

Eli Vandiver

From: Charles Pennington
Sent: Friday, May 17, 2024 4:28 PM
To: Ray Metts; Eli Vandiver
Cc: Tiphani Lee; Lise Altman
Subject: RE: Sick GPA Employee (GCT) - Kevin Morse

Ray,

We just noticed that Wilder's name wasn't mentioned for a SPOT award but was with the other 2 and she climbed the RTG as well. We will include her as well.

Best Regards,

Charles Pennington, SPHR, SHRM-CP

General Manager of Human Resources | Georgia Ports Authority
cpennington@gaports.com



O: 912.964.3990
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For text alerts providing updates for weather, road, port operations etc... Text GPAUSER to 888-777

From: Charles Pennington
Sent: Friday, May 17, 2024 3:23 PM
To: Ray Metts <RMETTS@gaports.com>; Eli Vandiver <EVANDIVER@gaports.com>
Cc: Tiphani Lee <tlee@gaports.com>; Lise Altman <LALTMAN@gaports.com>
Subject: RE: Sick GPA Employee (GCT) - Kevin Morse

Great team effort.

Approved.

Best Regards,

Charles Pennington, SPHR, SHRM-CP

General Manager of Human Resources | Georgia Ports Authority
cpennington@gaports.com



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For text alerts providing updates for weather, road, port operations etc... Text GPAUSER to 888-777

From: Ray Metts <RMETTS@gaports.com>

Sent: Friday, May 17, 2024 3:14 PM

To: Eli Vandiver <EVANDIVER@gaports.com>

Cc: Tiphani Lee <tlee@gaports.com>; Charles Pennington <cpennington@gaports.com>; Lise Altman <LALTMAN@gaports.com>

Subject: FW: Sick GPA Employee (GCT) - Kevin Morse

Eli,

When you have time, would you please acquire spot awards for Officers Kevin Fikes and Brent Ratliff? My apologies for the somewhat lengthy email chain below.

Regards,

Ray Metts

Major – Ports Authority Police | Georgia Ports Authority
rmetts@gaports.com



Garden City O : 912-966-7875

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From: Ray Metts

Sent: Friday, May 17, 2024 10:34 AM

To: Police Command Staff <policecommandstaff@gaports.com>

Subject: FW: Sick GPA Employee (GCT) - Kevin Morse

Regarding the below from Clifton –

I reviewed BWC footage and the written report.

- Sgt. K. Wilder, Ofc. K. Fikes, and Ofc. B. Ratliff all climbed up the RTG to respond.
- Officers Fikes and Ratliff formed a team to get Mr. Morse safely out of the cab, down the steps, and to the platform, where he was later picked up via the gondola. Fikes physically supported Mr. Morse, while Ratliff physically supported Fikes. Ofc. Fikes continually interacted with Mr. Morse verbally, encouraging him and ensuring that he was able/comfortable with moving.

It is my opinion that the actions of Officers Fikes and Ratliff are worthy of a spot award.

Regards,

Ray Metts

Major – Ports Authority Police | Georgia Ports Authority
rmetts@gaports.com



Garden City O : 912-966-7875
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From: Susan Gardner <sgardner@gaports.com>
Sent: Friday, May 17, 2024 9:24 AM
To: Clifton Bigwood <CBIGWOOD@gaports.com>; COPS Managers <copsmanagers@gaports.com>
Cc: COPS12 <COPS12@gaports.com>; Safety <safety@gaports.com>; Police Leadership <policeleadership@gaports.com>; Kevin Doyle <krdoyle@gaports.com>
Subject: RE: Sick GPA Employee (GCT) - Kevin Morse

Great work by the entire team to help one of our fellow employees. Thank you to all involved!

Susan E. Gardner

Vice President of Operations | Georgia Ports Authority
sgardner@gaports.com



O: 912.651.5699 • C: 912.665.7669
www.gaports.com • [Facebook](#) • [Twitter](#) • [LinkedIn](#) • [YouTube](#)

From: Clifton Bigwood <CBIGWOOD@gaports.com>
Sent: Friday, May 17, 2024 9:05 AM

To: COPS Managers <copsmanagers@gaports.com>
Cc: COPS12 <COPS12@gaports.com>; Safety <safety@gaports.com>; Police Leadership <policeleadership@gaports.com>; Kevin Doyle <krdoyle@gaports.com>
Subject: FW: Sick GPA Employee (GCT) - Kevin Morse
Importance: High

All, good morning.

I wanted to update the team on Kevin Morse.

OCGA 50-18-72 a 21

I would also like to acknowledge the team(s) EXCELLENT job getting Kevin down from the RTG cab and into an ambulance. I am unsure the name of the Port Police Officer that assisted in getting Kevin from the cab to the first platform on the RTG, but this action was admirable. Also, the coordination to get a Toplift and gondola to Kevin in a timely manner to get him off the RTG platform and into the ambulance by Container Operations team.

Positive result all the way around!

Thank you,

Clifton T. Bigwood

Safety and Training Manager of Container Operations | Georgia Ports Authority
cbigwood@gaports.com



C: 912.667-8512

O: 912.966.3707

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From: Securitycenter <SECURITYCENTER@gaports.com>

Sent: Friday, May 17, 2024 6:23 AM

To: Securitycenter <SECURITYCENTER@gaports.com>

Subject: RE: Sick GPA Employee (GCT)

*****Update*****

OCGA 50-18-72 a 21

PCO I. Fee

Police Communications Officer | Georgia Ports Authority



O: 912.963.5588 | 912.963.5589

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From: Securitycenter

Sent: Thursday, May 16, 2024 5:46 PM

To: Securitycenter <SECURITYCENTER@gaports.com>

Subject: Sick GPA Employee (GCT)

Incident: Sick GPA Employee

Time of Occurrence: 1656 hours

Terminal: Garden City

Location: Stack 710; RTG 151

Injuries: [REDACTED] OCGA 50-18-72 a 21

Investigating Officer: Ofc. K. Fikes

Duty Supervisor: Sgt. J. Thomas

Additional Information: A GPA Employee had a medical emergency at the above location. Fire and EMS responded and are still on scene. An update will be sent. If there are any further questions, please contact the Duty Supervisor desk at (912) 966-7872 or Supervisor cell (912) 755-1363.

Case Report Number: 24-030285

PCO A. Thomas

Police Communications Officer | Georgia Ports Authority



O: 912.963.5588 | 912.963.5589

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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) Fikes		First Name (Given Name) Kevin		Middle Initial E	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	ZIP Code
OCGA 50-18-72 a 21						
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address			Employee's Telephone Number	
OCGA 50-18-72 a 21						

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 <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee Kevin Fikes	Today's Date (mm/dd/yyyy) 09-06-19
--	---

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) Fikes	First Name (Given Name) Kevin	M.I. E	Citizenship/Immigration Status 1
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List A
OR
List B
AND
List C
 Identity and Employment Authorization Identity Employment Authorization

Document Title U.S. Passport Issuing Authority U.S. Department of State Document Number OCGA 50-18-72 a 21 Expiration Date (if any)(mm/dd/yyyy) 12/02/2025	Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any)(mm/dd/yyyy) N/A	Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any)(mm/dd/yyyy) N/A	Additional Information	
Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any)(mm/dd/yyyy) N/A	QR Code - Section 2 Do Not Write in This Space 	

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): 09/17/2018 (See instructions for exemptions)

Signature of Employer or Authorized Representative 	Today's Date (mm/dd/yyyy) 09/17/2018	Title of Employer or Authorized Representative HUMAN RESOURCES GENERALIST	
Last Name of Employer or Authorized Representative Lynch	First Name of Employer or Authorized Representative Todd	Employer's Business or Organization Name GEORGIA PORTS AUTHORITY	
Employer's Business or Organization Address (Street Number and Name) 82 MAIN STREET	City or Town GARDEN CITY	State GA	ZIP Code 31408

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: 2018261194 425LB

Report prepared: 09/18/2018

Company Information

Company ID: 426310

Company Name: Georgia Ports Authority

Client Company ID: 426310

Client Company Name: Georgia Ports Authority

Employee Information

Name: Kevin E. Fikes

Date of Birth: OCGA 50-18-72 a 21

U.S. Social Security Number: OCGA 50-18-72 a 21

Employee's First Day of Employment:
09/17/2018

Citizenship Status: U.S. Citizen

Document Information

List A Document: U.S. Passport or Passport Card

Document Number: OCGA 50-18-72 a 21

Expiration Date: OCGA 50-18-72 a 21

Case Information

Current Case Result: Closed

Case Submitted By: Todd Lynch

Case Status: Employment Authorized

Reason for Closure: Employment Authorized
Auto Close



9-17 Start

Applicant Status Sheet

200001776

Applicant Name
008589
Position

Kevin Fikes

Port Police Officer

- Criminal History Run
- Prev Employers Checked
- Ready for mgmt review
- Approved for offer
- Offered
- Has TWIC
- Physical complete
- Current Employer Checked

Date	Note
8/2/2018	Interviewed
8/14/2018	Rcvd background summary from Inv Doyle
8/14/2018	Given to Jim for review/approval
8-16-18	\$23.38 Jim offered. Physical start 8/21 @ 0830
8/29/18	Physical results rcvd - Clear
8/31/18	Set start date. Can contact current after 8/31

Kevin Fikes
Port Police Officer



Evaluation Date:	9/10/2019
Review Type:	Annual Review

ANNUAL HOURLY EMPLOYEE EVALUATION

EMPLOYEE NAME:	Fikes, Kevin	EFFECTIVE DATE:	9/17/2019
FROM: Current Hourly Rate	\$24.08	TO: New Hourly Rate	26.93
DEPARTMENT:	5062	JOB TITLE:	Port Police Officer

GPA/HR CORE COMPETENCIES

ATTENDANCE/TIME MANAGEMENT:

Arrives to work on time, works on scheduled days, and requests time off with sufficient advance notice. Works overtime as needed.

SATISFACTORY

SAFETY:

Promotes and reinforces a safe working environment and displays good housekeeping in work area. Applies safe working practices in daily job duties, and keeps abreast of current safety practices and techniques.

SATISFACTORY

TRAINING:

Completes compliance, safety and other applicable training as assigned in a timely manner. Takes initiative and responsibility for training offered with management approval.

SATISFACTORY

JOB KNOWLEDGE:

Possesses and demonstrates a thorough understanding and working knowledge of all phases of the job; including the various techniques and skills necessary for efficient completion of all tasks. Understands the impact his/her job functions has on other departments and the business. (Refer to job description)

SATISFACTORY

WORK QUALITY/QUANTITY:

Completes assignments in a thorough, accurate and safe manner that achieves expected outcomes. Uses work time productively and handles responsibilities in an effective manner.

SATISFACTORY

**COOPERATION/
INITIATIVE:**

The ability and willingness to work with all employees and management in the department. Ability to be self-directed and resourceful in performing job duties. Demonstrates a sense of cooperativeness by remaining open and positive when receiving direction or constructive feedback.

VERY GOOD

**LEADERSHIP/
ACCOUNTABILITY:**

Sets a good example for others to follow; takes responsibility for own behavior, actions and decisions.

SATISFACTORY

**TEAMWORK/
INTERPERSONAL SKILLS:**

Establishes and maintains quality working relationships; demonstrates willingness to function as a team player. Works as a team to achieve the goals/productivity of the company. Recognizes the needs and sensitivities of others and treats others in a fair and equitable manner; interacts professionally and constructively with all coworkers, supervisors and management.

VERY GOOD

**ADMINISTRATIVE/
COMMUNICATION:**

Exchanges information and completes reports promptly in an effective, timely, clear, concise, logical, and organized manner.

NEEDS IMPROVEMENT

COMMENTS:

ATTENDANCE/TIME MANAGEMENT: Ofc. K. Fikes meets the requirements for attendance and works overtime when needed. His attendance during this period was 0.02.

SAFETY: Ofc. K. Fikes had no accidents or safety related incidents during this period. He demonstrates safe work practices and techniques.

TRAINING: Ofc. K. Fikes completes yearly required training mandated by POST in a timely manner.

JOB KNOWLEDGE. Ofc. K. Fikes demonstrated he understands his job duties.

WORK QUALITY: Ofc. K. Fikes completes his assignments in a safe and accurate manner.

COOPERATION/INITIATIVE: Ofc. K. Fikes is willing to work with all officers and members of other departments. He takes constructive feedback with a positive attitude and is self motivated.

LEADERSHIP: Ofc. K. Fikes has a good work ethic and takes responsibility for his actions and decisions.

TEAMWORK/INTERPERSONAL SKILLS: Ofc. K. Fikes demonstrates daily he is willing to complete any task assigned to him. He is a team player and routinely shows the willingness to work with others.

ADMINISTRATIVE/COMMUNICATION: Ofc. K. Fikes reports have been an issue during this period.

**COOPERATION/
INITIATIVE:**

The ability and willingness to work with all employees and management in the department. Ability to be self-directed and resourceful in performing job duties. Demonstrates a sense of cooperativeness by remaining open and positive when receiving direction or constructive feedback.

**LEADERSHIP/
ACCOUNTABILITY:**

Sets a good example for others to follow; takes responsibility for own behavior, actions and decisions.

**TEAMWORK/
INTERPERSONAL SKILLS:**

Establishes and maintains quality working relationships; demonstrates willingness to function as a team player. Works as a team to achieve the goals/productivity of the company. Recognizes the needs and sensitivities of others and treats others in a fair and equitable manner; interacts professionally and constructively with all coworkers, supervisors and management.

**ADMINISTRATIVE/
COMMUNICATION:**

Exchanges information and completes reports promptly in an effective, timely, clear, concise, logical, and organized manner.

COMMENTS:

Several reports were not being filled out properly. This has been addressed with Ofc. Fikes and he was provided guidance on how to improve the reports. There has been noticeable improvements in his reports since the issue was addressed. But he is encouraged to work on the organization of the summaries in the reports.

SUMMARY ANALYSIS

Attendance/Time Management:	Employee normally meets expectations and requirements for attendance/time management.
Safety:	Employee normally meets expectations and requirements for safety.
Training:	Employee normally meets expectations and requirements for training.
Job Knowledge:	Employee work reflects adequate knowledge and skill for the job. Normal supervision required.
Work Quality/Quantity:	Employee normally completes all their tasks to allow for the completion of their routine job functions.
Cooperation/Initiative:	Employee meets expectations in demonstrating cooperation/initiative.
Leadership/Accountability:	Employee normally meets expectations and requirements for these criteria.
Teamwork/Interpersonal Skills:	Employee frequently promotes and maintains a productive work environment.
Administrative/Communication:	Employee fails to meet expectations and requirements for these criteria.

ACCIDENTS: RECORDABLE _____ 0 _____

CHARGEABLE _____ 0 _____

Todd Lynch (8/9/2019)

HR Generalist Signature

Tommy Thompson (9/20/2019)

Manager Signature

Roger Cason (8/30/2019)

Appraiser Signature

General Manager Signature

Ray Metts (9/20/2019)

Manager Signature

Kevin Doyle (9/23/2019)

Division Director

David Schofield (9/20/2019)

Manager Signature

Rosa Simmons (9/24/2019)

Human Resources Manager



Employee Signature

DRIVERS LICENSE

YES

EXPIRATION DATE

OCGA
50-18-72
a 21 2026

VALID TWIC

YES

EXPIRATION DATE

8/7/2023

Send to Manager for Approval

Send to HR

REMINDER: PLEASE SCHEDULE YOUR VISION SCREENING WITH EMPLOYEE HEALTH SERVICES.



Evaluation Date:	9/10/2020
Review Type:	Annual Review

ANNUAL HOURLY EMPLOYEE EVALUATION

EMPLOYEE NAME:	Fikes, Kevin	EFFECTIVE DATE:	9/17/2020
FROM: Current Hourly Rate	\$26.93	TO: New Hourly Rate	29.64
DEPARTMENT:	5062	JOB TITLE:	Port Police Officer

GPA/HR CORE COMPETENCIES

ATTENDANCE/TIME MANAGEMENT:

Arrives to work on time, works on scheduled days, and requests time off with sufficient advance notice. Works overtime as needed.

VERY GOOD

SAFETY:

Promotes and reinforces a safe working environment and displays good housekeeping in work area. Applies safe working practices in daily job duties, and keeps abreast of current safety practices and techniques.

SATISFACTORY

TRAINING:

Completes compliance, safety and other applicable training as assigned in a timely manner. Takes initiative and responsibility for training offered with management approval.

SATISFACTORY

JOB KNOWLEDGE:

Possesses and demonstrates a thorough understanding and working knowledge of all phases of the job; including the various techniques and skills necessary for efficient completion of all tasks. Understands the impact his/her job functions has on other departments and the business. (Refer to job description)

SATISFACTORY

WORK QUALITY/QUANTITY:

Completes assignments in a thorough, accurate and safe manner that achieves expected outcomes. Uses work time productively and handles responsibilities in an effective manner.

NEEDS IMPROVEMENT

**COOPERATION/
INITIATIVE:**

The ability and willingness to work with all employees and management in the department. Ability to be self-directed and resourceful in performing job duties. Demonstrates a sense of cooperativeness by remaining open and positive when receiving direction or constructive feedback.

SATISFACTORY

**LEADERSHIP/
ACCOUNTABILITY:**

Sets a good example for others to follow; takes responsibility for own behavior, actions and decisions.

SATISFACTORY

**TEAMWORK/
INTERPERSONAL SKILLS:**

Establishes and maintains quality working relationships; demonstrates willingness to function as a team player. Works as a team to achieve the goals/productivity of the company. Recognizes the needs and sensitivities of others and treats others in a fair and equitable manner; interacts professionally and constructively with all coworkers, supervisors and management.

VERY GOOD

**ADMINISTRATIVE/
COMMUNICATION:**

Exchanges information and completes reports promptly in an effective, timely, clear, concise, logical, and organized manner.

SATISFACTORY

COMMENTS:

As of the time of this evaluation, Ofc. Kevin Fikes has been employed with the Georgia Ports Authority Police Department for nearly two years. Ofc. Fikes commonly comes to work on time and ready for work. While at work, Ofc. Fikes is known to exercise good safety measures and quickly reports points of concern if he feels that a situation is unsafe.

Ofc. Fikes commonly has a very good attitude at work and comes across as jovial to those who interact with him at the gates. Ofc. Fikes is encouraged to be more alert when it comes to listening/ responding to his radio/tablet for calls for service. He is also encouraged to strive to become more proficient with regards to his report writing and, when available, it is suggested that he attend an Advanced Report Writing course to aid in this measure.

Ofc. Fikes offers a wealth of experience and knowledge. He is also considered a "team player" by his co-workers. Ofc. Fikes is a valuable asset to our team at the GPAPD and I have full confidence that he will continue to do well in the future.

SUMMARY ANALYSIS

Attendance/Time Management:	Employee frequently exceeds expectations and requirements for attendance/time management.
Safety:	Employee normally meets expectations and requirements for safety.
Training:	Employee normally meets expectations and requirements for training.
Job Knowledge:	Employee work reflects adequate knowledge and skill for the job. Normal supervision required.
Work Quality/Quantity:	Employee fails to complete the adequate number of tasks to allow for the completion of their routine job functions.
Cooperation/Initiative:	Employee normally demonstrates cooperation/initiative.
Leadership/Accountability:	Employee normally meets expectations and requirements for these criteria.
Teamwork/Interpersonal Skills:	Employee frequently promotes and maintains a productive work environment.
Administrative/Communication:	Employee normally meets expectations and requirements for these criteria.

Todd Lynch (8/3/2020)

HR Generalist Signature

Guy Buck (8/12/2020)

Manager Signature

Michael Akers (8/10/2020)

Appraiser Signature

General Manager Signature

Mike Rhew (8/10/2020)

Manager Signature

Kevin Doyle (8/13/2020)

Division Director

David Schofield (8/12/2020)

Manager Signature

Rosa Simmons (8/19/2020)

Human Resources Manager



Employee Signature

DRIVERS LICENSE

YES

EXPIRATION DATE

**OCGA
50-18-7 2026**

VALID TWIC

YES

EXPIRATION DATE

8/7/2023

Send to Manager for Approval

Send to HR

REMINDER: PLEASE SCHEDULE YOUR VISION SCREENING WITH EMPLOYEE HEALTH SERVICES.



Evaluation Date:	9/10/2021
Review Type:	Annual Review

ANNUAL HOURLY EMPLOYEE EVALUATION

EMPLOYEE NAME:	Fikes, Kevin	EFFECTIVE DATE:	9/17/2021
FROM: Current Hourly Rate	\$31.45	TO: New Hourly Rate	\$33.65
DEPARTMENT:	5062	JOB TITLE:	Port Police Officer

GPA/HR CORE COMPETENCIES

ATTENDANCE/TIME MANAGEMENT:

Arrives to work on time, works on scheduled days, and requests time off with sufficient advance notice. Works overtime as needed.

VERY GOOD

SAFETY:

Promotes and reinforces a safe working environment and displays good housekeeping in work area. Applies safe working practices in daily job duties, and keeps abreast of current safety practices and techniques.

VERY GOOD

TRAINING:

Completes compliance, safety and other applicable training as assigned in a timely manner. Takes initiative and responsibility for training offered with management approval.

SATISFACTORY

JOB KNOWLEDGE:

Possesses and demonstrates a thorough understanding and working knowledge of all phases of the job; including the various techniques and skills necessary for efficient completion of all tasks. Understands the impact his/her job functions has on other departments and the business. (Refer to job description)

VERY GOOD

WORK QUALITY/QUANTITY:

Completes assignments in a thorough, accurate and safe manner that achieves expected outcomes. Uses work time productively and handles responsibilities in an effective manner.

VERY GOOD

**COOPERATION/
INITIATIVE:**

The ability and willingness to work with all employees and management in the department. Ability to be self-directed and resourceful in performing job duties. Demonstrates a sense of cooperativeness by remaining open and positive when receiving direction or constructive feedback.

VERY GOOD

**LEADERSHIP/
ACCOUNTABILITY:**

Sets a good example for others to follow; takes responsibility for own behavior, actions and decisions.

SATISFACTORY

**TEAMWORK/
INTERPERSONAL SKILLS:**

Establishes and maintains quality working relationships; demonstrates willingness to function as a team player. Works as a team to achieve the goals/productivity of the company. Recognizes the needs and sensitivities of others and treats others in a fair and equitable manner; interacts professionally and constructively with all coworkers, supervisors and management.

VERY GOOD

**ADMINISTRATIVE/
COMMUNICATION:**

Exchanges information and completes reports promptly in an effective, timely, clear, concise, logical, and organized manner.

VERY GOOD

COMMENTS:

Officer Kevin Fikes has had no issues of note with excessive tardiness or absences during this evaluation period. Officer Kevin Fikes reports to work, ready and prepared for the duty assignments as requested of him. Officer Kevin Fikes is responsible and can work on his own with little to no oversight conducting his responsibilities. Officer Kevin Fikes works well with others and is ready to help others to get the mission accomplished. Officer Kevin Fikes is knowledgeable of his duty positions and in his current position as a "Stack Officer" he is carrying out his duties with little to no input required from his supervisor.

I would encourage Officer Kevin Fikes to seek more training, not due to a deficiency but to continue to grow and develop within the department. Officer Kevin Fikes is capable of being a leader and could capitalize on this ability with a little more initiative to be. In speaking with Officer Kevin Fikes he is able to provide insight, and perspective from his previous roles in the military and law enforcement. In his current position he is afforded little interaction with his peers during the course of his duties in which these experiences and advice could be beneficial. Officer Kevin Fikes is responsible and accountable for his actions and decisions regardless of the consequences.

Officer Kevin Fikes has been an asset to our agency and I would encourage his further development at the Police Department.

SUMMARY ANALYSIS

Attendance/Time Management:	Employee frequently exceeds expectations and requirements for attendance/time management.
Safety:	Employee frequently exceeds expectations and requirements for safety.
Training:	Employee normally meets expectations and requirements for training.
Job Knowledge:	Employee work reflects thorough and current knowledge and skill for the job. Little supervision required.
Work Quality/Quantity:	Employee completes all of their assigned tasks for the completion of their routine job functions.
Cooperation/Initiative:	Employee meets expectations in demonstrating cooperation/initiative.
Leadership/Accountability:	Employee normally meets expectations and requirements for these criteria.
Teamwork/Interpersonal Skills:	Employee frequently promotes and maintains a productive work environment.
Administrative/Communication:	Employee meets expectations and requirements for these criteria.

Todd Lynch (8/9/2021)

HR Generalist Signature

Tommy Thompson (8/26/2021)

Manager Signature

James Frost (8/26/2021)

Appraiser Signature

General Manager Signature

Mike Rhew (8/26/2021)

Manager Signature

Kevin Doyle (8/26/2021)

Division Director

Louis Manuel (8/26/2021)

Manager Signature

Tanya Chisholm (8/31/2021)

Human Resources Manager

Employee Signature

DRIVERS LICENSE

YES

EXPIRATION DATE

OCGA
50-18-7 2026

VALID TWIC

YES

EXPIRATION DATE

8/6/2023

Send to Manager for Approval

Send to HR

REMINDER: PLEASE SCHEDULE YOUR VISION SCREENING WITH EMPLOYEE HEALTH SERVICES.



Evaluation Date:	9/17/2022
Review Type:	Annual Review

ANNUAL HOURLY EMPLOYEE EVALUATION

EMPLOYEE NAME:	Fikes, Kevin Earle	EFFECTIVE DATE:	09/12/2022
FROM: Current Hourly Rate	\$35.33	TO: New Hourly Rate	TOP
DEPARTMENT:	5062	JOB TITLE:	Port Police Officer

GPA/HR CORE COMPETENCIES

ATTENDANCE/TIME MANAGEMENT:

Arrives to work on time, works on scheduled days, and requests time off with sufficient advance notice. Works overtime as needed.

VERY GOOD

SAFETY:

Promotes and reinforces a safe working environment and displays good housekeeping in work area. Applies safe working practices in daily job duties, and keeps abreast of current safety practices and techniques.

SATISFACTORY

TRAINING:

Completes compliance, safety and other applicable training as assigned in a timely manner. Takes initiative and responsibility for training offered with management approval.

SATISFACTORY

JOB KNOWLEDGE:

Possesses and demonstrates a thorough understanding and working knowledge of all phases of the job; including the various techniques and skills necessary for efficient completion of all tasks. Understands the impact his/her job functions has on other departments and the business. (Refer to job description)

VERY GOOD

WORK QUALITY:

Completes assignments in a thorough, accurate and safe manner that achieves expected outcomes. The extent to which work is completed, with all details covered, free from errors, and the work exceeds the acceptable standards for legibility, cleanliness and orderliness.

VERY GOOD

WORK QUANTITY: Amount of work performed and the volume of work produced in relation to the amount of work requiring completion or attention. Completion of work on schedule to the extent to which an employee completes work within given or reasonable time limits.

VERY GOOD

**COOPERATION/
INITIATIVE:** The ability and willingness to work with all employees and management in the department. Ability to be self-directed and resourceful in performing job duties. Demonstrates a sense of cooperativeness by remaining open and positive when receiving direction or constructive feedback.

VERY GOOD

**LEADERSHIP/
ACCOUNTABILITY:** Sets a good example for others to follow; takes responsibility for own behavior, actions and decisions.

VERY GOOD

**TEAMWORK/
INTERPERSONAL SKILLS:** Establishes and maintains quality working relationships; demonstrates willingness to function as a team player. Works as a team to achieve the goals/productivity of the company. Recognizes the needs and sensitivities of others and treats others in a fair and equitable manner; interacts professionally and constructively with all coworkers, supervisors and management.

VERY GOOD

**ADMINISTRATIVE/
COMMUNICATION:** Exchanges information and completes reports promptly in an effective, timely, clear, concise, logical, and organized manner.

VERY GOOD

COMMENTS:

Attendance/Time Management: Ofc. Fikes is punctual for his regular and overtime assignments. Ofc. Fikes rarely calls in sick and works his scheduled overtime days without issue. Ofc. Fikes makes it a habit to schedule his time off in advance and not wait until the last minute.

Safety: Accidents: 0 Ofc. Fikes has not been involved in any work-related accidents or incidents this evaluation period. Ofc. Fikes adheres to the GPA safety rules and guidelines, policies, and procedures while on terminal. I would like to see Ofc. Fikes take a more proactive approach to traffic enforcement during the course of his regular duties.

Training: Ofc. Fikes completes all his GPA, state, departmental, and Georgia P.O.S.T. training annually and in a timely manner. I would like to see Ofc. Fikes request or seek out more advanced training on his own outside of the basic required classes.

WORK QUANTITY:

Amount of work performed and the volume of work produced in relation to the amount of work requiring completion or attention. Completion of work on schedule to the extent to which an employee completes work within given or reasonable time limits.

**COOPERATION/
INITIATIVE:**

The ability and willingness to work with all employees and management in the department. Ability to be self-directed and resourceful in performing job duties. Demonstrates a sense of cooperativeness by remaining open and positive when receiving direction or constructive feedback.

**LEADERSHIP/
ACCOUNTABILITY:**

Sets a good example for others to follow; takes responsibility for own behavior, actions and decisions.

**TEAMWORK/
INTERPERSONAL SKILLS:**

Establishes and maintains quality working relationships; demonstrates willingness to function as a team player. Works as a team to achieve the goals/productivity of the company. Recognizes the needs and sensitivities of others and treats others in a fair and equitable manner; interacts professionally and constructively with all coworkers, supervisors and management.

**ADMINISTRATIVE/
COMMUNICATION:**

Exchanges information and completes reports promptly in an effective, timely, clear, concise, logical, and organized manner.

COMMENTS:

Job Knowledge: Ofc. Fikes has a strong understanding of his duties as the stack officer in the Mason Yard stacks. Ofc. Fikes has a strong understanding of GPA policies, MTSA safety measures and Georgia Law. Ofc. Fikes completes well written and detailed incident reports without major issues or guidance.

Work Quality/Quantity: Ofc. Fikes completes all his assigned tasks in a timely manner and without a lot of guidance and supervision. Ofc. Fikes never complains about the tasks he is asked to complete. Ofc. Fikes has completed 1,945 screenings during this evaluation period. Ofc. Fikes is responsible for handling 770 total calls this evaluation period. Ofc. Fikes is conscientious about the quality of his work and strives to make those around him better as well.

WORK QUANTITY:

Amount of work performed and the volume of work produced in relation to the amount of work requiring completion or attention. Completion of work on schedule to the extent to which an employee completes work within given or reasonable time limits.

**COOPERATION/
INITIATIVE:**

The ability and willingness to work with all employees and management in the department. Ability to be self-directed and resourceful in performing job duties. Demonstrates a sense of cooperativeness by remaining open and positive when receiving direction or constructive feedback.

**LEADERSHIP/
ACCOUNTABILITY:**

Sets a good example for others to follow; takes responsibility for own behavior, actions and decisions.

**TEAMWORK/
INTERPERSONAL SKILLS:**

Establishes and maintains quality working relationships; demonstrates willingness to function as a team player. Works as a team to achieve the goals/productivity of the company. Recognizes the needs and sensitivities of others and treats others in a fair and equitable manner; interacts professionally and constructively with all coworkers, supervisors and management.

**ADMINISTRATIVE/
COMMUNICATION:**

Exchanges information and completes reports promptly in an effective, timely, clear, concise, logical, and organized manner.

COMMENTS:

Cooperation/Initiative: Ofc. Fikes is self-directed and works hard to complete his assigned tasks. Ofc. Fikes has a willingness to work with others to accomplish a task. Ofc. Fikes works hard to resolve issues and has a desire to assist others in finding solutions to their problems.

Leadership/Accountability: Ofc. Fikes maintains a professional appearance and demeanor while at work. Ofc. Fikes is flexible and adapts well to change. Ofc. Fikes uses sound judgement and is confident when making decisions, and effectively solves problems. Ofc. Fikes holds himself to a high standard and accepts responsibility for his own actions. Ofc. Fikes volunteered to come in early each day to make conduct the screenings at the new intermodal office in an effort to ensure that the production of his co-workers did not fall short of standards.

Teamwork/Interpersonal Skills: Ofc. Fikes works well by himself but also understands the

WORK QUANTITY:

Amount of work performed and the volume of work produced in relation to the amount of work requiring completion or attention. Completion of work on schedule to the extent to which an employee completes work within given or reasonable time limits.

**COOPERATION/
INITIATIVE:**

The ability and willingness to work with all employees and management in the department. Ability to be self-directed and resourceful in performing job duties. Demonstrates a sense of cooperativeness by remaining open and positive when receiving direction or constructive feedback.

**LEADERSHIP/
ACCOUNTABILITY:**

Sets a good example for others to follow; takes responsibility for own behavior, actions and decisions.

**TEAMWORK/
INTERPERSONAL SKILLS:**

Establishes and maintains quality working relationships; demonstrates willingness to function as a team player. Works as a team to achieve the goals/productivity of the company. Recognizes the needs and sensitivities of others and treats others in a fair and equitable manner; interacts professionally and constructively with all coworkers, supervisors and management.

**ADMINISTRATIVE/
COMMUNICATION:**

Exchanges information and completes reports promptly in an effective, timely, clear, concise, logical, and organized manner.

COMMENTS:

importance of teamwork when it comes to accomplishing goals and objectives for the department and GPA as a whole. Ofc. Fikes maintains his professionalism while dealing with co-workers and while dealing with the public.

Administrative/Communication: Ofc. Fikes possesses strong verbal and written communication skills. Ofc. Fikes completes his reports on time and with minimal corrections needed. Ofc. Fikes completes his daily data entries and reports in a timely manner. Ofc. Fikes does a good job of relaying pertinent information about issues in the stack zones he is assigned and any issues at the intermodal turnstiles as they occur.

MISCELLANEOUS COMMENTS: Ofc. Fikes is a police officer with 4 years of experience with the Georgia Ports Authority Police Department. Ofc. Fikes is assigned to the operations division of the

WORK QUANTITY:

Amount of work performed and the volume of work produced in relation to the amount of work requiring completion or attention. Completion of work on schedule to the extent to which an employee completes work within given or reasonable time limits.

**COOPERATION/
INITIATIVE:**

The ability and willingness to work with all employees and management in the department. Ability to be self-directed and resourceful in performing job duties. Demonstrates a sense of cooperativeness by remaining open and positive when receiving direction or constructive feedback.

**LEADERSHIP/
ACCOUNTABILITY:**

Sets a good example for others to follow; takes responsibility for own behavior, actions and decisions.

**TEAMWORK/
INTERPERSONAL SKILLS:**

Establishes and maintains quality working relationships; demonstrates willingness to function as a team player. Works as a team to achieve the goals/productivity of the company. Recognizes the needs and sensitivities of others and treats others in a fair and equitable manner; interacts professionally and constructively with all coworkers, supervisors and management.

**ADMINISTRATIVE/
COMMUNICATION:**

Exchanges information and completes reports promptly in an effective, timely, clear, concise, logical, and organized manner.

COMMENTS:

police department with roles such as conducting traffic enforcement, conducting area patrols, access control, report writing, responding to calls for service, and meeting MTSA requirements. I would like to see Ofc. Fikes conduct more proactive traffic enforcement. Ofc. Fikes writes good reports and shows he has a strong understanding of Georgia law and GPA policies and procedures. Ofc. Fikes is a consummate teammate.

SUMMARY ANALYSIS

Attendance/Time Management:	Employee frequently exceeds expectations and requirements for attendance/time management.
Safety:	Employee normally meets expectations and requirements for safety.
Training:	Employee normally meets expectations and requirements for training.
Job Knowledge:	Employee work reflects thorough and current knowledge and skill for the job. Little supervision required.
Work Quality:	Employee completes all of their assigned tasks for the completion of their routine job functions.
Work Quantity:	Employee completes all of their assigned tasks for the completion of their routine job functions.
Cooperation/Initiative:	Employee meets expectations in demonstrating cooperation/initiative.
Leadership/Accountability:	Employee meets expectations and requirements for these criteria.
Teamwork/Interpersonal Skills:	Employee frequently promotes and maintains a productive work environment.
Administrative/Communication:	Employee meets expectations and requirements for these criteria.

Karsten Housey (8/12/2022)

HR Generalist Signature

Manager Signature

Mike Rhew (8/20/2022)

Appraiser Signature

General Manager Signature

Ray Metts (8/20/2022)

Manager Signature

Kevin Doyle (8/22/2022)

Division Director

Tommy Thompson (8/22/2022)

Manager Signature

Tiphani Lee (8/29/2022)

Human Resources Manager



Employee Signature

DRIVERS LICENSE

YES

EXPIRATION DATE

OCGA 50-18-72 2026

VALID TWIC

YES

EXPIRATION DATE

8/7/2023

Send to Manager for Approval

Send to HR

REMINDER: PLEASE SCHEDULE YOUR VISION SCREENING WITH EMPLOYEE HEALTH SERVICES.

Fikes, Kevin (Fikes, Kevin)

J1003-Port Police Officer

Position ID - R7T101096

Reports To - Winter, Michael (Winter, Michael)

Department - 506250-Port Police - Direct Labor

Business Unit - 5062-Protective Services Division

Location - GC-Garden City

REVIEW INFORMATION

Annual Hourly Employee Evaluation

Review Period - 09/17/2022 to 09/16/2023

Status - Employee Acknowledged

Target Completion Date - 09/17/2023

REVIEWER INFORMATION

Reviewer - Winter, Michael (Winter, Michael)

INTRODUCTION

GUIDELINES FOR HOURLY EVALUATIONS

1. Hourly employees will receive an annual evaluation on their Job Class Date at which time they will be eligible for a one step merit increase until they reach the top of their Job Class range.
2. Special evaluations are available from the Human Resources Department upon the request of the departmental director.
3. A merit increase will be denied if any one (1) of the following conditions exist:
 - A score of “Unsatisfactory” is recorded in one (1) or more performance criteria category(ies)
 - A score of “Needs Improvement” is recorded in three (3) or more performance categories
 - The employee has an active “B” warning*
 - The employee has two (2) active “C” warnings*
 - The employee has two (2) active warnings for attendance
4. Evaluation ratings should be based on the employee’s performance during the entire performance period and should take into account any periods of poor and/or exemplary performance. All ratings should have supporting remarks in the comments section. This is a very important part of the evaluation process. This documentation can be used for promotions and corrective action plans.
5. When the evaluation has been completed (all signatures should be on the evaluation form except that of the Human Resources Manager) the evaluation can be reviewed with the employee. The following signatures are required on evaluations: the Appraiser, Manager, Director, Human Resources Manager, and the employee. No other signatures are required. The evaluation will then be forwarded to Human Resources for final review.
6. Please check the employee’s driver’s license and expiration date and record it on the employee signature page.
7. Please check the expiration date of the employee’s TWIC and record it on the employee signature page. If the expiration date is within 10 to 12 weeks, advise the employee to renew their TWIC. Ultimately, it is the responsibility of each employee to renew their TWIC in a timely manner prior to their card expiration in order to be able to work.

QUESTIONS

Instructions

Conducting employee performance appraisals is a productive and meaningful activity that positively contributes to the success of Georgia Ports. For each of the questions, you should measure the productivity of the employee and how they build relationships across all levels of your organization to assist with effective and coordinated work.

1 - Arrives to work on time, works on scheduled days, and requests time off with sufficient advance notice. Works overtime as needed.

Category - Attendance/Time Management

Reviewer Only Question

Reviewer Response

- Unsatisfactory
- Needs Improvement
- Satisfactory
- Very Good
- Excellent

Due to Ofc Fikes being given two separate AT1 warnings and one AT2 warning during the evaluation period he received a "needs improvement". Only one is currently active. Since March there has been an improvement in his attendance.

2 - Promotes and reinforces a safe working environment and displays good housekeeping in work area. Applies safe working practices in daily job duties, and keeps abreast of current safety practices and techniques.

Category - Safety

Reviewer Only Question

Reviewer Response

- Unsatisfactory
- Needs Improvement
- Satisfactory
- Very Good
- Excellent

Officer Fikes wears his assigned protective equipment and consistently adheres to departmental and organizational safety guidelines, policies, and procedures. During the evaluation period Ofc Fikes had one at-fault vehicle collision during the evaluation period which was a single vehicle with no injuries and minor damage.

3 - Completes compliance, safety, and other applicable training as assigned in a timely manner. Takes initiative and responsibility for training offered with management approval.

Category - Training

Reviewer Only Question

Reviewer Response

- Unsatisfactory
- Needs Improvement
- Satisfactory
- Very Good
- Excellent

Ofc. Fikes completes all Georgia P.O.S.T. mandated training requirements and all other department and organizationally assigned training.

His total Georgia P.O.S.T. training during the evaluation period was 30 hours, including 3 hours of non-required courses.

4 - Possesses and demonstrates a thorough understanding and working knowledge of all phases of the job; including the various techniques and skills necessary for efficient completion of all tasks. Understands the impact his/her job functions has on other departments and the business (refer to job description).

Category - Job Knowledge

Reviewer Only Question

Reviewer Response

- Unsatisfactory
- Needs Improvement
- Satisfactory
- Very Good
- Excellent

Ofc. Fikes possesses a strong understanding of his duties and responsibilities related to public safety and MTSA security measures. He has a strong working knowledge of the job functions for his position. He works well with the public and with other departments to accomplish organizational goals.

5 - Completes assignments in a thorough, accurate, and safe manner that achieves expected outcomes. The extent to which work is completed, with all details covered, free from errors, and the work exceeds the acceptable standards for legibility, cleanliness, and orderliness.

Category - Work Quality

Reviewer Only Question

Reviewer Response

- Unsatisfactory
- Needs Improvement
- Satisfactory
- Very Good
- Excellent

During the evaluation period Ofc Fikes wrote 43 incident reports and 21 vehicle accident reports. Of the 43 incident reports 23 of them were rejected by a supervisor for correction. Of the vehicle collision reports 21 were submitted and 19 were rejected by a supervisor for correction. The reports were rejected for various reasons including content, grammar, and lacking essential information.

Ofc Fikes has been advised about his reports and will be given training and evaluation through the next evaluation period.

6 - Amount of work performed and the volume of work produced in relation to the amount of work requiring completion or attention. Completion of work on schedule to the extent to which an employee completes work within given or reasonable time limits.

Category - Work Quantity

Reviewer Only Question

Reviewer Response

- Unsatisfactory
- Needs Improvement
- Satisfactory
- Very Good
- Excellent

During the evaluation period Ofc Fikes completed the below:

43 Incident reports written.

21 Traffic collision reports written.

284 calls for service where no reports were submitted. This mostly includes screenings at the Mason rail office and traffic control.

10673 screenings were conducted by Ofc Fikes.

Wrote 11 warning citations and 4 written citations and conducted 4 traffic stops.

Ofc Fikes works hard during his time in the Mason yard. This is evident by the number of calls for service that he undertakes and the number of screenings he conducted at the Mason Rail office.

7 - The ability and willingness to work with all employees and management in the department. Ability to be self-directed and resourceful in performing job duties. Demonstrates a sense of cooperativeness by remaining open and positive when receiving direction or constructive feedback.

Category - Cooperation/Initiative

Reviewer Only Question

Reviewer Response

- Unsatisfactory
- Needs Improvement
- Satisfactory
- Very Good
- Excellent

Officer Fikes works intently towards satisfying his assigned duties and is self-directed. He demonstrates a sincere desire to work collectively with others in identifying and applying solutions to problems. Especially with management and operators in the Mason yard. Ofc Fikes is often able to find common ground when working with others, even in stressful situations. This allows him to more easily accomplish whatever situation is presented at the time.

8 - Sets a good example for others to follow; takes responsibility for own behavior, actions, and decisions.

Category - Leadership/Accountability

Reviewer Only Question

Reviewer Response

- Unsatisfactory
- Needs Improvement
- Satisfactory
- Very Good
- Excellent

Officer Fikes holds himself accountable for his actions and understands how his decisions impact others. He sets a positive example for others and is quite receptive to constructive feedback. He is adaptable, exercises sound judgment, and effectively solves problems.

9 - Establishes and maintains quality working relationships; demonstrates willingness to function as a team player. Works as a team to achieve the goals/productivity of the company. Recognizes the needs and sensitivities of others and treats others in a fair and equitable manner; interacts professionally and constructively with all coworkers, supervisors, and management.

Reviewer Response

- Unsatisfactory
 Needs Improvement
 Satisfactory
 Very Good
 Excellent

Officer Fikes works well in a team environment or independently. He maintains quality working relationships and is professional in his dealings with others. He possesses good interpersonal skills and recognizes the value of teamwork in accomplishing goals and objectives. He often brings levity to tough situations. I have observed while reviewing body camera footage Ofc Fikes be professional in his dealings with others while trying to maintain safety and accomplishing GPA goals.

10 - Exchanges information and completes reports promptly in an effective, timely, clear, concise, logical, and organized manner.

Reviewer Response

- Unsatisfactory
 Needs Improvement
 Satisfactory
 Very Good
 Excellent

Ofc Fikes strives to make himself understood clearly in order to accomplish the overall goals of Ga Ports Authority. Ofc Fikes finds common ground with those he speaks to in order to most effately communicate with them. He is often able to find communication routes with strangers in order to accomplish the goal.

11 - Based off this annual evaluation, does the employee meet the eligibility requirements to advance to the next pay step?

Reviewer Response

- Yes
 No

Based on the guidelines for hourly assessments Ofc Fikes meets the requirements.

OVERALL COMMENTS

Reviewer Response

Ofc Fikes works diligently in his current position at the Mason Yard. He knows the area and the community extremely well. It is evident that he cares deeply for the job he is doing and appears to do a great job. I believe that Ofc Fikes working in the Mason yard has had a huge influence on why it is no longer a consistent problem area for the port. I highly commend Ofc Fikes for his diligent work in the Mason yard. I believe Ofc. Fikes to be a valuable member of the GPAPD team with vast experience. I further believe that if Ofc Fikes puts forth diligent effort in his report writing and attendance he would be a great candidate for training officer or first line supervisor.

Ofc Fikes is showing the need for improvement in one area, attendance.

EMPLOYEE ACKNOWLEDGEMENT

I hereby acknowledge that I have read and discussed this review with my manager. I understand that I may submit a comment which will be retained with this review.

Employee Signature

Acknowledgement Date

KEVIN FIKES

09/07/2023

Employee Comments

NONE

USA

Georgia

DRIVER'S LICENSE

GOVERNOR *Nathan Deal* 081370

DL NO. 055523793
CLASS C

DOB [REDACTED] 1970
EXP [REDACTED] 2026

KEVIN EARLE
FIKES

[REDACTED]
OCGA 50-18-72 a 21

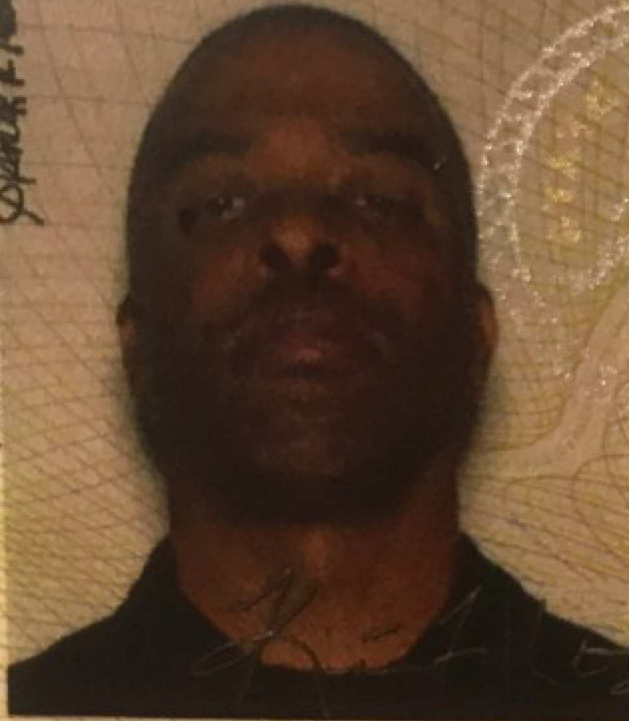
Restrictions A End NONE
Iss 08/09/2018

Sex M Eyes BRO
Hgt 6'-00" Wgt 198 lb

DD DSMF 353134245210046609

[REDACTED]
OCGA 50-18-72 a 21

COMMISSIONER *Spencer H. Abner*



Kevin Fikes



Georgia Ports Authority
 2 N. Main St
 Garden City, GA 31408

HUMAN RESOURCES ADJUSTMENTS PERSONNEL ACTION

DATE
7/5/2023

SSN (Last four digits)	First Name	Last Name
OCGA 50-18-72 a 21	Kevin	Fikes
Effective Date	Division	Job Class
7/5/2023	5062	Police Officer

Remarks
 Please reimburse Officer Kevin Fikes for his TWIC renewal.

 Thank you.

FOR HR USE ONLY: Approved Denied

PROCESSED BY PAYROLL: Yes No

 Employee Signature

Ashley Gregory (7/5/2023)

 Authorizing Signature

Guy Buck (7/5/2023)

 Authorizing Signature

Erin McCune (7/5/2023)

 Authorizing Signature

Pearl-Anne Brown (7/6/2023)

 Authorizing Signature

 Authorizing Signature

Samantha Allen (7/6/2023)

 Authorizing Signature

 Authorizing Signature



Georgia Ports Authority
 2 N. Main St
 Garden City, GA 31408

HUMAN RESOURCES

NEW HIRE & REHIRE PERSONNEL ACTION

DATE
9/19/2018

SSN (Last four digits) OCGA	First Name Kevin	Last Name Fikes
Telephone Number OCGA 50-18-72 a 21	Division 5062	Job Class Port Police Officer
Code Reason New Hire	Employment Date 9/17/2018	Effective Date 9/17/2018

Physical Address	Mailing Address
OCGA 50-18-72 a 21	same

PAY RATE:	<input type="radio"/> Annual	<input checked="" type="radio"/> Hourly	RATE \$	23.38
------------------	------------------------------	---	----------------	-------

STATUS:	<input type="radio"/> Temporary	<input type="radio"/> Regular	<input type="radio"/> Part Time	<input checked="" type="radio"/> Probationary
----------------	---------------------------------	-------------------------------	---------------------------------	---

Remarks

Todd Lynch
 Requestor Signature

Tommy Thompson
 Authorizing Signature

Kevin Doyle
 Authorizing Signature

Ed McCarthy
 Authorizing Signature

Jim Wisham
 Authorizing Signature

Lise Altman
 Authorizing Signature

Susie Farless
 Authorizing Signature

Authorizing Signature

PAYROLL PROCESSED



Georgia Ports Authority
 2 N. Main St
 Garden City, GA 31408

HUMAN RESOURCES

TERMINATION PERSONNEL ACTION

DATE
9/19/2018

SSN (Last four digits)	First Name	Last Name	
Employment Date	Effective Date	Division	Job Class

Mailing Address

Physical Address

TERMINATION: Resigned Discharged Layoff Retired

Other

Reason:

Eligible for Rehire? **If No, Why?**

Last Day Worked **Eligible for Accrued Vacation?** **Total Hours**

Remarks

Requestor Signature

Authorizing Signature

Authorizing Signature

Authorizing Signature

Authorizing Signature

Authorizing Signature

Authorizing Signature

Authorizing Signature

PAYROLL PROCESSED



Georgia Ports Authority
 2 N. Main St
 Garden City, GA 31408

HUMAN RESOURCES PROMOTION PERSONNEL ACTION

DATE	Employment Date	Effective Date
9/19/2018		
SSN (Last four digits)	First Name	Last Name

JOB CLASS:

From		To	
------	--	----	--

PAY RATE:

Annual

Hourly

From		To	
------	--	----	--

STATUS:

Temporary

Regular

Part Time

Probationary

DIVISION:

From		To	
------	--	----	--

Remarks

--

 Requestor Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

PAYROLL PROCESSED



Georgia Ports Authority
 2 N. Main St
 Garden City, GA 31408

HUMAN RESOURCES

RATE CHANGE PERSONNEL ACTION

DATE	Employment Date	Effective Date
9/19/2018		
SSN (Last four digits)	First Name	Last Name

JOB CLASS:

From		To	
------	--	----	--

PAY RATE:

 Annual

 Hourly

From		To	
------	--	----	--

STATUS:

 Temporary

 Regular

 Part Time

 Probationary

DIVISION:

From		To	
------	--	----	--

Remarks

--

Requestor Signature _____

Authorizing Signature _____

Authorizing Signature _____

Authorizing Signature _____

Authorizing Signature _____

Authorizing Signature _____

Authorizing Signature _____

Authorizing Signature _____

PAYROLL PROCESSED



Georgia Ports Authority
 2 N. Main St
 Garden City, GA 31408

HUMAN RESOURCES POSITION CHANGE PERSONNEL ACTION

DATE	Employment Date	Effective Date
9/19/2018		
SSN (Last four digits)	First Name	Last Name

JOB CLASS:

From		To	
------	--	----	--

PAY RATE:

Annual

Hourly

From		To	
------	--	----	--

Remarks

 Requestor Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

PAYROLL PROCESSED



Georgia Ports Authority
 2 N. Main St
 Garden City, GA 31408

HUMAN RESOURCES

ADDRESS CHANGE PERSONNEL ACTION

DATE	Employment Date	Effective Date
9/19/2018		
SSN (Last four digits)	First Name	Last Name
New Physical Address		New Mailing Address

Remarks

 Requestor Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

PAYROLL PROCESSED



Georgia Ports Authority
 2 N. Main St
 Garden City, GA 31408

HUMAN RESOURCES TRANSFER PERSONNEL ACTION

DATE	Employment Date	Effective Date
9/19/2018		
SSN (Last four digits)	FirstName	LastName

STATUS: Temporary Regular Part Time Probationary

DIVISION:

From		To	
-------------	--	-----------	--

Remarks

 Requestor Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

 Authorizing Signature

PAYROLL PROCESSED



HUMAN RESOURCES

LEAVE REQUEST PERSONNEL ACTION

Date
9/8/2022

EMPLOYEE

SSN (Last four digits)	First Name	Last Name
OCGA 50-18-72 a 21	Kevin	Fikes

DAYS / HOURS

Date From	Date To	Time From	Time To
No. of Days	Classification	Hours	
	Vacation Buy Back	20	

COMMENTS

Explanation: Comments
Employee requested to sell back 20 hours of Vacation. Employee currently has 60 hours accrued and his anniversary date is 09/17. I have attached an image of his ADP Leave Accrual to this PA.

IMPORTANT: SIGNING THIS DOCUMENT CONSTITUTES YOUR APPROVAL.

DENIAL BY MANAGEMENT

FOR HR USE ONLY: Approved Denied

Charles Pennington (9/12/2022)

Authorizing Signature

Employee Signature

Authorizing Signature

Alycia McLemore (9/8/2022)

Authorizing Signature

Samantha Allen (9/12/2022)

Authorizing Signature

Tommy Thompson (9/9/2022)

Authorizing Signature

Authorizing Signature

Joe Gonzales (9/9/2022)

Authorizing Signature

Authorizing Signature

PRINTED FOR PAYROLL PROCESSING



Sexual Harassment Prevention Employee Attestation

Thank you for completing the Sexual Harassment Prevention in the Workplace online training course
Please confirm your understanding of several key points provided in the online training

By checking each of these statements, you confirm your understanding of the following key points reviewed in the online training course

- I should not engage in any physical, verbal, or other conduct that is either directed toward an individual or reasonably offensive to an individual because of his or her sex, including unwanted sexual attention, sexual advances, requests for sexual favors, sexually explicit comments, or other conduct of an expressed or obviously implied sexual nature
I should not engage in conduct that is hostile, threatening, derogatory, demeaning, or abusive or intended to insult, embarrass, belittle, or humiliate an individual because of his or her sex
I am not to engage in retaliation against anyone for submitting or assisting with submitting a complaint of or reporting sexual harassment, for participating in a sexual harassment investigation or proceeding, or for otherwise opposing sexual harassment against the person who submitted the claim
If I believe I have been subjected to sexual harassment or retaliation in violation of the Statewide Sexual Harassment Prevention Policy I am strongly encouraged to promptly submit a complaint regarding the incident(s) to my supervisor or manager, division director, Human Resources or other agency designee or the Office of the State Inspector General if any of the above officials are the alleged harasser or retaliator, or if I have fear of retaliation by one of the above officials
If I have witnessed or otherwise have reason to believe that another employee is being or has been subjected to sexual harassment or retaliation, I am required to promptly report this to one of the Agency officials listed in the previous bullet
If I am found to have engaged in sexual harassment and/or retaliation in violation of the Statewide Sexual Harassment Prevention policy I will be subject to corrective and/or disciplinary action, up to and including termination of employment

Please Print

Table with 3 columns: Name, Agency, Date. Handwritten entries: Kevin Fikes, Georgia Ports Authority Police Department, 3-25-19

Your signature [Handwritten signature]



GEORGIA
PORTS

I acknowledge that I have received, reviewed, and agree to comply with the State of Georgia Statewide Sexual Harassment Prevention Policy. I understand that failure to comply with the Policy could result in disciplinary action up to and including termination of my employment.

Kevin Fikes

Employee Name (please print)

Kevin Fikes

Employee Signature

3-25-19

Date

8589



GEORGIA
PORTS

2019 Acknowledgment of receipt of GPA's Employee Handbook

By acknowledging, I certify that I have received a copy of the GPA Employee Handbook with all current changes. I understand the employee handbook is not an employment contract but does provide the organizational employment policies and procedures by which I am governed.

I agree to comply with the guidelines, policies and procedures of the Georgia Ports Authority. I understand that I am employed at will and that my employment and compensation can be terminated at the option of either the Georgia Ports Authority or myself at any time. This Handbook is subject to change without notice. It is understood that changes in policies and procedures will supersede or eliminate those found in this book and I will be notified of such changes through normal communication channels.

Employee Name (print legibly)

Brewin Fikes

Employee Signature

Brewin Fikes

Date

3-25-19

8589



Georgia Ports

New Hire Orientation

Employee Name: Kevin Fikes Date 9-18-18

Corporate Safety

- Safety guidelines safety committee, JSP's, operator training, lifting video, specific precautions, safety video
- GPA Personal Protective Equipment Safety Rules and Regulations
 - 1 Safety Shoes – Wearing approved safety shoes as required by Safety Rule 3 05
 - 2 Safety Glasses – Wearing approved safety glasses as required by Safety Rule 3 09
 - 3 Safety Hard Hat – Wearing an approved hard hat as required by Safety Rule 3 08
 - 4 Safety Vests – Wearing approved high visibility vest as required by Safety Rules 1 53 & 3 10
 - 5 Safety Belts – Wearing seat belts properly as required by Safety Rules 4 33 and 5 04
- Copy of current Georgia Ports Authority Safety Rules

THIS IS TO ACKNOWLEDGE THE ABOVE LISTED ITEMS WERE REVIEWED, ISSUES, AND/OR COMPLETED BY THE CORPORATE SAFETY DEPARTMENT DURING MY ORIENTATION PROCESS

Kevin Fikes
Employee Signature

9-18-18
Date

[Signature]
Corporate Safety Signature

9/18/18
Date



Code of Conduct	<input checked="" type="checkbox"/>
Attendance	<input type="checkbox"/>
Tardiness	<input type="checkbox"/>

DISCIPLINARY ACTION FORM

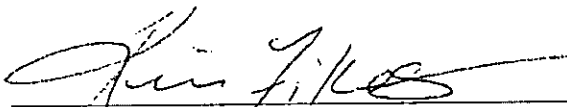
8589

Date:	December 1, 2022
Employee Name:	Kevin Fikes
Fac/Div Code:	5062

It is necessary to give you a written warning for violation of Rule Number C-8 committed by you on November 29, 2022.

Causing or contributing (while on GPA property or work time) to an injury that results in lost time * from work at the direction of a physician or performing a negligent act (deemed by GPA to be less extreme, severe, and/or egregious than negligence calling for a B-12 warning) which threatens or potentially causes injury to oneself and/or others or having caused damage to property.

Please use separate sheet of paper for additional comments.


Employee Signature


Manager Signature

Kevin Fikes / 343
Print Name

Louis Manuel Jr.
Print Name

Unless specified otherwise, this warning will remain active in your file for six months.



8589

Code of Conduct	[X]
Attendance	[]
Tardiness	[]

DISCIPLINARY ACTION FORM

Date	12/7/2020
Employee Name	Kevin Fikes
Fac/Div Code	Port Police/5062

It is necessary to give you a written warning for violation of Rule Number C-5 committed by you on 12/7/2020

Substandard work performance.

Kevin Fikes
Employee Signature

David B. Schofield
Manager Signature

Kevin Fikes
Print Name

DAVID B. Schofield
Print Name

Unless specified otherwise, this warning will remain active in your file for six months

8589



RECEIVED
OCT 29 2019

Code of Conduct	[X]
Attendance	[]
Tardiness	[]

DISCIPLINARY ACTION FORM

Date	10-29-2019
Employee Name	Kevin Fikes
Fac/Div Code	5062

It is necessary to give you a written warning for violation of Rule Number C-3 committed by you on 10/25/2019

Neglecting duties or failing to maintain work standards or procedures.

[Handwritten Signature]
Employee Signature

[Handwritten Signature]
Manager Signature

Kevin Fikes
Print Name

Ray Metts
Print Name

Unless specified otherwise, this warning will remain active in your file for six months

[Handwritten mark]



8589

RECEIVED
OCT 29 2019

Code of Conduct	[X]
Attendance	[]
Tardiness	[]

DISCIPLINARY ACTION FORM

Date	10-29-2019
Employee Name	Kevin Fikes
Fac/Div Code	5062

It is necessary to give you a written warning for violation of Rule Number C-3 committed by you on 10/25/2019

Neglecting duties or failing to maintain work standards or procedures.

Kevin Fikes
Employee Signature

Ray Metts
Manager Signature

Kevin Fikes
Print Name

Ray Metts
Print Name

Unless specified otherwise, this warning will remain active in your file for six months

008



8589

RECEIVED
OCT 29 2019

Code of Conduct	<input checked="" type="checkbox"/>
Attendance	<input type="checkbox"/>
Tardiness	<input type="checkbox"/>

DISCIPLINARY ACTION FORM

Date	10-29-2019
Employee Name	Kevin Fikes
Fac/Div Code	5062

It is necessary to give you a written warning for violation of Rule Number C-3 committed by you on 10/25/2019

Neglecting duties or failing to maintain work standards or procedures.

Kevin Fikes
Employee Signature

Ray Metts
Manager Signature

Kevin Fikes
Print Name

Ray Metts
Print Name

Unless specified otherwise, this warning will remain active in your file for six months

MM

8589



GEORGIA
PORTS

RECEIVED

OCT 29 2019

Code of Conduct	<input checked="" type="checkbox"/>
Attendance	<input type="checkbox"/>
Tardiness	<input type="checkbox"/>

DISCIPLINARY ACTION FORM

Date	10-29-2019
Employee Name	Kevin Fikes
Fac/Div Code	5062

It is necessary to give you a written warning for violation of Rule Number C-3 committed by you on 10/25/2019

Neglecting duties or failing to maintain work standards or procedures.

Kevin Fikes
Employee Signature

Ray Metts
Manager Signature

Kevin Fikes
Print Name

Ray Metts
Print Name

Unless specified otherwise, this warning will remain active in your file for six months

RM

Form W-4 (2018)

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

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 2018 if **both** of the following apply:

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2018 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 2018 expires February 15, 2019. 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 2018 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 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 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 2018. 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 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, 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 Other Income Worksheet on page 3 or the calculator at 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 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

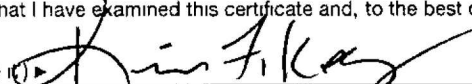
Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. 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, during the year.

Line F. Credit for other dependents

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub 505. 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 income includes all of

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No 1545-0074 2018	
▶ 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 Kevin E.		Last name Fikes		2 Your social security number OCGA 50-18-72 a 21	
Home address (number and street or rural route) OCGA 50-18-72 a 21		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 1			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption: <ul style="list-style-type: none"> • 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.)				Date ▶ 9-17-18	
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)	

Personal Allowances Worksheet (Keep for your records)

A	Enter "1" for yourself	A	<u> 1 </u>
B	Enter "1" if you will file as married filing jointly	B	<u> </u>
C	Enter "1" if you will file as head of household	C	<u> 1 </u>
D	Enter "1" if { • You're single, or married filing separately, and have only one job, or • You're married filing jointly, have only one job, and your spouse doesn't work, or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less }	D	<u> </u>
E	Child tax credit See Pub 972, Child Tax Credit, for more information • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-"	E	<u> </u>
F	Credit for other dependents • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents) • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-"	F	<u> 1 </u>
G	Other credits If you have other credits, see Worksheet 1-6 of Pub 505 and enter the amount from that worksheet here	G	<u> </u>
H	Add lines A through G and enter the total here	H	<u> </u>

For accuracy, complete all worksheets that apply

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above

Deductions, Adjustments, and Additional Income Worksheet

Note Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income

1	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub 505 for details.	1	\$ <u> </u>
2	Enter { \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately }	2	\$ <u> </u>
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ <u> </u>
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub 505 for information about these items)	4	\$ <u> </u>
5	Add lines 3 and 4 and enter the total	5	\$ <u> </u>
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6	\$ <u> </u>
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ <u> </u>
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction.	8	<u> </u>
9	Enter the number from the Personal Allowances Worksheet , line H above	9	<u> </u>
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	<u> </u>



1511004011

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a YOUR FULL NAME Kevin Fikes	1b YOUR SOCIAL SECURITY NUMBER OCGA 50-18-72 a 21
2a HOME ADDRESS (Number, Street, or Rural Route)	2b CITY, STATE AND ZIP CODE

OCGA 50-18-72 a 21

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

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 []	4 DEPENDENT ALLOWANCES []
B Married Filing Joint, both spouses working Enter 0 or 1 []	
C Married Filing Joint, one spouse working Enter 0 or 1 or 2 []	5 ADDITIONAL ALLOWANCES [] (worksheet below must be completed)
D Married Filing Separate Enter 0 or 1 []	
E Head of Household Enter 0 or 1 []	6 ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

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 Federal Estimated 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) A TOTAL ALLOWANCES (Total of Lines 3 - 5) 1
 (Employer The letter indicates the tax tables in Employer's Tax Guide)

8 EXEMPT. (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section

a) 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

b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2 My state of residence is _____ My spouse's (servicemember) state of residence is _____ The states of residence must be the same to be exempt 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 _____ Date _____

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



Georgia Ports Authority
2 N Main St
Garden City, GA 31408

HUMAN RESOURCES

NEW HIRE & REHIRE PERSONNEL ACTION


DATE
9/19/2018

SSN (Last four digits)	First Name	Last Name
OCGA 50-18-72	Kevin	Eikes
Telephone Number	Division	Job Class
OCGA 50-18-72 a 21	5062	Port Police Officer
Code Reason	Employment Date	Effective Date
New Hire	9/17/2018	9/17/2018
Physical Address	Mailing Address	
OCGA 50-18-72 a 21	same	

PAY RATE	<input type="radio"/> Annual <input checked="" type="radio"/> Hourly	RATE \$	23.38
----------	--	---------	-------

STATUS	<input type="radio"/> Temporary <input type="radio"/> Regular <input type="radio"/> Part Time <input checked="" type="radio"/> Probationary
--------	---

Remarks	
---------	--

 Todd Lynch

Requestor Signature

[Click Here To Sign](#)

Authorizing Signature

[Click Here To Sign](#)

Authorizing Signature

[Click Here To Sign](#)

Authorizing Signature

[Click Here To Sign](#)

Authorizing Signature

[Click Here To Sign](#)

Authorizing Signature

[Click Here To Sign](#)

Authorizing Signature

[Click Here To Sign](#)

Authorizing Signature

PAYROLL PROCESSED

Kevin Fikes

OCGA 50-18-72 a 21

Summary

Decorated United States Army Veteran highly motivated to leverage years of experience, training and achievements in operations, personnel management, security and safety compliance. Quality-focused offering more than 10 years of expertise as an advanced patrol officer and operations, improving efficiency, resolving problems and providing exceptional leadership

Certifications and Highlights

- National Incident Management System Certified
- National Defense Medal
- Global War on Terrorism/Expeditionary Medal
- POST Training
- CCTV Surveillance
- CPR/First Aid Certified
- Military Police (MOS Specific)
- Information Specialist (MOS Specific)
- Air Base Defense and Critical Site Security
- Defensive Tactics
- Police Intelligence Operations
- Interior and exterior Patrol
- Data Collection and Report Writing
- Microsoft Office Proficiency
- Strong analytical and technical skills
- Order processing and organizational skills

Experience

Advanced Patrol Officer and Violent Crimes Investigator
Savannah-Chatham Metropolitan Police Dept ,

03/2008- Present
Savannah, Georgia

Central Precinct Patrol Division

Routine patrol, courtroom testimony, report writing, criminal investigation, warrant service, accident investigation, criminal pursuit and apprehension
Investigating homicides, interviewing complainants, suspects and arrestees, conducting surveillance operations managing and collaborating with various units within the department, making supervisory decisions during scene investigations

Education

High School Diploma
North Western Senior High School

1989
Adelphi, Maryland

Certification of Training in Computer and Copier Repair
Technical Education Center (TEC)

1994
Rockville, Maryland



Applicant Employment History

Applicant Name Kevin Fikes Date 8/2/18
 Address _____
 City, State Zip OCGA 50-18-72 a 21
 Phone Number _____

**** A 10-year work history is required. List all jobs from current employer through earliest employer. Please note, if you worked for a staffing or temp agency, we need to know about the staffing/temp agency, not where you performed the work. ****

Current Employer:

Name City Of Savannah Phone 912-651-6676
 Address 201 Habersham Street
 Start Date 3/08 End Date Current Start Pay 19 50 End Pay 24 00
 Job Title Detective Supervisor Kevin Elleby
 Reason for Leaving Stress, Time Off for family

Previous Employer

Name _____ Phone _____
 Address _____
 Start Date _____ End Date _____ Start Pay _____ End Pay _____
 Job Title _____ Supervisor _____
 Reason for Leaving _____

Previous Employer

Name _____ Phone _____
 Address _____
 Start Date _____ End Date _____ Start Pay _____ End Pay _____
 Job Title _____ Supervisor _____
 Reason for Leaving _____

Previous Employer

Name _____ Phone _____
 Address _____
 Start Date _____ End Date _____ Start Pay _____ End Pay _____
 Job Title _____ Supervisor _____
 Reason for Leaving _____



Higher Education

Employee Name Kevin Filkos

Do you have a college or university degree? Yes No
(this can include, but not limited to, Associates, Bachelors, Masters, Doctorate, etc)

*If you selected "**Yes**", please bring with you your degree(s) so we can put that information on file*



P.O. Box 2406
Savannah, GA 31402
USA

Toll Free (in U.S.) 800.342.8012
Human Resources Department

August 31, 2018

Kevin E Fikes

OCGA 50-18-72 a 21

Dear Kevin

On behalf of the Georgia Ports Authority, we are pleased to offer you the position of Port Police Officer. Your pay rate will be \$23.38 per hour.

In addition to your salary, you will be eligible to receive the benefits that are offered to all GPA employees. One of those benefits is participation in the retirement plan, where it is mandatory that you contribute 2% of your salary which will be matched dollar for dollar by GPA.

Your first day of work will be Monday, September 17, 2018. Please plan to arrive at 8:00 a.m. at the Human Resources Department at 82 Main Street, Garden City, GA.

* Our final step prior to your first day will be for you to come by and visit us one day between September 6th and September 14th to pick up your New Hire Packet. We are available 8:00am to 4:45pm, but unavailable from 1 to 2pm for lunch. Please note, you will need to bring your TWIC, the personal identification number established for the TWIC card, as well as your vehicle registration. (Please also note we will be closed September 3rd for Labor Day.)

Again, we are excited to have you join *Team GPA* and look forward to seeing you on September 17th.

Should you have any questions in the interim, please do not hesitate to contact me or a representative from the Human Resources Department.

Sincerely,

Rosa Simmons
Human Resources Manager



TO: Kevin Fikes
FROM: GPA Human Resources Team
DATE: September 6, 2018
SUBJECT: New Hire Packet

As a friendly reminder, your first date of work with us will be Monday, September 17, 2018.

Enclosed in this packet you will find several documents. It is our preference that you complete these documents prior to Monday, as they will be required to turn in first thing that morning.

Location of your New Hire Orientation will be in the Port Police Auditorium – 100 Main Street, Garden City, GA.

In addition to the information required in this packet, you will need to bring with you:

- Proof that you are presently eligible to work in the United States for I-9
- Copy of College Degree
- Social Security numbers need to be provided of any immediate family members you want covered under company medical insurance or to name as a beneficiary for company life insurance **Your medical, dental and life insurance will be effective your first day of work.**
- A voided check for direct deposit

Finally, dress attire for orientation should be business casual.

As always, should you have any questions, please do not hesitate to contact us at (912) 964-3907.

See you Monday!!

TWIC Card Prorated Reimbursement Schedule

If a GPA employee leaves GPA employment (whether voluntarily or involuntarily) within six months, GPA will, to the extent permitted by applicable law, deduct a prorated amount of the cost of the TWIC card from the employee's final paycheck. The prorated amount will be as follows:

Employment ends within the first month after employment: the full amount of the cost of the TWIC will be deducted.

Employment ends within the second month after employment: five-sixths of the amount of the cost of the TWIC will be deducted.

Employment ends within the third month after employment: two-thirds of the amount of the cost of the TWIC will be deducted.

Employment ends within the fourth month after employment: one-half of the amount of the cost of the TWIC will be deducted.

Employment ends within the fifth month after employment: one-third of the amount of the cost of the TWIC will be deducted.

Employment ends within the sixth month after employment: one-sixth of the amount of the cost of the TWIC will be deducted.

If employment ends more than six months after employment, GPA will not deduct any amount paid for the TWIC from the employee's final paycheck.

For purposes of this schedule of prorated deductions, a "month" shall consist of a thirty-day period, with the first month commencing on the first day of employment.

When the five-year duration of an employee's TWIC card expires, the employee must enroll and purchase a new TWIC.


Employee Signature

9-6-18
Date



NEW EMPLOYEE BENEFITS CHECK SHEET

* Will need extra cards for children.

EMPLOYEE'S NAME Kevin Fikes

DATE 9.17.18

RETIREMENT

- 401(a) Defined Contribution - Enrollment Form Rec'd Beneficiary Form Rec'd
- 457(b) Deferred Compensation - Joined Yes No Enrollment Form Rec'd

GROUP MEDICAL, DENTAL & VISION

- Enrollment Form received in Benefits
- Employee carried Copy of Enrollment Form with him/her (has 31 days to enroll)
- Panel of Physicians – Web Address for In-Network Providers
- Express Scripts (prescription information)
- LabCorp Memo On Lab Services
- Dental Cigna Network Explained
- Vision Information – National Vision Administrators (NVA)

VOLUNTARY BENEFITS – Colonial & Trustmark:

- Packet received and explained (has 31 days to enroll)

GROUP LIFE INSURANCE, AD&D, Dependent Life, & LTD (explained)

SUPPLEMENTAL LIFE INSURANCE - Cigna

- Enrollment Form Rec'd
- Employee carried Enrollment Form & Prem Rate Sheet with him/her (has 31 days to enroll)

125K FLEXIBLE REIMBURSEMENT ACCT

- Flex Enrollment Form Rec'd
- Employee carried Enrollment Form with him/her (has 31 days to enroll)

BEARLY SICK PROGRAM (explained)

EMPLOYEE ASSISTANCE PROGRAM (EAP) (explained)

THIS IS TO CERTIFY THAT MY GPA BENEFITS HAVE BEEN FULLY EXPLAINED TO ME AND I UNDERSTAND THEM

[Signature]
(Employee's Signature)

9.18.18
(Date)

Kate Beth
(Benefits Representative)

9.18.18
(Date)

Revised 12/14/16

cc Human Resources

[Signature] (initials)

FOR BENEFITS USE ONLY

INFO SENT TO EMPLOYEE (date) 9.18.18 GIVEN TO employee

- Explanation of Benefits Letter & Effective Dates of Same
- Group Medical / Dental & (if applicable) Vision Cards Ordered
- Enrollment & Beneficiary Forms Scanned and Emailed to Swerdlin
- Email New Hire List to Wellness Specialist & RN at Employee Health



Georgia Ports
New Hire Orientation

Employee Name Kevin Fikes Date 9-17-18

Human Resources
Session 1

- Federal Withholding Allowance Certificate (W-4)
- State Withholding Allowance Certificate (G-4)
- Immigration Form (I-9) [Provide required documentation to support I-9 Form]
- Sign-up for Direct Deposit
- GPA Employee Manual
- TWIC Card Policy

THIS IS TO ACKNOWLEDGE THAT ALL OF THE ABOVE LISTED ITEMS LISTED IN THE GEORGIA PORTS AUTHORITY EMPLOYEE MANUAL WERE DONE AND COMPLETED BY THE GEORGIA PORTS AUTHORITY ADMINISTRATIVE STAFF DURING MY ORIENTATION PROCESS I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ, UNDERSTAND, COMPLY, AND ABIDE WITH ALL THE POLICIES, RULES, REGULATIONS, STANDARDS, AND PROCEDURES LISTED IN THE GEORGIA PORTS AUTHORITY EMPLOYEE HANDBOOK, ANY FORTHCOMING, OR AMENDED IN THE FUTURE

Kevin Fikes
Employee Signature

9-17-18
Date

[Signature]
HR Representative Signature

9/18/2018
Date



Georgia Ports

New Hire Orientation

Employee Name Kevin Fikes Date 9-17-18

Human Resources
Session 2

- Harassment Policy
- Employment condition, status, probationary period
- Code of Good Conduct
- Open-Door Policy
- Grievance Procedure
- Termination Review Procedure
- Job Postings/Job Interest forms
- Absenteeism, Tardiness, Bereavement, Holidays, and Vacation
- Swipe Card Policy
- Second Job Policy
- Gifts/Surplus property and Paid Sick leave
- TWIC Card Policy
- Job Description

- Family Medical Leave Act (FMLA)
- Birthday & Christmas check/gift
- Shift Change & Premium Pay, Call Back/Out Pay, Jury Duty & Longevity Pay and Voting Time pay
- (If Applicable) Security Code for Administration Bldg
- (If Applicable) Parking Space for Administration Bldg
- (If Applicable) Drug & Alcohol Policy Letter (For Managers Only)
- Employee Recreation/Activities
- Credentialing Center (Security badge, register employee for vehicle identification decal)
- Credit Union (brief orientation of Credit Union services/benefits)
- Pet Insurance

Kevin Fikes
(Signature)

THIS IS TO ACKNOWLEDGE THAT ALL OF THE ABOVE LISTED ITEMS LISTED IN THE GEORGIA PORTS AUTHORITY EMPLOYEE MANUAL WERE DONE AND COMPLETED BY THE GEORGIA PORTS AUTHORITY ADMINISTRATIVE STAFF DURING MY ORIENTATION PROCESS. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ, UNDERSTAND, COMPLY, AND ABIDE WITH ALL THE POLICIES, RULES, REGULATIONS, STANDARDS, AND PROCEDURES LISTED IN THE GEORGIA PORTS AUTHORITY EMPLOYEE HANDBOOK, ANY FORTHCOMING, OR AMENDED IN THE FUTURE.

Kevin Fikes
Employee Signature
Stephanie
HR Representative Signature

9-18-18
Date
9/18/2018
Date



Employee Name Kevin Fikos Date 9-17-18

Risk Management

- Overview of Risk Management functions
- GPA Claims functions
- Georgia Tort Claims Act
- Worker's Compensation, Panel of Physicians letter, Bill of Rights for the Injured Worker,
Worker's Compensation Fraud Notice, Drug Test Refusal form,
Envision Pharmacy card explanation
- GPA Alcohol & Drug Policy Generic policy including Post Accident, Reasonable Suspicion DOT policy for CDL driver
- Safety Sensitive Random Drug Test Information received
- Chantix Medication Advisory
- Personal Protective Equipment
- Safety Glasses and Safety Shoes procedures
- Notification policy of certain medications
- Motor Vehicle Record (MVR) Program
- Accident procedures and reporting to supervisor

THIS IS TO ACKNOWLEDGE THE ABOVE LISTED ITEMS WERE REVIEWED, ISSUED, AND/OR COMPLETED BY THE RISK MANAGEMENT DEPARTMENT DURING MY ORIENTATION PROCESS

Kevin Fikos
Employee Signature

9-17-18
Date

[Signature]
Risk Management Signature

9/17/18
Date



Employee Information Sheet

Employee Information

Legal Name Kevin Fikes

Preferred Name Kevin

Mailing Address OCGA 50-18-72 a 21

City OCGA 50-18-72 a 21 State OCGA 50-18-72 a 21 Zip OCGA 50-18-72 a 21

Home Phone OCGA 50-18-72 a 21 Cell Phone _____

Email address OCGA 50-18-72 a 21

If Mailing and Physical Address are different, what is your physical address?

Physical Address _____

City _____ State _____ Zip _____

Emergency Contacts

Who would you like us to contact in the event of an emergency?

- *We'd prefer it not be a phone number already listed (make sure to include the area code)*

Name	Relation	Phone Number
------	----------	--------------

OCGA 50-18-72 a 21		
--------------------	--	--



Case Verification Number: 2018261194 425LB

Report prepared 09/18/2018

Company Information

Company ID 426310

Company Name Georgia Ports Authority

Client Company ID 426310

Client Company Name Georgia Ports Authority

Employee Information

Name Kevin E Fikes

Date of Birth OCGA 50-18-72 a 21 1970

U S Social Security Number OCGA 50-18-72 a 21

Employee's First Day of Employment 09/17/2018

Citizenship Status U S Citizen

Document Information

List A Document U S Passport or Passport Card

Document Number 537744878

Expiration Date OCGA 1970

Case Information

Current Case Result Closed

Case Submitted By Todd Lynch

Case Status Employment Authorized

Reason for Closure Employment Authorized Auto Close

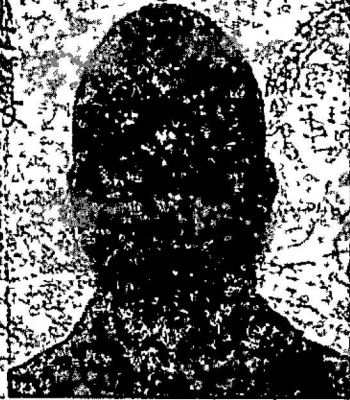
USA

Georgia

DRIVER'S LICENSE

GOVERNOR Nathan Deal 08-18-70

COMMISSIONER Lewis P. ...



DL NO. 055523793
CLASS C
KEVIN EARLE
FIKES

DOB 1970
EXP 2026
OCGA 50-18-72 a 21



Restrictions A End NONE
Iss 08/09/2018

Sex M Eyes BRO
Hgt 6'-00" Wgt 198 lb

Kevin Earle Fikes

DD 353134245210046609





P O Box 2406
Savannah GA 31402
Office (912) 966-7886
Dispatch (912) 963-5588
Toll Free (800) 342-8012
Email james.doyle@gaports.com

Criminal Investigations Unit

Employment Background Investigation

Applicant: Kevin Earle Fikes
Position: Police Officer
Date Assigned: 08/06/18
Date Completed: 08/31/18
Investigator: J Doyle

ATTACHMENTS

GPA application and related forms
Birth certificate (copy)
High School Diploma (copy)
P O S T record
DD214 (copy)
TWIC (photo copy)

SUMMARY

On August 6, 2018, I was assigned to conduct a pre-employment background investigation of Mr Kevin Fikes, a candidate for the position of Port Police Officer I received and reviewed an original copy of the applicant s employment application, and his GCIC report summary provided by Police Communications Officer (PCO) K Washington Additionally, I reviewed support documentation, which included the applicant's education and law enforcement training records I also noted a DD214 in his packet with an **Honorable discharge**.

I reviewed a copy of Mr Fikes' Georgia Peace Officer Standards and Training (P O S T) council records, provided by Sgt Bryan Hill The P O S T council report indicates that Mr Fikes is in good standing with the council and no pending disciplinary action or sanctions are noted

On August 6, 2018, I telephoned Mr Fikes and asked him to send me a copy of any college and or high school diplomas and a copy of his birth certificate

On August 7, 2018, Mr Fikes hand delivered a copy of his birth certificate and his high school diploma. Additionally Mr Fikes showed me a receipt from the TWIC office indicating he has begun the process of obtaining a TWIC credential.

On August 10, 2018, Mr Fikes brought his TWIC card to me. I photo copied it and placed that in his file.

On August 20, 2018, I received an email from James Dale who is with the Savannah Police Department's Standards and Ethics unit. Included in the email were, seven (7) pdf attachments. Those attachments were emailed to Command Staff for review. A brief description of the files is as follows:

- 11/10/08 – Use of force complaint, **not sustained**
- 09/08/09 – Missed court, **sustained**
- 11/07/09 – Failure to report use of force, **sustained**
- 04/04/10 – Use of force complaint, **not sustained**
- 11/10/09 – Missed court, **sustained**
- 03/01/16 – Missed court, **sustained**
- 01/07/17 – City policy violation **counseling and reimbursement**

WORK HISTORY

The applicant's work history was verified, and no discrepancies related to the provided timeline listed in the applicant's ten (10) year work history were identified. The following is a summary of my findings:

March 2008 to Present (Savannah Police Department)

On August 31, 2018, after receiving confirmation from GPA's Human Resources Department to contact the current employer, I traveled to the City of Savannah's Human Resources Department and spoke with Taneka Bell. Mrs. Bell gave me Mr Fikes' personnel file to review. I did not observe any disciplinary issues regarding tardiness or excessive unapproved time-off. I did observe three (3) missed court reprimands, which are included in the narrative of this report. I then contacted SPD Detective Goodine, who is Mr Fikes' partner. Det. Goodine spoke highly of Mr Fikes and stated, "he is a good person and a really good cop. He always showed up early and would get onto me when I was a few minutes late. He'll be missed, that's for sure."

TLO REPORT

I queried a comprehensive TLO report of the applicant and did not discover any information that would indicate criminal activity or suggest negative character traits and/or behaviors that would present employment concerns.

DRIVER'S HISTORY

No record(s) were found

CRIMINAL HISTORY

No record(s) were found

SOCIAL MEDIA

I searched popular social media sites and did find a Facebook account associated with Mr Fikes
No egregious posts were noted

CONCLUSION

Aside from the internal affairs reports, I found no derogatory or discrediting information during my investigation. No issues concerning tardiness or unexcused days were identified within Mr Fikes' personnel file as well. I also spoke with several GPA police officers that know and have worked with Mr Fikes in the past. None of those officers spoke negatively about him, his work ethic or his character.



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Dispatch (912) 963-5588
Toll Free (800) 342-8012
Email james.doyle@gaports.com

Criminal Investigations Unit

Employment Background Investigation

Applicant: Kevin Earle Fikes

Position: Police Officer

Date Assigned: 08/06/18

Date Completed:

Investigator: J Doyle

ATTACHMENTS

GPA application and related forms
Applicant s resume
Corresponding emails
Birth certificate (copy)
High School Diploma (copy)
P O S T record
G C I C printout
DD214

SUMMARY

On August 6, 2018, I was assigned to conduct a pre-employment background investigation of Mr Kevin Fikes, a candidate for the position of Port Police Officer. I received and reviewed an original copy of the applicant s employment application, and his GCIC report summary provided by Police Communications Officer (PCO) K Washington. Additionally, I reviewed support documentation which included the applicant s education and law enforcement training records. I also noted a DD214 in his packet with an **Honorable discharge**.

I reviewed a copy of Mr Reid's Georgia Peace Officer Standards and Training (P O S T) council records, provided by Sgt Bryan Hill The P O S T council report indicates that Mr Fikes is in good standing with the council and no pending disciplinary action or sanctions are noted

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On August 10 2018 Mr Fikes brought his TWIC card to me I photo copied it and placed that in his background file

On , I received an email from James Dale who is with the Savannah Police Department's Standards and Ethics unit Included in the email were, seven (7) pdf attachments Those attachments were emailed to Command Staff for review

WORK HISTORY

The applicant's work history was verified and no discrepancies related to the provided timeline listed in the applicant s ten (10) year work history were identified The following is a summary of my findings

March 2008 to Present (Savannah Police Department)

Contact with current employer pending approval from Human Resources

TLO REPORT

I queried a comprehensive TLO report of the applicant and did not discover any information that would indicate criminal activity or suggest negative character traits and/or behaviors that would present employment concerns

DRIVER'S HISTORY

No record(s) were found

CRIMINAL HISTORY

No record(s) were found

SOCIAL MEDIA

I searched popular social media sites and did find a Facebook account associated with Mr Fikes
No egregious posts were noted

CONCLUSION

Background investigation pending contact with current employer



GEORGIA PORTS

GEORGIA PORTS AUTHORITY
BACKGROUND INVESTIGATION CONSENT FORM

I hereby authorize the Georgia Ports Authority to receive any criminal/driving history record information pertaining to me which may be in the files of any criminal justice agency...

This authorization is valid for 90 days from date of signature

Kevin Fikes
Full Name (Printed)

OCGA 50-18-72 a 21

Social Security Number
OCGA 50-18-72 a 21 70

Alias/Previous Name(s)
OCGA 50-18-72 a 21

Date of Birth
Race: BLK Gender: Male

Address
OCGA 50-18-72 a 21

City, State Zip
Port Police Officer

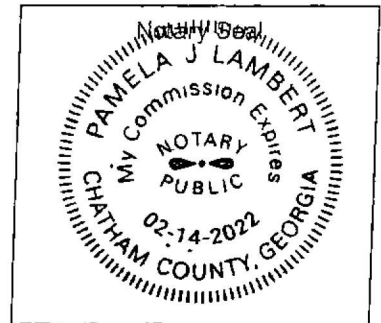
GA 055523793
License State License Number

Kevin Fikes
Applicant Signature

2nd August 18
Today's Date

Sworn to and Subscribed before me, this 2 day of August, 2018

Pamela J Lambert
Notary Public



FOR INVESTIGATORS USE ONLY

Type of Check [X] Employment [X] Driving

Results
Misdemeanor CONVICTION [] Yes [X] No [] U/K PENDING [] Yes [X] No [] U/K
Felony [] Yes [X] No [] U/K [] Yes [X] No [] U/K

Investigator's Signature

8-6-18
Date



Request for Medical Examination

Applicant's Name Kevin Fikes
Applicant Date of Birth OCGA 50-18-7 1970

Exam Type

1) Pre-Employment
Department Port Police
Position Applying For Port Police Officer

2) Other
Specify _____

Exam Schedule

Part 1 8/21/2018 @ 8:30 AM
Part 2 8/23/2018 @ 3:00 PM

Exam Requested By

J Todd Lynch T. Lynch 8/21/2018
(HR Representative) (Date)

~~~~~  
(Employee Health Services' use only below this line)

Findings

Approved for Employment  
(Medically suitable to perform all essential job functions)  
 Not Approved for Employment  
(see comments below)

Comments

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

[Signature] 8/28/18  
(Examiner) (Date)





## APPLICANT'S STATEMENT

As a Company dedicated to providing quality services, the Georgia Ports Authority (GPA) has adopted a Drug and Alcohol Policy applicable to all of its employees. A copy of this Policy has been provided to you. In addition, employment of newly hired employees at GPA is contingent upon passing drug testing for narcotics, hallucinogenic drugs, marijuana or other controlled substances. If you are permitted to begin work prior to the company's obtaining the results of these tests, you represent that you know of no reason why a positive substance test result should be returned. You also understand that if a positive substance test is returned, your employment will be terminated immediately.

I certify that I have read and understand GPA's Drug and Alcohol Policy. I further agree and consent to take any unannounced test as requested by the Company as a part of an employment process and authorize release of any test results to the Company. I understand that failure to consent or to take this test is considered a voluntary withdrawal of my application for employment which precludes further consideration for employment. I understand that if I adulterate, dilute, or substitute or attempt to adulterate, dilute, or substitute any test(s), or if I fail to fully cooperate with any part of a testing process, I will be disqualified for employment with the GPA. If hired by GPA, I hereby give my consent to any drug or alcohol testing as may be required by the Company, except where prohibited by law, and authorize release of any such test results to the Company and to any state or federal agency which may investigate any claim for benefits or claim I may file relating to my employment, including but not limited to any claim for unemployment or workers' compensation.

  
APPLICANT'S SIGNATURE

8-21-18  
DATE

Kevin Fikes  
PRINT NAME

  
WITNESS SIGNATURE

  
SOCIAL SECURITY NUMBER

8/21/18  
DATE



**INFORMED CONSENT RELEASE FOR PRE-EMPLOYMENT BACKGROUND INVESTIGATION**

I fully recognize that individuals must clearly demonstrate their personal, medical, and psychological fitness to serve as a Georgia Ports Authority Police employee. I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations that have information relating to my fitness, including if I am or have been a peace officer in Georgia. I understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless authorized to do so and held harmless for cooperating in this process.

I hereby authorize Georgia Ports Authority ("GPA") and any agent or representative thereof, including officers on its police force, within one year of the date hereof, to obtain any information pertaining to me from any individual or entity, including any physician or medical provider, court, present or former employer, records custodian, credit bureau, property manager, financial institution, educational institution, or law enforcement agency. The information that I authorize to be obtained includes but is not limited to medical records, employment and disciplinary records, records regarding eligibility for rehire, and records and information relating to my job performance and behavior.

I hereby release and hold harmless GPA and its police officers, agents, employees, and representatives and all persons providing the information described herein to GPA from any and all liability to me of whatever kind or nature which may result from compliance or attempts to comply with this authorization, or which results from providing the information described in this document. Without limiting the foregoing, but in the interest of clarity, I release and hold harmless any present or former employer from any and all liability for disclosing complete and accurate employment-related information about me, including records or personnel files that relate to my performance or behavior while employed by such employer.

I have had adequate time to review this form, I understand its meaning and purpose, and I have been furnished a copy of it.

Dated this 2nd day of August, \_\_\_\_\_ in the County of Chatham, State of Georgia

Kevin Fikes  
Candidate - Signature

[Signature]  
Witness - Signature

Kevin Fikes  
Candidate - Printed name

Tim Wiseman  
Witness - Printed name



GEORGIA  
PORTS

## MOTOR VEHICLE RECORD (MVR) PROGRAM DRIVER ACKNOWLEDGEMENT FORM

In compliance with the GPA Motor Vehicle Record (MVR) Policy, an employee who may, for any reason, drive a vehicle or operate equipment on GPA business, regardless of the frequency, shall complete a Driver Acknowledgement Form and be subject to an annual MVR history check

By signing this form, I certify that I have given my permission for GPA to perform a three (3) year history check of my driving record on an annual basis. I further give my permission for GPA to perform additional history checks of my driving record, for as long as I remain employed at GPA, at the expiration of the initial check or expiration of each subsequent check, regardless of the expiration or status of my driver's license

I also certify that I will disclose to my designated salaried supervisor via the Driver Notification Form (**available from my supervisor**) of any of the following occurrences, no later than the workday following the occurrence

- Driver's license suspension, revocation, expiration or confiscation
- Accumulation of more than ten (10) points on my driving record
- Being charged and/or convicted of
  - Driving Under the Influence (DUI) of intoxicants or drugs
  - Driving While Intoxicated (DWI)
  - Leaving the scene of an accident
  - Refusal to take a chemical test or "breathalyzer" for intoxicants or drugs
  - Aggressive driving (only if a conviction would result in more than 10 points accumulated on driving record)
  - Exceeding speed limit by more than 19 mph (only if a conviction would result in more than 10 points accumulated on driving record)
- Receiving a Uniform Traffic Citation (UTC) while driving a vehicle or operating equipment on GPA business

Kevin Fikes  
Signature

055523793  
Driver's License #

Kevin Fikes  
Printed Name

GA  
Driver's License State

8-21-18  
Date

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  |                                                |      |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------|----|----|
| 1 NAME (Last, First, Middle)<br>FIKES, KEVIN EARLE                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         | 2 DEPARTMENT, COMPONENT AND BRANCH<br>ARMY/RA                                                           |                                                                                                                                                                                                                                                                                                                  | 3 SOCIAL SECURITY NUMBER<br>OCGA 50-18-72 a 21 |      |    |    |
| 4a GRADE, RATE OR RANK<br>SGT                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4b PAY GRADE<br>E05                                                                                                                     | 5 DATE OF BIRTH (YYYYMMDD)<br>1970 OCGA                                                                 | 6 RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)<br>00000000                                                                                                                                                                                                                                                     |                                                |      |    |    |
| 7a PLACE OF ENTRY INTO ACTIVE DUTY<br>BALTIMORE, MARYLAND                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         | 7b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)<br>OCGA 50-18-72 a 21 |                                                                                                                                                                                                                                                                                                                  |                                                |      |    |    |
| 8a LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br>040003ARBN CO A HOME DE FC                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                                         | 8b STATION WHERE SEPARATED<br>FORT STEWART, GA 31314                                                                                                                                                                                                                                                             |                                                |      |    |    |
| 9 COMMAND TO WHICH TRANSFERRED<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  | 10 SGLI COVERAGE                               | NONE |    |    |
| 11 PRIMARY SPECIALTY (List number title and years and months in specialty List additional specialty numbers and titles involving periods of one or more years)<br>31B20 MILITARY POLICE - 1 YRS 6 MOS//31R10<br>MCHAN XMSN SYS OP-MNT - 9 YRS 9 MOS//NOTHING FOLLOWS                                                                                                                                                                                                                   |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  | 12 RECORD OF SERVICE                           |      |    |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  | a DATE ENTERED AD THIS PERIOD                  | 1995 | 04 | 12 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  | b SEPARATION DATE THIS PERIOD                  | 2008 | 03 | 11 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  | c NET ACTIVE SERVICE THIS PERIOD               | 0012 | 11 | 00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  | d TOTAL PRIOR ACTIVE SERVICE                   | 0000 | 00 | 00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  | e TOTAL PRIOR INACTIVE SERVICE                 | 0000 | 00 | 00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  | f FOREIGN SERVICE                              | 0004 | 08 | 01 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  | g SEA SERVICE                                  | 0000 | 00 | 00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  | h EFFECTIVE DATE OF PAY GRADE                  | 1998 | 11 | 20 |
| 13 DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)<br>ARMY COMMENDATION MEDAL (2ND AWARD)//ARMY ACHIEVEMENT MEDAL (4TH AWARD)//MERITORIOUS UNIT COMMENDATION//ARMY GOOD CONDUCT MEDAL (4TH AWARD)//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//NON COMMISSIONED OFFICER//CONT IN BLOCK 18                                                           |                                                                                                                                         |                                                                                                         | 14 MILITARY EDUCATION (Course title number of weeks and month and year completed)<br>INFORMATION SYSTEMS SPECIALIST, 20 WEEKS, 2005//MILITARY POLICE, 20 WEEKS, 2006//PR LDRSHP DEV CRS, 4 WEEKS, 1998//RADIO SYSTEMS OPERATOR MAINTAINER, 13 WEEKS, 1995//STRAT DEP SCH/ARLIFT C, 1 WEEK, 2001//NOTHING FOLLOWS |                                                |      |    |    |
| 15a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                                                                                         | YES                                                                                                                                                                                                                                                                                                              | X                                              | NO   |    |    |
| 15b HIGH SCHOOL GRADUATE OR EQUIVALENT                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                                                                                                         | X                                                                                                                                                                                                                                                                                                                | YES                                            | NO   |    |    |
| 16 DAYS ACCRUED LEAVE PAID 34 5                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17 MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION |                                                                                                         |                                                                                                                                                                                                                                                                                                                  |                                                | YES  | NO |    |
| 18 REMARKS<br>IMMEDIATE REENLISTMENTS THIS PERIOD 19950412-19980908, 19980909-20020227, 20020228-20040220, 20040221-20060221//BLOCK 6 PERIOD OF DELAYED ENTRY PROGRAM 19950222-19950411//SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN IRAQ 20030426-20040711//SEPARATION PAY \$21097.05//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//CONT FROM BLOCK 13 PROFESSIONAL DEVELOPMENT RIBBON//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON (2ND AWARD)//NOTHING FOLLOWS |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  |                                                |      |    |    |
| The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for and/or continued compliance with the requirements of a Federal benefit program                                                                                                                                                                                   |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  |                                                |      |    |    |
| 19a MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)<br>OCGA 50-18-72 a 21                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         |                                                                                                         | 19b NEAREST RELATIVE (Name and address - include ZIP Code)<br>OCGA 50-18-72 a 21                                                                                                                                                                                                                                 |                                                |      |    |    |
| 20 MEMBER REQUESTS COPY 6 BE SENT TO GA DIRECTOR OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                                                                                                                  |                                                |      |    |    |
| 21 SIGNATURE OF MEMBER BEING SEPARATED<br>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                                                                                                         | 22 OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)<br>M L DOUGHERTY, GS09, CHIEF, TRANSITION CENTER                                                                                                                                                                                         |                                                |      |    |    |

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

|                                                             |                                                         |                                          |
|-------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| 23 TYPE OF SEPARATION<br>DISCHARGE                          | 24 CHARACTER OF SERVICE (Include upgrades)<br>HONORABLE |                                          |
| 25 SEPARATION AUTHORITY<br>AR 635-200, PARA 5-8             | 26 SEPARATION CODE<br>JDG                               | 27 REENTRY CODE<br>3                     |
| 28 NARRATIVE REASON FOR SEPARATION<br>PARENTHOOD            |                                                         |                                          |
| 29 DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)<br>NONE |                                                         | 30 MEMBER REQUESTS COPY 4 (Initials) KEF |

The application has been received.

Please advise Kevin Fikes to bring a Transportation Worker Identification Credential (TWIC) and another valid ID as listed below to the GPA Credentialing Center within 14 days otherwise this badge request will be cancelled.

**Acceptable forms of ID include:**

|                                     |                         |                    |
|-------------------------------------|-------------------------|--------------------|
| Driver's License                    | State ID                | Federal ID         |
| School ID (with photo)              | Voter Registration Card | US Military ID     |
| Military Dependant ID               | US Coast Guard ID       | Merchant Marine ID |
| Alien Registration Card             | Passport                | Citizen ID         |
| ILA Union Worker Card               | Driver Health Card      | Firearms Permit    |
| Certified copy of Birth Certificate |                         |                    |

To apply for a vehicle decal, Kevin Fikes must also bring the current Tag Registration and Driver's License.

The ADP Barcode number for Kevin Fikes is 200001776

Click [here](#) to send another application.

This is a Place Holder Record that can be safely deleted.

## Redaction Log

## Redaction Reasons by Exemption

| Reason             | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Pages<br>(Count)                                                                                                                                                                                                                                                   |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OCGA 50-18-72 a 21 | <p>O.C.G.A. 50-18-72 (a)(21) Identifying information of Public Employees and Former Employees.</p> <p>Records concerning public employees that reveal the public employee's home address, home telephone number, day and month of birth, social security number, insurance or medical information, mother's birth name, credit card information, debit card information, bank account information, account number, utility account number, password used to access his or her account, financial data or information other than compensation by a government agency, unlisted telephone number if so designated in a public record, and the identity of the public employee's immediate family members or dependents. This paragraph shall not apply to public records that do not specifically identify public employees or their jobs, titles, or offices. For the purposes of this paragraph, the term "public employee" means any officer, employee, or former employee of:</p> <p>(A) The State of Georgia or its agencies, departments, or commissions;</p> <p>(B) Any county or municipality or its agencies, departments, or commissions;</p> <p>(C) Other political subdivisions of this state;</p> <p>(D) Teachers in public and charter schools and nonpublic schools; or</p> <p>(E) Early care and education programs administered through the Department of Early Care and Learning</p> | <p>5(2)<br/>6(2)<br/>7(1)<br/>8(4)<br/>14(1)<br/>18(1)<br/>22(1)<br/>30(1)<br/>41(3)<br/>42(2)<br/>43(1)<br/>44(3)<br/>51(1)<br/>62(2)<br/>64(2)<br/>65(3)<br/>66(1)<br/>68(1)<br/>70(1)<br/>77(7)<br/>78(3)<br/>79(2)<br/>80(3)<br/>87(4)<br/>88(1)<br/>92(5)</p> |

## Redaction Log

## Redaction Reasons by Exemption

| Reason             | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Pages (Count) |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| OCGA 50-18-72 a 21 | <p>O.C.G.A. 50-18-72 (a)(21) Identifying information of Public Employees and Former Employees.</p> <p>Records concerning public employees that reveal the public employee's home address, home telephone number, day and month of birth, social security number, insurance or medical information, mother's birth name, credit card information, debit card information, bank account information, account number, utility account number, password used to access his or her account, financial data or information other than compensation by a government agency, unlisted telephone number if so designated in a public record, and the identity of the public employee's immediate family members or dependents. This paragraph shall not apply to public records that do not specifically identify public employees or their jobs, titles, or offices. For the purposes of this paragraph, the term "public employee" means any officer, employee, or former employee of:</p> <p>(A) The State of Georgia or its agencies, departments, or commissions;</p> <p>(B) Any county or municipality or its agencies, departments, or commissions;</p> <p>(C) Other political subdivisions of this state;</p> <p>(D) Teachers in public and charter schools and nonpublic schools; or</p> <p>(E) Early care and education programs administered through the Department of Early Care and Learning</p> | 89(1)         |



# Redaction Log

## Redaction Reasons by Exemption

| Reason             | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Pages (Count)        |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| OCGA 50-18-72 a 21 | <p>O.C.G.A. 50-18-72 (a)(21) Identifying information of Public Employees and Former Employees.</p> <p>Records concerning public employees that reveal the public employee's home address, home telephone number, day and month of birth, social security number, insurance or medical information, mother's birth name, credit card information, debit card information, bank account information, account number, utility account number, password used to access his or her account, financial data or information other than compensation by a government agency, unlisted telephone number if so designated in a public record, and the identity of the public employee's immediate family members or dependents. This paragraph shall not apply to public records that do not specifically identify public employees or their jobs, titles, or offices. For the purposes of this paragraph, the term "public employee" means any officer, employee, or former employee of:</p> <p>(A) The State of Georgia or its agencies, departments, or commissions;</p> <p>(B) Any county or municipality or its agencies, departments, or commissions;</p> <p>(C) Other political subdivisions of this state;</p> <p>(D) Teachers in public and charter schools and nonpublic schools; or</p> <p>(E) Early care and education programs administered through the Department of Early Care and Learning</p> | <p>4(2)<br/>5(1)</p> |