


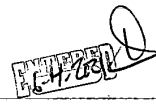
GEORGIA DEPARTMENT OF CORRECTIONS  
POSITION/PERSONNEL ACTION REQUEST

DATE 5/27/2021

EFFECTIVE DATE OF ACTION  
6/1/2021

LOCATION Baldwin State Prison  
INITIATOR Roxie Edwards

PHONE 478-445-6170  
E-MAIL Roxie.Edwards@gdc.ga.gov

EMPLOYEE INFORMATION				SUPPORTING PAPERS				COMMENTS											
Name		Wooten, Shounnette		<input type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PIF/PMF <input type="checkbox"/> Min. Qual. Review Decision <input type="checkbox"/> DOL 800 Separation Notice <input type="checkbox"/> Other (Specify):				Terminated for Violation of Employee Standards of Conduct, effective 6/1/2021. Schedule: 11.75 hours daily.    											
Empl ID		01006021		Is rehire recommended? - *If No, then attach supporting documentation															
Gender	Female	Race	Black	DOB	9/30/1973														
Maidrop ID		#N/A		Terminal Leave Hours To Be Paid: *Please attach verification Last Day in Pay Status:															
ACTION REASON & DESCRIPTION 1 TER VIO Violation of Rules 2 - 3 -				Does action impact a high security supplement? -															
FLSA Code				DTI Code															
TO				FROM															
Position Number		Classified Indicator		--		Position Number		00106526		Classified Indicator		Unclassifd							
Job Code		--		Job Title		--		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		#N/A		Zip Code		#N/A		County Code/Name		005/Baldwin		Zip Code		31034					
Pay Grade		--		Semi-Monthly Salary				Pay Grade		LH		Semi-Monthly Salary		\$1,451.12					
		% Change		0.00%															
WORK SCHEDULE (DAYS & SHIFT)											BUDGET APPROVAL BY								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	11.75 hr Shift	Name		Date	
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	11.75 hr Shift				
COMPLETED BY											APPOINTING AUTHORITY								
Name		Roxie Edwards, HR Manager		Date		5/27/2021		Name		Walter Berry, Warden		Date		5/27/2021					

Name	Roxie Edwards, HR Manager	Date	5/27/2021	Name	Walter Berry, Warden	Date	5/27/2021
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Brinn P. Kemp  
Governor

**GEORGIA DEPARTMENT OF CORRECTIONS**

Central Hq/Gibson Hall, 2<sup>nd</sup> 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.

  
\_\_\_\_\_  
Walter Berry, Appointing Authority

5/27/2021  
Date

7018 2290 0000 6413 4911  
\_\_\_\_\_  
Employee's Signature (Acknowledges Receipt Only)

5/27/2021  
Date

Equal Opportunity Employer



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

1. Employee's Name Shounette Wooten 2. S.S. No. 239236863

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

3. Period of Last Employment: From 5/1/2013 To 6/1/2021

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:

Termination effective 6/1/2021, violation of Employee Standards of Conduct.

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 the 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 the employee earn at least \$3,000.009 in your employ? YES  NO  If NO, how much? \$ \_\_\_\_\_

Average Weekly Wage \_\_\_\_\_

Employer's Name Corporate Cost Control  
(Georgia Department of Corrections)

Ga. D.O.L. Account Number 110094-00

(Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)

Address 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 report has been handed to or mailed to the worker.

City Londonderry State NH 03053  
ZIP Code:

*Boise Edwards*

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

Employer's Telephone No. 1-800-207-6926

*HR Manager*

Title of Person Signing

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190©, 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-1199F, you may attach a copy of this form (DOL-800) as a part of your response.

5/27/2021

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

<b>Date of Verification:</b> 06/01/2021							
<b>Name:</b> Shounette Wooten	<b>EMPL ID:</b> 01006021	<b>Hire Date:</b> 05/01/2013					
<b>Effective Date of Current Action:</b> 06/01/2021	<b>Type of Action (Termination, Retirement, Transfer, etc.):</b> Termination						
<b>Final Leave Balances</b>							
<b>Sick</b>	<b>Annual</b>	<b>Personal</b>	<b>State Comp</b>	<b>FLESA Comp</b>	<b>Holiday</b>	<b>Forfeited</b>	<b>Education Support Leave</b>
718.43	360	0	104.30	0	386.43	570.29	8
Please use the space below to provide any relevant information pertaining to the final balances (adjustments, payout information, etc.):							
Verify the above leave balances are correct and all leave usage has been entered through the date of this verification.							
<b>Signature of HR Representative:</b> /s/Julie Martin, Admin Support 3						<b>Date:</b> 06/01/2021	

/s/Julie Martin, Admin Support 3	06/01/2021
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### Checklist for Entering Terminations

Employee Name: *Shounnette Wooten* Employee ID#: *01006024*  
Facility: *Baldwin SP* Entered By: *Noel Berkey*

<input checked="" type="checkbox"/>	Item
<input checked="" type="checkbox"/>	Check Create/Update Abs., enter end dates for Leave of Abs. (use term date)-Also review for overpays in comments
<input checked="" type="checkbox"/>	Job Data – Enter Termination-Except Involuntary refer to Noel. (This does not include Death of EE)
<input checked="" type="checkbox"/>	<b>Additional Pay – Stop (change future dates) Effective date 15<sup>th</sup> and last day of month depending on termination date</b>
<input checked="" type="checkbox"/>	General Deductions - Stop
<input checked="" type="checkbox"/>	Pension Plan – Stop (use effective date)
<input checked="" type="checkbox"/>	Savings Plans – Stop (use effective date)
<input checked="" type="checkbox"/>	<del>Zero out Leave Balances-if it differs you may have to make adjustments</del>
<input checked="" type="checkbox"/>	<del>Out of Pay Status Form or Partial Pay Form-Request actual hrs worked from Facility</del>
<input checked="" type="checkbox"/>	<del>Add a Pay Sheet</del>
<input checked="" type="checkbox"/>	Leave Verification (verify Holiday over 150) (Reminder do not pay out on a partial pay period)
<input checked="" type="checkbox"/>	Send a copy of leave verification to Victoria Murphy if EE has 150 or more of HDP to verify and send to Kim Case if the EE has FLP to be paid out.
<input checked="" type="checkbox"/>	Process payout of ALP, HDP – Create Batch Header
<input checked="" type="checkbox"/>	Direct Deposit – Stop 30 Days after termination effective date
<input checked="" type="checkbox"/>	Add any retro to Job Comments

Date Entered:

- If ee receives a partial payment, Analyst must check regs section of confirm report for two consecutive pay periods. Ex. Employee receives a partial for \$500.00 on 15<sup>th</sup> pay period, then ee will appear on 30<sup>th</sup> pay period for \$00.00.
- Pay out leave balances next pay period – **double check**

Leave Balance:

- Annual: *360.00*
- Holiday: *386.43* *Adit sub 6-4-2021*
- Flsa:
- Retros:

**Berkey, Noel**

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**From:** Murphy, Victoria  
**Sent:** Wednesday, June 9, 2021 7:49 AM  
**To:** Actions, Adverse  
**Subject:** RE: Baldwin State Prison-Shounnette Wooten Holiday Audit

Hello-

Please process as submitted.

Thank you,  
Victoria L. Murphy  
Human Resources Specialist III-SHRM-CP  
Audits & Compliance Unit  
Contact number (478) 297-4863

-Leave/Compensatory Time Management and Audits -FLSA Compliance -Military Leave -PeopleSoft/Kronos Administrator -FLSA Compliance -Restoration of Forfeited Leave and Previous Unpaid Leave

**GDC – REGAINING MOMENTUM**

The Georgia Department of Corrections protects the public by operating safe and secure facilities through the development of professional staff and effective offender management.

—Original Message—

**From:** Actions, Adverse <adverse.actions@gdc.ga.gov>  
**Sent:** Friday, June 4, 2021 11:44 AM  
**To:** Time and Labor <time.labor@gdc.ga.gov>; Murphy, Victoria <victoria.murphy@gdc.ga.gov>  
**Subject:** FW: Baldwin State Prison-Shounnette Wooten Holiday Audit

Shounnette Wooten 01006021  
EE termed 06/01/2021 and has a reporting of 386.43hrs of Holiday payout

Contact Info.  
Roxie Edwards  
HR Manager  
Baldwin State Prison  
P.O. Box 218  
Hardwick, GA 31034  
Phone:478-445-6170  
Fax:478-445-2905

**"Regaining Momentum"**

The Georgia Department of Corrections protects the public by operating safe and secure facilities through the development of professional staff and effective offender management.