



Georgia Department of Corrections

Human Resources

Leave Verification Form

E-MAILED
11/1/18



Date of Verification:		11/1/2018					
Name:		EMPL ID:			Hire Date:		
Christopher Bentley		EE Scribe Number			7/1/2014		
Effective Date of Current Action:		Type of Action (Termination, Retirement, Transfer, etc.):					
11/1/2018		EE transferred to Dooly State Prison effective 11/1/2018.					
Final Leave Balances							
Sick	Annual	Personal	State Comp	FLSA Comp	Holiday	Forfeited	Education Support Leave
190.5	147.09	0.00	91.39	0.00	112.5	0.00	8.00
Please use the space below to provide any relevant information pertaining to the final balances (adjustments, payout information, etc.):							
<p>Per Getsy only pay this amount</p>							
I verify the above leave balances are correct and all leave usage has been entered through the date of this verification.							
Signature of HR Representative:					Date:		
/s/Brandy Parish					11/1/2018		

PERSONAL INFO

PERSONAL INFO

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 11/7/2018

EFFECTIVE DATE OF ACTION
11/1/2018

RECEIVED
NOV 07 2018

LOCATION Dooly State Prison
INITIATOR Katina Wells

PHONE 478-627-2036
E-MAIL

Katina Wells @gdc.ga.gov

EMPLOYEE INFORMATION				SUPPORTING PAPERS				COMMENTS												
Name		Bentley, Christopher		<input type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PIF/PMF <input type="checkbox"/> Min. Qual. Review Decision <input type="checkbox"/> DOL 800 Separation Notice <input type="checkbox"/> Other (Specify):				8.25/5 EE Tmasfer Promotion from Dodge State Prison Effective 11/01/2018 Regs 11/7/2018 1478.29 [Stamp: RECEIVED 11/7/2018]												
Empl ID		EE Scribe Number		Is rehire recommended? - *If No, then attach supporting documentation																
PERSONAL INFO				Terminal Leave Hours To Be Paid: 0 *Please attach verification Last Day in Pay Status:																
Gender	Male	Race	White	DOB	PERSONAL							Does action impact a high security supplement? -								
Maildrop ID		467-000082																		
ACTION, REASON & DESCRIPTION																				
1	XFR PRO Promotion																			
2	-																			
3	-																			
CPA USE ONLY																				
FLSA Code		-		DTI Code		-														
TO						FROM														
Position Number		00193229		Classified Indicator		Unclassified		Position Number		00160335		Classified Indicator		Unclassifd						
Job Code		PSP064		Job Title		Correctional Sergeant		Job Code		PSP061		Job Title		Correctional Ofc 2						
Department ID		4672370901		Facility Name		Dooly SP-Security Opns		Department ID		4672180901		Facility Name		Dodge SP-Security Opns						
County Code/Name		046/Dooly		Zip Code		31091		County Code/Name		045/Dodge		Zip Code		31012						
Pay Grade		LH		Semi-Monthly Salary		\$1,478.30		Pay Grade		LG		Semi-Monthly Salary		\$1,319.20						
				% Change																
WORK SCHEDULE (DAYS & SHIFT)												BUDGET APPROVAL BY								
1	2	X	X	5	6	7	8	9	X	X	12	13	14	15	--	8.25 hr Shift	Name		Date	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	--				
COMPLETED BY												APPOINTING AUTHORITY								
Name		Katina Wells, HR Tech Supervisor				Date		11/7/2018		Name		Glen Johnson, Warden		Date		11/7/2018				
		<i>Katina Wells</i>										<i>[Signature]</i>								

1319.20 w/10% /
 131.92
 Entry - 1478.29

The Georgia Department of Corrections

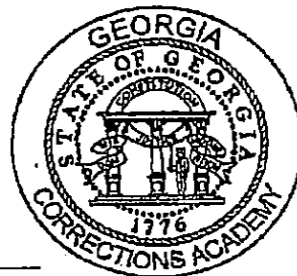
Hereby Attests That

Christopher Bentley

Has successfully completed the requirements for

Sergeant Academy/Supervision Mod 1

on this 21st day of September, 2018



TERRY Edge

Director,

Office of Professional Development

[Signature]

Director,

Georgia Corrections Academy



GDC Recruitment Administration
DOOLY STATE PRISON

Applicant Approval Status
(Displays requests of past 30 days)

Approval Status	Job Title	Applicant Name	Address	Decision Reason
Approved	Sergeant	Bentley, Christopher	PERS IN	

REQUEST FOR LATERAL TRANSFER SECURITY ONLY

Sc m

Employee's Name: Constance Beckley

№ 0

(Transfer is not approved until all signatures are received. Wardens from Current and Receiving Facilities must sign before being sent to Region 19 centre).

REQUEST

This is to request permission to laterally transfer (promote) denoted from:

Facility Name Dodge State Prison Job Title / CD CD

to

Facility Name Dodge State Prison Job Title Correctional Sergeant

Effective (must be 1st of 10th)

July 1 2018
Employee's Signature

10-15-18
Date

CURRENT EMPLOYER RESPONSE

DISAPPROVED () APPROVED

DISAPPROVED () APPROVED

Effective on: 11-1-18

Effective on: 11-1-18

Appointing Authority Signature

Regional Director's Signature

10-15-18
Date

10/22/18
Date

RECEIVING EMPLOYER RESPONSE

DISAPPROVED () APPROVED

DISAPPROVED () APPROVED

Effective on: 10-1-18

Effective on: 11-1-18

Appointing Authority Signature

Regional Director's Signature

10-16-18
Date

10-22-18
Date

Southwest Regional

Human Resources Department

OCT 19 2018

Received



E-MAIL
10/20/18

GEORGIA DEPARTMENT OF CORRECTIONS

ACKNOWLEDGMENT STATEMENT

Employee Standards of Conduct

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

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

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

Chl Bents
Employee Signature

9/2/2020
Date

Christopher Bentley
Type/Print Employee Name

Employee ID: Z 6
E 6 m

GEORGIA DEPARTMENT OF CORRECTIONS

Employee Communications Device

ACKNOWLEDGMENT & AGREEMENT STATEMENT

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

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

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

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

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

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

Chl Bents
Employee Signature

9/2/2020
Date

Christopher Bentley
Employee Printed Name

██████████
Employee ID

Georgia Department of Corrections Computer Use and Security Awareness Acknowledgment

I acknowledge that I have read and fully understand the Georgia Department of Corrections (GDC) rules and procedures governing technology security of computer resources, networks, computer applications, programs, and/or systems as outlined in SOP IVJ01-0001, Technology Policies and Procedures, and any others that may be applicable. I have also read the following information and fully understand the requirements:

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

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

Signature: Christopher Bentley Date: 6-17-14

Printed Name: Christopher Bentley Employee ID#: _____

PERSONAL INFO

Personal Information Form Education, Language and Military

PRINT NAME: Christopher Bentley

EMPLID: _____

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

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

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

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


 Signature/Date 6-17-14



GEORGIA DEPARTMENT OF CORRECTIONS

VERIFICATION OF EMPLOYEE LEAVE BALANCES

This form is used to verify leave balances when an employee is separated or transferred.

To complete this form, you must download and save the form on your network or hard drive. This document is a Microsoft Word document. This form is a fill-in form, which will only allow entry in required fields. When entering data in a field, and you have a question regarding the field, PRESS the F1 while in the field. Information is given regarding that particular field. When completed, the form can be saved and printed as any other document using the Save As and Print commands. To use this form you **MUST** use the TAB key to move from field to field. DO NOT use the ENTER or DOWN ARROW keys. In the REASON FOR ADJUSTMENT section with the CHECK BOXES, enter an X in the appropriate box.

**When completed, E-mail the form via GroupWise mail as an attachment to:
your assigned CPA Personnel Technician.**

Verification Date: 2/3/15

Name:	Christopher Bentley		ID #:	ZE 0		Forfeited
	Sick	Annual	Personal	Ga Comp	FLSA Comp	Holiday
Current Balance	46.85	11.25	0.00	0.00	0.00	6.60
Adjustments	0.00	0.00	0.00	0.00	0.00	0.00
Current Balance	46.85	11.25	0.00	0.00	0.00	6.60

EE transferred to Dodge SP effective 2/1/15. Dodge will need to take leave for 2/1/15 and 2/2/15.

emailed facility tech

I verify the above leave balances are correct and all leave usage has been entered through the date of this verification.

Signature of Personnel Manager/Representative: /s/ Roxie Edwards Date: 2/3/2015

READ AND SIGN STATEMENTS LISTED BELOW.

DRIVERS LICENSE ACKNOWLEDGMENT

All employees are required to operate state vehicles. Therefore, each employee shall maintain a valid driver's license. Should an employee's license become revoked or suspended, he/she must notify his/her supervisor, Captain, the Personnel Manager and the Warden immediately in writing".

GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL

Rule 464-3-. 05 Notification of Disciplinary Action. Any applicant/candidate for certification or person certified pursuant to O.C.G.A. Title 35, Chapter 8, who has any disciplinary action taken against him/her by any agency, organ, or department of this State, a subdivision or municipality thereof, or federal, shall notify the Council within fifteen (15) days of said action. For purposes of the fifteen (15) day time limit, evidence that notification was mailed within 15 days shall be sufficient. Disciplinary action as used herein means any action taken by any municipal, county, state or federal agency against a certified peace officer, which meet any of the following criteria:

- (a) Arrest by local, state or federal authorities;
- (b) Suspensions, in totality, of thirty (30) days or longer for singular incidents of misconduct, demotions (other than for administrative purposes) termination by employing agency, or resignations in lieu of terminations;
- (c) Indictments of presentments in any local, state or federal courts;
- (d) Conviction or bond forfeiture, in any local state or federal court. The term "conviction" shall include a finding or verdict of guilt, pleas of guilty, or a plea of nolo contendere, regardless of whether the adjudication of guilt or sentence is withheld or not entered thereon;
- (e) Minor traffic citations written to a certified peace officer need not be reported to the Council.

I acknowledge that I am aware of the above Georgia Peace Officer Standards and Training Council Rule. I further understand that I must abide by **ALL** POST Rules in order to maintain my Peace Officer Certification.

NOTE: Copies of the POST Rules are available for review at the following locations; Security Offices, Personnel Office, Captain's office

PERSONAL VEHICLES

All personal vehicles should be locked while on State property. Trucks with toolboxes are to be secured and NO contraband loose in rear of trucks. NO alcohol or weapons in vehicles on State property.

Signature Christopher Bentley Date: 6-16-14

Witness: Dana Harris

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 5/22/2015

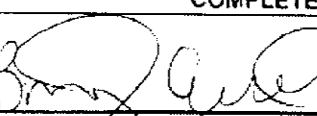
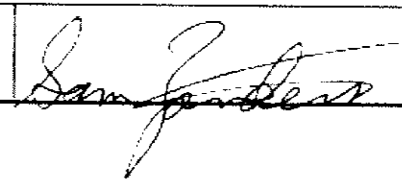
DATE OF ACTION
~~5/22/2015~~ 5/21/15

LOCATION Dodge State Prison
INITIATOR Brandy Evans

PHONE 478-368-7278
E-MAIL ndy.Evans@gdc.ga.gov

EMPLOYEE INFORMATION		SUPPORTING PAPERS		COMMENTS	
Bentley, Christopher		Correspondence (Resignation or Adverse Actions)		Deck pay of EE on 5/12/2015 for 8.25 hours. - RTO 112.60 5/27/15 JB AHV ✓ RTO ✓	
EE Scribe		Suspension Notice			
PERSONAL INFO		PIF/PMF			
M Race White DOB PERSONA		Min. Qual. Review Decision			
#N/A		DOL 800 Separation Notice			
PERSON & DESCRIPTION		Other (Specify):			
OA AUT Authorized Leave Without Pay		Is rehire recommended? --			
..		*If No, then attach supporting documentation			
..		Terminal Leave Hours To Be Paid 0			
CPA USE ONLY		*Please attach verification			
DTI Code		Last Day in Pay Status			
		Does action impact a high security supplement?			
		..			

TO				FROM			
Classified Indicator		Position Number	00160335	Classified Indicator		Job Title	Unclassified
Job Title	#N/A	Job Code	17242	Job Title		Job Title	PS Corrections Officer(WL)
Facility Name	#N/A	Department ID	4672180901	Facility Name		Facility Name	Dodge SP-Security Opns
Zip Code	#N/A	County Code/Name	045/Dodge	Zip Code		Zip Code	31012
Monthly Salary		Pay Grade	011	Monthly Salary		Monthly Salary	\$2,026.83
% Change	0.00%						

WORK SCHEDULE (DAYS & SHIFT)														BUDGET APPROVAL BY				
3	X	X	X	7	8	9	10	11	12	X	X	X	--	5.25 hr Shift	Name		Date	
18	19	20	21	22	23	24	25	26	27	28	29	30	31					
COMPLETED BY														APPOINTING AUTHORITY				
														Name				
Date 5/22/2015														Date	5/22/2015			

74.25 X 1013.42 = 112.60

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT STATEMENT
Read and sign acknowledgement statements listed below.

I, Christopher Bentley acknowledge that I have read and understand the following stipulations required by State Law.

I understand that, as a condition of employment with the Department of Corrections I must take and pass a drug test. The test is conducted under the authority of O.C.G.A. 45-20-110 to determine the presence of illegal drugs.

I am willing to take the drug test as directed, and I understand that the cost of this drug test will be paid by the employer.

I understand that if I refuse to take the drug test or fail to appear at the testing location by the specified date, I will be disqualified from employment with any State employer for a period of two (2) years.

I understand that should my drug test results indicate the presence of illegal drugs and such presence is not found by the Medical Review Officer to be authorized by state or federal law, I will be disqualified from any employment with any State employer for a period of two (2) years from the date that the test was administered.

I acknowledge that I have taken or have been asked to take a drug test for the following State employers within the last two years (includes any agency, department, commission, bureau, board, college, university, institution, or authority):

State Employer

Date of Test

_____	_____
_____	_____
_____	_____

I certify that the results for each test showed no presence of illegal drugs.

I acknowledge that withholding or falsifying any of the requested information will result in immediate termination of my employment with the Department of Corrections.

I understand that if I refuse to sign this form I am forfeiting any further consideration for this position with the Department of Corrections.

My signature below acknowledges that I am aware that this statement will become a part of my official Human Resources record.

Christopher Bentley

Print Applicant's Name

Christopher Bentley

Signature

6-17-14

Date

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 2/7/2018

EFFECTIVE DATE OF ACTION
1/23/2018

RECEIVED
FEB 07 2018

LOCATION Dodge State Prison
INITIATOR Jan Coleman

PHONE 478 358-7207
E-MAIL

Jan.Coleman@gdc.ga.gov

EMPLOYER INFORMATION				SUPPORTING PAPERS				COMMENTS										
Name		Bentley, Christopher		<input type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PIF/PMF <input type="checkbox"/> Mn. Qual. Review Decision <input type="checkbox"/> DOL/ECO Separation Notice <input type="checkbox"/> Other (Specify):				Dock ee 11.75 hours LWOP for 1/23/18, Leave in pay status. PTO 104.90 2/7/18										
Empl ID		EE Scribe Number		Is rehire recommended? -- *If No, then attach supporting documentation														
SSN		PERSONAL		Terminal Leave Hours To Be Paid: 0 *Please attach verification. Last Day in Pay Status:														
Gender		Male	Race	White	DOB	PERSON	Does action impact a high security supplement? --											
Maildrop ID		--																
ACTION, REASON & DESCRIPTION																		
1	LOA UNA Unauthorized Leave Without Pay																	
2	--																	
3	--																	
CPA USE ONLY																		
FLSA Code		--		DTI Code		--												
TO						FROM												
Position Number		Classified Indicator		Position Number		Classified Indicator		Position Number		Classified Indicator								
				00160335		Unclassified												
Job Code		Job Title		Job Code		Job Title		Job Code		Job Title								
--		--		PSP061		Correctional Ofc 2		--		--								
Department ID		Facility Name		Department ID		Facility Name		Department ID		Facility Name								
--		--		4672180801		Dodge SP-Security Opns		--		--								
County Code/Name		Zip Code		County Code/Name		Zip Code		County Code/Name		Zip Code								
--		--		045/Dodge		31012		--		--								
Pay Grade		Monthly Salary % Change		Pay Grade		Monthly Salary		Pay Grade		Monthly Salary								
		0.00%		LG		\$2,638.40												
WORK SCHEDULE (DAYS & SHIFT)																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	--	--	BUDGET APPROVAL BY	
x	17	18	x	x	x	22	23	x	x	26	27	28	x	x	31	11.75 hr. Shift	Name	Date
COMPLETED BY												APPOINTING AUTHORITY						
Name		Jan Coleman		Date		2/7/2018		Name		Murray Talum		Date		2/7/2018				

11.75 / 94 x 1319.20 = 104.90

ACKNOWLEDGEMENT STATEMENTS - Page 1

Read and sign acknowledgement statements listed below.

APPLICABILITY: All facilities and offices of the Georgia Department of Corrections

PURPOSE: To provide guidance to the employees of this department in compliance with the Civil Rights Act of 1964 (Title VII, amended) and the requirements of the American with Disabilities Act of 1990 (ADA)

Non-discrimination & Equal Access Policy

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

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

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

Prohibitions against Harassment & Retaliation

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

Administrative Mandates

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

Commissioner, Georgia Department of Corrections

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



Signature

6-17-14

Date

Christopher Bentley
Printed Name

ACKNOWLEDGEMENT STATEMENTS - Page 2

Read and sign acknowledgement statements listed below.

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

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

Employee Statement

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

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

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

Agreement for Use of State Property

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

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

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

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

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

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

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

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

Alcoholic Consumption & Purchase Policy

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

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

Christopher Bentley
Signature

6-17-14
Date

Christopher Bentley
Printed Name

Diana Harrison
Witness

ACKNOWLEDGEMENT STATEMENTS - Page 3

Read and sign acknowledgement statements listed below.

Drug Free Work Place

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

Business Activities for Personal Gain or Profit Policy

Compliance with established standards of conduct is a condition of employment for all Georgia Department of Corrections (GDC) employees. An employee's behavior or conduct on the job must reflect favorably upon the Department as a public employer. As such, it shall be prohibited for any GDC employee to: a) Use or permit the use of state property for personal gain, profit or personal business. b) Conduct personal business for profit, while in the work place or during his/her working hours. All employees are advised not to borrow from or lend money to other employees; however, it is expressly prohibited for a GDC employee to lend money to a Department employee, for profit. c) Knowingly accept personal gifts or favors from any non-employee whose business interests or interfaces with the Department of Corrections. d) Knowingly have personal involvement with, engage in personal business (or trade) with, correspond with or on behalf of inmates, detainees or any active probationers or parolees; without the express written approval of the appropriate Appointing Authority. Note: Current employees, who are related by law to any inmate, detainee, or active probationer or parolee, shall be governed by this same standard.

Sexual Assault Awareness Statement

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

Georgia Crime Information Center

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

The 1996 Georgia Laws Act 816

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

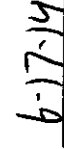
My signature below acknowledges that I am aware that these statements will become a part of my official Human Resources record. I understand that any violation of the above policies and/or rules could result in disciplinary action, to include dismissal from employment.



Signature



Printed Name



Date

ACKNOWLEDGEMENT STATEMENTS - Page 4

Read and sign acknowledgement statements listed below.

IMPORTANT NOTICE TO EMPLOYEES

SOP IV008-0001
Attachment 3
Revised 09/01/01

UNDERSTANDING THE USE OF FLSA COMPENSATORY TIME

EMPLOYEES CANNOT WAIVE THEIR RIGHT TO COMPENSATION UNDER THE FLSA

Christopher Bentley

with the Georgia Department of Corrections (hereinafter referred to as the Employer), I understand that _____, do acknowledge that as part of the terms and conditions of my employment

1. I may be required to work more than forty hours in a work week, or other maximum hours in a work period established by the Fair Labor Standards Act of 1938 (hereinafter referred to as the FLSA), as amended now and in the future, for law enforcement, fire protection, hospital or other special groups of employees; and
 2. If I am required to work more than the maximum number of hours permitted by the FLSA, my employer has the option of paying for such overtime in cash at the rate set in the FLSA or by compensatory time off at the rate of one and one-half hours for each hour of employment for which overtime compensation is required by the FLSA; and
 3. My Employer has reserved the right to purchase any compensatory time accrued by me at the rate set in the FLSA.
 4. I understand that I may be directed to use accumulated FLSA compensatory time in lieu of paid leave.
- (ORIGINAL MUST BE SUBMITTED TO CORRECTIONS HUMAN RESOURCES MANAGEMENT WITH HIRING PACKAGE)
- Record Retention: Permanent retention in the employee's official and local personnel files.

IMPORTANT NOTICE TO EMPLOYEES

The Georgia Department of Corrections wishes to reaffirm that it requires all non-exempt employees to:

SOP IV008-0001
Attachment 4
Revised 09/01/01

REPORT ALL TIME WORKED

This means that you must:

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

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

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

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

6-17-14

Date

Christopher Bentley
Employee Signature

Christopher Bentley
Printed Name

Employee ID

ACKNOWLEDGEMENT STATEMENTS -Page 5

Read and sign acknowledgement statements listed below.

Security Positions

Random Drug Screening

During the 1990 legislative session, the Georgia General Assembly passed Act 1445 which requires random drug screening of certain state employees. The Act covers those employees who are required to obtain Peace Officer Standards and Training (P.O.S.T.) certification and who occupy positions where ...inattention to duty or errors in judgment while on duty will have the potential for significant risk of harm to the employee, other employees, or the general public.' (O.C.G.A. 45-20-90 (3). In accordance with the provisions of this law, your department head has determined that the position for which you have been selected shall be subject to random drug screening.

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

Sleeping on Duty

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

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

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

Condition of Employment

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

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



Signature

6-17-14
Date

CHRISTOPHER BENTLEY
Printed Name

ACKNOWLEDGEMENT STATEMENTS - Page 6

Read and sign acknowledgement statements listed below.

Domestic Violence Awareness Statement

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

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

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

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

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

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

My signature below acknowledges that I am aware that this statement will become a part of my official Human Resources record. I understand that any violation of the above policies and/or rules could result in disciplinary action, to include dismissal from employment.



Signature

6-17-14

Date

Christopher Bartley

Printed Name

Notary or Witness

GEORGIA DEPARTMENT OF CORRECTIONS

GOVERNOR'S EXECUTIVE ORDER ESTABLISHING A CODE OF ETHICS FOR EXECUTIVE BRANCH OFFICERS AND EMPLOYEES - Effective January 10, 2011

ACKNOWLEDGEMENT STATEMENT

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

Christopher Bentley
Type/Print Employee Name


Employee Signature


6-17-14
Date

Employee ID

GEORGIA DEPARTMENT OF CORRECTIONS
TUBERCULOSIS SCREENING OF CORRECTIONAL PERSONNEL

ACKNOWLEDGEMENT STATEMENT

This is to acknowledge that I have read the Department's procedure governing tuberculosis screening of correctional personnel. As a condition of employment, I will abide by the terms and conditions of this procedure. I understand that any violation of this procedure, including any of the standards contained therein, may be the basis for disciplinary action, including dismissal.



Employee Signature

6-17-14

Date Signed

Christopher Bentley

Employee's Printed Name

Employee's ID#:

TRANSFER UNDERSTANDING MEMORANDUM

My signature on this memorandum indicates my understanding that as a new appointee, I will work at Baldwin for a period of not less than twelve (12) months prior to being eligible for transfer to another facility. In addition, any request for transfer will contain a 30 day notice prior to effective date of transfer.

Christy Apple-Kutler
Employee Signature

6-17-14
Date

Dunoff-Harish
Witness



GEORGIA DEPARTMENT OF CORRECTIONS NEW EMPLOYEE ON-LINE PROCESS ACKNOWLEDGEMENT CHECKLIST



Please print and sign this form. Include this form with your New Hire documents. I certify that I have completed the following steps in the New Employee on-line hiring process:

- Completed New Hire Package Viewed Other Information
- Reviewed Benefits
- Reviewed Standard Operating Procedures**
- Appearance and Dress Teleworking
- Education Incentive Payment Time Keeping Requirements
- Employee Standards of Conduct Unlawful Harassment
- Secondary Employment Work Hours, Overtime & Comp Time
- TB Screening of Correctional Personnel Workplace Violence
- Technology Policies and Procedures

Reviewed Informational Brochures

- Correctional Peace Officer Foundation GSEPS Brochure
- Customer Service GSEPS Pension Plan
- Education Incentive GSEPS 401(k) Savings Plan
- Employee Assistance Program Hourly Employees Retirement
- Employee Self Service/Team Georgia Path2College 529 Plan
- Employees' Retirement System Peach State Reserves
- GDC Locations PEN OwnHome Program
- GDC Organizational Chart State of Georgia Holidays
- Georgia Defined Contribution Plan Teambuilding Plan
- Governor's Ethics Executive Order Workers' Compensation

Printed Name Christopher Bentley Date 6-24-14

Signature Christopher Bentley

Thank you for choosing the Department of Corrections as your new employer! You have now completed the on-line hiring process. We look forward to a long and successful working relationship. One Team!

GEORGIA DEPARTMENT OF CORRECTIONS
300 Patrol Road
Forsyth, Georgia 31029

MEMORANDUM TO PERSONNEL FILE

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

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

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

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

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

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

6-17-14

DATE



SIGNATURE OF EMPLOYEE

Equal Opportunity Employer

EFFECTIVE DATE OF ACTION
2/1/2015

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 2/4/2015

LOCATION Dodge State Prison
INITIATOR Jean Miller

PHONE 478 358-7253
E-MAIL <4-dodgsp@dcor.state.ga.us

Name		Bentley, Christopher	
Empl ID	EE Scribe Number		
SSN			
Gender	M	Race	White
	PERSONAL	DOB	
Maildrop ID	467-000100		
ACTION, REASON & DESCRIPTION			
1	XFR LAT Lateral Xfer Within Same Cmpty		
2	--		
3	--		
CPA USE ONLY			
	FLSA Code	DTI Code	
	--	--	

SUPPORTING PAPERS

Correspondence (Resignation or Adverse Actions)

Suspension Notice

PIF/PMF

Min. Qual. Review Decision

DOL 800 Separation Notice

Other (Specify):

Is rehire recommended? --

*If No, then attach supporting documentation

Terminal Leave Hours To Be Paid: 0

*Please attach verification

Last Day in Pay Status:

Does action impact a high security supplement? --

COMMENTS

EE transferred to Dodge State Prison from Baldwin State Prison effective 2/1/2015

was okay w/ pay 2/5/15

JDV

Name		Miller, Jean	
Date	2/4/15		
APPOINTING AUTHORITY		COMPLETED BY	
Date			
Name			
BUDGET APPROVAL BY		WORK SCHEDULE (DAYS & SHIFT)	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	--
16	17	18	19
20	21	22	23
24	25	26	27
28	29	30	31
Position Number		00160335	
Classified Indicator			
Job Code	17242		
Job Title	Correctional Officer		
Department ID	4672180901		
Facility Name	Dodge SP-Security Ops		
County	045/Dodge		
Code/Name	045/Dodge		
Zip Code	31012		
Monthly Salary	\$2,026.83		
Pay Grade	011		
Department ID	4672140901		
Facility Name	Baldwin SP-Security Ops		
County	006/Baldwin		
Code/Name	006/Baldwin		
Zip Code	31061		
Monthly Salary	\$2,026.83		
Pay Grade	011		

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

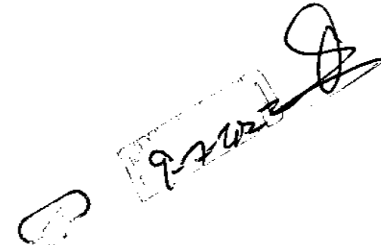
DATE 9/7/2022

ACTIVE DATE OF ACTION
9/1/2022

LOCATION McEver Probation Detention Center
INITIATOR Keona West

PHONE 478/988-7009
E-MAIL

Keona.West@gdc.ga.gov

EMPLOYEE INFORMATION				SUPPORTING PAPERS				COMMENTS								
Bentley, Christopher				<input checked="" type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PIF/PMF <input type="checkbox"/> Min. Qual. Review Decision <input checked="" type="checkbox"/> DOL 800 Separation Notice <input type="checkbox"/> Other (Specify):				3.2.2 28day 11.75hrs EE terminated effective 09/01/2022 								
EE Scribe Number				Is rehire recommended? -- *If No, then attach supporting documentation												
Male	Race	White	DOB	PERSONA	Terminal Leave Hours To Be Paid: 0 *Please attach verification Last Day In Pay Status: 8/31/2022											
#N/A				Does action impact a high security supplement? --												
REASON & DESCRIPTION																
TER DIS Dismissal																
GPA USE ONLY																
DTI Code																
TO				FROM												
Position Number	Classified Indicator	Position Number	00116861	Classified Indicator	Unclassifd											
Code	Job Title	Job Code	PSP064	Job Title	Correctional Sergeant											
Department ID	Facility Name	Department ID	4673810901	Facility Name	McEver PDC-Security Opns											
Code/Name	Zip Code	County Code/Name	076/Houston	Zip Code	31069											
Grade	Semi-Monthly Salary % Change	Pay Grade	LH	Semi-Monthly Salary	\$1,950.31											
WORK SCHEDULE (DAYS & SHIFT)				BUDGET APPROVAL BY												
X	X	5	6	X	X	9	10	11	X	X	14	15	--	11.75 hr Shift	Name	Date
7	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
COMPLETED BY				APPOINTING AUTHORITY												
Keona West				Date	9/7/2022	Name		Date								

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

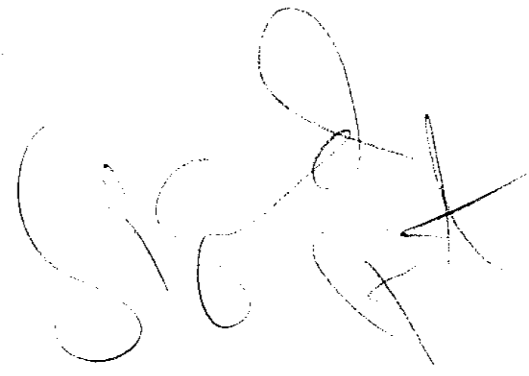
DATE 9/7/2022

DATE OF ACTION
2022

LOCATION McEver Probation Detention Center
INITIATOR Keona West

PHONE 478/988-7009
E-MAIL

Keona.West@gdc.ga.gov

EMPLOYEE INFORMATION	SUPPORTING PAPERS	COMMENTS
<p>Bentley, Christopher</p> <p>EE Scribe Number</p> <p>Race White DOB PERSONAL</p> <p>#N/A</p> <p>TER DIS Dismissal</p> <p>CPA USE ONLY</p> <p>DTI Code</p>	<p><input checked="" type="checkbox"/> Correspondence (Resignation or Adverse Actions)</p> <p><input type="checkbox"/> Suspension Notice</p> <p><input type="checkbox"/> PIF/PMF</p> <p><input type="checkbox"/> Min. Qual. Review Decision</p> <p><input checked="" type="checkbox"/> DOL 800 Separation Notice</p> <p><input type="checkbox"/> Other (Specify):</p> <p>Is rehire recommended? --</p> <p>*If No, then attach supporting documentation</p> <p>Terminal Leave Hours To Be Paid: 0</p> <p>*Please attach verification</p> <p>Last Day in Pay Status: 8/31/2022</p> <p>Does action impact a high security supplement?</p>	<p>3.2.2 28day 11.75hrs EE terminated effective 09/01/2022</p> 

TO				FROM			
Classified Indicator	Position Number	00113801	Classified Indicator	Job Title	Correctional Sergeant		
Job Title	Job Code	033019001	Job Title	Facility Name	McEver P/D Security Ops		
Facility Name	Department ID	076-Houston	Facility Name	Zip Code	30144		
Zip Code	County Code/Name	11	Zip Code	Semi-Monthly Salary	010000		
Semi-Monthly Salary % Change	Pay Grade		Semi-Monthly Salary				

WORK SCHEDULE (DAYS PER WEEK)

X	X	0	X	X	0	0	X	X	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

COMPLETED BY

Date	9/7/2022	Name	<i>A. H.</i>	Date	9-7-2022
------	----------	------	--------------	------	----------



NOTICE OF FINAL ACTION

August 30, 2022

Christopher Bentley



RE: Proposed Termination

Dear Mr. Bentley:

On or about August 15, 2022, you were notified by your Appointing Authority that she was proposing an adverse action of a Termination due to your violation of the Employee Standards of Conduct: Unprofessional Conduct, Damage of State Property, False Writing and Unlawful Harassment/Race.

The Disciplinary Panel has reviewed your case and considered your response. The Disciplinary Panel has **upheld** the proposed sanction.

Your Termination from employment will be effective September 1, 2022.

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

Aimee Smith, Appointing Authority

9-1-2022

Date

Employee's Signature (Acknowledges Receipt Only)

9/1/22

Date

Equal Opportunity Employer

1. Name Christopher Bentley 2. S.S. No. [REDACTED]
 a. State any other name(s) under which employee worked.
 3. Period of Last Employment: From 07/1/2014 To 08/31/2022
 4. REASON FOR SEPARATION:
 a. LACK OF WORK
 B. If for other than lack of work, state fully and clearly the circumstances of the separation:

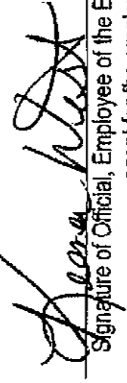
Employee was terminated for violation of the Employee Standards of Conduct Policy: Unprofessional conduct, damage to state property, false writing and unlawful harassment/trace

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
 (DO NOT include vacation pay or earned wages)
 _____ In the amount of \$ _____ for the period from _____ to _____
 (type of payment)

Date above payment(s) was/will be issued to employee
 IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.
 _____ Per month _____ % of contributions paid by employer.
 6. Did the employee earn at least \$3,000.009 in your employ? YES NO If NO, how much? \$ _____
 Average Weekly Wage _____

Employer's Name Corporate Cost Control
(Georgia Department of Corrections)
 Address P.O. Box 1180
(Street or RFD)
 City Londonderry State NH ZIP Code 03053
 Telephone No. 1-800-207-6926
 Ga. D.O.L. Account Number 110094-00
 (Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.


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

NOTICE TO EMPLOYER
 At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199F, you may attach a copy of this form (DOL-800) as a part of your response.
 Title of Person Signing HR Tech III
 Date Completed and Released to Employee 09/01/2022

NOTICE TO EMPLOYEE
 OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.



Georgia Department of Corrections



Human Resources Leave Verification Form

Verification:		09/01/2022					
EMPL ID:		Bentley				EE Scribe Number	
Hire Date:		07/01/2014					
Date of Current Action:		Type of Action (Termination, Retirement, Transfer, etc.):					
		Termination					
Final Leave Balances							
	Annual	Personal	State Comp	FLSA Comp	Holiday	Forfeited	Education Support Leave
	360.00	0.00	130.83	0.00	282.28	380.00	8.00
Space below to provide any relevant information pertaining to the final balances (adjustments, payout information, etc.):							
Action was effective 09/01/2022							
I verify the above leave balances are correct and all leave usage has been entered through the date of this verification							
HR Representative:					Date:		
					09/01/2022		

SECTION A MUST BE COMPLETED

Last Name Bentley		First Name Christopher		MI
SSN [REDACTED]	DOB [REDACTED]	Race B	Sex M	OKey O214167
Agency Name McEver Probation Detention Center				

SECTION B MUST BE COMPLETED FOR DISCIPLINARY ACTION

Type of Action: <input type="checkbox"/> Demotion (disciplinary) <input type="checkbox"/> Resigned in lieu of termination <input type="checkbox"/> Resigned while under investigation <input type="checkbox"/> Retired in lieu of termination <input type="checkbox"/> Retired while under investigation <input type="checkbox"/> Suspended for 30 days or more <input checked="" type="checkbox"/> Terminated	Effective Date: 09/01/2022
	Specific Detailed Reason for Action: Violation of Policy: Employee standards of conduct
Forms Attached: <input checked="" type="checkbox"/> Adverse Action Form <input type="checkbox"/> Incident Report <input type="checkbox"/> Investigation Report <input type="checkbox"/> Police Report <input type="checkbox"/> Statement from Officer	

SECTION C MUST BE COMPLETED

Officer full address: [REDACTED]
Officer phone number (indicate home or cell): [REDACTED]

SECTION D MUST BE COMPLETED

Authorizing Signature Keona West	Date 09/01/2022	Telephone Number 478/988-7009
-------------------------------------	--------------------	----------------------------------

To: Berkey, Noel
Subject: RE: McEver PDC/ [REDACTED] Christopher Bentley Dismissal Holiday Audit Hey Ladies-

Right.

Thank you,

Victoria L. Murphy

Human Resources Specialist III-SHRM-CP

Audits & Compliance Unit

Contact number (478) 297-4863

Monday-Thursday (6a-4:30p)

Out of the office

Christopher Bentley Dismissal Holiday Audit

Victoria L. Murphy

Human Resources Specialist III-SHRM-CP

Audits & Compliance Unit



- Leave/Compensatory Time Management and Audits
- Leave Donation Program
- Military Leave
- Paid Parental Leave
- PeopleSoft/Kronos WFC Administrator/Krono WFD (Back up) Administrator
- Restoration of Forfeited Leave and Previous Unpaid Leave
- HR Comprehensive Audits/ACA Compliance (Back up)



GEORGIA
DEPARTMENT OF CORRECTIONS

GDC – REGAINING MOMENTUM

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

From: Berkey, Noel <noel.berkey@gdc.ga.gov>

Sent: Thursday, September 8, 2022 9:36 AM

To: Murphy, Victoria <victoria.murphy@gdc.ga.gov>

Subject: RE: McEver PDC/ [REDACTED] Christopher Bentley Dismissal Holiday Audit Hey Ladies-

Good Morning,

Thank you-just confirming 282.28 hours?

From: Murphy, Victoria <victoria.murphy@gdc.ga.gov>

Sent: Thursday, September 8, 2022 9:14 AM

Please process as submitted.

Thank you,
Victoria L. Murphy
Human Resources Specialist III-*SHRM-CP*
Audits & Compliance Unit
Contact number (478) 297-4863
Monday-Thursday (6a-4:30p)

Out of the office

September 8, 2022 10:58 AM
Victoria L. Murphy
Human Resources Specialist III-*SHRM-CP*
Audits & Compliance Unit
Contact number (478) 297-4863
Monday-Thursday (6a-4:30p)



- Leave/Compensatory Time Management and Audits
- Leave Donation Program
- Military Leave
- Paid Parental Leave
- PeopleSoft/Kronos WFC Administrator/Krono WFD (*Back up*) Administrator
- Restoration of Forfeited Leave and Previous Unpaid Leave
- HR Comprehensive Audits/ACA Compliance (*Back up*)



GDC – REGAINING MOMENTUM

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

From: Boyd, Ke'Mya <kemya.boyd@gdc.ga.gov>
Sent: Thursday, September 8, 2022 6:45 AM

To: Murphy, Victoria <victoria.murphy@gdc.ga.gov>; Woodruff, Michelle <michelle.woodruff@gdc.ga.gov>; Fryer, Sharon <sharon.fryer@gdc.ga.gov>

Cc: Berkey, Noel <noel.berkey@gdc.ga.gov>; Leave Management <leave.management@gdc.ga.gov>
Subject: RE: McEver PDC/[REDACTED] Z Christopher Bentley Dismissal Holiday Audit Hey Ladies-

Good morning,
This is what I found in her file. If you have any questions please feel free to contact me. Have a blessed day!
Thanks,

Ke'Mya S Boyd

300 Patrol Road
Forsyth, Ga 31029
(478)-992-5183

From: Murphy, Victoria <victoria.murphy@gdc.ga.gov>
Sent: Thursday, September 8, 2022 6:41 AM
To: Woodruff, Michelle <michelle.woodruff@gdc.ga.gov>; Boyd, Ke'Mya <kemya.boyd@gdc.ga.gov>; Fryer, Sharon <sharon.fryer@gdc.ga.gov>
Cc: Berkey, Noel <noel.berkey@gdc.ga.gov>; Leave Management <leave.management@gdc.ga.gov>
Subject: RE: McEver PDC/ [REDACTED] Z Christopher Bentley Dismissal Holiday Audit Hey Ladies-

Hey Ladies-

Happy Thursday!!! Can you please pull any leave verifications you have on file for the above employee.

Thank you,

Victoria L. Murphy

Human Resources Specialist III - *SHRM-CP*

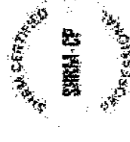
Audits & Compliance Unit

Contact number (478) 297-4863

Monday-Thursday (6a-4:30p)

Out of the office

*My name is Victoria L. Murphy
I am currently on leave
I will be back on duty on
Monday, September 12, 2022
at 8:00 AM. I will be
available via email during
this time.*



- Leave/Compensatory Time Management and Audits
- Leave Donation Program
- Military Leave
- Paid Parental Leave
- PeopleSoft/Kronos WFC Administrator/Krono WFD (Back up) Administrator
- Restoration of Forfeited Leave and Previous Unpaid Leave
- HR Comprehensive Audits/ACA Compliance (Back up)



GDC – REGAINING MOMENTUM

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

EE termed 09/01/2022 has a reporting of 282.28 hours of HDP payout.

Contact info.

Keona West
H.R. Tech 2
McEver Probation Detention Center
P.O. Box 1430 Perry, Ga. 31069
478-988-7009 Phone
478-988-7026 Fax

Programs Overview

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

Commissioner's Top 5

1. Staff first
 - a. Recruitment and retention
 - b. Professional development
 - c. Employee wellness
2. Safe and secure facilities
3. Zero tolerance
 - a. Gang activity
 - b. Sexual misconduct
 - c. Contraband
4. Offender wellness & programming
5. ACA Accreditation

Facility: *McEiv PDC*Entered By: *Noel Satey*

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

Date Entered:

- If EE receives a partial payment, Analyst must check regs section of confirm report for two consecutive pay periods. Ex. Employee receives a partial for \$500.00 on 15th pay period, then EE will appear on 30th pay period for \$00.00.
- Payout leave balances next pay period – **double check**
- For Termination/Death, communicate with Benefits, be sure and process a Hand drawn for the leave payout along with Beneficiary info. This is not put into the batch header. Put on your paysheet Out of Pay status. Send the Hand drawn to Noel.
- Leave Balance:
- Annual: *360.00*
- Holiday: *282.28*
- FLSA:
- Retros:

GEORGIA DEPARTMENT OF CORRECTIONS
COMMISSIONER'S STATEMENT PROHIBITING UNLAWFUL HARASSMENT
(INCLUDING SEXUAL HARASSMENT)

It is the commitment of this Department to provide all personnel a work environment conducive to personal and professional satisfaction, while at the same time achieving the goals and mission of this Department. The Department wishes to provide all personnel with a clear understanding of unlawful harassment and its adverse impact upon the working relationships within this Department and with outside parties. All personnel are hereby forewarned that unlawful harassment and unlawful retaliation of any personnel of this Department are hereby personnel or individual conducting business with the Department is unlawful, strictly prohibited by Departmental policy, and a basis for disciplinary action which, presumptively, shall be termination.

Unlawful harassment includes verbal, electronic, written or physical conduct that disparages or shows hostility or aversion toward an individual because of that person's race, color, religion, gender, national origin, age or disability. **Sexual harassment** includes unwelcome sexual reference, allusions, "humor," advances, requests for sexual favors, and other verbal, written, electronic, or physical conduct or interactions of a sexual nature as defined by the Departmental policy and procedures related to this subject. Employees shall report all events of unlawful harassment and unlawful retaliation against themselves or others to any supervisor in the chain of command, the Director, Human Resources 478-992-5211, Deputy Personnel Director 478-992-5215, the Director, Internal Investigations 478-992-5341 or the Communications Center 478-992-5111 outside of normal business hours.

Personnel who, in good faith, report unlawful harassment will be protected from retaliation or reprisals of any kind. The initial report, and any subsequent investigation, will be treated with confidentiality. Confidentiality and protection from retaliation will be provided to personnel who participate in any aspect of an investigation or any subsequent disciplinary process.

Personnel are encouraged to help safeguard our organization from irresponsible behavior. We solicit your support in promoting a work environment which will be free of unlawful harassment or other similarly inappropriate conduct.

Brian Owens
COMMISSIONER

_____ I hereby declare that I have read the Commissioner's Statement regarding unlawful harassment (including sexual harassment) of personnel or individuals conducting business with the Georgia Department of Corrections. I further understand that unlawful harassment is a violation of this policy and is a basis for disciplinary action which presumptively, shall be termination. My signature below acknowledges that I am aware that this statement becomes a part of my official personnel records.

Employee's Signature Christopher Bentley

Date Signed: 6-17-14

Employee's Printed Name Christopher Bentley

Employee ID#: _____

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

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 6/11/2014

EFFECTIVE DATE OF ACTION
7/1/2014

LOCATION Baldwin SP
INITIATOR Gail Cook

PHONE
E-MAIL @dcor.state.ga.us

C.B.

EMPLOYEE INFORMATION				SUPPORTING PAPERS				REQUIRED FIELD INFORMATION			
Name	Christopher Bentley			<input type="checkbox"/> Correspondence (Resignation or Adverse Actions)	Address			PERSONAL INFO			
Empl ID	EE Scribe Number			<input type="checkbox"/> Suspension Notice	City	PERSONAL	State	PER	Zip	PERSO	
SSN	PERSONAL INFO			<input type="checkbox"/> PIF/PMF	Birthplace						
Gender	M	Race	White	<input type="checkbox"/> Min. Qual. Review Decision	Military						
		DOB	PERSONA	<input type="checkbox"/> DOL 800 Separation Notice	State Tax		Federal				
Maildrop ID	467-000003			<input type="checkbox"/> Other (Specify):	Pension						
ACTION REASON & DESCRIPTION				Is rehire recommended? --				Education Level			
1	HIR APP Appointment			*If No, then attach supporting documentation				County			
2	--			Terminal Leave Hours To Be Paid: 0				Phone #		PERSONAL INFO	
3	--			*Please attach verification				1013.42			
FLSA Code				Does action impact a high security supplement?				50.67			
DTI Code				Yes							

Position Number	00106426	Classified Indicator	Unclassified
Job Code	17242	Job Title	Correctional Officer
Department ID	4672140901	Facility Name	Baldwin SP-Security Opns
County Code/Name	005/Baldwin	Zip Code	31061
Pay Grade	011	Monthly Salary	\$2,026.83
		% Change	0.00%

WORK SCHEDULE (DAYS & SHIFTS)																APPROVAL		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	--	Name		Date
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Name		Date

Name	<i>Dena Harrison</i>	Date	<i>6/24/14</i>	Name	<i>Cadence B. Taylor</i>	Date	<i>6/24/14</i>
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GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 2/22/2016

EFFECTIVE DATE OF ACTION
2/11/2016

LOCATION Dodge State Prison
INITIATOR Jan Coleman

NUMBER
202400

PHONE 478 358-7207
E-MAIL

Jan.Coleman@gdc.ga.gov

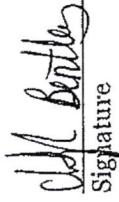
EMPLOYEE INFORMATION										SUPPORTING PAPERS										COMMENTS																			
Name					Bentley, Christopher					<input type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PIF/PMF <input type="checkbox"/> Min. Qual. Review Decision <input type="checkbox"/> DOL 800 Separation Notice <input type="checkbox"/> Other (Specify):					Dock ee 6 hours LWOP on 2/11/2016					RTO - 73.06																			
Empl ID					EE Scribe Number					Is rehire recommended? --																													
SSN					PERSONAL INFO					*If No, then attach supporting documentation																													
Gender		M	Race		White	DOB		PERSON			Terminal Leave Hours To Be Paid: 0																												
Maildrop ID					#N/A					*Please attach verification																													
ACTION REASON & DESCRIPTION										Last Day in Pay Status:																													
1	LOA UNA				Unauthorized Leave Without Pay					Does action impact a high security supplement?																													
2					--																																		
3					--																																		
FLSA Code										DTI Code																													
TO										FROM																													
Position Number					Classified Indicator					Position Number					00160335					Classified Indicator					Unclassifd														
Job Code					Job Title					Job Code					PSP061					Job Title					Correctional Ofc 2														
Department ID					Facility Name					Department ID					4672180901					Facility Name					Dodge SP-Security Opns														
County Code/Name					#N/A					County Code/Name					045/Dodge					Zip Code					31012														
Pay Grade					Monthly Salary					Pay Grade					LG					Monthly Salary					\$2,289.33														
					% Change										0.00%																								
WORK SCHEDULE (DAYS & SHIFT)															BUDGET APPROVAL BY																								
1	2	x	x	5	6	7	x	x	10	11	x	x	x	15	--	11.75 hr Shift					Name					Date													
16	17															---																							
COMPLETED BY										APPOINTING AUTHORITY																													
Name					Jan Coleman					Date					2-22-16					Name					Sam Funder					Date									

$6.00 \div 94.00 \times 1144.67 = -73.06$

RECEIVED
FEB 22 2016

Attestation

1. I have been provided with a copy of the Governor's Code of Ethics.
2. I have fully read and understand the Governor's Code of Ethics.
3. I affirm that I will strictly adhere to the Governor's Code of Ethics, and am committed to maintaining an honest, ethical, and open system of government for the people of Georgia.
4. I understand that failure to adhere to the Governor's Code of Ethics, whether intentional or not, may be cause for discipline, termination, or even criminal prosecution.


Signature

Christopher Bentley
Printed Name


Screen
Number

Employee ID Number

4/12/2021
Date



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) Bentley		First Name (Given Name) Christina		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) [REDACTED]		Apt. Number	City or Town	State	Zip Code	
U.S. Social Security Number [REDACTED]		E-mail Address [REDACTED]		Telephone Number [REDACTED]		

I am aware that federal law prohibits employers from requesting 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):
- A citizen of the United States
 - A noncitizen national of the United States (See instructions)
 - A lawful permanent resident (Alien Registration Number/USCIS Number): _____
 - An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

- 1. Alien Registration Number/USCIS Number: _____
- OR
- 2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____
Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: *Christina Bentley* Date (mm/dd/yyyy): *06/17/2014*

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		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

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):

3-D Barcode
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): 7/01/14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: [Signature]
 Date (mm/dd/yyyy): 06/24/14
 Title of Employer or Authorized Representative: PT
 Last Name (Family Name): Hanson
 First Name (Given Name): Iina
 Employer's Business or Organization Name: Baldwin
 City or Town: Hanford
 State: CA
 Zip Code: 91303
 Employer's Business or Organization Address (Street Number and Name): P.O. Box 218

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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: _____
 Date (mm/dd/yyyy): _____
 Print Name of Employer or Authorized Representative: _____

GEORGIA DEPARTMENT OF CORRECTIONS

OATH OF OFFICE

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

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

Christopher Bentley
Print Name

Christopher Bentley
Signature

6-17-14
Date

Baldwin
Work Site

IN WITNESS THEREOF this oath is witnessed and subscribed to by the following person who has affixed his or her seal, this 17 day of June, 2014.

Jacqui Stone
Witness/Notary Public

Notary Public, Wilkinson County, Georgia
My Commission Expires 2-2-16

GEORGIA DEPARTMENT OF CORRECTIONS

Name of Applicant

//

Date of Birth

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES
I hereby request and authorize THE GEORGIA DEPARTMENT OF CORRECTIONS

Address of Local Hiring Authority

to obtain from:

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

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

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

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

6-17-14

Date

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

Charlyne Buntle
Signature of Applicant

Denise Harrison
Signature of Witness

PI

Title or Relationship to Applicant

USE THIS SPACE IF APPLICANT WITHDRAWS CONSENT

Date this consent is revoked by applicant

Signature of Applicant

Revised 1/11

Original

STATE OF GEORGIA LOYALTY OATH

STATE SECURITY QUESTIONNAIRE

NOTICE TO APPLICANTS/EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each applicant/employee to complete and sign, prior to his/her employment in State government, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits acts, advocates, or teaches the overthrow of the government of the United States or government of the State of Georgia by force or violence, or who is a knowing member of a subversive organization. Georgia Code 45-3-11 requires all employees of State government to take an oath that they will support the Constitution of the United States and the Constitution of the State of Georgia.

INSTRUCTIONS: All items must be completed on a typewriter or printed in ink. If more space is needed for an y item, or explanation, continue under item 10. This questionnaire and loyalty oath will be filed in the employee's personnel file in the employing agency. The employee may request that a copy be executed for his/her personal files.

FULL NAME, INCLUDING MAIDEN NAME, NAMES OF FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES AND NICKNAMES AND THE DATES USED.										
1.	LAST NAME <i>Beatty</i>	FIRST NAME <i>Christopher</i>	MIDDLE NAME <i>Nicholas</i>	DATES USED	NICKNAMES	DATES USED	NICKNAMES	DATES USED	NICKNAMES	DATES USED
2. ADDRESS										
[REDACTED]			APT. NO.		CITY		STATE		COUNTRY	
3. DATE OF BIRTH										
[REDACTED]			U.S. CITIZEN		(Nationality)		RACE		SEX	
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				M		W	
4. Are you now or have you been in the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objects, the overthrow of the government of the United States or the government of the State of Georgia by force or violence?										
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
5. LIST CHRONOLOGICALLY ALL OF YOUR PREVIOUS RESIDENCES FOR THE PAST TEN YEARS:										
		DATES		STREET		CITY				
From										
6. LIST NAMES AND ADDRESSES OF THE FOLLOWING:										
SPOUSE										
[REDACTED]										
PERSONAL INFO										

7. MILITARY SERVICE: (Past or Present)						
SERIAL NUMBER	BRANCH	ACTIVE SERVICE		ACTIVE OR INACTIVE		DISCHARGED Honorable Dishonorably Other
		From	To	From	To	
						<input type="checkbox"/> <input type="checkbox"/>

8. Have you ever been convicted by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed.) YES NO
 If answer is yes, provide the following information

CHARGE ON WHICH CONVICTED	DATE CONVICTED	NAME OF COURT & PLACE WHERE CONVICTED

Are you a former inmate, former parolee, or former probationer? YES NO If answer is yes, provide dates and details.

9. Are there any charges now pending against you by Federal, State, or other law enforcement authorities for any violations of any Federal law, State law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday.) Do not include minor violations for which a fine of \$35.00 or less would likely be imposed.) YES NO If answer yes, provide dates and details.

VIOLATION CHARGED

NAME OF GOVERNMENT	NAME OF COURT & LOCATION WHERE PENDING

Are you currently a parolee or probationer? YES NO If answer is yes, provide dates and details.

10. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show item numbers to which answers or explanation apply. Attach a separate sheet if more space is needed.)

I, Christopher Bentley LOYALTY OATH

An employee of Georgia Department of Corrections, a citizen of United States of America And being
 swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia. And being

Georgia County
 Personally appeared before the undersigned officer, duly authorized to administer

of false swearing that he is the person who executed the foregoing instrument, who, after being duly sworn, deposes and says and declares under penalties contents thereof, that the matters stated therein and the answers and information furnished by him in the foregoing questionnaire, and loyalty oath, including any attachments thereto, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME:

This 17 Day of June, 20 14
Traci Stone
 (SIGNA)
 Notary Public, Wilkinson County, Georgia (Notary Public)
 My Commission Expires 5-21-16

Christopher Bentley
 (SIGNATURE OF AFFIANT)



----- KEY INFORMATION -----

Selective Service Record Search Results

Search Criteria

Last Name: *beniley*
 Social Security Number: [REDACTED]
 Date of Birth: [REDACTED]

Matched Record

Selective Service Number:
93-0641513-5
 Date of Registration
7/6/2011

Based on the information you entered, the results above indicate you are registered with the Selective Service System.

CLICK HERE to print an official letter of verification from Selective Service.

If you move, let us KNOW! After a man registers, he is required to notify Selective Service within ten days of any changes to any of the information he provided on his registration form. This includes change of address. He must report changes until January 1 of the year he turns 26 years old.

To update your information, several options are available:

1. Use the online **CHANGE OF ADDRESS** form, or
2. Complete a Change of Information Form (SSS Form 2) at any U.S. Post Office, or
3. Call the Registration Information Office directly, 1-847-688-6888, or toll free: 1-888-655-1825.



[FAQs](#)

Last Updated: 9/9/2013

© 2013 Selective Service System

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 6/11/2014

EFFECTIVE DATE OF ACTION

7/1/2014

LOCATION Baldwin SP
INITIATOR Gail Cook

PHONE
E-MAIL

one week
@dcor.state.ga.us

C.B.

EMPLOYEE INFORMATION				SUPPORTING PAPERS				REQUIRED CHRM INFORMATION				
Name		Christopher Bentley		<input type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PIF/PMF <input type="checkbox"/> Min. Qual. Review Decision <input type="checkbox"/> DOL 800 Separation Notice <input type="checkbox"/> Other (Specify):				Address PERSONAL INFO City PERSONAL State PER Zip PERSO				
Empl ID		EE Scribe Number		<input type="checkbox"/> Is rehire recommended? -- *If No, then attach supporting documentation				Birthplace PERSONA				
SSN		PERSONAL INFO		Terminal Leave Hours To Be Paid: 0 *Please attach verification				Military ---				
Gender		M	Race	White	DOB		PERSONA		State Tax C Federal PERSONAL			
Maildrop ID		467-000003		Last Day in Pay Status:				Pension ---				
CPA USE ONLY FLSA Code -- DTI Code --				Does action impact a high security supplement? Yes				Education Level ---				
ACTION, REASON & DESCRIPTION				County --- Phone # PERSONAL				COMMENTS				
1 HIR APP Appointment 2 -- 3 --				1013.42 50.67								

TO				FROM			
Position Number	00106426	Classified Indicator	Unclassified	Position Number		Classified Indicator	
Job Code	17242	Job Title	Correctional Officer	Job Code		Job Title	
Department ID	4672140901	Facility Name	Baldwin SP-Security Opns	Department ID		Facility Name	
County Code/Name	005/Baldwin	Zip Code	31061	County Code/Name		Zip Code	
Pay Grade	011	Monthly Salary	\$2,026.83	Pay Grade		Monthly Salary	
		% Change	0.00%				

WORK SCHEDULE (DAYS & SHIFT)																BUDGET APPROVAL BY				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	--	---	Name		Date	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	---				
COMPLETED BY										APPOINTING AUTHORITY										
Name					Date					Name					Date					
<i>Dena Harrison</i>					<i>6/24/14</i>					<i>Cassie B. Taylor</i>					<i>6/24/14</i>					

PERSONAL INFO

JOB PREVIEW FORM (For Correctional Officer Jobs)

A Correctional Officer often has to do things which many people would find unpleasant, either physically or mentally. In the past, many people have taken the job of Correctional Officer without considering the requirements of the job.

Below is a list of requirements that Correctional Officers must be willing to do on the job. **CAREFULLY** consider whether **YOU** are willing to do **EVERYTHING** listed, if offered a job as a Correctional Officer. For each job requirement on the list, place an "X" in the "YES" column if you are willing and "NO" if you are not willing.

YES	NO	ARE YOU WILLING TO:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work any shift (6 a.m.-2 p.m., 2 p.m.-10 p.m., 10 p.m.-6 a.m.)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work every weekend, with your regular off days during the week?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work all holidays (Christmas, MLK Jr. Day, etc.) which are not on your regular off day?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work double shifts (16 hours/day) or on your off days; come in early or stay late when necessary?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear a uniform to work each day?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Follow a dress code, which includes restrictions on hair length and facial hair?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Be fingerprinted and have your background checked through the FBI and other law enforcement agencies during pre-employment screening and at any time during employment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provide a Driver's History for the past seven years at your own expense?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have a urine test to screen for use of illegal drugs both before and after being hired, with the understanding that any positive findings will result in adverse action?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have a physical examination by a physician, paid for yourself, if offered employment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work in areas where you are in close contact with prisoners who are sick, and who may have contagious diseases?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work in a locked area with prisoners who are guilty of violent crimes (murder, rape, etc.), and/or who may be mentally ill?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Give first-aid, including CPR, to prisoners who injured or seriously ill (HIV, AIDS, Hepatitis, etc.)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work in a situation where you are cursed and/or physically threatened by prisoners?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maintain your professional composure if bodily fluids were thrown on you?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Search (pat frisk) people, regardless of their sex, for things they are not allowed to have, and visually search (strip search) the body cavities of prisoners the same sex as you, for prohibited items?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Live for four (4) weeks, away from home, paid by the state, while attending training; returning home only on weekends?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Use firearms, including shooting an escaping prisoner (possibly to death), if necessary?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Risk your personal safety to rescue a fellow Correctional Officer or a prisoner from attack?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Report a fellow law enforcement officer who is breaking rules and regulations?

IF YOU ANSWERED "NO" TO ANY QUESTION, YOU CANNOT BE CONSIDERED FOR A JOB AS A CORRECTIONAL OFFICER AND THE INTERVIEW PROCESS WILL NOT CONTINUE. A CORRECTIONAL OFFICER MUST BE WILLING TO DO ALL OF THE ABOVE REQUIREMENTS OF THE JOB.

Print Name: Christopher Bentley

SS.# XXXXXXXXXX PE

Signature: Christopher Bentley

Date: 6-4-14

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 7/20/2015

DATE OF ACTION
7/18/2015

LOCATION Dodge State Prison
INITIATOR Jan Coleman

PHONE 478 358-7207
E-MAIL n.coleman@gdc.ga.gov

EMPLOYEE INFORMATION

Bentley, Christopher

EE Scribe Number

PERSONAL INFO

M Race White DOB PERSON

Authorized Leave Without Pay

CRA USE ONLY

DTI Code

SUPPORTING PAPERS

Correspondence (Resignation or Adverse Actions)

Suspension Notice

PERM

Min. Qual. Review Decision

DOI 800 Separation Notice

Other (Specify)

Is rehire recommended?

If No, Reason and Supporting Documentation

Terminal Leave Hours To be Paid: 0

Please attach verification

Last Day in Pay Status:

Does action impact a high security supplement?

COMMENTS

Dock ee 11.75 hrs lwop on 6/18/15

RTO
-144.77

7/18/15
2355 hours
-239.54

TO				FROM			
Classified Indicator		Position Number	00150835	Classified Indicator	Unclassified		
Job Title	#N/A	Job Code	17242	Job Title	PS: Corrections Officer(WI)		
Facility Name		Department ID	4672180901	Facility Name	Dodge SP-Security Opns		
Zip Code		County Code/Name	045/Dodge	Zip Code	31012		
Monthly Salary		Pay Grade	011	Monthly Salary	\$2,026.83		
% Change	0.00%						

WORK SCHEDULE (DAYS & SHIFT)														BUDGET APPROVAL BY					
3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	11.75 hr Shift	Name		Date
x	x	x	x	22	23	x	x	26	27	28	x	x							

COMPLETED BY				APPOINTING AUTHORITY			
Jan Coleman		Date	7-20-15	Sam Zander		Date	

11.75 = 82.25 x 1013.42 = 144.77

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 7/20/2015

DATE OF ACTION
7/28/2015

LOCATION Dodge State Prison
INITIATOR Jan Coleman

PHONE 478 358-7207
E-MAIL n.coleman@gdc.ga.gov

EMPLOYEE INFORMATION	SUPPORTING PAPERS	COMMENTS
<p>Bentley, Christopher</p> <p>EE Scribe</p> <p>PERSONAL</p> <p>M Race White DOB PERSON</p>	<input type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PE/PMI <input type="checkbox"/> Min. Oual Review Decision <input type="checkbox"/> GOL 800 Separation Notice <input type="checkbox"/> Other (Specify) Is retire recommended? If No, Please attach supporting documentation: Terminal Leave Hours to Be Paid: 0 Please attach verification Last Day in Pay Status: Does action impact a high security supplement?	<p>Dock ee 11.75 hrs lwoop on 6/28/15</p> <p>RTO -144.77</p>
<p>POSITION DESCRIPTION</p> <p>A - UNPA - Unauthorized Leave Without Pay</p>		
<p>CPA USE ONLY</p> <p>DTI Code</p>		

TO				FROM			
Classified Indicator		Position Number	00150335	Classified Indicator		Unclassified	
Job Title	#N/A	Job Code	17242	Job Title		PS: Corrections Officer(WL)	
Facility Name	--	Department ID	4672180901	Facility Name		Dodge SP Security Ops	
Zip Code	--	County Code/Name	045/Dodge	Zip Code		31012	
Monthly Salary		Pay Grade	011	Monthly Salary		\$2,026.83	
% Change	0.00%						

WORK SCHEDULE (DAYS & SHIFT)														BUDGET APPROVAL BY				
3	4	5	6	7	8	9	10	11	12	13	14	15	--	---	Name		Date	
18	x	x	x	22	23	x	x	26	27	28	x	x		11.75 hr Shift				

COMPLETED BY				APPOINTING AUTHORITY			
Jan Coleman		Date	7-20-15	Sam Sanders		Date	

11.75 ÷ 82.25 x 1013.42 = 144.77

**RECOMMENDATION FOR
CORRECTIONAL OFFICER OR PROBATION OFFICER
CRITERIA-BASED SALARY INCREASE**

Employee Name: Christopher Bentley

Employee ID# **██████████** Z6

ACTION REASON: PAY/CBI

Facility/Office Location: Dodge State Prison

Job Title:

Position Number:

P.O.S.T. Certification #:

Correctional Officer

00160335

PBCO20140214167

This is to verify that the above employee meets the criteria as set forth in SOP IVO07-0051 and, therefore, is eligible for a criteria-based salary increase due to dates of continuous satisfactory active service:

Correctional Officer (12-months)
or
Probation Officer (18-months)

From: 07/01/2014 To: 07/01/2015

Period covered and rating of most recent Performance Evaluation:

From: 07/01/2014 To: 12/31/2014

PMF Overall Rating:
(must be 2 - 5)

3.00

Action Effective Date: 07/01/2015 **SON**

(Print) Name of Appointing Authority:

Job Title:

Sam Zanders

Warden

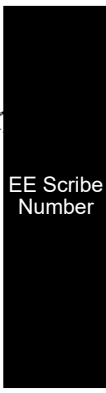
Signature of Appointing Authority:

Date:

07/07/2015

Retention: **Remain permanently in the official and local personnel file**

Handwritten: Ret'd
CBI
Z6



EE Scribe
Number

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST



DATE 7/9/2020

EFFECTIVE DATE OF ACTION
6/24/2020

LOCATION McEver Probation Detention Center
INITIATOR Keona West

PHONE 478/988-7009
E-MAIL

Keona.West@gdc.ga.gov

EMPLOYEE INFORMATION				SUPPORTING PAPERS				COMMENTS											
Name	Bentley, Christopher			<input type="checkbox"/> Correspondence (Resignation or Adverse Actions)	3/2/2 28day 11.75hrs EE is suspended effective 06/24/2020 WITH PAY. 														
Empl ID	EE Scribe Number			<input checked="" type="checkbox"/> Suspension Notice															
Gender	Male	Race	White	<input type="checkbox"/> PIF/PMF															
DOB	PERSONA			<input type="checkbox"/> Min. Qual. Review Decision															
Maildrop ID	467-000334			<input type="checkbox"/> DOL 800 Separation Notice															
ACTION, REASON & DESCRIPTION:				<input type="checkbox"/> Other (Specify):															
1	SUS/SUS			Is rehire recommended? --															
2	--			*If No, then attach supporting documentation															
3	--			Terminal Leave Hours To Be Paid: 0															
CPA USE ONLY				*Please attach verification															
FLSA Code	--			Last Day in Pay Status:															
TO				FROM															
Position Number	00116861	Classified Indicator	Unclassified	Position Number	00116861	Classified Indicator	Unclassified												
Job Code	PSP064	Job Title	Correctional Sergeant	Job Code	PSP064	Job Title	Correctional Sergeant												
Department ID	4673810901	Facility Name	McEver PDC-Security Opns	Department ID	4673810901	Facility Name	McEver PDC-Security Opns												
County Code/Name	076/Houston	Zip Code	31069	County Code/Name	076/Houston	Zip Code	31069												
Pay Grade	LH	Semi-Monthly Salary % Change	0.00%	Pay Grade	LH	Semi-Monthly Salary	\$1,507.86												
WORK SCHEDULE (DAYS & SHIFT)											BUDGET APPROVAL BY								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	--	Name		Date	
16	X	X	19	20	21	X	X	24	25	X	X	X	29	30		11.75 hr Shift			
COMPLETED BY											APPOINTING AUTHORITY								
Name	Keona West			Date	7/9/2020			Name				Date	7-9-2020						

GEORGIA DEPARTMENT OF CORRECTIONS

McEver Probation Detention Center
Post Office Box 1430
Perry, Georgia 31069
478-988-7009
Fax 478-988-7026

Alcohol/Drug Suspension with Pay
Classified/Unclassified
06/24/2020

Christopher Bentley

PER
N

Dear Christopher Bentley:

This is to inform you that you have been placed on:

Suspension with Pay effective: (JUNE 24, 2020) pending receipt of official notification of drug test results.

While you are in Suspension status, you will not enter into the working area of (MCEVER PROBATION DETENTION CENTER) or any other Georgia Department of Corrections Facility. Between the hours of 8:00 a.m. through 4:30 p.m., Monday through Friday, you will remain either at a telephone where you can be contacted or at your place of residence. Every day, Monday through Friday, between the hours of (8:00A.M. THROUGH 4:30P.M.) you will contact (TRACY MCINTYRE, SUPT. OR KEONA WEST, HR TECH II) by telephone at (404-695-6091/478-988-7009). Your failure to comply strictly with the above-described provisions will be considered separate justification for adverse action.

CB

Appointing Authority

6-25-2020

Date

CB Bentley

Employee Signature

6/25/2020

Date

cc: Director, Human Resources
CHRM Adverse Action Coordinator
CHRM Drug Testing Coordinator

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

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST



DATE 7/9/2020

EFFECTIVE DATE OF ACTION
7/8/2020

LOCATION McEver Probation Detention Center
INITIATOR Keona West

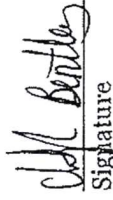
PHONE 478/988-7009
E-MAIL

Keona.West@gdc.ga.gov

EMPLOYEE INFORMATION				SUPPORTING PAPERS				COMMENTS													
Name		Bentley, Christopher		<input type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PIF/PMF <input type="checkbox"/> Min. Qual. Review Decision <input type="checkbox"/> DOL 800 Separation Notice <input type="checkbox"/> Other (Specify):				3/2/2 28day 11.75hrs EE returned from suspension WITH PAY effective 07/08/2020 													
Empl ID		EE Scribe		Is rehire recommended? -- *If No, then attach supporting documentation Terminal Leave Hours To Be Paid: 0 *Please attach verification Last Day in Pay Status: Does action impact a high security supplement? --																	
Gender	Male	Race	White	DOB	PERSON																
Maildrop ID		467-000334																			
ACTION, REASON & DESCRIPTION																					
1	SUS Recall Recall From Suspension																				
2	--																				
3	--																				
CPA USE ONLY																					
FLSA Code		--		DTI Code		--															
TO				FROM																	
Position Number		00116861		Classified Indicator		Unclassified		Position Number		00116861		Classified Indicator		Unclassified							
Job Code		PSP064		Job Title		Correctional Sergeant		Job Code		PSP064		Job Title		Correctional Sergeant							
Department ID		4673810901		Facility Name		McEver PDC-Security Opns		Department ID		4673810901		Facility Name		McEver PDC-Security Opns							
County Code/Name		076/Houston		Zip Code		31069		County Code/Name		076/Houston		Zip Code		31069							
Pay Grade		LH		Semi-Monthly Salary % Change		0.00%		Pay Grade		LH		Semi-Monthly Salary		\$1,507.86							
WORK SCHEDULE (DAYS & SHIFT)													BUDGET APPROVAL BY								
X	X	3	4	5	X	X	8	9	X	X	X	13	14	X	--	11.75 hr Shift	Name		Date		
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30							
COMPLETED BY													APPOINTING AUTHORITY								
Name		Keona West		Date		7/9/2020		Name				Date		7-9-2020							

Attestation

1. I have been provided with a copy of the Governor's Code of Ethics.
2. I have fully read and understand the Governor's Code of Ethics.
3. I affirm that I will strictly adhere to the Governor's Code of Ethics, and am committed to maintaining an honest, ethical, and open system of government for the people of Georgia.
4. I understand that failure to adhere to the Governor's Code of Ethics, whether intentional or not, may be cause for discipline, termination, or even criminal prosecution.


Signature

Christopher Bentley
Printed Name

 Employee ID Number

4/12/2021
Date

EFFECTIVE DATE OF ACTION
1/28/2016

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 2/9/2016

LOCATION Dodge State Prison
INITIATOR Jan Coleman

PHONE 478 358-7207
E-MAIL Jan.Coleman@gdc.ga.gov

EMPLOYEE INFORMATION	
Name	Bentley, Christopher
Empl ID	EE Scribe Number
SSN	PERSONAL INFO
Gender	M Race White DOB PERSONAL INFO
Maildrop ID	#N/A
ACTION, REASON & DESCRIPTION	
1	LOA UNA Unauthorized Leave Without Pay
2	--
3	--
CPA USE ONLY	
FLSA Code	DTI Code

SUPPORTING PAPERS	
<input type="checkbox"/>	Correspondence (Resignation or Adverse Actions)
<input type="checkbox"/>	Suspension Notice
<input type="checkbox"/>	PIF/PMF
<input type="checkbox"/>	Min. Qual. Review Decision
<input type="checkbox"/>	DOL 800 Separation Notice
<input type="checkbox"/>	Other (Specify):
Is rehire recommended? --	
*If No, then attach supporting documentation	
Terminal Leave Hours To Be Paid: 0	
*Please attach verification	
Last Day in Pay Status:	
Does action impact a high security supplement?	

-P TO
163.52

COMMENTS	
Dock ee 11.75 hrs LWOP for 1/28/16	
FROM	

TO		FROM	
Position Number	Classified Indicator	Job Code	Position Number
Department ID	Facility Name	Job Code	Department ID
County Code/Name	Zip Code	County Code/Name	Department ID
Pay Grade	Monthly Salary	Pay Grade	Monthly Salary
WORK SCHEDULE (DAYS & SHIFT)		BUDGET APPROVAL BY	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	--
16	17	18	19
20	21	22	23
24	25	26	27
28	29	30	31
APPOINTING AUTHORITY		BUDGET APPROVAL BY	
Name	Date	Name	Date

RECEIVED
FEB 11 2016
BK:

11.75 / 82.25 x 1144.27 = 163.52

GEORGIA DEPARTMENT OF CORRECTIONS

Criminal/Driver History Consent Form

I hereby authorize the Georgia Department of Corrections to receive all criminal history record information pertaining to me which may be in the files of any criminal justice agency on the National Crime Information Center/Georgia Crime Information Center (NCIC/GCIC) network anytime during the course of my employment with the Department. I understand that convictions revealed from these background investigations may impact my certification with POST and my employment with the department.

I do solemnly state that the below listed information is true and correct to the best of my knowledge and belief.

Bentley Christopher Nicholas 055846554
Last First Middle Maiden (please print) Social Security # Driver's License #

[Redacted] [Redacted] [Redacted]
PERSON INFO City State Zip County

11 [Redacted] M
Date of Birth Sex

130 White W
Height Weight Eye Color Race

[Redacted] Brown [Redacted]
Birthplace (City and State) Hair Color Skin Tone

Christyln Burt 6-17-14
Signature Date

Home: _____ Work: 478-542-4978
Phone number where you can be reached between the hours of 8:00 am and 4:00pm

Jacqi Stone
Notary

Notary Public, Wilkinson County, Georgia
My Commission Expires 5-2-16

GEORGIA DEPARTMENT OF CORRECTIONS
Employee Standards of Conduct

ACKNOWLEDGMENT STATEMENT

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


Employee Signature

6-17-14
Date

Christopher Bentley
Type/Print Employee Name

Employee ID: _____

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

PERSONAL INFO



State Accounting Office
of Georgia

Fiscal Leadership for Georgia

Direct Deposit Notification Form

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

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

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

Employee Name (Please Print) Christopher Bentley

Employee Signature: Christopher Bentley Date: 6-17-14

To be completed by employing organization:

Employee ID Number: _____ Position Title: _____

Hiring Organization Name: _____

Hiring Supervisor or HR Official: _____

Copy 1 - Organization Human Resources Office
Copy 2 - Employee

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 6/11/2014

EFFECTIVE DATE OF ACTION

7/1/2014

LOCATION Baldwin SP
INITIATOR Gail Cook

PHONE
E-MAIL

one week
@dcor.state.ga.us

C.B.

EMPLOYEE INFORMATION				SUPPORTING PAPERS				REQUIRED CHRM INFORMATION			
Name		Christopher Bentley		<input type="checkbox"/> Correspondence (Resignation or Adverse Actions) <input type="checkbox"/> Suspension Notice <input type="checkbox"/> PIF/PMF <input type="checkbox"/> Min. Qual. Review Decision <input type="checkbox"/> DOL 800 Separation Notice <input type="checkbox"/> Other (Specify):				Address PERSONAL INFO City PERSONAL State PER Zip PERS			
Empl ID		EE Scribe Number		<input type="checkbox"/> Is rehire recommended? -- *If No, then attach supporting documentation				Birthplace PERSONA			
SSN		PERSONAL INFO		Terminal Leave Hours To Be Paid: 0 *Please attach verification				Military ---			
Gender		M	Race	White	DOB	PERSONAL	State Tax C I Federal PERSONAL				
Maildrop ID		467-000003		Last Day in Pay Status:				Pension ---			
CPA USE ONLY FLSA Code -- DTI Code --				Does action impact a high security supplement? Yes				Education Level ---			
ACTION, REASON & DESCRIPTION				Is rehire recommended? --				County --- Phone # PERSONAL INFO			
1	HIR APP Appointment			*Please attach verification				COMMENTS 1013.42 50.67			
2	--			Does action impact a high security supplement? Yes							
3	--										

TO				FROM			
Position Number	00106426	Classified Indicator	Unclassified	Position Number		Classified Indicator	
Job Code	17242	Job Title	Correctional Officer	Job Code		Job Title	
Department ID	4672140901	Facility Name	Baldwin SP-Security Opns	Department ID		Facility Name	
County Code/Name	005/Baldwin	Zip Code	31061	County Code/Name		Zip Code	
Pay Grade	011	Monthly Salary	\$2,026.83	Pay Grade		Monthly Salary	
		% Change	0.00%				

WORK SCHEDULE (DAYS & SHIFT)																BUDGET APPROVAL BY				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	--	---	Name		Date	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	---				
COMPLETED BY																APPOINTING AUTHORITY				
Name <i>Dena Harrison</i>																Name <i>Cassie B. Taylor</i>				
Date <i>6/24/14</i>																Date <i>6/24/14</i>				



STATE OF GEORGIA
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Complete information on jobs with the Georgia Department of Corrections and the application process may be found at GDCJobs.com
 Use GDCJobs.com to find more employment opportunities with the Georgia Department of Corrections

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]

Last Name: Bentley First Name: Christopher Middle Initial: N
 Street or Mailing Address: [Redacted] Apartment No.:
 City: [Redacted] State: [Redacted] Zip Code: [Redacted] County: [Redacted]

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

1. Are you a United States citizen?
 YES NO

2. Are you an alien authorized to work in the United States?
 YES NO N/A

3. Have you ever been dismissed from any State of Georgia government position?
 YES NO
 IF YES, attach an explanation.

4. Have you ever been convicted of a felony?
 YES NO
 IF YES, attach an explanation.

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

Job Title	Job Code	Facility/Office	Position Number

EDUCATION:

High School Graduate or Equivalent (GED)?
 Yes No

Vocational/Business School: _____ Field of Study: _____ Completed: Yes No
 Date: (Mo./Yr.)

COLLEGES/UNIVERSITIES	CITY and STATE	CREDIT RECEIVED		FIELD-AREA OF CONCENTRATION			DATE DEGREE COMPLETED (Mo./Yr.)
		Our Hrs	Sem Hrs	Major	Hrs	Minor	

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

GEORGIA LICENSES AND CERTIFICATIONS:

Type of License/Certificate	License/Certificate Number	Expiration (Mo./Yr.)	Specialization/Endorsements
Current Valid Driver's License <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	055846556	08/16	
Current Valid Commercial Driver's License (CDL): Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
Teacher Certified in Georgia: Type of Certificate Held:			
Georgia Peace Officer Standards and Training Certificate (POST)			
Other Professional License/Certificate: _____			

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

Signature: *Christopher Bentley* Date: 6-1-14

Send completed applications to the contact listed in each vacancy announcement

WORK HISTORY: Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more space, print out the supplemental work history page and attach to the application. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. You may submit a resume to document your work background. However, if the resume does not contain all the information requested in the Work History section, please fill in that information on the application.

Current or Last Employer: Dollar General		Your Job Title: STOCKER	
Address: 280 E Dylkes St.	From (mo/yr): 02/14	To (mo/yr): 05/12	Hours per Week: 21-35
City: Cochran	State: GA	Zip Code: 31014	Annual Salary:
Your Supervisor's Name and Title:		Your Supervisor's Phone Number:	
Reason for Leaving: needed better pay		# and types of employees you supervised:	
Describe in detail your job duties:			

stacked merchandise

Related Computer Skills:

Employer: Husqvarna		Your Job Title: Parts Assembler	
Address: 263 E Oak St.	From (mo/yr): 11/13	To (mo/yr): 04/15	Hours per Week: 40
City: McRae	State: GA	Zip Code: 31055	Annual Salary:
Your Supervisor's Name and Title:		Your Supervisor's Phone Number:	
Reason for Leaving: Level Off		# and types of employees you supervised:	
Describe in detail your job duties:			

assembled parts on gardening equipment

Related Computer Skills:

Employer: Bellt Associates Construction		Your Job Title: Laborer	
Address: 255 Wilson Pike Cir	From (mo/yr): 04/12	To (mo/yr): 07/12	Hours per Week: 40-52
City: Brentwood	State: TN	Zip Code: 37027	Annual Salary:
Your Supervisor's Name and Title:		Your Supervisor's Phone Number:	
Reason for Leaving: Company left and went to another job		# and types of employees you supervised:	
Describe in detail your job duties:			

Anything the boss told me to do

Related Computer Skills:

Complete information on jobs with the Georgia Department of Corrections and the application process may be found at GDC.Jobs.com
 Use the Application Supplement page at GDC.Jobs.com to add more work history if needed

Employer:				Your Job Title:			
Address		From (mo/yr)	To (mo/yr)	Hours per Week:			
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary		
Your Supervisor's Name and Title				Your Supervisor's Phone Number			
Reason for Leaving				# and types of employees you supervised: ()			

Describe in detail your job duties:

Related Computer Skills:

Employer:				Your Job Title:			
Address		From (mo/yr)	To (mo/yr)	Hours per Week:			
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary		
Your Supervisor's Name and Title				Your Supervisor's Phone Number			
Reason for Leaving				# and types of employees you supervised: ()			

Describe in detail your job duties:

Related Computer Skills:

Employer:				Your Job Title:			
Address		From (mo/yr)	To (mo/yr)	Hours per Week:			
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary		
Your Supervisor's Name and Title				Your Supervisor's Phone Number			
Reason for Leaving				# and types of employees you supervised: ()			

Describe in detail your job duties:

Related Computer Skills:

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

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

How You Heard About The Job:

- GDC Jobs.com College/University Technical School Employee Referral Careers.ga.gov
- Newspaper Job/Career Fair Other Internet Source DOL Career Center Other WJHG

Date: 6-1-14

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

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

Last Name Bentley First Name Christopher MI N

Ethnic Background (Check One):

- 1. Native American
- 2. White, not of Hispanic origin
- 3. Hispanic
- 4. Black, not of Hispanic origin
- 5. Asian/Pacific Islander
- 6. Multi-racial
- 7. Other

Gender

- (Check One):
- Male
 - Female

Birth Date

MO DAY YR

 PER 93
 ZS

Birth Date - Required for some law enforcement jobs.

For Agency Use



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



Nathan Deal
 Governor

Brian Owens
 Commissioner

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

Name: Christopher Bentley
 Facility/Work Unit: _____ Date: _____

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

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

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

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE 9/3/2019

EFFECTIVE DATE OF ACTION
~~9/3/2019~~
9/1/19

SEP 04 2019

ENTERED
9/4/19

LOCATION McEver Probation Detention Center
INITIATOR Keona West

PHONE 478/988-7009
E-MAIL

Keona.West@gdc.ga.gov

SW

EMPLOYEE INFORMATION				SUPPORTING PAPERS				COMMENTS														
Name	Bentley, Christopher			<input type="checkbox"/> Correspondence (Resignation or Adverse Actions)	3/2/2 11.75hrs. 28day EE transferred to McEver PDC effective 09/03/2019. <i>Res 1507.86</i> <i>ABR 36,188.57</i>																	
Empl ID	EE Scribe Number			<input type="checkbox"/> Suspension Notice																		
Gender	Male	Race	White	<input type="checkbox"/> PIF/PMF																		
DOB	PERSON			<input type="checkbox"/> Min. Qual. Review Decision																		
Maildrop ID	467-000334			<input type="checkbox"/> DOL 800 Separation Notice																		
				<input type="checkbox"/> Other (Specify):																		
ACTION, REASON & DESCRIPTION				Is rehire recommended? --																		
1	XFR LAT Lateral Xfer Within Same Crmpny			*If No, then attach supporting documentation																		
2	--			Terminal Leave Hours To Be Paid: 0																		
3	--			*Please attach verification																		
CPA USE ONLY				Last Day in Pay Status:																		
FLSA Code	--	DTI Code	--	Does action impact a high security supplement?																		
TO				FROM																		
Position Number	00116861	Classified Indicator	Unclassified	Position Number	00193229	Classified Indicator	Unclassified															
Job Code	PSP064	Job Title	Correctional Sergeant	Job Code	PSP064	Job Title	Correctional Sergeant															
Department ID	4673810901	Facility Name	McEver PDC-Security Opns	Department ID	4672370901	Facility Name	Dooly SP-Security Opns															
County Code/Name	076/Houston	Zip Code	31069	County Code/Name	046/Dooly	Zip Code	31091															
Pay Grade	LH	Semi-Monthly Salary	\$1,478.29	Pay Grade	LH	Semi-Monthly Salary	\$1,478.29															
				% Change	0.00%																	
WORK SCHEDULE (DAYS & SHIFT)											BUDGET APPROVAL BY											
1	X	X	4	5	X	X	X	9	10	X	X	13	14	15	--	11.75 hr Shift	Name			Date		
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30								
COMPLETED BY											APPOINTING AUTHORITY											
Name	Keona West						Date	9/3/2019		Name	<i>Keona West</i>			Date	9-3-19							

REQUEST FOR LATERAL TRANSFER
SECURITY ONLY

Employee's Name: Christopher Bentley ID# [REDACTED] ES

(Transfer is not approved until all signatures are received. Wardens from Current and Receiving Facilities must sign before being sent to Region Directors).

REQUEST

This is to request permission to laterally transfer / promote / demote from:
(circle the appropriate request option)

Facility Name DeWey State Prison Job Title Correctional Sergeant to

Facility Name McEwen PDC Job Title Correctional Sergeant

Effective (must be 1st or 16th): September 1st 2019

Chyl Batts Employee's Signature X Date 8-16-19

CURRENT EMPLOYER RESPONSE

DISAPPROVED () APPROVED (✓)

Effective on: 9-1-19
Alt.

Appointing Authority Signature _____
Date 8-16-19

DISAPPROVED () APPROVED (✓)

Effective on: 9-1-19

Regional Director's Signature _____
Date 8/26/19

RECIPIING EMPLOYER RESPONSE

DISAPPROVED () APPROVED (✓)

Effective on: 9-1-19
Ch. Batts

Appointing Authority Signature _____
Date 8-16-19

DISAPPROVED () APPROVED (✓)

Effective on: 9-1-19

Regional Director's Signature _____
Date 8/26/19

Southwest Regional
Human Resources Department

Revised 03/01/2018

AUG 16 2019

Received

PERSONAL INFO

PeopleSoft HCM Production

Data Change Request

Submit to:

E-mail – hcm@sao.ga.gov

Company Number	467	Date of Request	09/05/2019
Employee ID	██████████	Empl Rcd#	0
Employee Name	Christopher Bentley	Position Number	00116861
Requestor's Phone	██████████	Requestor's E-Mail	██████████
Requested by (print)	Aneдрес Willis	Approved by (print)	Estoria Fondren
Signature	<i>Aneдрес Willis</i>	Signature	Estoria Fondren

Indicate the specific change(s) you wish to have made. Include Effective Date(s) and screen shots where necessary. Indicate the specific reason(s) why you cannot correct this record yourself by inserting one or more data rows.

Please remove row 1 in Job Data

Effective Date: 09/03/2019

Action: Transfer

Reason: Lateral Transfer Within the Same Company

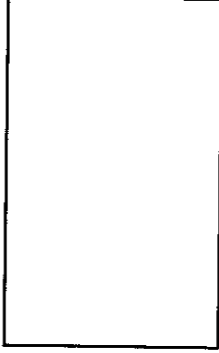
Reason: Enter in Error

Willis, Aneadress

From: Fondren, Estoria
Sent: Friday, September 06, 2019 8:28 AM
To: Willis, Aneadress
Subject: FW: Incident: 190905-000508

From: TeamWorks HCM Support <HCM@sao.ga.gov>
Sent: Thursday, September 05, 2019 4:34 PM
To: Fondren, Estoria <Estoria.Fondren@gdc.ga.gov>
Subject: Incident: 190905-000508

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



Response

Your issue has been resolved and this Service Request has been closed.

Resolution: Deleted 09/03/2019 job data row for Christopher Bentley

SR Number: 190905-000508

Issue: Christopher Bentley SAO Request

If your issue is not resolved or if this Service Request has been closed in error please reply to this email and your SR will be reopened.

Please help us in continuously providing you, "our customer" with excellent service! Click on the link below to rank the service

you received for this request. Thank you for letting us know how we can better serve you.

Submit Survey

SAO Customer Service Center
404-657-3956 or 888-896-7771
www.sao.georgia.gov

Redaction Log

Total Number of Redactions in Document: 130

Redaction Reasons by Page

Page	Reason	Description	Occurrences
1	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
2	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
3	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
4	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
4	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2
6	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2
7	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	2
8	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
9	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
11	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
13	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
15	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1

Redaction Log

Page	Reason	Description	Occurrences
15	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2
17	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
17	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2
29	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
29	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
30	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
30	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
31	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
31	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
32	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
32	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
33	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
34	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1

Redaction Log

Page	Reason	Description	Occurrences
35	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	4
36	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	2
37	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
38	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
40	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
41	GCIC NCIC	Criminal history record information has been redacted as required by O.C.G.A. §35-3-30, et seq.	1
42	GCIC NCIC	Criminal history record information has been redacted as required by O.C.G.A. §35-3-30, et seq.	1
43	GCIC NCIC	Criminal history record information has been redacted as required by O.C.G.A. §35-3-30, et seq.	1
44	GCIC NCIC	Criminal history record information has been redacted as required by O.C.G.A. §35-3-30, et seq.	1
46	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
46	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	7
47	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
47	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2

Redaction Log

Page	Reason	Description	Occurrences
48	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
49	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	6
50	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2
51	GCIC NCIC	Criminal history record information has been redacted as required by O.C.G.A. §35-3-30, et seq.	1
54	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	7
56	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2
57	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
57	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	9
58	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
59	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
60	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
60	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2
61	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1

Redaction Log

Page	Reason	Description	Occurrences
61	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2
62	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	2
63	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
63	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
64	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
65	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
65	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
66	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
67	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
67	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2
68	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	4
70	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
72	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1

Redaction Log

Page	Reason	Description	Occurrences
72	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	9
73	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	5
76	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
78	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
78	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
79	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
80	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	1
81	EE Scribe Number	Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20).	1
81	PERSONAL INFO	Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20).	2