

GEORGIA DEPARTMENT OF CORRECTIONS
POSITION/PERSONNEL ACTION REQUEST

DATE

3/23/2022

EFFECTIVE DATE OF ACTION

4/1/2022

LOCATION Appling ITF
INITIATOR Jeni Reynolds

PHONE 912-367-1761

E-MAIL

jeni.reynolds@gdc.ga.gov

| EMPLOYEE INFORMATION | | | | | | | | | | SUPPORTING PAPERS | | | | | | | | | | COMMENTS | | | | | | | | | |
|-------------------------------------|-------------------------------------|---------------------------|-------|----------------------|-------------------------------------|-------------------------------------|----|----|-------------------------------------|--|-------------------------------------|---|----|-------------------------------------|-------------------------------------|---------------------------|--|------|--|-----------|--|--|--|--|--|--|--|--|--|
| Name | | Johnson, John Barry | | | | | | | | <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 checked="" type="checkbox"/> DOL 800 Separation Notice <input checked="" type="checkbox"/> Other (Specify): Retirement Notification | | EE will be retiring from Appling ITF effective 4/1/22. <i>D Regs</i> <i>Suppl. 3750</i> ENTERED MAR 24 2022 RECEIVED <i>OP</i> <i>AP</i> <i>A/P 360</i> | | | | | | | | | | | | | | | | | |
| Empl ID | | EE Scribe Number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | Male | Race | White | DOB | PER | 1967 | | | | | | | | | | | | | | | | | | | | | | | |
| Maildrop ID | | #N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACTION REASON & DESCRIPTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | TER RTM Retirement | | | | | | | | | Is rehire recommended? -- *If No, then attach supporting documentation Terminal Leave Hours To Be Paid: 0 *Please attach verification Last Day in Pay Status: 3/31/2022 Does action impact a high security supplement? -- | | | | | | | | | | | | | | | | | | | |
| 2 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CPA USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLSA Code | | -- | | DTI Code | | -- | | | | | | | | | | | | | | | | | | | | | | | |
| TO | | | | | | | | | | FROM | | | | | | | | | | | | | | | | | | | |
| Position Number | | | | Classified Indicator | | | | | | Position Number | | 00186468 | | Classified Indicator | | Unclassifd | | | | | | | | | | | | | |
| Job Code | | -- | | Job Title | | -- | | | | Job Code | | PSP064 | | Job Title | | Correctional Sergeant | | | | | | | | | | | | | |
| Department ID | | -- | | Facility Name | | #N/A | | | | Department ID | | 4673910901 | | Facility Name | | Appling ITF-Security Opns | | | | | | | | | | | | | |
| County Code/Name | | #N/A | | Zip Code | | #N/A | | | | County Code/Name | | 001/Appling | | Zip Code | | 31513 | | | | | | | | | | | | | |
| Pay Grade | | | | Semi-Monthly Salary | | | | | | Pay Grade | | LH | | Semi-Monthly Salary | | \$1,717.78 | | | | | | | | | | | | | |
| | | | | % 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 | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 18 | 19 | 20 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 23 | 24 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 28 | 29 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 11.75 hr Shift | | | | | | | | | | | | | |
| COMPLETED BY | | | | | | | | | | APPOINTING AUTHORITY | | | | | | | | | | | | | | | | | | | |
| Name | | Jeni Reynolds, HR Tech II | | | | | | | | Date | | 3/23/2022 | | Name | | Roy Odum, Warden | | Date | | 3/23/2022 | | | | | | | | | |

Fw: John Barry Johnson id# [REDACTED] Retirement

Juhan, Marcillena <marcillena.juhan@gdc.ga.gov>

Wed 3/9/2022 2:30 PM

To: Reynolds, Jeni <Jeni.Reynolds@gdc.ga.gov>

Hello, see below

Marcillena Juhan, HR Specialist 3
Audits & Compliance Section
GDC/Human Resources
Telephone: 478-297-6009

Marcillena.Juhan@gdc.ga.gov

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: Jannette Goodwin <jannette.goodwin@ers.ga.gov>

Sent: Tuesday, March 8, 2022 4:02 PM

To: Johnson, Sakeitha <Sakeitha.Johnson@gdc.ga.gov>

Subject: John Barry Johnson [REDACTED] Retirement

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.

Good Afternoon Personnel/Payroll Office

This is a friendly note- Mr. John Barry Johnson [REDACTED] has submitted a retirement application online-effective date 04/01/2022-into May 2022 payroll. Thank you.

Jannette Goodwin
Pension Analyst

Employee's Retirement System of Georgia

Two Northside 75, Suite 300
Atlanta, GA 30318

Main number: 404.350.6300
Direct line: 404.603.5728
Website: ers.ga.gov

PRIVILEGED AND CONFIDENTIAL INFORMATION:

This message is intended exclusively for the individual or entity to which it is addressed. This communication may contain information that is proprietary, privileged, confidential or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read,



State of Georgia
Department of Labor
SEPARATION NOTICE

- Employee's
1. Name John Barry Johnson 2 S.S. No. [REDACTED]
- a. State any other name(s) under which employee worked. _____
3. Period of Last Employment: From 02/02/2004 To 03/31/2022
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: _____

Service Retirement

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) _____ 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.
% of contributions paid by employer. _____ If NO, how much? \$ _____
6. Did the employee earn at least \$3,000.009 in your employ? YES ☐ NO ☐

Employer's
Name Georgia Department of Corrections
Address 800 Patrol Road
(Street or RFD)
City Forsyth State GA ZIP Code 31029
Employer's
Telephone No. 478-992-5211
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
Jeni Reynolds

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190©, to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199F, you may attach a copy of this form (DOL-800) as a part of your response.

Jeni Reynolds

Jeni Reynolds, HR Tech II

03/23/2022

Date Completed and Released to Employee

NOTICE TO EMPLOYEE
OCGA SECTION 34-8-190© OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM

Checklist for Entering Terminations

Employee Name: **Johnson, John**

Employee ID#

EE
Num

Facility: **Appling**

Entered By: **J Temple**

| ✓ | Item |
|---|--|
| ✓ | Check Create/Update Abs., enter end dates for Leave of Abs. (use term date)-Also review for overpays in comments |
| ✓ | Job Data – Enter Termination-Except Involuntary refer to Noel. (This does not include Death of EE) |
| ✓ | Additional Pay – Stop (change future dates) Effective date 15 th and last day of month depending on termination date |
| ✓ | General Deductions - Stop |
| ✓ | Pension Plan – Stop (use effective date) |
| ✓ | Savings Plans – Stop (use effective date) |
| | Zero out Leave Balances-if it differs you may have to make adjustments |
| ✓ | Out of Pay Status Form or Partial Pay Form-Request actual hrs worked from Facility |
| | Add a Pay Sheet |
| | Leave Verification (verify Holiday over 150) (Reminder do not pay out on a partial pay period) |
| | 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. |
| | Process payout of ALP, HDP – Create Batch Header |
| ✓ | Direct Deposit – Stop 30 Days after termination effective date |
| — | Add any retro to Job Comments |

Date Entered:

- If ee receives a partial payment, Analyst must check regs section of confirm report for two consecutive pay periods. Ex. Employee receives a partial for \$500.00 on 15th pay period, then ee will appear on 30th pay period for \$00.00.
- Pay out leave balances next pay period – **double check**
- For Termination/Death, be sure and process a Handdrawn for the leave payout. This is not put into the batch header. Send the Handdrawn to Jennifer. She will notify Antoria/benefits.
- Leave Balance:
- Annual:
- Holiday:
- Flsa:
- Retros:

add any retro to Job Comments



Georgia Department of Corrections



Human Resources

Leave Verification Form

| | | | | | | | |
|---|---------------|--|-------------------|------------------|-------------------|------------------|--------------------------------|
| Date of Verification: | | 03/31/2022 | | | | | |
| Name: | | EMPL ID: | | | Hire Date: | | |
| John Johnson | | EE Scribe Number | | | 02/02/2004 | | |
| Effective Date of Current Action: | | Type of Action (Termination, Retirement, Transfer, etc.): | | | | | |
| 04/01/2022 | | Resignation | | | | | |
| Final Leave Balances | | | | | | | |
| Sick | Annual | Personal | State Comp | FLSA Comp | Holiday | Forfeited | Education Support Leave |
| 7.62 | 361.25 | 0 | 7.08 | 0 | 0 | 1349.02 | 8 |
| Please use the space below to provide any relevant information pertaining to the final balances (adjustments, payout information, etc.): | | | | | | | |
| EE will need to be paid the \$3750.00 on leave payout. | | | | | | | |
| 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/Jeni Reynolds | | | | | 03/31/2022 | | |

Redaction Log

Total Number of Redactions in Document: 8

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 |
| 1 | PERSONAL INFO | Public employee's personal information has been redacted pursuant O.C.G.A. 50-18-72(a)(20). | 1 |
| 2 | EE Scribe Number | Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20). | 3 |
| 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 |
| 5 | EE Scribe Number | Employees' SCRIBE account numbers have been redacted pursuant to O.C.G.A. 50-18-72(a)(20). | 1 |