

ACKNOWLEDGEMENT STATEMENTS – Page 1

Read, initial and sign acknowledgement statements listed below.

**ACKNOWLEDGEMENT STATEMENTS**

APPLICABILITY: All facilities and offices of the Georgia Department of Corrections (GDC)

PURPOSE: To provide guidance to the employees of this department

Non-discrimination & Equal Access

*DW* Initials

As Commissioner of the Georgia Department of Corrections, I stand firmly committed to the continuing objective of making "equal employment opportunity" the standard practice of this agency. The responsibilities of management are addressed in the rules, regulations, policies, and standard operating procedures of the Department. Nonetheless, I expect to find compliance, cooperation, and individual commitment from each employee, in the attainment of the Department's EEO & non-discrimination goals. Adverse criticism of an individual or group because of their disability, race, sex, age, religion, or national origin will not be tolerated.

We must continue to examine all internal employment practices to secure meaningful and efficient utilization of each employee's skills. All impermissible barriers and roadblocks for applicants and employees must be removed. It is imperative that we provide job entry and career advancements based upon talent and merit.

We will provide equal access in the delivery of our programs, services, and activities to all qualified individuals. This policy includes our efforts to ensure non-discrimination with respect to any prisoner or detainee in GDC's custody. It is further understood that we will provide unbiased service to any persons having legitimate business with this Department, and shall conduct our programs, services and activities in the most integrated setting appropriate to State correctional and detention facilities (to include consideration of the particular custody level and status of an inmate or detainee).

Prohibitions against Harassment & Retaliation

*DW* Initials

Harassment and acts of retaliation are prohibited because such behavior has an adverse impact upon working relationships, internal operations, and our general work place conditions. Prohibited harassment includes use of epithets, slurs, negative stereotyping, and creation or distribution of written, electronic or other graphic material which degrades an individual or group because of their disability (physical or mental impairment), race, sex, age, religion or national origin. As such, everyone is hereby forewarned that such conduct, by any person under the jurisdiction of this agency, will form the basis of disciplinary and/or civil action, which presumptively, shall be termination.

Administrative Mandates

*DW* Initials

NECESSARY CONFIDENTIALITY WILL BE PROVIDED. An employee or other individual who, in good faith, believes he/she has been the victim of (or reports) acts of unlawful discrimination or harassment, will not be subject to retaliation or reprisal of any kind. I strongly encourage complainants and/or witnesses to report prohibited behavior to unit supervisors or managers. In an on-going process, specific individuals will be designated to oversee the implementation of the laws and regulations, which govern our employment practices, program, delivery of services, and access to correctional activities. Transition Plans, agency guidelines, and local operating procedures will be developed to help ensure compliance and successful accomplishment of our Equal Opportunity objectives.

Acknowledgement of GDC Rule #125-2-1-07

*DW* Initials

Employees shall not, without the express written approval of the appropriate Assistant Commissioner or Chief of Staff, maintain personal association with, engage in personal business or trade with, or engage in non job-related correspondence with, or correspondence in behalf of, or for, known inmates, active probationers, or parolees. Current employees, who are related by law to any inmate, detainee, or active probationer or parolee, shall be governed by this same standard.

Employee Statement

*DW* Initials

I understand that my continued employment is contingent upon meeting all minimum employment requirements of the GDC, to include a background investigation and medical examination, and successful completion of specified training. I further understand that should I fail to meet any such requirements; my employment may be terminated.

I state that I have never been arrested for any offense whatsoever, other than as listed on my application and State Security Questionnaire. I fully understand that my fingerprints will be sent to the Federal Bureau of Investigation and other law enforcement agencies, and should the record of any of these agencies reflect any arrest not disclosed at the time of my appointment, my employment will be immediately terminated.

I state that I am  am not  a former inmate, current or former parolee, current or former probationer.

← Indicated

Agreement for Use of State Property

*DW* Initials

I understand that as an employee of the GDC, I am fully responsible for any items of state property that are issued to me. The following conditions apply:

Separation: Upon separation of my employment with the Department, or upon a job change within the Department, I agree to return all weapons, ballistic vests, computers, cell phones, badges or full sets of uniforms to the Department.

I agree to pay published prices for any other state-issued property.

Repayment: If I fail to pay the amount due, I authorize the amount to be deducted from any monies due me. In the event the monies held are not sufficient to cover the amount due, I understand that I am still fully responsible for repayment.

Criminal Action: I understand that criminal action may be taken against me, up to and including issuance of a warrant and prosecution for failure to return state property.

Business Transactions with Other State Agencies -- O.C.G.A §45-10-25

*DW* Initials

## ACKNOWLEDGEMENT STATEMENTS – Page 2

Read, initial and sign acknowledgement statements listed below.

Employees are advised that certain business transactions and part-time employment with other State agencies is prohibited by law. To avoid illegal business activity and potential conflicts of interest, particular arrangements must be made. Generally, all business transacted with the State of Georgia by any public official or employee, whether a) for himself/herself, b) on behalf of any business, or c) for any business in which the employee or any family member has a substantial interest, must be disclosed. Therefore, no state employee should do business (other than his/her regular employment responsibilities) with any state agency, until they have become thoroughly familiar with the legal requirements.

Definition:

- A) "Business transacted" means the purchase, sale, or leasing of any personal property, real property, or services on behalf of one's self or on behalf of any third-part agency, broker, dealer, or representative.
- B) "Any business" means any corporation, partnership, proprietorship, firm, enterprise, franchise, association, organization, self-employed individual, trusts, or other legal entity.
- C) "Family" means spouse and legal dependents.
- D) "Substantial interest" means the direct or indirect ownership of more than 25% of the assets or stock of any business.

### Alcoholic Consumption & Purchase

*DW* Initials

Each employee of the GDC must conduct himself/herself in a manner, which reflects favorably upon the Department and the State of Georgia, as public employers. It will be a violation of this policy for GDC employees to: a) Consume alcoholic beverages or to be intoxicated while on the premise of any work place (e.g., office, state-leased property, building or facility) under the Department's jurisdiction or control. B) Consume alcoholic beverages or to be intoxicated on duty, during his/her working hours. C) Purchase or consume alcoholic beverages while dressed in required-uniforms (e.g., correctional officers, food service employees). d) Purchase, handle, or transport alcoholic beverages while traveling in a state vehicle or performing assigned duties.

### Drug Free Work Place

*DW* Initials

Congress passed a law called The Drug-Free Work Place Act of 1988, which is designed to ensure that any work performed under federal contracts or federal grants is accomplished in a drug-free environment. Employees of the GDC are prohibited from engaging in all illegal activity pertaining to the manufacture, distribution, dispensation, possession, or use of illegal drugs, at any time. It is the position of this Department that, all such illegal activity, even during non-working hours, clearly affects the employee's ability to perform his/her public duty in an efficient and effective manner. Compliance with this standard of conduct is a condition of employment for all GDC employees. This GDC policy requires every agency employee to notify the appropriate Appointing Authority, in writing, within five (5) calendar days of his/her arrest or conviction for violating any drug-related law, (including a plea of nolo contendere) in any jurisdiction, regardless of whether it involved a work place or non-work related incident.

### Business Activities for Personal Gain or Profit

*DW* Initials

Compliance with established standards of conduct is a condition of employment for all GDC employees. An employee's behavior or conduct on the job must reflect favorably upon the Department as a public employer. As such, it shall be prohibited for any GDC employee to: a) Use or permit the use of state property for personal gain, profit or personal business. B) Conduct personal business for profit, while in the work place or during his/her working hours. All employees are advised not to borrow from or lend money to other employees; however, it is expressly prohibited for a GDC employee to lend money to a Department employee, for profit. C) Knowingly have personal involvement with, engage in personal business (or trade) with, correspond with or on behalf of inmates without the express written approval of the appropriate Appointing Authority.

Note: Current employees, who are related by law to any inmate shall be governed by this same standard.

### Sexual Assault Awareness Statement

*DW* Initials

Whenever a correctional officer or other individual with similar supervisory or disciplinary authority over a person in custody has sexual contact with that person, he/she has committed a sexual assault against a person in custody. Sexual contact means any contact for the purpose of sexual gratification of the actor with intimate parts of a person he/she is not married to. The law defines intimate parts as the genital area, groin, inner thighs, buttocks or breasts.

### Georgia Crime Information Center (GCIC)

*DW* Initials

Access to Criminal Justice information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council. O.C.G.A. 35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute established criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems. The Georgia Computer Systems Protection Act (O.C.G.A. 16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses; all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000 fine. The Georgia Criminal Justice Information System Network is operated by the GCIC in compliance with O.C.G.A. 35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

### Computer Use and Security Awareness Acknowledgment

*DW* Initials

I acknowledge that I have read and fully understand the GDC rules and procedures governing technology security of computer resources, networks, computer applications, programs, and/or systems as outline in SOP 105.01, Technology Policies and Procedures, and any others that may be applicable. I have also read the following information and fully understand the requirement:

1. I will not divulge any of my system passwords, to any individual, for any reason, while employed with the Department.

## ACKNOWLEDGEMENT STATEMENTS – Page 3

Read, initial and sign acknowledgement statements listed below.

2. I will not leave my computer workstation accessible during my absence. I understand that I am required to ensure that my computer workstation has a Screen Saver with PASSWORD, set to a five (5) minute time limit.
3. I will not proceed to perform diagnostic tests or procedures on any office/center/facility computer equipment, to include printers, without consulting either OIT (Office of Information Technology), a facility Operations Analyst, the Division Information System Coordinator (DISC), or designated information systems support individual for the office/center facility.
4. I will not move or remove any office/center/facility computer equipment without consulting with OIT, a facility Operations Analyst, the DISC or designated information systems support individuals for the office/center/facility.
5. I will not share information acquired by any GDC system with unspecified employees of this department or any other state department or the public without specific approval from the Appointing Authority.
6. I understand that I am prohibited from installing any program software not explicitly purchased for departmental use unless I receive the written consent of my Appointing Authority and the approval of OIT.
7. I understand that State-provided computer systems are intended for public business and that my use of the Internet, e-mail or other systems may be recorded and monitored. I understand that use or access of the Internet for pornographic, obscene or other improper purposes is prohibited.
8. I understand that under Georgia Law Code § 16-9-93, Section 3, Subsection E, "Computer Password Disclosure," Any person who discloses a number, code, password, or other means of access to a computer or computer network knowing that such disclosure is without authority and which results in damages (including the fair market value of any services used and victim expenditure) to the owner of the computer or computer network in excess of \$500.00 shall be guilty of the crime of computer password disclosure.

I fully understand that any violation of GDC procedures and rules regarding the use of the Internet or other Department provided software or programs may result in disciplinary action up to and including dismissal from my position, and may include civil and/or criminal prosecution.

### Social Media

*JW* Initials

1. The following speech may subject a GDC employee to personnel action if employee's social media posts:

- a. Adversely affect the department's operations;
- b. Interfere with an employee's performance of duties;
- c. Impair discipline, harmony or relationships among coworkers;
- d. Showcase obscene or sexually explicit content;
- e. Ridicule, harass or are discriminatory in nature against an individual or group of people in regards to their race, color, religion, sex, national origin or any protected class of individuals as defined by federal law;
- f. Include content that would reasonably be considered as reckless or irresponsible; or
- g. Use any image or photograph of images that belong to GDC that would reflect discredit on the Department or undermine public trust 104.47: Employee Standards of Conduct, to include: GDC patch, official logo, photos of any GDC facility, any image of an inmate (with or without consent), and any material for which GDC holds a copyright, trademark, patent or other intellectual property right.

2. Employees shall not disclose any confidential or non-public information obtained by virtue of employment. 104.47: Employee Standards of Conduct

3. Staff are cautioned that posts that constitute a violation of 104.47: Employee Standards of Conduct and 104.46: Unlawful Harassment (Includes Sexual Harassment) may result in personnel action by GDC.

### The 1996 Georgia Laws Act 816

*JW* Initials

The 1996 Georgia Laws Act 816, provides that all positions filled on or after July 1, 1996, by new hires shall be included in the unclassified service, and will not be covered by the State Merit System. The GDC reserves and retains the right to make changes in the terms and conditions of any employment relationship as the Department determines to be necessary or appropriate for the effective and efficient administration of the Department and its public mission. All initial employee relationships commencing on or after July 1, 1996 are "AT WILL" in nature, meaning that the employment may be altered or terminated at any time, as required by the Department's business and/or budgetary needs.

### Understanding the Use of Fair Labor Standards Act (FLSA) Compensatory Time - SOP 104.37, Attachment 3, Revised 09/01/01

*JW* Initials

I do acknowledge that as part of the terms and conditions of my employment with the GDC, I understand that:

1. I may be required to work more than forty hours in a work week, or other maximum hours in a work period established by the FLSA Act of 1938, as amended now and in the future, for law enforcement, fire protection, hospital or other special groups of employees; and
2. If I am required to work more than the maximum number of hours permitted by the FLSA, GDC has the option of paying for such overtime in cash at the rate set in the FLSA or by compensatory time off at the rate of one and one-half hours for each hour of employment for with overtime compensation is required by the FLSA; and
3. My employer has reserved the right to purchase any compensatory time accrued by me at the rate set in the FLSA.
4. I understand that I may be directed to use accumulated FLSA compensatory time in lieu of paid leave.
5. **Employees Cannot Waive Their Right to Compensation Under the FLSA**

### All non-exempt employees to REPORT ALL TIME WORKED – SOP 104.37, Attachment 4, Revised 09/01/01

*JW* Initials

This means that you must:

- record the exact hour and minute that you begin any work
- record the exact hour and minute that you stop all work
- make these entries on each day you work
- be absolutely certain that you have recorded all work time
- personally make and initial any changes in your timesheet or timecard which might occasionally be necessary

ACKNOWLEDGEMENT STATEMENTS – Page 4

Read, initial and sign acknowledgement statements listed below.

The GDC relies upon your personal time entries in calculating your pay and maintaining your payroll records. Thus, a failure to accurately record all time worked will mislead the Department and can result in discipline or discharge. It is a violation of these policies either to under-report or to over-report your work time. Remember: accuracy is the key—not just the appearance of accuracy.

No deviation from these instructions is permitted. No one may ask or direct that a non-exempt employee work "off the clock", "for free", or "on his or her own time". Any non-exempt employee who is not being paid in accordance with these policies or who has knowledge that the policies are being violated should immediately report this in confidence to the Director, Human Resources at (478) 992-5211. Your report will remain confidential, and you will not be punished for making such a report.

Domestic Violence Awareness Statement

*DW* Initials

I understand that an amendment to the Federal Gun Control Act prohibits any person convicted of a misdemeanor crime of domestic violence from shipping, transporting, possessing or receiving firearms or ammunition. I also understand that it is unlawful for a person to sell or otherwise dispose of a firearm or ammunition to any person knowing or having reasonable cause to believe that the recipient has been convicted of such a misdemeanor. I understand that this prohibition applies to all law enforcement officers.

I understand that the "misdemeanor crime of domestic violence" is defined in the law as:

1. A misdemeanor under Federal or State law; and
2. Has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon by a current or former spouse, parent or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian victim.

This definition includes all misdemeanors that involve the use or attempted use of physical force if the offense is committed by one of the defined parties. This is true whether or not the State statute or local ordinance specifically defines the offense as a domestic violence misdemeanor. Also, the prohibition applies to persons convicted of such misdemeanors at any time, even if the conviction occurred prior to the new law's effected date, September 30, 1996.

I understand that if I am found to have been convicted of such an offense that I will no longer be able to possess a firearm or ammunition to use in the performance of my official duties and my duties will be changed from those requiring P.O.S.T. certification and possibly dismissal from the department.

I understand that the department will conduct annual reviews of my record to determine if I have firearms disability under this law. I also understand that it is my responsibility to notify my appointing authority of any arrests or convictions as soon as possible, including but not limited to domestic violence misdemeanors.

Employee Standards of Conduct – SOP 104.47, Attachment 1, Revised 12/15/06

*DW* Initials

This is to acknowledge that I have read the Department's procedure governing employee standards of conduct. As a condition of employment, I will abide by the terms and conditions of this procedure. I understand that any violation of this procedure, including any of the standards contained therein, may be the basis for disciplinary action, including dismissal. I also understand that disciplinary action can be taken for matters not covered by this procedure and that it does not create any new rights for me or for any other employee of the GDC.

Code of Ethics for Government Employees - O.C.G.A. Section 45-10-1

*DW* Initials

This is to acknowledge that I have read the Code of Ethics for Government Employees. I understand that this Code of Ethics applies to me. As a condition of employment, I will abide by the terms and conditions of this Code of Ethics. I understand that any violation of this Code of Ethics, including any of the standards contained therein, may be the basis for disciplinary action, including dismissal. I understand that the standards contained in this Code of Ethics do not replace the GDC Employee Standards of Conduct nor any existing statutory requirements, but is in addition thereto. I also understand that disciplinary action can be taken for matters not covered by this procedure and that it does not create any new rights for me or for any other employee of the GDC.

Selective Service Verification

*DW* Initials

State Law requires all selected male applicants between the ages of 18 and 26 to present proof of having registered with the Selective Service System or to present proof of being exempt from registration prior to beginning State employment. In accordance with State Law, I have verified that I have registered with the Selective Service System (attach copy of the registration card or screen print from the Selective service System internet web site: [www.sss.gov](http://www.sss.gov)) OR I am exempt from registration with the Selective Service System (attach verifying documentation).

Documentation Provided

Workers Compensation

*DW* Initials

This is to certify that I have been given information about the State Board of Workers' Compensation, the "Panel of Physicians" and the purpose of these services.

I understand that if I am involved in an on-the-job accident and become ill or injured, if emergency treatment is NOT necessary, I must accept all medial services from a panel physician. If I obtain medical service from a physician who is not listed with the AMERISYS, INC. managed care organization, I will be responsible for those medical expenses.

The AMERISYS, INC. (panel) physician may arrange for appropriate consultations, referrals or other specialized medical services as the nature of the injury requires. If I am dissatisfied with the medical services, I can request one change (without employer's permission) to visit a second (different) physician from the AMERISYS, INC. group. However, any further changes require the expressed permission of a Claim Representative from the Department of Administrative Services (DOAS) or the State Board of Workers' Compensation.

**In the case of an emergency, I may be treated at the nearest emergency room. However, all follow-up care must, thereafter, be rendered by a physician designated/selected from the managed care organization (or a AMERISYS, INC. referral).**



ACKNOWLEDGEMENT STATEMENTS – Page 5

Read, initial and sign acknowledgement statements listed below.

I further understand that I must notify my supervisor and the Personnel Office as soon as injury occurs or as soon as I receive care from AMERISYS, INC., regardless of the extent of the injury. [Delay in notification can result in denial of payment for medical services rendered].

If my claim is accepted as compensable and I am entitled to receive weekly indemnity benefits (if I have more than seven days of lost time from work, due to the injury), I understand that I am entitled to ONE independent medical examination by a physician of my choice. However, I must notify DOAS in writing, in advance of any independent examination. The cost will be paid by DOAS but no diagnostic procedures performed since the date of my on-the-job injury (and costing in excess of \$250.00), can be repeated by my independent physician. I understand that I may be expected to pay for procedures which have not been authorized by DOAS.

**SWORN POSITIONS ONLY**

Random Drug Screening

*DW* Initials

During the 1990 legislative session, the Georgia General Assembly passed Act 1445 which requires random drug screening of certain state employees. The Act covers those employees who are required to obtain Peace Officer Standards and Training (P.O.S.T.) certification and who occupy positions where "...inattention to duty or errors in judgment while on duty will have the potential for significant risk of harm to the employee, other employees, or the general public." (O.C.G.A. 45-20-90 (3)). In accordance with the provisions of this law, your department head has determined that the position for which you have been selected shall be subject to random drug screening.

It is very important that you fully understand the requirements of this law and the consequences that might result from its application. The law mandates that any employee whose drug screening indicates the illegal use of drugs or marijuana shall be terminated from employment. The law does not permit a second chance or the imposition of any lesser penalty. In addition, any employee who refuses to submit to drug screening, or who fails to appear for drug screening after being directed to so appear, shall be terminated from employment. An employee terminated for any of these reasons is disqualified from employment with GDC for a period of two years.

Sleeping on Duty

*DW* Initials

Sleeping on duty by an employee whose job responsibilities include direct supervision of inmates will not be tolerated.

If I commit this offense, it may result in my termination.

If I fail to report a co-worker sleeping on duty, it may result in my termination.

Condition of Employment

*DW* Initials

I understand that my employment is conditional upon the successful completion of the academy entrance examination administered by GDC pursuant to O.C.G.A. 35-8-8(a) (9).

Transfer Understanding

*DW* Initials

I understand that as a new appointee, I will work at Central State Prison for a period of not less than twelve (12) months prior to being eligible for transfer to another facility. In addition, any request for transfer will contain a 30-day notice prior to effective date of transfer. *←Indicate location*

SIGNATURE

My initials on this document along with my signature below acknowledges that I am aware that these statements will become a part of my official personnel record. I understand that any violation of the above policies and/or rules could result in disciplinary action, up to and including dismissal from employment.

Donita Washyt  
Signature

12/2/19  
Date

Donnita Latrice Washington  
Printed Name

Donnita Latrice Washington



State Accounting Office  
of Georgia  
Fiscal Leadership for Georgia

**Direct Deposit Notification Form**

(To be signed by all new hires and rehires on and after May 1, 2010)

In accordance with the Mandatory Direct Deposit policy issued May 1, 2010, as a condition of employment, a person hired or rehired to a position in a State organization on or after May 1, 2010, and who is paid by the PeopleSoft HCM central payroll system (system) administered by the State Accounting Office (SAO), is required to accept all payroll related payments by direct deposit. The complete policy, and related documents, can be found on SAO's website at the following location: State Accounting Office Accounting Policy Manual.

I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the policy and enroll in direct deposit using the Employee Self Service (ESS) feature of the system within 30 days of being hired or rehired and remain enrolled in direct deposit during the tenure of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy. I understand that if I am not granted an exemption, I may be subject to dismissal.

Employee Name (Please Print) Donnita Latrice Washington

Employee Signature: Donita Washby Date: 12/2/19

**To be completed by employing organization:**

Employee ID Number [REDACTED] Position Title: Correctional Officer

Hiring Organization Name: Central State Prison

Hiring Supervisor or HR Official: Brenda Adams

Copy 1 - Organization Human Resources Office  
Copy 2 - Employee



GEORGIA DEPARTMENT OF CORRECTIONS  
CORRECTIONS HUMAN RESOURCES MANAGEMENT

POST OFFICE BOX 1529  
FORSYTH, GEORGIA 31209  
PHONE 478-992-5211  
FAX 478-992-5207



Brian P. Kemp  
Governor

Timothy C. Ward  
Commissioner

Benefits Acknowledgment Form:

\_\_\_ New Hire/Rehire Orientation    \_\_\_ Open Enrollment

I, Donita Washington Employee ID# [REDACTED]  
do hereby acknowledge that I have received information as it pertains to State Health  
Benefits Plan (Health Insurance) and Georgia Breeze (Flexible Benefits). I have also been  
given information on how to access the benefits portals for both websites; as well as, videos,  
that are available via Captiva or DOAS website. If I'm a new hire, I understand I have 30  
days from the date of hire to enroll with my benefits through SHBP and GaBreeze.

Check all that apply:

- SHBP Enrollment Portal – Quick Reference Guide
- Electronic Enrollment for New Hire- (<https://myshbp.adp.com/shbp/>)  
Registration Code: SHBP-GA
- Flexible Benefits Program – Quick Reference Guide
- Electronic Enrollment for New Hire (<http://www.gabreeze.ga.gov>)

Contact Phone numbers:

SHBP – 1-800-610-1863

GaBreeze – 1-877-342-7339

Donita Washington  
Signature of Acknowledgement

12/2/19  
Date

Cc: Personnel File  
Central Office Records Management

### EMERGENCY CONTACT(S)

Employee Name Donnita Latrice Washington

Employee ID # 01104954

<b>PRIMARY CONTACT</b>					
Contact Name: [REDACTED]					
Relationship to Employee: <u>Mom</u> [REDACTED]					
Home Address and Telephone (Same Address/Home Phone as Employee) [REDACTED]					
Address 1:					
Address 2:					
Address 3:					
City:					
County:					
State:		Zip:		Phone Number:	
<b>Additional Phones</b>					
Phone Type: (Circle One)		Business <u>Cellular</u>		Pager Fax	
Number:		[REDACTED]			
Phone Type: (Circle One)		Business <u>Business</u>		Cellular Pager Fax	
Number:		[REDACTED]			

<b>ADDITIONAL CONTACT</b>					
Contact Name:					
Relationship to Employee:					
Home Address and Telephone (Same Address/Home Phone as Employee) Yes <input type="checkbox"/> No <input type="checkbox"/>					
Address 1:					
Address 2:					
Address 3:					
City:					
County:					
State:		Zip:		Phone Number:	
<b>Additional Phones</b>					
Phone Type: (Circle One)		Business Cellular		Pager Fax	
Number:					
Phone Type: (Circle One)		Business Cellular		Pager Fax	
Number:					

<b>ADDITIONAL CONTACT</b>					
Contact Name:					
Relationship to Employee:					
Home Address and Telephone (Same Address/Home Phone as Employee) Yes <input type="checkbox"/> No <input type="checkbox"/> (Circle One)					
Address 1:					
Address 2:					
Address 3:					
City:					
County:					
State:		Zip:		Phone Number:	
<b>Additional Phones</b>					
Phone Type: (Circle One)		Business Cellular		Pager Fax	
Number:					
Phone Type: (Circle One)		Business Cellular		Pager Fax	
Number:					

**GEORGIA DEPARTMENT OF CORRECTIONS  
POSITION/PERSONNEL ACTION REQUEST**


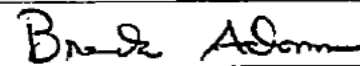
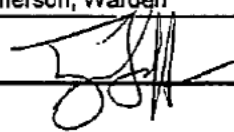
DATE 9/28/2020

**EFFECTIVE DATE OF ACTION**

9/30/2020

LOCATION Central State Prison  
INITIATOR Brenda Adams, HR Manager

PHONE  
E-MAIL

EMPLOYEE INFORMATION				SUPPORTING PAPERS				COMMENTS												
Name	Washington, Donnita			<input type="checkbox"/>	Correspondence (Resignation or Adverse Actions)			Effective 09/30/2020, EE is placed on Suspension with Pay pending investigation.  												
Empl ID	[REDACTED]			<input type="checkbox"/>	Suspension Notice															
Gender	Female	Race	Black	<input type="checkbox"/>	PIF/PMF															
DOB	[REDACTED]	DOB	[REDACTED] 1985	<input type="checkbox"/>	Min. Qual. Review Decision															
Maildrop ID	#N/A			<input type="checkbox"/>	DOL 800 Separation Notice															
ACTION, REASON & DESCRIPTION				Other (Specify):																
1	SUS CAC Disciplinary Action			Is rehire recommended? -																
2	-			*If No, then attach supporting documentation																
3	-			Terminal Leave Hours To Be Paid: 0																
GPA USE ONLY				*Please attach verification																
FLSA Code	-	DTI Code	-	Last Day in Pay Status:																
TO				FROM																
Position Number		Classified Indicator		Position Number	00110134	Classified Indicator	Unclassfd													
Job Code	-	Job Title	-	Job Code	PSP060	Job Title	Correctional Ofc 1													
Department ID	-	Facility Name	#N/A	Department ID	4672060901	Facility Name	Central SP-Security Opns													
County Code/Name	#N/A	Zip Code	#N/A	County Code/Name	011/Bibb	Zip Code	31208													
Pay Grade		Semi-Monthly Salary		Pay Grade	LF	Semi-Monthly Salary	\$1,210.56													
		% 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	-	-	Name		Date	
16	17	X	X	X	21	22	X	X	25	26	27	X	X	30	31	11.75 hr Shift				
COMPLETED BY											APPOINTING AUTHORITY									
Name	Brenda Adams, HR Manager			Date	9/28/2020	Name	Tracy Jefferson, Warden			Date	9/28/2020									
																				



**GEORGIA DEPARTMENT OF  
CORRECTIONS**

*Central State Prison  
4600 Fulton Mill Road  
Macon, Georgia 31208  
478-471-2909  
Fax: 478-471-2095*



**Brinn P. Kemp  
Governor**

**Timothy C. Ward  
Commissioner**

**SUSPENSION WITH PAY**

September 28, 2020

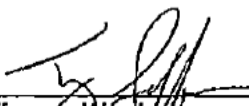
Donnita Washington [Redacted]

Dear Ms. Washington:

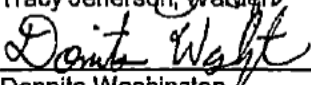
This memo is to advise that you are being placed on Suspension with Pay effective September 30, 2020 pending an investigation.

While you are in a suspension with pay status, you will not enter into the working area of Central State Prison or any Correctional Facility within the State of Georgia. Within the time of 8:00 a.m. and 4:30 p.m., Monday through Friday, you will remain either at a telephone where you can be contacted or at your place or residence. You must be able to reach the facility within one hour of being contacted. Between the hours of 9:00 a.m. to 10:00 a.m., Monday through Friday, you will contact by telephone Brenda Adams, Personnel Manager at (478) 471-2916.

Your failure to strictly comply with the above described provisions will be considered separate justification for adverse action.

  
\_\_\_\_\_  
Tracy Jefferson, Warden

9/28/2020  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Donnita Washington  
Employee Signature (Signature acknowledges receipt only)

9/28/20  
\_\_\_\_\_  
Date

- cc: Robert Toole, Field Operations, Director
- Betsy Thomas, Human Resource Director
- Cedric Taylor, North Region Director
- Komola Edwards, Commissioner's Designee for Adverse Action
- Crystal Hendley, Legal Office Representative
- Noel Berkey, CPA Adverse Action Coordinator
- Official Personnel File / Local Personnel File



**GEORGIA DEPARTMENT OF CORRECTIONS**

Central State Prison  
4600 Fulton Mill Road  
Macon, GA 31208  
TELE: (478)471-2909  
FAX: (478)471-2095



Brian P. Kemp  
Governor

Timothy C. Ward  
Commissioner

**ADVERSE ACTION PROPOSAL**

September 28, 2020

Donnita Washington/  
[Redacted]

Dear Ms. Washington:

This is to advise you of my intention to take the following action against you. This action is being proposed due to your violation of Policy (104.47) Employee Standards of Conduct on September 27, 2020.

**TERMINATION**

The proposed adverse action is subject to review by a Disciplinary Panel. You may submit a response to the proposed adverse action for the Panel consideration to the Commissioner's Designee for Adverse Actions within three business days from the receipt of this notice. Your response must be in writing. If you wish to request a review in person, it must be an agreed upon time between 8:00 a.m. and 4:30 p.m. Monday through Friday to coordinate your written response, personal response or both. Please call the following person designated to consider your response:

Komola M. Edwards  
Commissioner's Designee for Adverse Actions  
Central HR, Gibson Hall, 2<sup>nd</sup> Floor  
P.O. Box 1529  
Forsyth, Georgia 31029  
(478) 992-5204 Fax (478) 992-5207

You may submit affidavits or other evidence in support of your written response to this proposed adverse action. The Disciplinary Panel will review this proposed adverse action whether or not you submit any response you will be notified of the Panel decision in writing within five business days of the review.

\_\_\_\_\_  
Tracy Jefferson, Warden

9/28/2020  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Donnita Washington  
(Signature acknowledges receipt only)

9/28/20  
\_\_\_\_\_  
Date

- Cc: Robert Toole, Field Operations, Director
- Betsy Thomas, Human Resource, Director
- Cedric Taylor, North Regional Director
- Komola M. Edwards, Commissioner's Designee for Adverse Action
- Crystal Hendley, Legal Office Representative
- Noel Berkey, CHRM Adverse Action Coordinator
- Official and Local Personnel File

Record Retention: Upon completion, this notice shall be retained permanently in the employee's official and local personnel files.





**GEORGIA DEPARTMENT OF CORRECTIONS**  
**Request for Disciplinary Action**

(Circle appropriate status)

**CLASSIFIED**

**UNCLASSIFIED**

**EMPLOYEE INFORMATION**

Name: Donnita Washington	SS#	Employee ID#:
Job Title: C01	Hire Date:	<input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt
Facility/Work Unit: Central SP	Supervisor's Name: Joseph Gibson	Shift: [REDACTED]

**INCIDENT INFORMATION**

Date of Incident: 9/27/2020 Reporting Official and Title:  
Lt. Joseph Gibson

ON 9/27/2020 WHILE IN CONTROL, OFFICER WASHINGTON SCRATCHED OFFICER JOHNSON IN THE FACE MULTIPLE TIMES WITH HER FINGER NAILS. OFFICER WASHINGTON KNOWS THE POLICIES AND PROCEDURES ON THE STANDARD CODES OF CONDUCT. THIS TYPE OF BEHAVIOR WILL NOT BE TOLERATED. I RECOMMEND TERMINATION.

**SOP'S, LOP'S, OR POST ORDERS VIOLATED DURING THE INCIDENT**


Standard Codes Of Conduct  
IVO10-0003

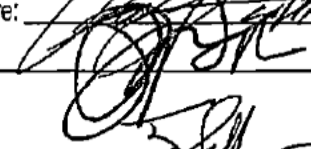
**PRIOR DISCIPLINARY ACTIONS INVOLVING THIS EMPLOYEE**


Charge:	Date:
Charge:	Date:
Charge:	Date:

**RECOMMENDED DISCIPLINARY ACTION (check appropriate box)**

- Salary Reduction \_\_\_\_\_ % \_\_\_\_\_ (period of time)
- Suspension Without Pay \_\_\_\_\_ days
- Demotion to \_\_\_\_\_
- Letter of: (Please Circle): Instruction Concern Reprimand
- Dismissal
- Other

Chief of Security Signature:  Date Submitted: 9/28/20

Deputy Warden:  Date Submitted: 9/28/20

Appointing Authority's Signature:  Date Submitted: 9/28/2020

ATTACH STATEMENTS TAKEN FROM THE ACCUSED AND ANY WITNESSES, AS WELL AS ANY SUPPLEMENTAL INFORMATION THAT WOULD AID IN THE PROMPT DISPOSITION OF THE ACTION.

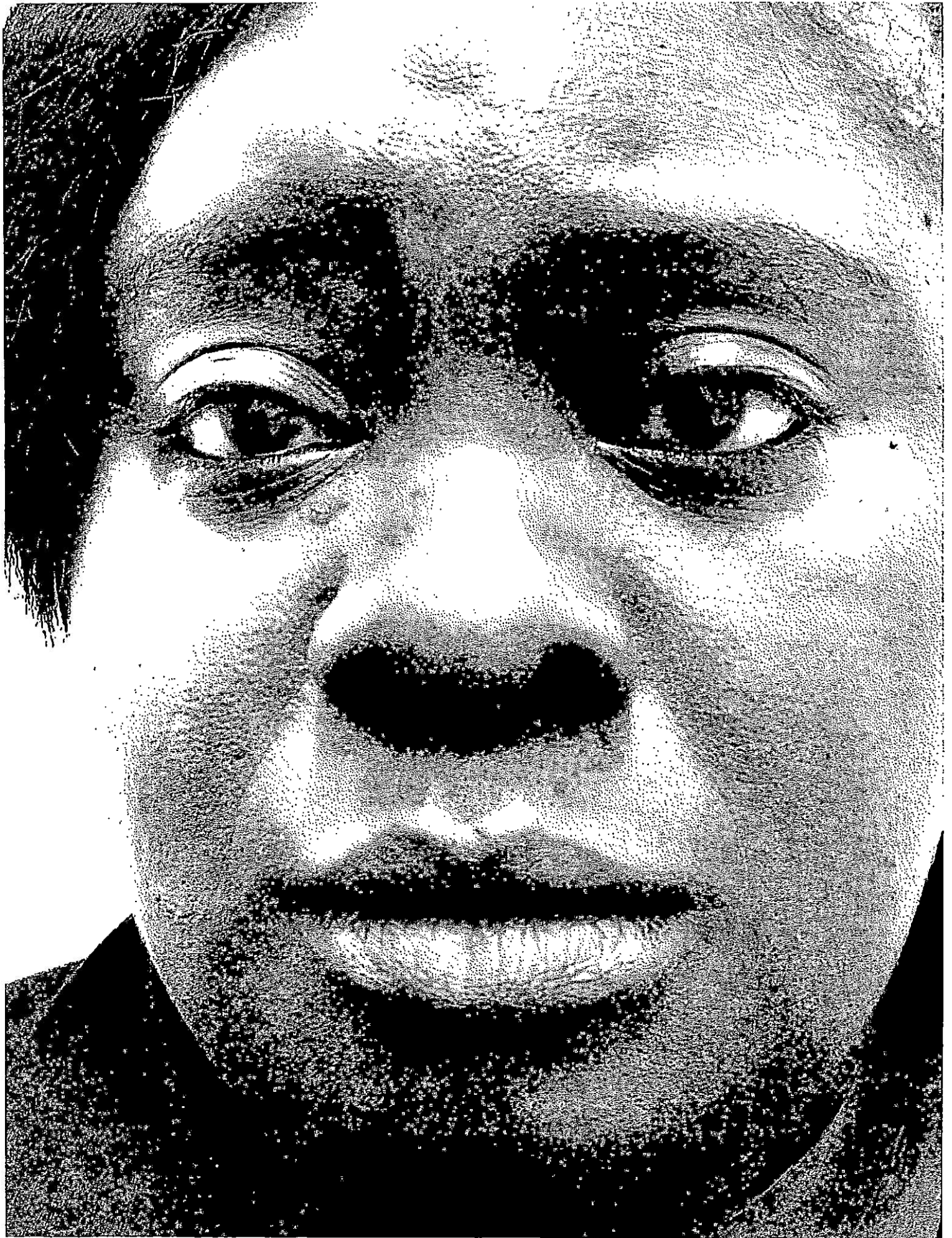
Record Retention: Retain permanently in the official and local personnel files.

WITNESS STATEMENT			
PLACE Central State Prison	DATE 9/27/20	TIME 11:30pm	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME Washington, Dennita	EMPLOYEE ID NUMBER	STATE ID NO.	
INSTITUTION OR ADDRESS 4606 Fulton Mill Rd Macon GA 31208			
SWORN STATEMENT			
<p>I, <u>Dennita Washington</u>, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:</p> <p>On the above date and time it was count time of Johnson came down to help me count in building I let her in she came in the booth I gave her my count sheets and she started to separate the call outs she asked me if I wanted to do a walk threw now or later I told her no I was good she said L.T. told her to do it I told her she could tell him what I said sense I had to go in each pod anyway she said ok she will I said ok have a good night and she said I didn't have to be a bitch I told her I wasn't but have a good night that's when words were exchanged and I kept tell her have a good night. I told her I'm not going to do this with her. she got closer I stood up she put her hand in my face I told her to get her hand out my face and that's when she hit me first. Johnson had me on the floor and would not get off of me. there was a inmate who came to the window and took a picture while she was on top of me and she still would get up.</p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT DW		PAGE 1 OF 2 PAGES
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>			

(Reproduced locally)

Retention Schedule: Upon completion, this form shall be maintained locally for three (3) years, with the Incident Report, and then destroyed.





Central State Prison Facility/Center  
Use of Force/Serious Incident Report Coversheet

I. Offender Name \_\_\_\_\_ Date: 9/27/2020

II. Checklist:

- 1. Use of Force..... Yes \_\_\_\_\_ No  Pending \_\_\_\_\_
- 2. Incident Report..... Yes  No \_\_\_\_\_ Pending \_\_\_\_\_
- 3. Supplemental Use of Force..... Yes \_\_\_\_\_ No  Pending \_\_\_\_\_
- 4. Videotape..... Yes \_\_\_\_\_ No  Pending \_\_\_\_\_
- 5. Photos..... Yes  No \_\_\_\_\_ Pending \_\_\_\_\_
- 6. Witness statements from all involved..... Yes  No \_\_\_\_\_ Pending \_\_\_\_\_
- 7. Disciplinary Report filed..... Yes \_\_\_\_\_ No  Pending \_\_\_\_\_
- 8. Medical Reports..... Yes \_\_\_\_\_ No  Pending \_\_\_\_\_
- 9. Mental Health Report/Statements..... Yes \_\_\_\_\_ No  Pending \_\_\_\_\_
- 10. Chain of Evidence..... Yes  No \_\_\_\_\_ Pending \_\_\_\_\_
- 11. Use of Weapons Report..... Yes \_\_\_\_\_ No  Pending \_\_\_\_\_

If pending is checked on any of the above, state the reason why: \_\_\_\_\_

III. Shift Supervisor: 1. Date submitted and forwarded to Captain: 9/28/2020

2. Supervisor's Signature: [Signature] / Lt Joseph Gibson

IV. Captain/Chief of Security Review: 1. Date received: \_\_\_\_\_ 2. Date videotape reviewed: \_\_\_\_\_

3. Rating of Incident: Major: \_\_\_\_\_ Serious: \_\_\_\_\_ Minor: \_\_\_\_\_ Unusual: \_\_\_\_\_

4. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Signature of Captain/Chief of Security: \_\_\_\_\_

V. Deputy Warden's Review: 1. Date received \_\_\_\_\_ 2. Date videotape reviewed: \_\_\_\_\_

3. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Signature of Deputy Warden: \_\_\_\_\_

VI. Warden's Review: 1. Date received: \_\_\_\_\_ 2. Type and Forward: Y N Hold in File: Y N

3. Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Signature of Warden/Designee: \_\_\_\_\_

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file, with the incident report, and retained according to the retention schedule for that file.

Incident Report

Attachment #1  
HA04-0002 (203.03)  
9/3/2020

Major  Minor

Incident ID: \_\_\_\_\_ Facility: Central State Prison Incident Date: 9/27/2020 Time: 11:50pm Location/Dorm: J Control

Reporting Official: Joseph Gibson  Y  X  N Operator Name: \_\_\_\_\_

Did incident result in serious injury?  No  Staff  Inmate

Offender Weapon?  Y  X  N Weapon Description: \_\_\_\_\_

Use of Force?  Y  X  N UOF Equipment Used?  Y  X  N  Taser  Chemical  Firearm  Hands-On  Other: \_\_\_\_\_

Does this incident report contain contraband?  Y  X  N If Yes, it was found...  Inside Grounds  Outside Grounds

Is the contraband associated with a throw-over?  Y  X  N

Incident Category: Check all that apply:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Accident                    | <input type="checkbox"/> Escape                    | <input type="checkbox"/> Inmate Special Transport      | <input type="checkbox"/> Self-Injurious Behavior           |
| <input type="checkbox"/> Attempted Suicide           | <input type="checkbox"/> Escape Attempt            | <input type="checkbox"/> Inmate Strip Cell Status      | <input type="checkbox"/> Shakedown                         |
| <input type="checkbox"/> Cell Extraction             | <input type="checkbox"/> Failure to Execute Policy | <input type="checkbox"/> Inmate to Inmate Assault      | <input type="checkbox"/> Staff Shakedown                   |
| <input type="checkbox"/> Contraband - Hard           | <input type="checkbox"/> Fight                     | <input type="checkbox"/> Inmate to Staff Assault       | <input checked="" type="checkbox"/> Staff to Staff Assault |
| <input type="checkbox"/> Contraband - Nuisance       | <input type="checkbox"/> Fire Incident             | <input type="checkbox"/> Institutional Drill           | <input type="checkbox"/> Suicide                           |
| <input type="checkbox"/> Death                       | <input type="checkbox"/> Four/Five Point Restraint | <input type="checkbox"/> Keys/Tools                    | <input type="checkbox"/> Taking Hostage                    |
| <input type="checkbox"/> Disruptive Behavior         | <input type="checkbox"/> Homicide                  | <input type="checkbox"/> Maintenance Incident          | <input type="checkbox"/> Unauthorized Contact              |
| <input type="checkbox"/> Disruptive Event            | <input type="checkbox"/> Hunger Strike             | <input type="checkbox"/> Personal Dealings with Inmate | <input type="checkbox"/> Use of Force                      |
| <input type="checkbox"/> Drugs                       | <input type="checkbox"/> Illness                   | <input type="checkbox"/> PREA - Allegation             | <input type="checkbox"/> Visitor Incident                  |
| <input type="checkbox"/> Employee Contact with Blood | <input type="checkbox"/> Injury                    | <input type="checkbox"/> Projecting Bodily Fluids      | <input type="checkbox"/> Wireless Device                   |
|  | <input type="checkbox"/> Inmate Internet Violation | <input type="checkbox"/> Property                      | <input type="checkbox"/> Wireless Device Accessory         |

Involved INMATE Name	GDC #	UOF	DR	Injury	Weapon	Sex. Alleg.	Directly Involved OR Witness
_____	_____	_____	_____	_____	_____	_____	Involved _____ Witness _____
_____	_____	_____	_____	_____	_____	_____	Involved _____ Witness _____
_____	_____	_____	_____	_____	_____	_____	Involved _____ Witness _____
_____	_____	_____	_____	_____	_____	_____	Involved _____ Witness _____
_____	_____	_____	_____	_____	_____	_____	Involved _____ Witness _____
_____	_____	_____	_____	_____	_____	_____	Involved _____ Witness _____
_____	_____	_____	_____	_____	_____	_____	Involved _____ Witness _____
_____	_____	_____	_____	_____	_____	_____	Involved _____ Witness _____

Involved Staff Name / Title	Employee ID#	Race	Sex	Force Used	Staff Equip.	Equip. Type
Washington, Donnita C01	_____	Black	Female	NA	NA	NA
Johnson, Joutelia C01	_____	Black	Female	NA	NA	NA
Jackson, Tanya C02	_____	Black	Female	NA	NA	NA
Gibson, Joseph Lt.	_____	White	Male	NA	NA	NA
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

WITNESS Name	Number / Title	WITNESS Name	Number / Title
_____	_____	_____	_____
_____	_____	_____	_____

Name/Agency Notified	Date	Time	Name/Agency Notified	Date	Time
Gibson, Joseph Lt.	9/27/2020	11:50PM	_____	_____	_____
Chambers, Fashion Chief Counselor	9/27/2020	11:59PM	_____	_____	_____
Jordan, Janice Unit Manager	9/28/2020	12:02AM	_____	_____	_____

Reporting Official Signature: Gibson, Joseph Lt. Date: 9/27/2020 Supervisor Signature: Matthews, David Sgt. Date: 9/27/2020

WARDEN / SUPERINTENDENT REVIEW: Was this incident forwarded for investigation?  Yes  No Warden's Comments: \_\_\_\_\_

Warden/Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_ Retention Schedule: (3) years and then destroy



4/10/2019

WITNESS STATEMENT			
PLACE Central State Prison	DATE 9/28/2020	TIME 1:21AM	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME Gibson, Joseph	EMPLOYEE ID [REDACTED]		STATE ID NO.
INSTITUTION OR ADDRESS Central State Prison 4600 Fulton Mill Rd, Macon, Ga 31028.			
SWORN STATEMENT			
<p>ON 9/27/2020 AT 11:50PM OFFICER JOHNSON ADVISED OFFICER JACKSON THAT SHE NEEDED ASSISTANCE IN [REDACTED] BUILDING. AT 11:52 OFFICER JACKSON ADVISED LIEUTENANT GIBSON. UPON ARRIVAL IN [REDACTED] BUILDING, LIEUTENANT GIBSON DISCOVERED THAT OFFICER JOHNSON AND OFFICER WASHINGTON HAD BEEN IN AN ALTERCATION WITH EACH OTHER IN [REDACTED] CONTROL. LIEUTENANT GIBSON ASKED OFFICER WASHINGTON WHAT HAPPENED AND SHE STATED THAT " OFFICER JOHNSON KEPT REPEATING THE SAME THING TO OFFICER WASHINGTON AND OFFICER JOHNSON PUT HER FINGER IN OFFICER WASHINGTONS FACE". OFFICER WASHINGTON ALSO STATED THAT SHE " ASKED OFFICER JOHNSON NOT TO PUT HER HAND IN HER FACE AND THATS WHEN OFFICER JOHNSON HIT HER WITH A CLOSED FIST". OFFICER WASHINTON SUFFERED MINOR SCRATCHES TO HER RIGHT SIDE CHEEK, LEFT SIDE NOSTRIL AND UNDER HER RIGHT SIDE EYE. LIEUTENANT GIBSON ASKED OFFICER JOHNSON WHAT HAPPENED AND SHE STATED "OFFICER WASHINGTON HAD PUT HER HAND IN HER FACE AND POKED OFFICER JOHNSON IN THE FACE WHILE STATING " YOU CAN GET THE FUCK ON". OFFICER JOHNSON SUFFERED TWO SCRATHES UNDER HER LEFT EYE, RIGHT EYE AND A SMALL LACERATION TO THE INSIDE OF HER BOTTOM LIP. LIEUTENANT GIBSON SEPERATED BOTH OFFICERS. DUTY OFFICER WAS NOTIFIED. ALL PROPER SUPERVISORS NOTIFIED. PICTURES WERE TAKEN.</p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT JO		PAGE 1 OF ___ PAGES

(Reproduced locally)

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_ TAKEN AT \_\_\_ DATED \_\_\_ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE \_\_\_ OF \_\_\_ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.



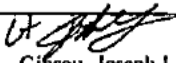
Supplement Report

Attachment #2  
11A04-0002 (203.03)  
9/3/2020

Incident ID: \_\_\_\_\_ Facility: Central State Prison Incident Date: 9/27/2020 Time: 11:50pm Location: \_\_\_\_\_

Detailed Description:

ON 9/27/2020 AT 11:50PM OFFICER JOHNSON ADVISED OFFICER JACKSON THAT SHE NEEDED ASSISTANCE IN I BUILDING. AT 11:52 OFFICER JACKSON ADVISED LIEUTENANT GIBSON. UPON ARRIVAL IN I BUILDING, LIEUTENANT GIBSON DISCOVERED THAT OFFICER JOHNSON AND OFFICER WASHINGTON HAD BEEN IN AN ALTERCATION WITH EACH OTHER IN I CONTROL. LIEUTENANT GIBSON ASKED OFFICER WASHINGTON WHAT HAPPENED AND SHE STATED THAT " OFFICER JOHNSON KEPT REPEATING THE SAME THING TO OFFICER WASHINGTON AND OFFICER JOHNSON PUT HER FINGER IN OFFICER WASHINGTONS FACE". OFFICER WASHINGTON ALSO STATED THAT SHE " ASKED OFFICER JOHNSON NOT TO PUT HER HAND IN HER FACE AND THATS WHEN OFFICER JOHNSON HIT HER WITH A CLOSED FIST". OFFICER WASHINTON SUFFERED MINOR SCRATCHES TO HER RIGHT SIDE CHEEK, LEFT SIDE NOSTRIL AND UNDER HER RIGHT SIDE EYE. LIEUTENANT GIBSON ASKED OFFICER JOHNSON WHAT HAPPENED AND SHE STATED "OFFICER WASHINGTON HAD PUT HER HAND IN HER FACE AND POKED OFFICER JOHNSON IN THE FACE WHILE STATING " YOU CAN GET THE FUCK ON". OFFICER JOHNSON SUFFERED TWO SCRATHES UNDER HER LEFT EYE, RIGHT EYE AND A SMALL LACERATION TO THE INSIDE OF HER BOTTOM LIP. LIEUTENANT GIBSON SEPERATED BOTH OFFICERS. DUTY OFFICER WAS NOTIFIED. ALL PROPER SUPERVISORS NOTIFIED. PICTURES WERE TAKEN.

Reporting Official Signature:  Gibson, Joseph L.L. Date: 9/27/2020 Supervisor Signature: Matthews, David Sgt. Date: 9/27/2020

WITNESS STATEMENT			
PLACE	DATE 9/28/20	TIME 0105	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME Jackson Tanya		EMPLOYEE ID NUMBER [REDACTED]	STATE ID NO.
INSTITUTION OR ADDRESS Central State Prison			
SWORN STATEMENT			
I, <u>Tanya Jackson</u> , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 9/27/20 around 2350 hours, ofc. Washington and ofc. Johnson called for assistance in [REDACTED] building. I relayed the traffic to Lt. Gibson. End of statement			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT TS		PAGE 1 OF ___ PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.			

(Reproduced locally)

Retention Schedule: Upon completion, this form shall be maintained locally for three (3) years, with the Incident Report, and then destroyed.

WITNESS STATEMENT			
PLACE Central State Prison	DATE 9-27-20	TIME 11:30 pm	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME Johnson, Jontearia Delshae	EMPLOYEE ID NUMBER		STATE ID NO.
INSTITUTION OR ADDRESS 4600 Fulton Mill Road, Macon, Ga 31208			
SWORN STATEMENT			
<p>I, <u>Jontearia Johnson</u> <sup>COT</sup>, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: I was advised by Lt. Gibson to go down to █ Building during 11:30 Lockdown Count to help ofc Washington count █ Building. Ofc Washington handed me her count papers as soon as I entered the booth of █ Building. I then asked ofc Washington was she ready to count and ofc Washington replied that she was not going to count. I ask ofc Washington why and she did not respond. I then told ofc Washington that we needed to at least count or make rounds. Ofc Washington again stated that she was not going to make rounds and that I could make rounds if I wanted to. I then told ofc Washington that I was advised to come to █ Building and Count. Ofc Washington then stated that she does her own rounds. I tell ofc Washington that the way she was acting was unnecessary and that I just wanted to do my job, count then I cover and then head back up the hill. I also tell ofc Washington that I have never disrespected her and the way she was going on about the situation was unprofessional. I also advised ofc Washington that I would be letting Lt. Gibson know that she did not want to go count. Ofc Washington then goes to say that she didn't care and that I could tell Lt. Gibson and whoever else I wanted to tell. I then say to Ofc Washington that this issue she had with me was uncalled for and going on too long and that I did not have a problem with her in any sort and that "I just wanted to do my job and then go back up the hill to my building" which was █ Building. Ofc Washington stands up and states that she did not give a fuck about what I was saying while pointing in my face and walking towards me. I then tell ofc Washington that she was not worth losing my job over, and to not disrespect me because I have not</p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT JW		PAGE 1 OF 1 PAGES
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>			

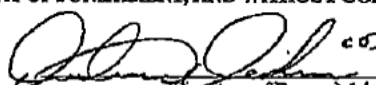
(Reproduced locally)

Retention Schedule: Upon completion, this form shall be maintained locally for three (3) years, with the Incident Report, and then destroyed.

STATEMENT (Continued) done anything to her nor disrespect her. Ofc Washington pokes me in the face while saying "you can get the fuck on". I then pushed ofc Washington back and told her to not put her hands on me, because I didn't touch her and that she was wrong as hell. We then get into an altercation in the booth of █ Building. As I am standing over ofc Washington, I pinned her left hand down and she grabbed me in the face with her right hand before I pinned that one down as well. I then radio to Lt. Gibson and tell him to get to J- Building 10-18. After waiting for about 10 mins, I then released Ofc Washington from the ground and waited for Lt. Gibson to get to █ Building. Lt. Gibson arrived to handle the situation.  
End of Statement

AFFIDAVIT

I, Jontearia Johnson HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE \_\_\_\_\_. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

 c of I  
(Signature of Person Making Statement)

WITNESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

INSTITUTION OR ADDRESS

(Signature of Person Administering Oath)

INSTITUTION OR ADDRESS

(Typed Name of Person Administering Oath)

(Authority to Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

WITNESS STATEMENT			
PLACE Central State Prison	DATE 9/27/20	TIME 11:30pm	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME Washington, Donnita	EMPLOYEE ID NUMBER	STATE ID NO.	
INSTITUTION OR ADDRESS 4606 Fulton Mill Rd Macon GA 31208			
SWORN STATEMENT			
I, <u>Donnita Washington</u> , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:			
<p>On the above date and time it was count time of Johnson came down to help me count in [redacted] building I let her in she came in the booth I gave her my count sheets and star I started to separate the call outs she asked me if I wanted to do a walk threw now or later I told her no I was good she said LT. told her to do it I told her she could tell him what I said sense I had to go in each pod anyway she said ok she will I said ok have a good night and she said I didn't have to be a bitch I told her I wasn't but have a good night that's when words were exchanged and I kept tell her have a good night. I told her I'm not going to do this with her. she got closer I stood up she put her hand in my face I told her to get her hand out my <del>and</del> face and that's when she hit me first. Johnson had me on the floor and would not get off of me. there was a inmate who came to the window and took a picture white she was on top of me and she still wouldn't get up.</p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT DW		PAGE 1 OF 2 PAGES
<small>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</small>			

(Reproduced locally)

Retention Schedule: Upon completion, this form shall be maintained locally for three (3) years, with the Incident Report, and then destroyed.

STATEMENT (Continued)

*DW*  
*DW*  
*DW*

AFFIDAVIT

I, Donnita Washington HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE \_\_\_\_ I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

*Donita Washit / Donnita Washington*  
(Signature of Person Making Statement)

WITNESS

\_\_\_\_\_  
\_\_\_\_\_

INSTITUTION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

INSTITUTION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority to Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

*DW*

PAGE 2 OF PAGES 2

GEORGIA DEPARTMENT OF CORRECTIONS  
POSITION/PERSONNEL ACTION REQUEST

DATE 11/21/2019

EFFECTIVE DATE OF ACTION

12/2/2019

LOCATION Central State Prison  
INITIATOR Brenda Adams, HR Manager

RECEIVED  
NOV 22 2019

PHONE  
E-MAIL

EMPLOYEE INFORMATION				SUPPORTING PAPERS				REQUIRED CHRM INFORMATION							
Name	Washington, Donnita			<input type="checkbox"/>	Correspondence (Resignation or Adverse Actions)			Address							
Empl ID	[REDACTED]			<input type="checkbox"/>	Suspension Notice			Birthplace		Philadelphia, PA					
SSN	[REDACTED]			<input type="checkbox"/>	PIF/PMF			Military				Not a Veteran			
Gender	F	Race	Asian	DOB	[REDACTED]	1985	<input type="checkbox"/>	Min. Qual. Review Decision			State Tax	Head of House	Federal	Single	
Maildrop ID	467-000018			<input type="checkbox"/>	DOL 800 Separation Notice			Pension				EZGAR-GSEPS Regular			
ACTION REASON & DESCRIPTION				<input type="checkbox"/>	Other (Specify):			Education Level				D-Some College			
1	HIR APP Appointment			Is rehire recommended? --				County				Bibb	Phone #	[REDACTED]	
2	--			*If No, then attach supporting documentation				COMMENTS				Employee will be assigned to Work Group -GDC28NELE. Work Schedule - Mon - Fri/Sat-Sun(off) 8.25 hours per day until completion of BCOT.			
3	--			Terminal Leave Hours To Be Paid: 0				REGS				1164.00			
CPA USE ONLY				*Please attach verification				Last Day in Pay Status:				11/25/19		8E	
FLSA Code	-			Does action impact a high security supplement?				-							

TO				FROM			
Position Number	00110134	Classified Indicator	Unclassified	Position Number		Classified Indicator	
Job Code	PSP060	Job Title	Correctional Ofc 1	Job Code		Job Title	
Department ID	4672060901	Facility Name	Central SP-Security Opns	Department ID		Facility Name	
County Code/Name	011/Bibb	Zip Code	31208	County Code/Name		Zip Code	
Pay Grade	LF	Semi-Monthly Salary	\$1,164.00	Pay Grade		Semi-Monthly Salary	
		% 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	8.25 hr Shift	Name		Date		
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	-				

COMPLETED BY				APPOINTING AUTHORITY											
Name	Brenda Adams, HR Manager			Date	11/21/19			Name	Tracy Jefferson, Warden			Date	11/21/19		
	Brenda Adams								Tracy Jefferson						





**GEORGIA DEPARTMENT OF CORRECTIONS**

Central State Prison  
4600 Fulton Mill Road  
Macon, GA 31208  
478/471/2909  
Fax: 478/471/2095



Brain P. Kemp  
Governor

Timothy C. Ward  
Commissioner

MEMORANDUM

**RECEIVED**  
NOV 22 2019  
BY: .....

Date: November 7, 2019

To: Cedric Taylor, North Regional Director

From: Tracy Jefferson, Warden *TJ*

RE: Approval to Hire employee (Donnita Washington #206-70-9028)

I would like to request approval to hire employee Donnita Washington. Employee has never been employed with the Department of Corrections. Ms. Washington was fined for two charges: child restraint violation and driving with suspended or revoked drivers' license. She was fined for both incidents. On 05/22/2018. She was placed on probation to serve 12 months. As of November 4, 2019, Georgia Probation Management Records show that the probation sentence have been completed and the case is closed. No further charges are notated on her record.

I have spoken to Ms. Washington. She's interesting in continuing her career with the Department of Corrections as a Correctional Officer. I would like to give Ms. Washington an opportunity to become a member of the Central State Prison Team. Ms. Washington will be starting with the entry salary of \$27,936.00 annually.

Approval

Disapproval

*Cedric Taylor*  
Cedric Taylor, North Regional Director

11-8-19  
Date

TJ/bda



# GEORGIA DEPARTMENT OF CORRECTIONS

Central State Prison  
Personnel  
4600 Fulton Mill Road  
Macon, Georgia 31208  
478-471-2619  
FAX 478-471-2095



Brian P. Kemp  
Governor

Timothy G. Ward  
Commissioner

TO: Ricky Myrick, Assistant Commissioner  
THRU: Robert Toole, Director of Field Operations  
THRU: Cedric Taylor, North Regional Director  
FROM: Tracy Jefferson, Warden *[Signature]*  
DATE: November 7, 2019  
RE: Approval to Hire Former Probationer - Donnita Washington [REDACTED]

**RECEIVED**  
NOV 22 2019  
BY: .....

I am requesting permission to hire Donnita Washington an applicant for a Correctional Officer I position. The applicant was charged with the following offenses:

Date	Charge	Final Disposition
04/06/2018	Driving while license suspended or revoked	Fine \$400.00 / Probation 12 months
04/06/2018	Child restraint violation	Fine - \$50.00

The applicant's criminal history since those incidents contains the following conviction(s):  
None

Date	Charge	Final Disposition
The applicant's record has been clear since this inquiry.		

A copy of the GCIC criminal history report and a statement from the applicant are attached explaining the circumstances surrounding the incident.

<b>APPROVED</b> <i>[Signature]</i> Cedric Taylor North Regional Director	<b>DISAPPROVED</b> <i>[Signature]</i> Date: 11-8-19	<b>APPROVED</b> <i>[Signature]</i> Robert Toole Director of Field Operations	<b>DISAPPROVED</b> <i>[Signature]</i> Date: 11-17-2019
---	---	---	--

<b>APPROVED</b> <i>[Signature]</i> Ricky Myrick Assistant Commissioner	<b>DISAPPROVED</b> <i>[Signature]</i> Date: 11/14/2019
---	--

Attachments:  
GCIC Criminal History  
Disposition (If not indicated on GCIC)

**RECEIVED**  
*[Signature]*  
F. L. Jones, Clerk

GEORGIA DEPARTMENT OF CORRECTIONS



Sworn Full and Part Time Hiring Package Checklist

EMPLOYEE INFORMATION

Name: Donnita Washington

HIRING PACKAGE FORMS – SEND TO CHRM OFFICE

- Employee Hiring Package Form -1
- Personal Information Form -1
- Employment Eligibility Verification (I-9) – 2 (Attach two forms of identification) Directions included - 1
- GSEPS Automatic Enrollment Acknowledgement Form - 1
- GSEPS Opt-Out Form – 1 (PT will automatically be enrolled in GDCP until retired or rehired. If TRS, contact local HR)
- Loyalty Oath -2
- Criminal/Driver History Consent Form – 1 (Attach Live Scan Results)
- Employee's Withholding Allowance Certificate (W-4) - 2
- Employee's Withholding Allowance Certificate (G-4) – 1 Directions included - 1

FORMS – SEND TO REGIONAL OFFICE WITH ORIENTATION FORMS

- MAPEP for Correctional Officers – 3 Directions included - 2
- MAPEP – Inquiry Authority Use Statement & Health Information Checklist – 6
- Georgia Peace Officer Standards & Training Council – Physician's Affidavit - 2
- Georgia Peace Officer Standards & Training Council – Application for Certification - 1
- POST Supporting Documentation - Photograph - 1
- POST Supporting Documentation – GCIC/NCIC FP Results - 1
- POST Supporting Documentation – Certified Copy of School Records - 1
- POST Supporting Documentation – Primary Citizenship Proof - 1
- POST Supporting Documentation – Driver's History - 1
- POST Supporting Documentation – Entrance Exam Proof – 1 (Certified copy with seal on envelope from school)
- POST Supporting Documentation – Physician's Affidavit - 1
- POST Supporting Documentation – Personal History Release - 1

- POST Supporting Documentation – Court Disposition - 1
- POST Supporting Documentation – EE Statement - 1
- Selective Service Verification
- Authorization for Release of Information for Employment Purposes - 1
- Instructions on how to Register as a New User on the Georgia POST website-7 For employee use only

**ADDITIONAL DOCUMENTS – SEND TO CHRM WITH HIRING PACKET (COPY RETAINED AT LOCAL FACILITY)**

- Personnel/Position Action - 1
- Two Forms of Identification
- Live Scan Fingerprint Results
- State Application/Resume
- ✓ Integrity Test
- ✓ Approval Memo
- ✓ Social Media

## Georgia Department of Corrections Employee Hiring Package Form

Please type in your personal information following the instructions that you printed. Your personal information will be printed in each applicable field on all forms that you will print when you click the print button at the bottom of this form.

Field Name/Description	Applicant/Employee Data			
First Name	Donnita			
Middle Name	Latrice	Initial:	L	
Maiden Name				
Last Name	Washington			
Home Address	[REDACTED]			
Home Apartment Number				
Home City				
Home State				
Home Zip Code				
County of Residence				
Home Phone				
Work Phone				
Social Security Number	[REDACTED]			
Date of Birth	Month:	[REDACTED]	Year:	1985
Place of Birth	Philadelphia PA			
Employee ID (If Applicable)				
Race	Black			
Gender	female			
Height	Feet	5'	Inches:	2"
Weight	250			
Eye Color	Brown			
Hair Color	Brown			
Job Title	Correctional Officer			

*Donita Washit*      11/20/19



## GSEPS Automatic Enrollment Acknowledgement Form

I, Donnita Washington, do hereby acknowledge that as a Georgia State Employees' Pension & Savings Plan (GSEPS) member of the Employees' Retirement System of Georgia, I have been automatically enrolled in the Peach State Reserves 401(k) Plan at a contribution rate of 5% of my eligible before-tax salary. This contribution will be deducted each pay period. I understand that I may elect to change my contribution rate or opt out of the plan at any time by contacting GaBreeze.

I have also received the GSEPS Enrollment Information Notice as part of my new hire informational material from my Human Resources official.

Donnita Washington  
(Please print name)

Donita Washjt  
Employee Signature

11/20/19  
Date

## Personal Information Form Education, Language and Military

PRINT NAME: Donnita Washington

EMPLID: \_\_\_\_\_

Highest Education Level (Check only 1 box)			
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
B- Less Than HS Graduate		H- Some Graduate School	
C- HS Graduate or Equivalent		I- Master's Level Degree	
D- Some College	X	J- Doctorate (Academic)	
E- Technical School		K- Doctorate (Professional)	
F- 2-Year College Degree		L- Post-Doctorate	
G- Bachelor's Level Degree			

Language Code (Check only if fluent in a language OTHER than English. Check only 1)			
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Can French		Japanese	
Danish		Korean	
Dutch		Portuguese	
French		SChinese	
German		Spanish	
Greek		Swedish	
Intl Eng		TChinese	
Italian		Thai	

Military (Check only 1 -Most recent status recommended.)			
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Active Reserve		Pre-Vietnam-Era Veteran	
Inactive Reserve		Retired Military	
Not a Veteran	X	Vietnam-Era Veteran	
Post-Vietnam-Era Veteran			

Any questions should be directed to your local Human Resources Representative.


11/20/19  
 Signature/Date



**GEORGIA**  
DRIVER'S LICENSE

Governor: *B. Per*

**DRIVER'S LICENSE**

DL



USA  
GA

4d DL NO. **058186252** 3 DOB [REDACTED] **1985**  
9 CLASS **C** 4b EXP [REDACTED] **2027**  
2 **DONNITA L**  
1 **WASHINGTON**

8 [REDACTED]

12 REST **A**  
9a END **NONE**  
4a ISS **08/08/2019**

15 SEX **F** 18 EYES **BRO**  
16 HGT **5'-02"** 17 WGT **200 lb**

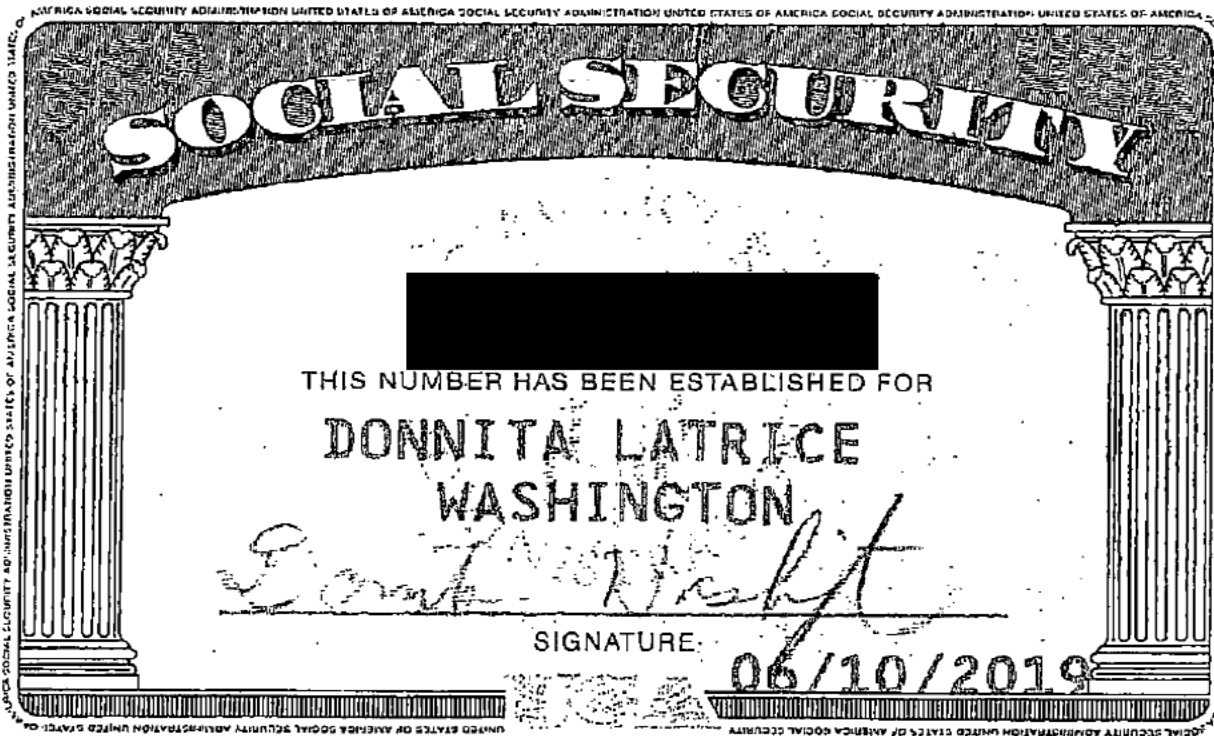
Commissioner: *Spencer R. Moore*



*X [Signature]*

5 DD **389520505800016618**

7/27/19



THIS NUMBER HAS BEEN ESTABLISHED FOR

DONNITA LATRICE  
WASHINGTON

*Donna Wash*

SIGNATURE

06/10/2019

UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) <b>Washington</b>		First Name (Given Name) <b>Donnita</b>		Middle Initial <b>L</b>	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	ZIP Code
Date of Birth (mm/dd/yyyy) <b>/1985</b>		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of issuance: _____	QR Code - Section 1 Do Not Write In This Space
---	---

Signature of Employee <i>Donnita Washit</i>	Today's Date (mm/dd/yyyy) <b>11/20/19</b>
--	--

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)		
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)			City or Town	State	ZIP Code

**STOP** Employer Completes Next Page **STOP**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

USCIS  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name) Washington	First Name (Given Name) Donnita	M.I. L	Citizenship/Immigration Status
------------------------------	---------------------------------------	------------------------------------	-----------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Drivers License		Document Title Social Security Card		Document Title Social Security Card
Issuing Authority Georgia		Issuing Authority United States		Issuing Authority United States
Document Number 058186252		Document Number [REDACTED]		Document Number [REDACTED]
Expiration Date (if any)(mm/dd/yyyy) 07/27/2027		Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 12/02/2019 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Brenda Adams</i>	Today's Date (mm/dd/yyyy) 11/20/2019	Title of Employer or Authorized Representative HR Manager	
Last Name of Employer or Authorized Representative Adams	First Name of Employer or Authorized Representative BRENDA	Employer's Business or Organization Name Central State Prison-GDC	
Employer's Business or Organization Address (Street Number and Name) 4600 Fulton Mill Rd.	City or Town MACON	State GA	ZIP Code 31208

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---



**Case Verification Number: 2019324152159EG**

Report prepared: 11/20/2019

**Company Information**

Company ID: 46199

Company Name: Georgia Dept of Corrections

Client Company ID: 46199

Client Company Name: Georgia Dept of Corrections

**Employee Information**

Name: Donnita L. Washington

Date of Birth: [REDACTED] 1985

U.S. Social Security Number: [REDACTED]

Employee's First Day of Employment: 12/02/2019

Citizenship Status: U.S. Citizen

**Document Information**

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: \*\*\*\*6252

Expiration Date: 07/27/2027

State: Georgia

List C Document: Social Security Card

**Case Information**

Case Status: Closed

Case Submitted By: brenda adams

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

**GEORGIA DEPARTMENT OF CORRECTIONS**



**Orientation/Official File Checklist**

**EMPLOYEE INFORMATION**

Name: **Donnita Latrice Washington**

**ORIENTATION/OFFICIAL FILE FORMS – SEND TO CHRM RECORDS**

<input checked="" type="checkbox"/>	Acknowledgement Statements - 5	
<input checked="" type="checkbox"/>	Oath of Office- 1	
<input checked="" type="checkbox"/>	Direct Deposit Notification Form - 1	
<input checked="" type="checkbox"/>	Emergency Contact(s) -1	
<input checked="" type="checkbox"/>	Employee's Designation of Beneficiary -1	
<input checked="" type="checkbox"/>	GDC Recruitment Survey - 1	
<input checked="" type="checkbox"/>	Request for Identification Card -1	

**YOUR BENEFITS**

<input checked="" type="checkbox"/>	SHBP Enrollment Portal – Quick Reference Guide	
<input checked="" type="checkbox"/>	Electronic Enrollment for New Hires	<a href="http://myshbpga.adp.com">myshbpga.adp.com</a>
<input checked="" type="checkbox"/>	Flexible Benefits Program – Quick Reference Guide	
<input checked="" type="checkbox"/>	Electronic Enrollment for New Hires	<a href="http://www.gabreeze.ga.gov">http://www.gabreeze.ga.gov</a>
<input checked="" type="checkbox"/>	Employee Retirement System	<a href="http://www.ers.ga.gov">www.ers.ga.gov</a>

**STANDARD OPERATING PROCEDURES**

<input checked="" type="checkbox"/>	Dress Code and Appearance	104.48
<input checked="" type="checkbox"/>	Social Media	102.03
<input checked="" type="checkbox"/>	Teleworking	104.66
<input checked="" type="checkbox"/>	Employee Standards of Conduct	104.47
<input checked="" type="checkbox"/>	Unlawful Harassment (Includes Sexual Harassment)	104.46
<input checked="" type="checkbox"/>	Secondary Employment	104.50
<input checked="" type="checkbox"/>	Working Hours, Overtime, and Compensatory Time (FLSA)	104.37
<input checked="" type="checkbox"/>	Tuberculosis Screening of Correctional Personnel	507.03.15
<input checked="" type="checkbox"/>	Workplace Violence	104.06
<input checked="" type="checkbox"/>	Technology Policies & Procedures	105.01
<input type="checkbox"/>		
<input type="checkbox"/>		

**OTHER INFORMATION**

<input checked="" type="checkbox"/>	Auto Liability Safety Videos
<input checked="" type="checkbox"/>	Correctional Peace Officers Foundation
<input checked="" type="checkbox"/>	Employee Assistance Program
<input checked="" type="checkbox"/>	Employee Self Service
<input checked="" type="checkbox"/>	GDC Locations
<input checked="" type="checkbox"/>	GDC Organization Chart
<input checked="" type="checkbox"/>	Georgia Defined Contribution Plan
<input checked="" type="checkbox"/>	Governor's Ethics Executive Order
<input checked="" type="checkbox"/>	Path2College 529 Plan
<input checked="" type="checkbox"/>	State of Georgia Holidays

Please print and sign this form. Include this form with your orientation package documents.

I certify that I have:

- read and completed the forms above for the orientation package
- reviewed my benefits
- read and fully understand the GDC policies listed in the Standard Operating Procedures section and
- have seen or been given the other information listed above.

Print Name Donnita Latrice Washington Date 12/2/19  
Signature: *Donnita Washington*

TRANSMISSION VERIFICATION REPORT

TIME : 12/09/2022 09:10  
 NAME : GIBSON HALL  
 FAX : 4789925207  
 TEL : 4789925211  
 SER. # : BROE0J166142

DATE, TIME 12/09 09:09  
 FAX NO./NAME 918887198911  
 DURATION 00:00:24  
 PAGE(S) 01  
 RESULT OK  
 MODE STANDARD  
 ECM

12/08/22 11:24:38 First Advantage ->

4789925207 Wellness Advantage Page 001

1040900

 First Advantage

**First Advantage**  
 480 Quadrangle Drive  
 Bolingbrook, IL 60440  
 Phone: (866) 569-5416  
 Fax: (888) 719-8911

\*a22164096a\*

Employment Verification

To: CENTRAL STATE PRISON, CENTRAL STATE PRISON  
 Fax: 4789925207

In reference to the Employment Verification request being performed on behalf of DONNITA WASHINGTON, we need additional information from you to complete this order.

CID: 244801242

Verification Information

First Name: DONNITA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Last Name: WASHINGTON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Other Name: DONNITA D WASHINGTON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Social Security Number: 206-70-XXXX	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Then:
Date of Birth: 07/27/XXXX	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Then:
Employer Name: CENTRAL STATE PRISON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Line of Business:	
Dates of Employment: 09/02/2019 - 10/02/2020	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Then: 12-2-2019-10/4/2020
Position/Title: CORRECTIONAL OFFICER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Position Type Please indicate F(Full-Time) or P(Part-Time):	Full
Salary: Please indicate per Hour, Week, Month, Year, etc.:	
Duties:	



dZZ 104090a

request 22 0400



**First Advantage**  
 480 Quadrangle Drive  
 Bolingbrook, IL 60440  
 Phone: (866) 569-5416  
 Fax: (888) 719-8911

\*a22164096a\*

**Employment Verification**

To: CENTRAL STATE PRISON, CENTRAL STATE PRISON  
 Fax: 4789925207

In reference to the Employment Verification request being performed on behalf of DONNITA WASHINGTON, we need additional information from you to complete this order.

CID: 244801242

**Verification Information**

First Name: DONNITA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Last Name: WASHINGTON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Other Name: DONNITA D WASHINGTON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Social Security Number: [REDACTED]	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Then:
Date of Birth: [REDACTED] XXXX	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Then:
Employer Name: CENTRAL STATE PRISON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Line of Business:	
Dates of Employment: 09/02/2019 - 10/02/2020	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Then: 12-2-2019-10/4/2020
Position/Title: CORRECTIONAL OFFICER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, Then:
Position Type Please indicate F(Full-Time) or P(Part-Time):	Full
Salary: Please indicate per Hour, Week, Month, Year, etc.:	
Duties:	Supervise offenders
Reason For Leaving:	Dismissed
Eligible For Rehire Please indicate Y(Yes) or N(No). If No, indicate if due to cause or due to company policy.:	Questionable
Additional Comments:	

**Information Furnished By**

Full Name:	Sharon Fryer
Title:	Admin Support / HR
Email Address:	
Phone Number:	

GEORGIA DEPARTMENT OF CORRECTIONS  
POSITION/PERSONNEL ACTION REQUEST

DATE 10/5/2020

EFFECTIVE DATE OF ACTION  
10/5/2020

LOCATION Central State Prison  
INITIATOR Brenda Adams, HR Manager

PHONE [REDACTED]  
E-MAIL [REDACTED]

EMPLOYEE INFORMATION				SUPPORTING PAPERS		COMMENTS
Name	Washington, Donnita			<input checked="" type="checkbox"/> Correspondence (Resignation or Adverse Actions)	Effective 10/05/2020, employee is dismissed from her position as a Correctional Officer at Central State Prison due to Violation of Policies.	
Empl ID	[REDACTED]			<input type="checkbox"/> Suspension Notice		
Gender	Female	Race	Black	<input type="checkbox"/> PIF/PMF		
DOB	[REDACTED]	DOB	[REDACTED] 1985	<input type="checkbox"/> Min. Qual. Review Decision		
Maidrop ID	#N/A			<input checked="" type="checkbox"/> DOL 800 Separation Notice		
				<input checked="" type="checkbox"/> Other (Specify): <u>Leave Verification</u>		
				Is rehire recommended? -		
				*If No, then attach supporting documentation		
				Terminal Leave Hours To Be Paid: 0		
				*Please attach verification		
				Last Day in Pay Status:		
				Does action impact a high security supplement? -		
ACTION, REASON & DESCRIPTION						
1	TER DIS Dismissal					
2	-					
3	-					
CPA USE ONLY						
FLSA Code	-	DTI Code	-			

**ENTERED**

TO				FROM			
Position Number		Classified Indicator		Position Number	00110134	Classified Indicator	Unclassifd
Job Code	-	Job Title	-	Job Code	PSP060	Job Title	Correctional Ofc 1
Department ID	--	Facility Name	#N/A	Department ID	4672060901	Facility Name	Central SP-Security Opns
County Code/Name	#N/A	Zip Code	#N/A	County Code/Name	011/Bibb	Zip Code	31208
Pay Grade		Semi-Monthly Salary		Pay Grade	LF	Semi-Monthly Salary	\$1,210.56
		% Change	0.00%				

WORK SCHEDULE (DAYS & SHIFT)														BUDGET APPROVAL BY						
1	X	X	X	5	6	X	X	9	10	11	X	X	14	15	-	11.75 hr Shift	Name		Date	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	-				

COMPLETED BY				APPOINTING AUTHORITY											
Name	Brenda Adams, HR Manager			Date	10/5/2020			Name	Tracy Jefferson, Warden			Date	10/5/2020		
	<i>Brenda Adams</i>								<i>[Signature]</i>						



**GEORGIA DEPARTMENT OF CORRECTIONS**

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



Brian P. Kemp  
Governor

Timothy C. Ward  
Commissioner

**NOTICE OF FINAL ACTION**

October 1, 2020

Donnita Washington



**RE: Proposed Termination**

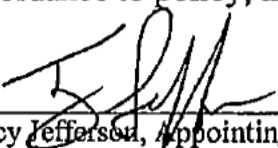
Dear Ms. Washington:

On or about September 28, 2020, you were notified by your Appointing Authority that he was proposing an adverse action of Termination due to your Workplace Violence.

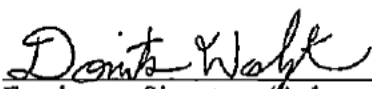
The Disciplinary Panel has reviewed your case. The Disciplinary Panel has **upheld** the proposed sanction to:

**Your termination from employment will be effective October 5, 2020**

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.

  
\_\_\_\_\_  
Tracy Jefferson, Appointing Authority

10-5-2020  
Date

  
\_\_\_\_\_  
Employees Signature (Acknowledges Receipt Only)

10/5/20  
Date

Equal Opportunity Employer



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

- Employee's  
1. Name Donnita L. Washington 2. S.S. No. [REDACTED]  
 a. State any other name(s) under which employee worked. \_\_\_\_\_  
 3. Period of Last Employment: From December 02, 2019 To October 05, 2020  
 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:

Employee was terminated as a Correction officer due to Workplace Violence

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 Georgia Department of Corrections  
 Address 300 Patrol Road  
 (Street or RFD)  
 City Forsyth State GA 31029  
 ZIP Code  
 Employer's  
Telephone No. 478-992-5211

Ga. D.O.L. Account Number [REDACTED]  
 (Number shown on Employer'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.

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

HR Tech 2

Title of Person Signing

10/05/2020

Date Completed and Released to Employee

**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.

**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.**

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.



# Georgia Department of Corrections

## Human Resources

### Leave Verification Form



<b>Date of Verification:</b> October 5, 2020							
<b>Name:</b> Donnita Washington	<b>EMPL ID:</b> [REDACTED]	<b>Hire Date:</b> 12/02/2019					
<b>Effective Date of Current Action:</b> 10/06/2020	<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>FLSA Comp</b>	<b>Holiday</b>	<b>Forfeited</b>	<b>Education Support Leave</b>
100.00	100.00	0	123.00	30.17	40.00	0.00	8
<b>Please use the space below to provide any relevant information pertaining to the final balances (adjustments, payout information, etc.):</b>							
Employee was terminated effective 10/06/2020							
<b>I verify the above leave balances are correct and all leave usage has been entered through the date of this verification.</b>							
<b>Signature of HR Representative:</b> /s/Lisa Harris						<b>Date:</b> 10/05/2020	

### Checklist for Entering Terminations

Employee Name: Donnita Washington  
 Facility: Central SP

Employee ID#: [REDACTED]

Entered By: Noel Berlang

Term Dissimial 10-5-2020

✓	Item
✓	Check Create/Update Abs., enter end dates for Leave of Abs. (use term date)
✓	Job Data – Enter Termination
✓	Additional Pay – Stop (change future dates)
✓	General Deductions - Stop
✓	Pension Plan – Stop (use effective date)
✓	Savings Plans – Stop (use effective date)
✓	Deactivate Time Reporter Data
✓	Out of Pay Status Form/Partial Pay Form
✓	Add a Pay Sheet
✓	Leave Verification (verify Holiday over 150)
✓	Send a copy of leave verification to Time and Labor and Kim Case (if FLSA)
✓	Process payout of ALP, HLP – Create Batch Header
✓	Direct Deposit – Stop 30 Days after termination effective date

~~128756789012345~~       $16 / 88 \times 1216.56 =$   
 $\$ 220.10$

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: 100.00
- Holiday: 40.00
- Flsa: 30.17
- Retros:

A 10-6-2020

Return email is  
DChristensen2@mt.gov

Kemya Boyd DC.GA.JW  
478 992-5207



### Criminal Background Check Authorization

(For Employment, Service Providers, Contractor or Volunteers)

PLEASE PRINT CLEARLY

<b>Applicant's Name:</b> (i.e. first, middle, last name) Donnita Washington	<b>Other Names Used:</b> (i.e. aliases, maiden, previous married names) _____
<b>Gender:</b> <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	<b>Date of Birth:</b> _____ 1985
<b>Driver's License # &amp; State Issued:</b> 058186252	<b>Social Security Number:</b> _____
<b>List States Where You Have Resided:</b> Pennsylvania Georgia	

Have you previously been employed by the State of Montana?  Yes  No

If yes, at what Department and under what name were you employed: \_\_\_\_\_

Purpose:  Employment  Contract work  Tour  Volunteer  
 Prison Paw Program  Internship  Vendor  Other

If other, please explain: \_\_\_\_\_

Representing (if applicable): \_\_\_\_\_  
(Name of company/organization you represent)

#### TO WHOM IT MAY CONCERN:

As an applicant for a position and/or current employee with the Department of Corrections, I am required to furnish information for use in determining my qualifications for the position for which I have applied and/or currently hold as is evident through my past work record. I hereby expressly authorize the Department of Corrections to contact my present or past employers, co-workers, personal references or any other possible work references. I further expressly authorize those aforementioned present or past employers and/or references to respond to such work-related inquiries and to provide any and all information that they may have concerning me, including information of a confidential or privileged nature. I further release those past and/or current employment sources from any liability, which may relate to the information provided to the Department in good faith.

I also authorize the Department to conduct a Criminal Records Check and Background Check via law enforcement agencies and/or an Investigator, and an Abuse, Neglect or Mistreatment Check through the Department of Public Health and Human Services. I understand that the purpose of this record and background check is for purposes related to the hiring decision for the position that I have applied and/or for purposes related to continued employment with the Department of Corrections.

**This authorization shall be valid and effective indefinitely from the date signed.**

Have you ever been convicted of a felony? If the answer is yes, please provide the date of the conviction and the jurisdiction in which the conviction occurred.

No  Yes Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Have you ever been convicted of Partner Family Member Assault, either Felony or Misdemeanor, or been the subject of an Order of Protection? If the answer is yes, please provide the date of the conviction/order and the jurisdiction in which the conviction/order occurred.

No  Yes Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Applicant's Signature: Donnita Washington Date: 06/24/2022

5 South Last Chance Gulch  
PO Box 201301  
Helena, MT 59620-1301

Phone: (406) 444-3930  
Fax: (406) 444-4920  
www.cor.mt.gov

## GEORGIA DEPARTMENT OF CORRECTIONS

### Employee Communications Device

#### ACKNOWLEDGMENT & AGREEMENT STATEMENT

A communications device, as defined by SOP 104.47 Employee Standards of Conduct, includes any mobile or cellular phones, smart phones, electronic readers or any other device that allows for the transfer of information from one person to another by means of transmission via internet, satellite, tower, air-waves or data line. These devices are specifically prohibited inside a facility or in proximity to offenders, unless issued to an employee by the Georgia Department of Corrections for the purpose of performing his/her job duties.

- An employee shall not bring, or attempt to bring, any communications device inside a Georgia Department of Corrections facility or State vehicle (perimeter vehicle, transport vehicle).
- An employee shall not provide (give, lend or sell) a communications device to an offender for any reason.

Personal communications devices must be kept secured in the employee's personal vehicle at all times while the employee is on duty or remains inside the bounds of the facility property (guard line).

Any violation of the conditions of this agreement shall be cause for adverse action, up to and including termination, against the employee.

I, the undersigned employee of the Georgia Department of Corrections, have read and understand the policy specifically prohibiting the introduction of a personal communications device on facility property.

I hereby acknowledge complete understanding of these terms and agree to abide by the conditions of this Communications Device statement.

Donita Washit  
Employee Signature

9/8/20  
Date

Donnita Washington  
Employee Printed Name

\_\_\_\_\_  
Employee ID

Retention Schedule: Upon completion, this form shall be retained permanently in the employee's local and official personnel file.



**GEORGIA DEPARTMENT OF CORRECTIONS**

**ACKNOWLEDGMENT STATEMENT**

**Employee Standards of Conduct**

This is to acknowledge that I have read the Department's Policy governing employee standards of conduct. As a condition of employment, I will abide by the terms and conditions of this policy. I understand that any violation of this policy, including any of the standards contained therein, may be the basis for disciplinary action, including dismissal. I also understand that disciplinary action can be taken for matters not covered by this procedure and that it does not create any new rights for me or for any other employee of the Department of Corrections.

**Governor's Code of Ethics for Executive Branch  
Officers and Employees**

This is to acknowledge that I have read the Governor's Executive Order establishing a Code of Ethics for Executive Branch Officers and Employees. As a condition of employment, I will abide by the terms and conditions of this order. I understand that any violation of the standards contained therein, may be the basis for disciplinary action, including dismissal. I also understand that disciplinary action can be taken for matters not covered by this order and that it does not create any new rights for me or for any other employee of the Department of Corrections.

Donita Washit  
Employee Signature

9/8/20  
Date

Donita Washington  
Type/Print Employee Name

Employee ID: \_\_\_\_\_



**Georgia Peace Officer Standards & Training Council**  
**Application for Certification**

**PERSONAL HISTORY RELEASE**

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

Last Name Washington		First Name Donnita	Middle Name L
DATE OF BIRTH (mdyyyy) 1985	MAIDEN NAME		PHONE NUMBER (AREA CODE) - NUMBER

Donna Washy  
Candidate Signature (including maiden name)

11/20/19  
Date

Telisa Hector  
Notary Public Signature

11-20-19  
Date



(Official Seal)  
NOTARY PUBLIC GEORGIA  
TELISA HECTOR  
COUNTY OF HOUSTON

My Commission Expires JUNE 16, 2020

GEORGIA DEPARTMENT OF CORRECTIONS  
POSITION/PERSONNEL ACTION REQUEST

DATE 11/21/2019

RECEIVED  
NOV 22 2019

EFFECTIVE DATE OF ACTION  
12/2/2019

LOCATION Central State Prison  
INITIATOR Brenda Adams, HR Manager

PHONE [REDACTED]  
E-MAIL [REDACTED]

EMPLOYEE INFORMATION				SUPPORTING PAPERS				REQUIRED CHRMINFORMATION												
Name	✓ Washington, Donnita			<input type="checkbox"/>	Correspondence (Resignation or Adverse Actions)			Address	[REDACTED]											
Empl ID	[REDACTED]			<input type="checkbox"/>	Suspension Notice			Birthplace	Philadelphia, PA ✓											
SSN	[REDACTED]			<input type="checkbox"/>	PIF/PMF			Military	✓ Not a Veteran											
Gender	✓ F	Race	Asian	DOB	[REDACTED] 1985			State Tax	Head of House	Federal	Single									
Maildrop ID	✓ 467-000018			<input type="checkbox"/>	Min. Qual. Review Decision			Pension	E2GAR-GSEPS Regular											
ACTION, REASON & DESCRIPTION				<input type="checkbox"/>	DOL 800 Separation Notice			Education Level	✓ D-Some College											
1	✓ HIR-APP Appointment			<input type="checkbox"/>	Other (Specify):			County	✓ Bibb	Phone #	[REDACTED]									
2	--			Is rehire recommended? --				COMMENTS												
3	--			*If No, then attach supporting documentation				Employee will be assigned to Work Group -GDC28NELE.												
CPA USE ONLY				Terminal Leave Hours To Be Paid: 0				Work Schedule - Mon -Fri/Sat-Sun(off) 8.25 hours per day until completion of BCOT.												
FLSA Code	-			DTI Code --				Regs 1164.00 ✓ ABBR 27936.00 ✓ 11/25/19 (88)												
TO				FROM																
Position Number	✓ 00110134	Classified Indicator	✓ Unclassified	Position Number		Classified Indicator														
Job Code	✓ PSP060	Job Title	✓ Correctional Ofc 1	Job Code		Job Title														
Department ID	✓ 4672060901	Facility Name	Central SP-Security ✓ Opns	Department ID		Facility Name														
County Code/Name	✓ 011/Bibb	Zip Code	✓ 31208	County Code/Name		Zip Code														
Pay Grade	✓ LF	Semi-Monthly Salary	\$1,164.00	Pay Grade		Semi-Monthly Salary														
		% 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	-	8.25 hr Shift	Name		Date	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	--				
COMPLETED BY								APPOINTING AUTHORITY												
Name	Brenda Adams, HR Manager							Date	11/21/19			Name	Tracy Jefferson, Warden			Date	11/21/19			
	Brenda Adams												Tracy Jefferson							

ga dl/ssc f-s2 s-h3

## Checklist for Entering Salaried New Hires

Employee Name:

Washington, Donnita

Employee ID#:



Facility:

Central SP

Entered By:

Shandy Evans

✓	Item
✓	Review Hire Packet – All forms included, complete and signed
✓	Review P.A.
✓	Check Position Information – only approved/non -frozen
✓	Check Job Summary - Hire (If Rehire refer to Rehire Checklist)
✓	Add Employee
✓	Add Employment Instance – Salary not above pay grade maximum
✓	Verify compensation- Semi-monthly (SS) – Use Salary and Job Reference Charts
✓	Benefit Program Participation
✓	Pension Plan Enrollment
✓	Savings Plan Enrollment
✓	Time and Labor Enrollment
✓	Tax Data Input (On 1 <sup>st</sup> or 16 <sup>th</sup> or the day after) Federal: State:
✓	Add to partial pay sheet if effective date of hire is NOT the 1 <sup>st</sup> or 16 <sup>th</sup> of the month, or is a day other than Monday through Friday

Date Entered: 11/25/19

- Criminal Background
  - Look for depositions – approval to hire (if necessary)
    - Probation, convicted and felony (unless dismissed or 1<sup>st</sup> Offender)
- Integrity test results are needed with the security package

Checklist			
Everify	✓	Selective Serv	X
I-9	✓	Loyalty Oath	✓
ID's	✓	W-4/GA	✓
Retirement Form	✓	Application	✓
GSEPS	✓	Rehire Letter	
Integrity-Security	✓	C-11-Rehire	
Live Scan	✓	Criminal/Driver Consent Form	✓

Female

Donnita Washington

GEORGIA DEPARTMENT OF CORRECTIONS

Donnita Washington

Name of Applicant

1985

Date of Birth

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I hereby request and authorize THE GEORGIA DEPARTMENT OF CORRECTIONS

4600 Fresh Mill Rd Macon GA 31208  
Address of Local Hiring Authority

to obtain from: Any Law Enforcement Agency, Former Employee or Personal Reference  
Name of Person or Agency Holding the Information

The following type(s) of information from my records (and any specific portion thereof):

Criminal background check, character information from personal reference, and  
Work record from former employers.

for the purpose of completing a Departmental Background Investigation for employment.

All information I hereby authorize to be obtained from this person or agency will be held strictly confidential and cannot be released again without my written consent.

11/20/19  
Date

Donita Wash  
Signature of Applicant

Brenda Adams  
Signature of Witness

HR Manager  
Title or Relationship to Applicant

USE THIS SPACE IF APPLICANT WITHDRAWS CONSENT

Date this consent is revoked by applicant

Signature of Applicant

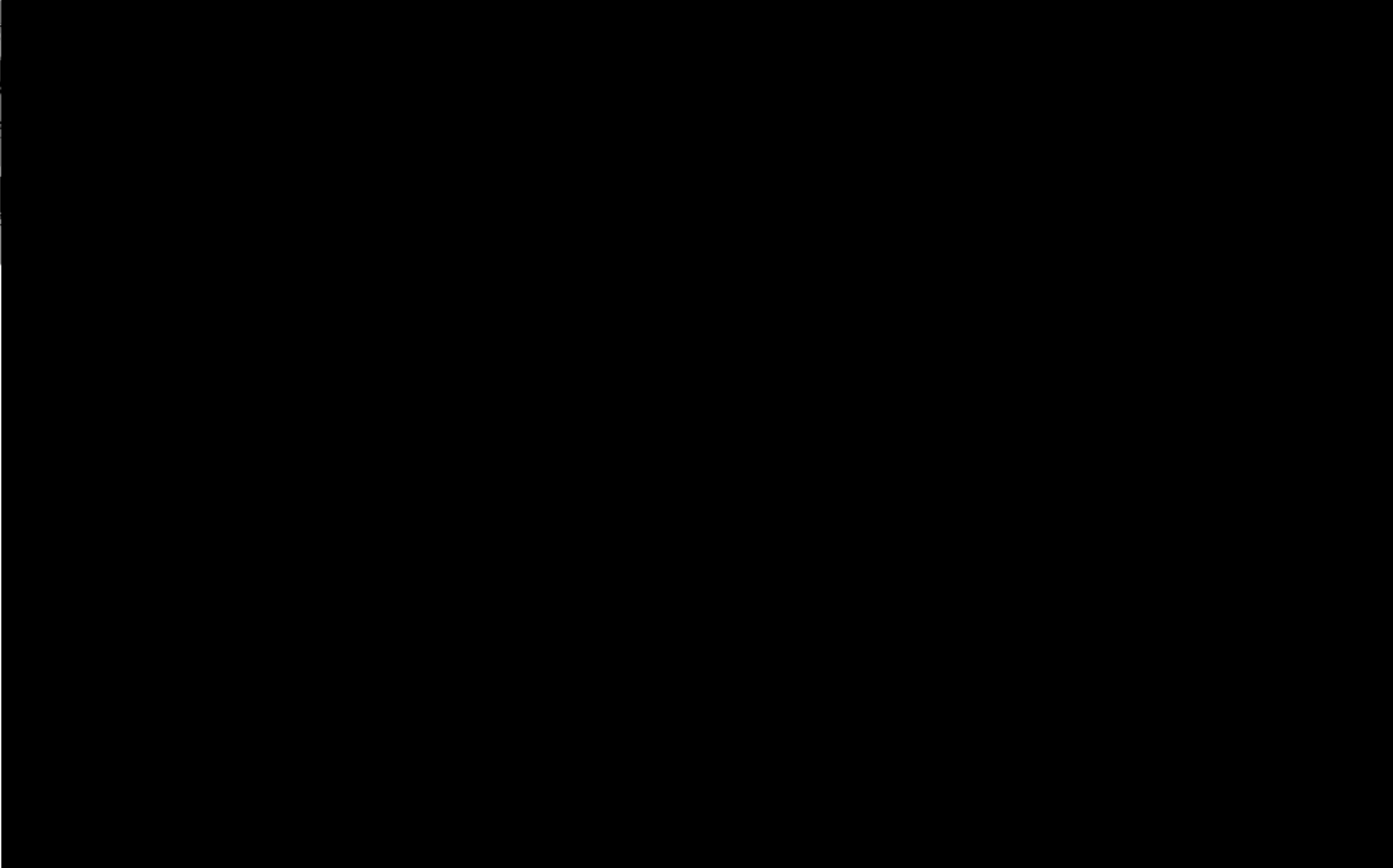
Revised 1/11

Original

Donnita Latrice Washington

**EMPLOYEE'S DESIGNATION OF BENEFICIARY**  
To Receive Any Outstanding Wages or Other Monies Upon the Employee's Death

In the event of my death, I authorize any wages or other monies due me from the Georgia Department of



Employee Name: Donnita Latrice Washington  
(Print Full Name)

Employee ID # [REDACTED]

I understand that it is my responsibility to ensure that this information is current and up-to-date.

Employee SIGNATURE: Donita Washjt DATE: 12/2/19

Record Retention: Retain permanently in the official personnel file.



# GEORGIA DEPARTMENT OF CORRECTIONS

HUMAN RESOURCES  
P.O. Box 1529  
Forsyth, Georgia 31029  
478-992-5211  
FAX 478-992-5207



Nathan Deal  
Governor

Homer Bryson  
Commissioner

Please complete the following form to let us know how you found out about jobs with GDC. This information will be used to improve our recruitment activities so that we can continue to get the best candidates. Your candid responses are greatly appreciated.

Name: Dannita Washington

Facility/Work Unit: \_\_\_\_\_ Date: 12/2/19

How did you hear about GDC employment opportunities? (Please check ALL that apply)

- a. Georgia Department of Corrections source (select ALL that apply):
  - 1. Correspondence from GDC
  - 2. GDC Facility/Office (Facility/Office Name: \_\_\_\_\_)
  - 3. Current employee of GDC
  - 4. GDC Recruiter
  - 5. PARC Unit (PARC Location: \_\_\_\_\_)
  - 6. GDC Bumper Sticker
  - 7. Other (Please explain) \_\_\_\_\_
  
- b. Other State of Georgia government offices (select ALL that apply):
  - 1. Georgia Department of Labor (Office Location: \_\_\_\_\_)
  - 2. State Personnel Administration (formerly Georgia Merit System)
  - 3. Department of Family and Children Services/DHS
  
- c. Education / Military Career Center (select ALL that apply)
  - 1. High School Guidance Counselor
  - 2. College Placement Center
  - 3. Military Career Center (ex. ACAP Office)
  
- d. Advertisement (select the type of ad)
  - 1. Newspaper ad (Newspaper: \_\_\_\_\_)
  - 2. Radio ad (Radio Station: \_\_\_\_\_)
  - 3. Television ad (TV station: \_\_\_\_\_)
  - 4. Military ad (Publication: \_\_\_\_\_)
  - 5. Movie Theater advertising (Theater/Location: \_\_\_\_\_)
  
- e. Internet (select the type of web site next)
  - 1. GDCJobs.com (GDC web site)
  - 2. Department of Labor Web Site (www.dol.state.ga.us)
  - 3. America's Job Bank Web Site (www.ajb.org)
  - 4. State Personnel Administration Web Site (www.thejobsite.org)
  - 5. ACAP Web Site (www.acap.army.mil)
  - 6. Other Web Site (Name: Indeed.com)

Thank you for your answers. They will be used to improve our recruitment efforts in GDC.

Equal Opportunity Employer

Donnita Latrice Washington

**GEORGIA DEPARTMENT OF CORRECTIONS**  
**OATH OF OFFICE**

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States of America and the State of Georgia, and that I will faithfully perform and discharge the duties of my office without malice or partiality, to the best of my ability.

I further swear (or affirm) that I am not the holder of any unaccounted for public money due this state or any political subdivision or authority thereof; that I am not the holder of any office of trust under the government of the United States, any other state, or any foreign state which I am prohibited from holding under the laws of the State of Georgia; and that I am otherwise qualified to hold office according to the Constitution and laws of Georgia.

Donnita Latrice Washington  
Print Name

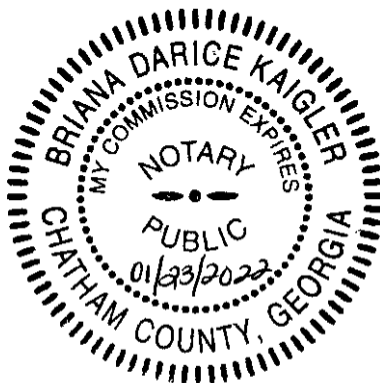
Donnita Washyt  
Signature

12/2/19  
Date

Central State Prison  
Work Site

IN WITNESS THEREOF this oath is witnessed and subscribed to by the following person who has affixed his or her seal, this 2<sup>nd</sup> day of December, 2019.

Briana Kaigler  
Witness/Notary Public





# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial <b>Donnita</b>		Last name <b>Washington</b>		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]					
3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."					
4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>					
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5 <b>2</b>	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Donnita Washington</i>				Date ▶ <b>11/20/19</b>	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

**STATE OF GEORGIA  
EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

1a. YOUR FULL NAME: Donnita Latrice Washington	1b. YOUR SOCIAL SECURITY NUMBER [REDACTED]
2a. HOME ADDRESS (Number, Street, or Rural Route) [REDACTED]	2b. CITY, STATE AND ZIP CODE [REDACTED]

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

**3. MARITAL STATUS** (If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: enter 0 or 1 ..... [ ]
- B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 ..... [ ]
- C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 ..... [ ]
- D. Married Filing Separate: enter 0 or 1 or 2 ..... [ ]
- E. Head of Household: enter 0 or 1 or 2 ..... [4] *20*

**4. DEPENDENT ALLOWANCES** [a]

**5. ADDITIONAL ALLOWANCES** [ ]  
(complete worksheet below)

**6. ADDITIONAL WITHHOLDING \$** \_\_\_\_\_

**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**

This worksheet must be completed if Line 5 is greater than zero.

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:  
 Yourself:  Age 65 or over     Blind  
 Spouse:  Age 65 or over     Blind      Number of boxes checked \_\_\_\_\_ x 1300 = \$ \_\_\_\_\_

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Estimated Federal Itemized Deductions .....	\$ _____
B. Georgia Standard Deduction (enter one):	
Single/Head of Household	\$2,300
Each Spouse	\$1,500
C. Subtract Line B from Line A .....	\$ _____
D. Allowable Deductions to Federal Adjusted Gross Income .....	\$ _____
E. Add the Amounts on Lines 1, 2C, and 2D .....	\$ _____
F. Estimate of Taxable Income not Subject to Withholding .....	\$ _____
G. Subtract Line F from Line E (if zero or less, stop here) .....	\$ _____
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above .....	_____

This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up.

7. LETTER USED (Marital Status A, B, C, D, or E) E      **TOTAL ALLOWANCES** (Total of Lines 3 - 5) 3 *20*  
 (Employer: The letter indicates the tax tables in the Employer's Tax Guide)

**8. EXEMPT:** Skip this line if you entered information on Lines 3 - 7. Read the instructions for Line 8 on page 2.  
 I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.  
 Employee's Signature Donnita Washit      Date 11/20/19

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: \_\_\_\_\_  
 EMPLOYER'S FEIN: \_\_\_\_\_  
 EMPLOYER'S WH#: \_\_\_\_\_

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.



STATE OF GEORGIA  
APPLICATION FOR EMPLOYMENT  
An Equal Opportunity Employer

Complete information on jobs with the Georgia Department of Corrections and the application process may be found at [GDCJobs.com](http://GDCJobs.com)  
Use [GDCJobs.com](http://GDCJobs.com) to find more employment opportunities with the Georgia Department of Corrections

Last Name: Washington Dannita Apartment No. \_\_\_\_\_

**EMPLOYMENT ELIGIBILITY:** To be employed by the State of Georgia, you must meet certain State and federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by the State, and no felony convictions (for some jobs). Please answer the following questions.

1. Are you a United States citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	3. Have you ever been dismissed from any State of Georgia government position? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, attach an explanation.	4. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, attach an explanation.
--	--	---	---

**TYPE OF WORK:** JOB TITLE/CODE AND POSITION NUMBER REQUIRED. Job information and/or position number is available at [GDCJobs.com](http://GDCJobs.com)

Job Title	Job Code	Facility/Office	Position Number

**EDUCATION:**

High School Graduate or Equivalent (GED)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.	Vocational/Business School:	No. of Months:	Field of Study:	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: (Mo./Yr.)		
PLEASE LIST EXACT COLLEGE HOURS:						
COLLEGES/UNIVERSITIES	CITY and STATE	Qtr Hrs	Sum Hrs	FIELD/AREA OF CONCENTRATION Major Hrs Minor Hrs	TYPE OF DEGREE (BA/BS/MAP/ED)	DATE DEGREE COMPLETED (Mo./Yr.)

**LANGUAGE SKILLS:** Check any which apply to you.  Multilingual (Specify languages) \_\_\_\_\_  Sign Language

**GEORGIA LICENSES AND CERTIFICATIONS:**

Type of License/Certificate	License/Certificate Number	Expiration (Mo./Yr.)	Specialization/Endorsements
Current Valid Driver's License <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	058186252		
Current Valid Commercial Driver's License (CDL): Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
Teacher Certified in Georgia: Type of Certificate Held:			
Georgia Peace Officer Standards and Training Certificate (POST)			
Other Professional License/Certificate: _____			

**CERTIFICATION:** Read carefully before signing and dating. Unsigned applications will not be processed. I certify that all information on this application is correct. I authorize any agent or employee of the State to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law. I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature. I further certify that either: 1) I have not been convicted of a drug-related criminal offense; or 2) if I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction or more than five (5) years since a second or subsequent conviction (O.C.G.A. 45-23 et. Seq.).

Signature: Dannita Washington Date: 10/7/19

Send completed applications to the contact listed in each vacancy announcement

YOUR EMPLOYERS. Describe your work history in detail. Describe in detail the specific duties beginning with your primary duties. If you worked for the same employer but held different jobs describe each separately. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. You may submit a resume to document your work background. However, if the resume does not contain all the information requested in the Work History section, please fill in that information on the application.

Current or Last Employer: Amazon			Your Job Title: Packer		
Address: West Deptford			From (mo/yr): 6/19	To (mo/yr): 9/19	Hours per Week: 40
City: # #	State: NJ	Zip Code:	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input checked="" type="checkbox"/> Paid		
Your Supervisor's Name and Title:			May We Contact Employer? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number: ( )
Reason for Leaving: moved			# and types of employees you supervised:		
Describe in detail your job duties: packed boxes full of ordered items					
Related Computer Skills:					

Employer: Perdue			Your Job Title: debone		
Address:			From (mo/yr): 2/16	To (mo/yr): 6/19	Hours per Week: 40
City: Perry	State: GA	Zip Code:	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input checked="" type="checkbox"/> Paid		
Your Supervisor's Name and Title:			May We Contact Employer? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number: ( )
Reason for Leaving: relocated			# and types of employees you supervised:		
Describe in detail your job duties: cut and debone chicken					
Related Computer Skills:					

Employer: Bibb county School			Your Job Title: cashier		
Address:			From (mo/yr): 9/13	To (mo/yr): 12/18	Hours per Week: 30
City: Macon	State: GA	Zip Code:	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input checked="" type="checkbox"/> Paid		
Your Supervisor's Name and Title: Donnika Turner			May We Contact Employer? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number: 478 277-2608
Reason for Leaving: found new job			# and types of employees you supervised: 478 283-6531		
Describe in detail your job duties: counted and handled cash and card at schools for children and teachers					
Related Computer Skills:					

**VETERAN'S PREFERENCE:** The laws of the State of Georgia require that points be added to *passing examination scores* for certain veterans and combat troops of the Armed Forces of the United States. The following types of preference are currently granted. If you want to apply for Veteran's Preference, check the type below and attach copies of the appropriate document(s) to your application. Copies cannot be returned. (SPB 16.102)

- |   |  |
|---|--|
| <input type="checkbox"/> VETERAN: DD214 showing dates of service and type of discharge  | <input type="checkbox"/> DECEASED VETERAN'S SPOUSE: DD214; marriage certificate; veteran's death certificate or casualty report  |
| <input type="checkbox"/> DISABLED VETERAN: DD214; certificate of service-connected disability (at least 10%) from the V.A. dated within the last 6 months | <input type="checkbox"/> DISABLED VETERAN'S SPOUSE: DD214; marriage certificate; disabled veteran's documents dated within last 6 months (veteran must have 100% disability) |

How You Heard About The Job:  GDCJobs.com  College/University  Technical School  Employee Referral  Careers.ga.gov  
 Newspaper  Job/Career Fair  Other Internet Source  DOL Career Center  Other

Date: 10/7/19

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

The information you give in this section is optional. It is used to comply with Federal guidelines for monitoring the equal employment opportunity efforts of the State of Georgia.

Last Name	First Name	MI

**Ethnic Background (Check One):**

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Native American        | 2. <input type="checkbox"/> White, not of Hispanic origin            |
| 3. <input type="checkbox"/> Hispanic               | 4. <input checked="" type="checkbox"/> Black, not of Hispanic origin |
| 5. <input type="checkbox"/> Asian/Pacific Islander | 6. <input type="checkbox"/> Multi-racial                             |
| 7. <input type="checkbox"/> Other                  |  |

**Gender**

(Check One):

- Male  
 Female

**Birth Date**

MO DAY YR

85

*Birth Date - Required for some law enforcement jobs.*

















# EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA



## Membership Election Form for Vested Members of the Employees' Retirement System or Teachers Retirement System

Member Name Donnita Washington  
(Please Print)

[Redacted]  
Social Security Number

Dept./School \_\_\_\_\_ Dept./School ID \_\_\_\_\_

O.C.G.A 47-2-181(c)(1-4) and O.C.G.A 47-3-81(b)(1-5) state that any vested member (10 or more years of creditable service excluding forfeited leave) of the Employees' Retirement System (ERS) or the Teachers Retirement System (TRS) who becomes an employee in an agency covered by the other System may elect to remain a member of their vested System. *This election must be made in writing to the Boards of Trustees not later than 60 days of first becoming employed in a position covered by the other System and is irrevocable.*

### To the Boards of Trustees of the ERS and TRS:

Being vested, I elect to *remain* a member of the (check one):

Employees' Retirement System

Teachers Retirement System

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

I elect to *become* a member of the (check one):

Employees' Retirement System

Teachers Retirement System

Member Signature: Donita Washyt Date: 11 / 20 / 19

MEMBER: Upon completion, file a copy of this form with your Human Resources or Payroll office.

EMPLOYER: Send a copy of the completed, signed form to the Employees' Retirement System *and* Teachers Retirement System **within 60 days of hire.**