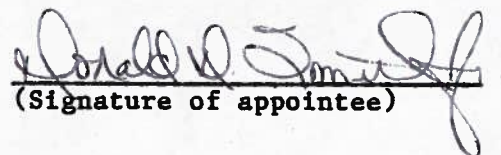
I, Donald Dixon Smith, Jr., do solemnly swear (or affirm) that I will support and defend the Constitution of the United States of America and the State of Georgia against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Governor of Georgia, the Commissioner of Public Safety and to the officers appointed over me according to the law and the section or division to which I am assigned.

I further swear that I am not incumbent in any office of trust in this State, the United States, or any foreign State and should I seek such, my separation herefrom shall be instant.


I further swear that I am not the holder of any public monies due this State or any other State unaccounted for.

SO HELP ME GOD.

Donald Dixon Smith, Jr.  
(Typed name of appointee)

  
(Signature of appointee)

Sworn to and subscribed before me this 15th day of July, 1994.

  
(Signature of officer administering oath)

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UNDERSTANDING CONCERNING THE  
USE OF FLSA COMPENSATORY TIME

I, DONALD D. SMITH JR., do hereby acknowledge that as part of the terms and conditions of my employment with GEORGIA STATE PATROL (hereinafter referred to as my employer), I understand that I may be required to work more than forty hours in a work week. I further understand that, in lieu of overtime compensation, I will receive compensatory time off at the rate of one and one-half hours for each hour of employment for which overtime compensation is required by the Fair Labor Standards Act of 1938.

Donald D. Smith Jr.  
EMPLOYEE

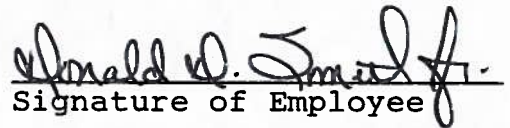
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11-13-93

Date

I understand that due to the overall purpose of the Department of Public Safety, the Commissioner of this Department has the authority to transfer any uniform member to any other duty station statewide as he deems necessary for the effective operation of this Department.

I understand this policy and agree to this condition of my employment.

  
Signature of Employee

\_\_\_\_\_  
Commanding Officer

\_\_\_\_\_  
Personnel Officer

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