GEORGIA DEPARTMENT OF CORRECTIONS POSITION/PERSONNEL ACTION REQUEST

5/27/2021

DATE

EFFECTIVE DATE OF ACTION 6/1/2021

LOCATION Baldwin State Prison **INITIATOR** Roxie Edwards

PHONE 478-445-6170

Roxie.Edwards @gdc.ga.gov E-MAIL

Terminated for Violation of Employee Standards of Conduct, effective 6/1/2021. Schedule:11.75 hours daily. COMMENTS ☐ Correspondence (Resignation or Adverse Actions) *If No, then attach supporting documentation SUPPORTING PAPERS ☐ DOL 800 Separation Notice ☐ Other (Specify): ☐Min. Qual. Review Decision Is rehire recommended? ☐ Suspension Notice ☐ PIF/PMF 9/30/1973 DOB Wooten, Shounnette EMPLOYEE INFORMATION 01006021 #N*A Black ACTION, REASON & DESCRIPTION Race Female Maildrop ID Empi 1D Gender Name

Does action impact a high security supplement?

DTI Code

FLSA Code

CPAUSE ONLY

Terminal Leave Hours To Be Paid:

TER VIO Violation of Rules

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*Please attach verification

Last Day in Pay Status:

| | 10 L | | | | | FROM | |
|------------------|-----------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Position Number | | Classified Indicator | | Position Number | 00106526 | Classified Indicator | Unclassifd |
| Job Code | | Job Title | and the state of t | Job Code | PSP191 | Job Title | CSM Correctional Officer 2 |
| Department ID | | Facility Name | #N/A | Department ID | 4672140901 | Facility Name | Baldwin SP-Security Opns |
| County Code/Name | me #N/A | Zip Code | #N/A | County Code/Name | 005/Baldwin | Zip Code | 31034 |
| | | Semi-Monthly Salary | | والحدي | = | Semi-Monthly Salary | \$1,451,12 |
| ray crade | ŧ | % Change | %00'0 | ray Glauc | | | |
| | WORK SCHEDULE (DAYS & SHIFT) | DAYS & SHIFT) | | | BUDGETA | BUDGET APPROVAL BY | |
| 1 2 3 | 3 4 5 6 7 8 | 9 10 11 12 13 14 | 13 14 15 - | 11.75 hr Shift | | TOTAL | Date |
| 16 17 18 | 18 19 20 21 22 23 | 24 25 26 27 28 29 | 28 29 30 31 | 11.75 hr Shift | | | |
| | COMPLETED BY | ED BY | | | APPOINTE | APPOINTING AUTHORINE | |
| Roxi | Roxie Edwards, HR Manager | | | Walter B | Walter Berry, Warden | | |
| Name 7 | 100 1 0 0 1 1 0 0 1 1 1 0 1 1 1 1 1 1 1 | 0 | Date 5/27/2021 | Name | 1 th | 1 | Date 5/27/2021 |
| | | XXX | - | | | | |



Brian P. Kemp Governor

GEORGIA DEPARTMENT OF CORRECTIONS

Central Hr/Gibson Hall, 2nd Floor P.O. Box 1529 Forsyth, Georgia 31029 TELE: (478) 992-5211 FAX: (478) 992-5207



Timothy C. Ward Commissioner

NOTICE OF FINAL ACTION

May 27, 2021

Shounnette Wooten EID #01006021 185 Holloman Road Gray, GA 31032

RE: Proposed Termination

Dear Ms. Wooten:

On or about May 17, 2021, you were notified by your Appointing Authority that he was proposing an adverse action of Termination due to your violation of the Employee Standards of Conduct policy: Personal Dealings.

A Disciplinary Review of your case was conducted, and your response was considered. The Disciplinary Panel has upheld the proposed sanctions.

Your Termination from employment is effective on June 1, 2021.

Therefore, this letter will serve as the final determination that this issue is closed in accordance to policy, and no further action will be taken by the Disciplinary Panel.

7018 2290 0000 6413 4911

Employees Signature (Acknowledges Receipt Only)

5/27/2021 Date

Equal Opportunity Employer



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

| 1. | Employee's Name Shounnette Wooten | 2. S.S. No239236863 | | | | | | | | | |
|---------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| | a. State any other name(s) under which employee worked. | | | | | | | | | | |
| 3. | Period of Last Employment: From 5/1/2013 | To <u>6/1/2021</u> | | | | | | | | | |
| 4. | REASON FOR SEPARATION: | | | | | | | | | | |
| | a. LACK OF WORK | | | | | | | | | | |
| | B. If for other than lack of work, state fully and clearly the circu | mstances of the separation: | | | | | | | | | |
| | Termination effective 6/1/2021, violation of Employee Standards o | f Conduct. | | | | | | | | | |
| | | | | | | | | | | | |
| 5. | Employee received payment for: (Severance Pay, Separation Pa (DO NOT include vacation pay or earned wages) In the amount of \$ | ay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.) or the period from | | | | | | | | | |
| | (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 the employee earn at least \$3,000.009 in your employ? YES | S 🗹 NO 🗌 If NO, how much? \$ | | | | | | | | | |
| | Į. | Average Weekly Wage | | | | | | | | | |
| Em | ployer's | Ga. D.O.L. Account Number 110094-00 | | | | | | | | | |
| Na | Corporate Cost Control me (Georgia Department of Corrections) | (Number shown on Employer's Quarterly Tax and Wage Report, | | | | | | | | | |
| IVO | (Georgia Department of Georgesiasia) | Form DOL-4.) | | | | | | | | | |
| Adı | dress P.O. Box 1180 | , , , , , , , , , , , , , , , , , , , , | | | | | | | | | |
| | (Street or RFD) | I CERTIFY that the above worker has been separated from work | | | | | | | | | |
| | | and the information furnished hereon is true and correct. This | | | | | | | | | |
| Cit | y Londonderry State NH 03053 | report has been handed to or mailed to the worker. | | | | | | | | | |
| | ZIP Code | | | | | | | | | | |
| Em | nployer's | This st dido | | | | | | | | | |
| Tel | lephone No. <u>1-800-207-6926</u> | 1 Will Statical | | | | | | | | | |
| | | Signature of Official, Employee of the Employer or authorized agent for the employer | | | | | | | | | |
| | | agont to the oripleyor | | | | | | | | | |
| N1/ | OTICE TO EMPLOYER | | | | | | | | | | |
| | | 1 The NO 10 000 8 | | | | | | | | | |
| At | the time of separation, you are required by the Employment | Title of Person Signing | | | | | | | | | |
| Se | curity Law, OCGA Section 34-8-190©, to provide the employee the law this document, properly executed, giving the reasons for | Title of Person Signing | | | | | | | | | |
| 50 | paration. If you subsequently receive a request for the same | 11 512112021 | | | | | | | | | |
| inf | ormation on a DOL-1199F, you may attach a copy of this form | Die Gemeland auf Beleesed to Employee | | | | | | | | | |
| (D | OL-800) as a part of your response. | Date Completed and Released to Employee | | | | | | | | | |

NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190© 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.



Georgia Department of Corrections Human Resources

Leave Verification Form



| | | The state of the s | | | | Education Support Leave | 8 | , etc.): | erification. | | |
|-----------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------|----------------------|----------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|----------------------------------|
| | FileDate: | 05/01/2013 | r, etc.): | | | Forfeited | 570.29 | payout information | and all leave usage has been entered through the date of this verification | : | 06/01/2021 |
| | | /50 | ıt, Transfe | | | Holiday | 386.43 | (adjustments, | ered filroug | Date: |)/90 |
| | | | Type of Action (Termination, Retirement, Transfer, etc.): | | Final Leave Balances | State Comp FLSA Comp | 0 | the final balances | isage has been ent | | |
| | | | ction (Termina | noi | Final Leav | State Comp | 104.30 | ation pertaining to | | | |
| 21 | EWITE ID: | 01006021 | MEN BATHE | Termination | | Personal | 0 | relevant inform | ances are corr | | |
| ion: 06/01/2021 | | a | Current Action | | | Annual | 360 | below to provide any | I verify the above leave balances are correct | presentative: | in Support 3 |
| Date of Verification: | Name: | Shounette Wooten | Effective Date of Current Action: | 06/01/2021 | | Sick | 718.43 | Please use the space below to provide any relevant information pertaining to the final balances (adjustments, payout information, etc.): | Iverity | Signature of HR Representative: | /s/Julie Martin, Admin Support 3 |