



Rosemarie S. Andolino, Commissioner of Aviation

Department of Aviation/O'Hare Modernization Program ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received the City of Chicago Board of Ethics **Governmental Ethics Ordinance**. By signing this form, I hereby further acknowledge that I have read, understood and will be held accountable for adherence to these ordinances.

JOHN MOORE

PRINT NAME

OFFICER

TITLE

[Handwritten signature of John Moore]

EMPLOYEE SIGNATURE

23 JUN 09

DATE

[Handwritten signature of witness]

WITNESS - PRINT NAME

[Handwritten signature of witness]

WITNESS SIGNATURE

23 June 09

DATE

Returned the signed copy no later than **July 7, 2009** to:

Priscilla Crowder
Department of Aviation - Human Resources Division
10510 W. Zemke Blvd - 2nd Floor
Chicago, IL 60666

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last MOORE First JOHN Middle Initial T	Maiden Name
Address (Street, City, State, Zip Code)	Date of Birth (month/day/year)
City	Social Security #

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

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

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien # A _____)
- An alien authorized to work until ____/____/____ (Alien # or Admission # _____)

Employee's Signature: *John Moore* Date (month/day/year): **08-23-95**

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.

Preparer's/Translator's Signature: _____ Print Name: _____

Address (Street Name and Number, City, State, Zip Code): _____ Date (month/day/year): _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	#	List C
Document title: _____	ILL/DNV/IC EXP	_____	S/S	_____	_____
Issuing authority: _____		_____			_____
Document #: _____		_____			_____
Expiration Date (if any): ____/____/____		_____			_____
Document #: _____		_____			_____
Expiration Date (if any): ____/____/____	_____	_____	_____	_____	_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative: *DEE-ANGELINI* Print Name: *DEE-ANGELINI* Title: *CLERK IV*

Business or Organization Name: *DEPT-AVIATION* Address (Street Name and Number, City, State, Zip Code): *O'HARE AIRPORT CHICAGO ILL 60666* Date (month/day/year): *8-23-95*

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable): _____ B. Date of return (month/day/year) (if applicable): _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility

Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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: *Dee Angelini* Date (month/day/year): *8-23-95*



**CITY OF CHICAGO
DEPARTMENT OF HUMAN RESOURCES**

OUTSIDE EMPLOYMENT FORM

Name: <u>MOORE, JOHN.</u>	Department: <u>AVIATION</u>
Job Title: <u>AVIATION SECURITY OFFICER</u>	Bureau: <u>SECURITY</u>
Work Phone: <u>773 686 2685</u>	Work Site: <u>OHARE</u>

1. Do you now have or do you anticipate having a job in addition to your present employment with the City of Chicago?
 YES NO

2. Are you now self-employed or have any business interest or act on a consultant basis?
 YES NO

If yes, does this involve any city, state, or federal license registration?
 YES NO

If yes, state the type and registration number: _____

3. If yes, to any of the above;
 When did (will) you start? _____

Name of Employer: _____ Phone: _____

Address: _____ City: _____

What is your job? _____

4. Complete the box below, indicating start time, total hours per day and total hours per week for your City job and your outside employment.

	City Employment		
	Start	Stop	Hours
<u>ROTAENG</u>			
Monday	<u>1330</u>	<u>2200</u>	<u>8</u>
Tuesday	<u>1330</u>	<u>2200</u>	<u>8</u>
Wednesday	<u>1330</u>	<u>2200</u>	<u>8</u>
Thursday	<u>1330</u>	<u>2200</u>	<u>8</u>
Friday	<u>1330</u>	<u>2200</u>	<u>8</u>
Saturday			
Sunday			
Total Hours			

	Outside Employment		
	Start	Stop	Hours
<u>DNA</u>			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours			

I hereby certify that the above information is true and complete and authorize my outside employer named above to furnish any authorized representative of the City of Chicago with any additional information pertaining to my employment. Should the above information change, I will notify my supervisor immediately and complete a new Outside Employment Form.

I submit that I have read the City's Ethics Ordinance and Personnel Rules, Rule XX-Employee Relations, Section 3-Outside Employment; that I have no conflict of interest; and that any falsification of this report will be cause for disciplinary action.

Signature: [Signature]

Date: 10 MAR 15

APPROVALS: YES NO
 YES NO
 YES NO

Division Head: _____
 Bureau Head: _____
 Department Head: [Signature]



done

CITY OF CHICAGO
DEPARTMENT OF HUMAN RESOURCES
EMPLOYEE CHANGE OF ADDRESS FORM

Department: AVIATION Bureau: SECURITY

Name: JOHN MOORE

Position Title: SECURITY OFFICER SSN: [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Former Address: [REDACTED] Zip code: [REDACTED]

New Address: [REDACTED] Zip code: [REDACTED]

New Phone Number: [REDACTED] Effective Date: 02 OCT 12

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my **department head** and to the **Department of Human Resources** and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Department Head Signature [Signature]

Employee Signature [Signature: John Moore]

Date _____

Complete and sign two copies.
First copy to department file.
Second copy to Department of Human Resources.

LEASE RIDER

- 1) Tenants will establish gas account with People's Energy (312-240-4000) and electrical account with ComEd (800-334-7661).
- 2) Tenants responsible for snow removal and lawn care. Landlord responsible for repairs.
- 3) No alterations without landlord's permission.
- 4) Landlord provides refrigerator, stove & dishwasher.
- 5) Landlord responsible for laundry hookups, tenants will provide washer and dryer.
- 6) Garage not for tenants use.
- 7) 1st month's rent [redacted] goes to [redacted], security deposit [redacted] and all subsequent rents go to landlord ([redacted]).

[redacted]

DATE 1-3-2012

JOHN MOORE John Moore

DATE 1-3-2012

DATE Jan 11 2012

[redacted]

DATE 01/01/12

NOT FURNISHED CHICAGO APARTMENT LEASE

Table with columns: DATE OF LEASE (12-31-2011), TERM OF LEASE (BEGINNING 1-1-2012, ENDING 1-1-2013), MONTHLY RENT, SECURITY DEPOSIT.

*IF NONE, WRITE "NONE" and Section 5 of Lease Agreements and Covenants shall then be INAPPLICABLE.

Table with columns: LATE CHARGE \$60, RETURNED CHECK CHARGE \$50, RENEWING CHARGE \$, MONTHLY PARKING FEE \$, MONTHLY CONDOMINIUM ASSOCIATION FEE \$, MONTHLY STORAGE FEE \$, PROPERTY MANAGEMENT ADMINISTRATIVE FEE \$, MONTHLY RENT DUE UPON LEASE EXECUTION \$.

*IF NONE, WRITE "NONE"

Tenant and Landlord information section including names, addresses, unit numbers, and telephone numbers for both parties.

ADDITIONAL AGREEMENTS AND COVENANTS INCLUDING DECORATING, REPAIRS AND CONDOMINIUM BYLAWS, IF ANY. SEE LEASE RIDER. Includes signature of John Moore.

NOTICE OF CONDITIONS AFFECTING HABITABILITY. I hereby acknowledge that Landlord has disclosed any code violations, code enforcement violation and/or compliance board proceedings during the previous 12 months for the Premises and the Building...

FURTHER ACKNOWLEDGMENTS BY TENANT. Tenant hereby acknowledges that as of the Date of Lease, Tenant has received from Landlord the following documents: Security Deposit Receipt, Heating Cost Disclosure Statement, Rules of Building from Property Manager and/or Condominium Association, Lead-based Paint Disclosure: Protect Your Family From Lead in Your Home.

In consideration of the mutual agreements and covenants set forth in this Lease, and in further consideration of the statements made by Tenant in the application for Lease and all supporting documents thereto...

Tenant and Landlord signature and date lines. Tenant: John Moore, 1-1-2012. Landlord: [Redacted], 1-3-12.



**CITY OF CHICAGO
DEPARTMENT OF HUMAN RESOURCES
OUTSIDE EMPLOYMENT FORM**

Name: <u>JOHN MOORE</u>	Department: <u>AVIATION</u>
Job Title: <u>AVIATION SECURITY OFFICER</u>	Bureau: <u>SECURITY</u>
Work Phone: <u>773 686-2685</u>	Work Site: <u>OHARE</u>

1. Do you now have or do you anticipate having a job in addition to your present employment with the City of Chicago?
 YES NO

2. Are you now self-employed or have any business interest or act on a consultant basis?
 YES NO
 If yes, does this involve any city, state, or federal license registration?
 YES NO
 If yes, state the type and registration number: _____

3. If yes, to any of the above;
 When did (will) you start? _____
 Name of Employer: _____ Phone: _____
 Address: _____ City: _____
 What is your job? _____

4. Complete the box below, indicating start time, total hours per day and total hours per week for your City job and your outside employment.

	City Employment		
	Start	Stop	Hours
Monday	1330	2200	8
Tuesday	1330	2200	8
Wednesday	1330	2200	8
Thursday	1330	2200	8
Friday	1330	2200	8
Saturday			
Sunday			
Total Hours			<u>40</u>

	Outside Employment		
	Start	Stop	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours			

I hereby certify that the above information is true and complete and authorize my outside employer named above to furnish any authorized representative of the City of Chicago with any additional information pertaining to my employment. Should the above information change, I will notify my supervisor immediately and complete a new Outside Employment Form.

I submit that I have read the City's Ethics Ordinance and Personnel Rules, Rule XX-Employee Relations, Section 3-Outside Employment; that I have no conflict of interest; and that any falsification of this report will be cause for disciplinary action.

John Moore
 Signature

11 MAR 11
 Date

APPROVALS: YES NO
 YES NO
 YES NO

Division Head: _____
 Bureau Head: _____
 Department Head: _____



**HUMAN RESOURCES
STANDARD OPERATING PROCEDURES
ACKNOWLEDGEMENT OF RECEIPT**

I. ACKNOWLEDGEMENT OF RECEIPT

A. I acknowledge that I have received the Chicago Department of Aviation Human Resources Standard Operating Procedures.

JOHN MOORE

PRINT NAME

AVIATION SECURITY OFFICER

TITLE

[Handwritten Signature]

EMPLOYEE SIGNATURE *

22 JUN 10

DATE

* If the employee refuses to sign, the supervisor must sign the form "employee refuses to sign".

II. FORMS, DOCUMENTS & RESOURCES

A. Additional information and guidance may be obtained by contacting the following CDA-HR personnel:

1. Bill McKeown, CDA-HR, Office: 773-894-5294, Email: wmckeown@ohare.com
2. Robert May, CDA-HR, Office: 773-686-3458, Email: rmay@ohare.com

III. COMPLIANCE

A. Compliance with the rules and procedures of all SOPs is mandatory for all CDA employees. Failure to comply with all SOPs may result in disciplinary action pursuant to an in accordance with DHR Personnel Rules, CDA policies and procedures and any applicable collective bargaining agreement.

Disclaimer: If any of the rules or procedures set forth in the SOPs conflicts with existing laws, City policies or collective bargaining agreements, the provisions of such laws, policies or agreements shall supersede the applicable provisions of the SOPs.



CITY OF CHICAGO DEPARTMENT OF HUMAN RESOURCES

DUAL EMPLOYMENT FORM

Name: <u>JOHN MOORE</u>	Department: <u>AVIATION</u>
Job Title: <u>AVIATION SECURITY OFFICER</u>	Bureau: _____
Work Phone: <u>773 686 2685</u>	Work Site: <u>O'HARE</u>

1. Do you now have or do you anticipate having a job in addition to your present employment with the City of Chicago? YES NO

2. Are you now self-employed, have any business interest or act on a consultant basis? YES NO

If yes, does this involve any city, state, or federal license registration? YES NO

If yes, state the type and registration number: _____

3. If yes, to any of the above;
When did (will) you start? _____
Name of Employer: _____ Phone: _____
Address: _____ City: _____
What is your job? _____

4. Complete the box below, indicating start time, total hours per day and total hours per week for your City job and your outside employment.

	City Employment		
	Start	Stop	Hours
Monday			
Tuesday	1330	2200	8
Wednesday	1330	2200	8
Thursday	1330	2200	8
Friday	1330	2200	8
Saturday	1330	2200	8
Sunday			
Total Hours			40

	Outside Employment			Total Hours
	Start	Stop	Hours	
Monday			0	0
Tuesday			0	8
Wednesday			0	8
Thursday			0	8
Friday			0	8
Saturday			0	8
Sunday			0	0
Total Hours				40

I hereby certify that the above information is true and complete and authorize my outside employer named above to furnish any authorized representative of the City of Chicago with any additional information pertaining to my employment. Should the above information change, I will notify my supervisor immediately and complete a new Dual Employment Report. I submit that I have read the City's Ethics Ordinance and Personnel Rules; that I have no conflict of interest; and that any falsification of this report will be cause for disciplinary action.

Signature: *John Moore*

Date: 12 NOV 09 20

APPROVALS: YES NO
 YES NO
 YES NO

Division Head: _____
 Bureau Head: _____
 Department Head: _____



CITY OF CHICAGO DEPARTMENT OF HUMAN RESOURCES

DUAL EMPLOYMENT FORM

Name: <u>JOHN MOORE</u>	Department: <u>AVIATION</u>
Job Title: <u>OFFICER</u>	Bureau: <u>POLICE</u>
Work Phone: <u>(773) 686-2085</u>	Work Site: <u>OHARE</u>

1. Do you now have or do you anticipate having a job in addition to your present employment with the City of Chicago? YES NO

2. Are you now self-employed, have any business interest or act on a consultant basis? YES NO
 If yes, does this involve any city, state, or federal license registration? YES NO
 If yes, state the type and registration number: _____

3. If yes, to any of the above; When did (will) you start?
 Name of Employer: _____ Phone: _____
 Address: _____ City: _____
 What is your job? _____

4. Complete the box below, indicating start time, total hours per day and total hours per week for your City job and your outside employment.

	City Employment		
	Start	Stop	Hours
Monday	DAY OFF		
Tuesday	1330	2200	8
Wednesday	1330	2200	8
Thursday	1330	2200	9
Friday	1330	2200	8
Saturday	1330	2200	8
Sunday	DAY OFF		
Total Hours			40

	Outside Employment			Total Hours
	Start	Stop	Hours	
Monday	DOES NOT			
Tuesday	DOES NOT			
Wednesday	DOES NOT			
Thursday	APPL			
Friday	APPL			
Saturday	APPL			
Sunday	APPL			
Total Hours				

I hereby certify that the above information is true and complete and authorize my outside employer named above to furnish any authorized representative of the City of Chicago with any additional information pertaining to my employment. Should the above information change, I will notify my supervisor immediately and complete a new Dual Employment Report. I submit that I have read the City's Ethics Ordinance and Personnel Rules; that I have no conflict of interest; and that any falsification of this report will be cause for disciplinary action.

Signature: John Moore

Date: 03 NOV 06

APPROVALS: YES NO
 YES NO
 YES NO

Division Head: [Signature]
 Bureau Head: _____
 Department Head: _____

RECEIVED

NOV 9 2006

PRIVACY NOTICE

Dear Chicago Airport System Badge Holder,

The Department of Homeland Security (DHS), Transportation Security Administration (TSA) has determined that there is a need to obtain additional information on individuals who possess and apply for an airport identification badge. This information includes citizenship status which the TSA will use to perform a Security Threat Assessment (STA).

The TSA will use this information to conduct an STA on airport employees and other personnel or applicants who work in, or have unescorted access to the Sterile Area, Secured Area, Air Operations Area (AOA) and Security Identification Display Areas (SIDAs), or any other area for which the airport has issued a personnel identification media.

This information will be used by, and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to aviation security.

Additionally, DHS may share the information with facility operators, law enforcement officers or other government agencies as necessary to respond to potential or actual threats to transportation security, or pursuant to its published Privacy Act system of records notice.

This authority comes from title 49 of the United States Code, Part 114.

The information I have provided is true, complete and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both. (See Section 1001 of Title 18 of the United States Code.)

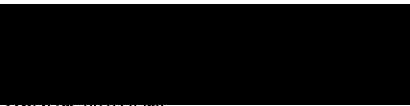


JOHN MOORE

Badge Holder's Printed Full Name

A handwritten signature in black ink, appearing to read 'J Moore'.

Signature



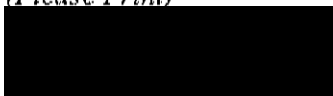
Badge Number

07 DEC 06

Date

CITIZENSHIP SELF IDENTIFICATION

NAME: JOHN MOORE
(Please Print)

BADGE NUMBER: 

COUNTRY OF BIRTH: UNITED STATES

RACE



Black or African-American (not of Hispanic origin): A person having origins in any of the racial groups of Africa.

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, Pakistan, the Philippine Islands, Thailand and Vietnam.

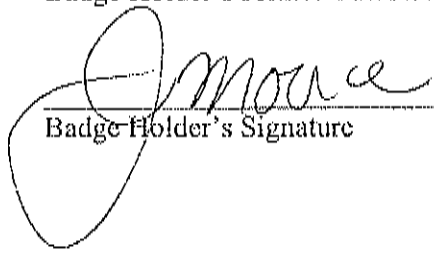
Native American or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification with a tribal affiliation or community recognition.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Only those persons from Central and South American countries who are of Spanish origin, descent, or culture should be included in this identification.

White (not of Hispanic origin): A person having origins in any of the original people of Europe, North Africa or the Middle East.

JOHN MOORE

Badge Holder's Printed Full Name



Badge Holder's Signature

07 DEC 06

Date

Return to Susan Earle in Human Resources no later than 12-13-06

CITY OF CHICAGO
VIOLENCE IN THE WORKPLACE TRAINING SESSION
ACKNOWLEDGMENT RECEIPT

JOHN MOORE

EMPLOYEE'S NAME

SECURITY OFFICER

TITLE

AVIATION

DEPARTMENT

5-24-2000

DATE OF TRAINING SESSION ATTENDED

John Moore

EMPLOYEE'S SIGNATURE

S. Scott Treff

VIOLENCE IN THE WORKPLACE LIAISON (SIGNATURE)

Robert A. Walker

TRAINING REPRESENTATIVE (SIGNATURE)

In compliance with the City of Chicago Violence in the Workplace Policy, Section VII, this employee attended one full Violence in the Workplace Training Session, conducted by the City of Chicago.

The training session included viewing the City of Chicago Violence in the Workplace Policy Video Training Tape; review of the Violence in the Workplace Procedural Manual; review of Executive Order 99-2, the City of Chicago Violence in the Workplace Policy, and Personnel Rules XVIII and XIX.

The employee named here will receive a certificate of completion for attending one full, mandatory Violence in the Workplace Training Session, after the Violence in the Workplace Office, located at 333 South State Street, Suite 330, Chicago, Illinois 60604, has received this receipt.



Richard M. Daley, Mayor
City of Chicago

Glenn E. Carr, Commissioner
Department of Personnel

Department of Aviation
Personnel Section
Personnel Information Update and Verification

F.P. - 25-95

Phys. 8-25-95 1:30 p.m.

Name MOORE, JOHN T.	Social Sec. # [REDACTED]	Sex M	Race [REDACTED]	Marital status (Circle one) [REDACTED]	Date of birth [REDACTED]
Address [REDACTED]	Zip code [REDACTED]	Phone no. [REDACTED]	Driver's license no. [REDACTED]	Exp. date [REDACTED]	Class [REDACTED]
Department/bureau DEPT OF AVIATION	Title Security	Employee no. [REDACTED]	Present unit assignment [REDACTED]		
Address of assignment 1000 O'HARE	Phone subscriber's name JOHN MOORE [REDACTED]				
Name of spouse [REDACTED]	Address of spouse [REDACTED]			Total dependents [REDACTED]	

42110101010157121
(For DOP Use Only)

City of Chicago
DEPARTMENT OF PERSONNEL
Request For Hire Form - Part A

Statement Yes No *Sanford, Jones*
Request # 5 *Contra, Jones*
Aviation + *Jensen, Muckel*

Date: 12 1 94
Start Date: 1/2/95

Position Description: Aviation Security Officer
Title Code: 4210 02
Barg. Unit: CS
Statute: 26,880.00
Budgeted Pay Rate: 26,880.00
Class Gr.: 112
Payroll Number: 3907
Starting Pay Rate: 2,240.00
Annual Amt: 26,880.00

Months Vacant to Date: 36
Bureau: Goodies
Salvage to Date: 11-1-95
John Moore
George Sabin
Stanley Prognostic

Base Justify In Detail the need for filling this vacancy:
Security section severely understaffed we must provide protection for terminals and airport grounds.

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

- Is this a supervisory or managerial position? Yes No
- Is this a revenue producing position? Yes No
- Are you requesting EMERGENCY HIRING? Yes No
- Has this position previously been approved? Yes No
(If Yes) Date: DEC 22 1994

RECEIVED

DEPARTMENT OF PERSONNEL x3782

Signature of Department Head: *David R. Williams* Date: 12 1 94

Signature of Officer: *Henry E. Cox* Date: 12 1 94

Signature of D.O.P.: *[Signature]* Date: 12 27 94

Signature for Shakman Exempt Position: *[Signature]* Date: 1 1 95

FOR DOP USE ONLY: EMERGENCY HIRING (circle appropriate number)
1. No request made. 2. Request denied. 3. Request approved. 3 Signature of DOP Shakman Compliance Officer: *[Signature]*

RECEIVED

50 2 8 82 330 1161

DEPARTMENT OF AVIATION/PERSONNEL - PAYROLL
CHECK OFF LIST

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PERSONNEL INFO UPDATE/VERIFICATION CARD

PERSONNEL DATA FORM

AFFIDAVIT OF DISCLOSURE/INDEBTEDNESS

EMPLOYEE RESIDENCY AFFIDAVIT (2) FORMS

AVAILABILITY TO WORK

LETTER TO ALL EMPLOYEES PAYCHECK/INSURANCE

FIRST AMENDMENT OF U.S. CONSTITUTION FORM

CONFLICT OF INTEREST

W-4 FEDERAL FORM

W-4 ILLINOIS DEPARTMENT OF REVENUE FORM

U.S. DEPARTMENT OF JUSTICE FORM I-9

PERSONAL HISTORY INQUIRY FORM

UNITED WAY/CRUSADE OF MERCY FORM

DRUG AND ALCOHOL TESTING POLICY

PENSION FORM (2) FORMS

INSURANCE/ACKNOWLEDGEMENT RECEIPT FORM

OTHER No ack

INITIALS _____



City of Chicago
Employee Residency Affidavit

Department AVIATION Bureau _____
Name JOHN MOORE
Position title SPEC POL DOA (SECURITY)
Social Security number _____

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Home address is: _____
_____ zip code _____

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed John Moore
Date 08-23-95

Complete and sign two copies.
First copy to department file.
Second copy to Department of Personnel.

City of Chicago
 Department of Personnel
 Room 1100—City Hall
 121 North LaSalle Street
 Chicago, Illinois 60602

PERSONNEL DATA FORM

PLEASE PRINT • PRESS FIRMLY

DATE

9/16/99

FOR OFFICE USE:

NAME MOORE		First: JOHN		Last: T		M.I. T		SOCIAL SECURITY NUMBER [REDACTED]		BIRTHDATE [REDACTED]		Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
PRESENT ADDRESS [REDACTED]		City: [REDACTED]		State: [REDACTED]		Zip: [REDACTED]		WORK PHONE [REDACTED]		DRIVER'S LICENSE NO. [REDACTED]		Home Phone [REDACTED]	
RACE/ETHNIC IDENTIFICATION: (The following definitions are those used by the United States Equal Employment Opportunity Commission. This information should be used for statistical purposes only.)		EMERGENCY CONTACT NAME: [REDACTED] ADDRESS: [REDACTED] PHONE: [REDACTED]		NAME: [REDACTED] ADDRESS: [REDACTED] PHONE: [REDACTED]		RELATIONSHIP: [REDACTED]		EDUCATION LEVEL: YEARS COMPLETED:		Graduated		1. Grade School <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
WHITE BLACK/AFRICAN AMERICAN HISPANIC ASIAN or PACIFIC ISLANDER NATIVE AMERICAN INDIAN or ALASKA NATIVE		FOREIGN LANGUAGES (Enter Language. Then indicate level by entering box. E = Excellent; F = Fair; P = Poor.)		SPEAKEN SPANISH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		WRITTEN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1. College <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. High School <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3. Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
FOR OFFICE USE ONLY		PROFESSIONAL LICENSES HELD:		MILITARY RECORD: Were you in the Armed Service? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Branch: _____		From: Month _____ Year _____		To: Month _____ Year _____		Present Status: _____	
EDUCATION/TRAINING (College, Business or Trade School)		City & State		Field of Study		Dates Attended From _____ To _____		Credits Completed Semi. Hrs. _____ Or: Hrs. _____		Degree, Diploma or Certificate		Year Received	
School Name DE PAUL UNIVERSITY CHICAGO, IL		City & State CHICAGO, IL		Field of Study PSYCHOLOGY/ANALYSIS		Dates Attended From 89 To 92		Credits Completed Semi. Hrs. _____ Or: Hrs. _____		Degree, Diploma or Certificate		Year Received	
School Name NORTHEASTER IL		City & State CHICAGO		Field of Study MANAGEMENT		Dates Attended From 92 To Pres.		Credits Completed Semi. Hrs. 120 Or: Hrs. _____		Degree, Diploma or Certificate		Year Received	
EMPLOYMENT HISTORY (Last 3)		ADDRESS		KIND OF BUSINESS		FROM		TO		JOB TITLE		LAST SALARY	
EMPLOYER JEWEL		ADDRESS 732a W Foster		KIND OF BUSINESS RETAIL		FROM 87		TO Pres		JOB TITLE Mgr		LAST SALARY 9.10 / hr	

WHITE DEPARTMENT OF PERSONNEL COPY YELLOW HIRING DEPARTMENT COPY
 AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER

John Moore 8-23



Personal History Inquiry Form

Name:

DEPARTMENT OF AVIATION
Chicago
O'Hare International Airport
P.O. Box 66142
Chicago, Illinois 60666
(312) 686-3449

City of Chicago
Richard M. Daley, Mayor

Department of Aviation
David R. Mosena
Commissioner

Applicant Name:	MOORE, JOHN T		
Address:	[REDACTED]		
Date:	88-23-95	Phone:	[REDACTED]
Social Sec. No.:	[REDACTED]	Birth Date:	[REDACTED]

The Department of Aviation is required by the Federal Aviation Administration to complete a five (5) year personal history investigation. Please denote your employment, educational or personal whereabouts (to include unemployment) for the last five (5) years. Also please list two (2) personal and one (1) non-personal references.

Firm/School/Other: NORTEASTERN ILL U. Position: STUDENT From: 92 To: 95
 Address: _____ Phone: _____
 Reason for Leaving: _____

Firm/School/Other: DEPAUL U. Position: STUDENT From: 89 To: 92
 Address: _____ Phone: _____
 Reason for Leaving: _____

Firm/School/Other: JEWEL Position: CASHIER From: 87 To: 95
 Address: _____ Phone: 775-6866
 Reason for Leaving: _____

Firm/School/Other: _____ Position: _____ From: _____ To: _____
 Address: _____ Phone: 773-219-1112
 Reason for Leaving: _____

Firm/School/Other: _____ Position: _____ From: _____ To: _____
 Address: _____ Phone: _____
 Reason for Leaving: _____

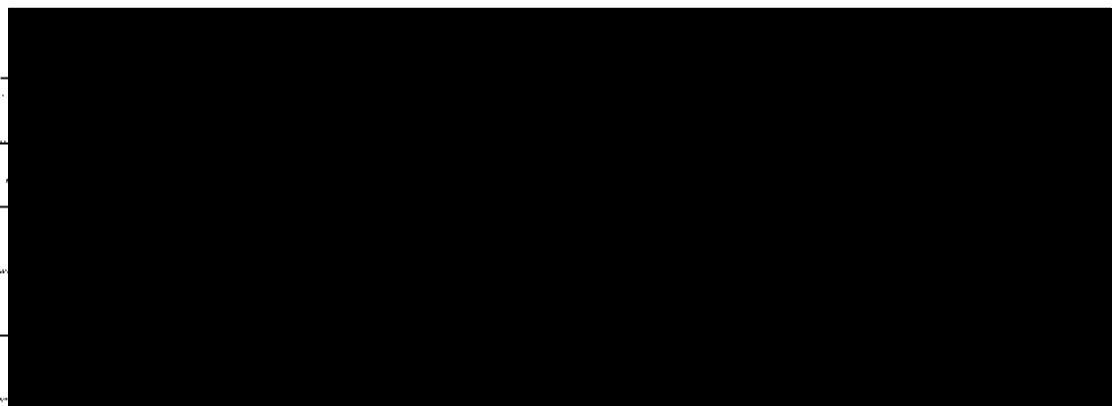
Firm/School/Other: _____ Position: _____ From: _____ To: _____
 Address: _____ Phone: _____
 Reason for Leaving: _____

References

Personal 1.

Personal 2.

Non-Personal 3.



Relationship

Years Known

Phone

I, John Moore, hereby authorize permission to the Department of Aviation to contact any person or company listed above, in order to complete an employment background inquiry.

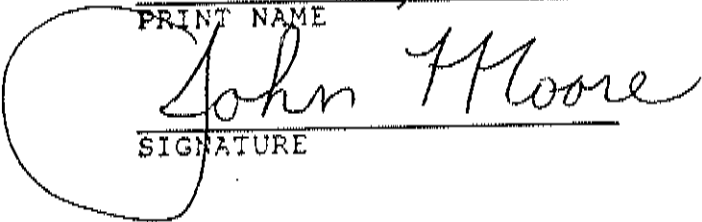
CITY OF CHICAGO DRUG AND ALCOHOL TESTING POLICY

I am in receipt of the City of Chicago Drug and Alcohol Testing Policy.

I understand that this policy will be implemented effective July 1, 1993.

MOORE, JOHN T

PRINT NAME

A large, handwritten signature in cursive script that reads "John T. Moore". The signature is written over a horizontal line and is enclosed within a large, hand-drawn circle.

SIGNATURE

8-23-95

DATE



DEPARTMENT OF AVIATION

MEMORANDUM

AVAILABILITY TO WORK

Date 08-23

Name JOHN MOORE

If the Department of Aviation selects you for a position we must know when you could report to work.

- A. Immediately _____
- B. Need time to give notice 2 weeks
- C. Other _____

Also, please provide us with a telephone number where you can be reached during business hours ~~773~~ 9-5 PM. If you cannot be contacted during the day, please leave a number that can accept a message for you

[REDACTED]



Department of Aviation



ACKNOWLEDGEMENT OF RECEIPT

I have been advised of my Prudential Life Insurance, as an employee with the City of Chicago. The City pays \$25,000 benefit to all active full-time employees.

In the event of your death, benefits will be paid to the Preferential Beneficiary affidavit.

- Surviving spouse
- Surviving children (in equal shares)
- Surviving parents
- Surviving siblings (in equal shares)
- Estate

X I accept full responsibility in mailing my application to Prudential Financial Group Life Record keeping, P. O. Box 13676, Philadelphia, PA, 19176.

Print Name: JOHN MOORE

Signature: 

Date: 25 APR 07

Department of Aviation



ACKNOWLEDGEMENT OF RECEIPT

I, JOHN MOORE, acknowledge receipt of
(Print name)

the City of Chicago Personnel Rules Book (Revised May 13, 2003)

on OCT 5, 2005.



Signature of Employee



CITY OF CHICAGO
Richard M. Daley
Mayor

SSN 318-76-3722
Date 9 Nov 05

CITY OF CHICAGO WRITTEN REPRIMAND

Employee JOHN MOORE Payroll No. [REDACTED]

Department DEPT OF AVIATION
Bureau _____
Division _____

Job Title AVIATION POLICE Immediate Supervisor Lt. MILLS

Date of Violation 27 OCT 05 Time 1330 Location AMC

This is to inform you that you are reprimanded according to the provisions of Rule XVIII of the City of Chicago Personnel Rules.

The cause for this reprimand is: FAILED TO CALL ON 27 OCT 05, FOR SICK TIME.

This action is a violation of: RULE 18 SEC 1 - #3. OFFICER MOORE MADE THE REQUEST THAT HE DID NOT WANT UNION REPRESENTATION AT THIS PRE-DIS ON 9 NOV 05 @ 1345 hrs. - 1st PRE-DIS 5 NOV.

A repetition of the above violation may result in further disciplinary action.

John Moore Nov 9, 2005 Called off 9 Nov 05
Employee Signature Date Signature of Supervisor Issuing Reprimand Date
(If employee refuses to sign, please so indicate.)
SERGEANT
Title

A COPY OF THIS REPRIMAND WILL BE MADE A PART OF YOUR PERMANENT RECORD.

White Copy — To Employee Yellow Copy — To Department Head Pink Copy — To Immediate Supervisor

DEPARTMENT OF AVIATION
ACKNOWLEDGEMENT RECEIPT

I have been advised of my choice of various available medical plans as an employee with the City of Chicago.

I accept full responsibility for providing all necessary applications and documents to the Benefits Management Office within 30 days of employment to ensure proper medical coverage for myself, and dependents, if applicable.

Print Name JOHN MOORE SS# 

Signed John Moore

Date 10 / 16 / 97

Original Copy - Department
Second Copy - Employee

CITY OF CHICAGO GROUP TERM LIFE INSURANCE

ENROLLMENT FORM

BANKERS LIFE AND CASUALTY COMPANY

NAME EMPLOYEE (PLEASE PRINT) MOORE JOHN T MI

ADDRESS [REDACTED] NUMBER AND STREET CITY STATE ZIP CODE

Form with fields: SOCIAL SECURITY NUMBER, MALE/FEMALE, PAYROLL NUMBER, DATE OF BIRTH (MO, DAY, YEAR), CONTINUOUS SERVICE DATE (MO, DAY, YEAR)

EMPLOYEE BENEFICIARY - GIVE FULL NAME AND RELATIONSHIP TO EMPLOYEE (EXAMPLE: MARY ANN JONES - SPOUSE)

[REDACTED BENEFICIARY INFORMATION]

UNLESS OTHERWISE PROVIDED HEREIN, IF TWO OR MORE BENEFICIARIES ARE NAMED, THE PROCEEDS SHALL BE PAYABLE IN EQUAL SHARES TO THE NAMED BENEFICIARIES SURVIVING THE INSURED EMPLOYEE.

COVERAGE-GROUP TERM LIFE INSURANCE

- 1. CITY PAID - BASIC GROUP TERM LIFE INSURANCE
2. EMPLOYEE PAID - OPTIONAL GROUP TERM LIFE INSURANCE, YOU MAY IF YOU WISH, ENROLL FOR AN ADDITIONAL AMOUNT OF COVERAGE EQUAL TO ONE, TWO OR THREE TIMES YOUR BASIC ANNUAL SALARY

OPTIONAL INSURANCE THROUGH PAYROLL DEDUCTION

- 1. YES I WANT THE OPTIONAL INSURANCE. IF OPTIONAL INSURANCE IS REQUESTED, INDICATE BELOW THE AMOUNT OF COVERAGE DESIRED. ONE, TWO, or THREE TIMES ANNUAL SALARY.

- 2. NO I WISH TO WAIVE THE OPTIONAL INSURANCE. I DO NOT WISH TO ENROLL FOR ANY OPTIONAL INSURANCE AND I UNDERSTAND THAT EVIDENCE OF INSURABILITY SATISFACTORY TO THE INSURANCE COMPANY MAY BE REQUIRED IF I DESIRE TO PARTICIPATE IN THE PLAN AT A LATER DATE.

I HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT FROM ANY EARNINGS OR ACCRUED WAGES DUE ME THE AMOUNT OF PREMIUM FOR ANY OPTIONAL LIFE INSURANCE HEREIN APPLIED FOR. THIS ENROLLMENT CARD SUPERSEDES ANY PREVIOUS ENROLLMENT CARD WHICH I MAY HAVE SUBMITTED.

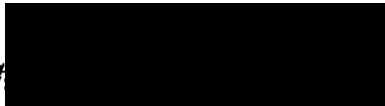
DATE SIGNED 10, 16, 97 John Moore EMPLOYEE SIGNATURE

INSURANCE COMPANY USE ONLY. EFFECTIVE DATE, APPROVED BY

DEPARTMENT OF AVIATION
ACKNOWLEDGEMENT RECEIPT

I have been advised of my choice of various available medical plans as an employee with the City of Chicago.

I accept full responsibility for providing all necessary applications and documents to the Benefits Management Office within 30 days of employment to ensure proper medical coverage for myself, and dependents, if applicable.

Print Name JOHN MOORE SS# 

Signed John Moore

Date 09, 18, 95

Original Copy - Department
Second Copy - Employee



City of Chicago
Richard M. Daley
Mayor

Department of Human Resources
Jacqueline P. King
Commissioner

975

ACKNOWLEDGMENT

I acknowledge that I have received the City of Chicago Policy on Sexual Harassment. I understand that I may file a complaint of sexual harassment by contacting the Sexual Harassment Office or my department or agency liaison.

I understand that if I am a supervisor and become aware of sexual harassment occurring in the workplace, I am required to report that conduct to the Sexual Harassment Office or my department or agency liaison.

JOHN MOORE

Print Name

OFFICER

Print Title

J Moore

Signature

30JAN07

Date

Department of Human Resources
Sexual Harassment Office
333 S. State St., Ste. 330, Chicago, IL 60604
(312) 747-8988

PLEASE COMPLETE AND RETURN TO:

MUNICIPAL EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO

221 N. LaSalle Street - Room 500
Chicago, Illinois 60601
Phone: (312) 236-4700

MEMBERSHIP RECORD

INSTRUCTIONS:

Each member or applicant for membership is required to complete TWO FORMS being careful to see that corresponding answers are identical on both. Forms must be completed in ink or on a typewriter. This is a permanent record and must be delivered in good condition.

You should notify the FUND promptly of any change in your beneficiary.

1. Name in full (Please Print) JOHN MOORE Sex { Male [X] Female []
2. Address [Redacted] Zip Code [Redacted]

3. Title of your present position _____

4. Department _____ Pay Roll No. _____

5. Give the date when you FIRST entered the service of the City or Board of Education _____
Month Day Year

6. Board of Education employees - Give the date you became Civil Service _____
City of Chicago employees - Give the date you became Career Service _____

7. Social Security No. [Redacted]

8. Date of birth [Redacted]
Month Day Year

NOTE: You must give the correct date of your birth if you wish to receive proper benefits from this Fund. If in doubt consult records.

9. Where were you born? [Redacted] RECEIVED SEP 13 1995

10. Give name of parents (Living or Deceased) { Father's Name [Redacted] Mother's (Maiden) Name [Redacted] PERSONNEL SECTION

SERVICE PRIOR TO MEMBERSHIP

25. I was employed by the City of Chicago or Board of Education of the City of Chicago as follows:

From	To	Title	Department

You have the right, in most cases, to elect to pay for this past service and receive credit for annuity purposes.

26. Do you have credits in any of the following retirement systems that may be considered under the Retirement Systems Reciprocal Act? (Yes or No) NO. If your answer is "YES" indicate which system or systems.

- | | | | |
|--|--------------------------|---|--------------------------|
| Illinois State Employees' Retirement System | <input type="checkbox"/> | County Employees' A. and B. Fund | <input type="checkbox"/> |
| Illinois State Teachers' Retirement System | <input type="checkbox"/> | Laborers' Annuity and Benefit Fund | <input type="checkbox"/> |
| University Retirement System of Illinois | <input type="checkbox"/> | Park Employees' Annuity and Benefit Fund | <input type="checkbox"/> |
| Illinois Municipal Retirement Fund | <input type="checkbox"/> | Sanitary District E. A. and Benefit Fund | <input type="checkbox"/> |
| Judges Retirement System of Illinois | <input type="checkbox"/> | Chicago Teachers' Pension and Retirement Fund | <input type="checkbox"/> |
| General Assembly Retirement System of Illinois | <input type="checkbox"/> | Forest Preserve Dist. E. A. and Benefit Fund | <input type="checkbox"/> |

27. Give telephone number at which you can be reached if it should be necessary to communicate with you:



I hereby certify that the answers to the foregoing questions are true and correct to the best of my knowledge, information and belief. Furthermore, if an application in writing is required to enable me to participate in the Fund this constitutes my application for membership. NOTE: I UNDERSTAND THAT I CANNOT WITHDRAW FROM THE FUND UNLESS I BECOME SEPARATED FROM THE SERVICE FOR NOT LESS THAN THIRTY (30) DAYS.

Date Aug 23, 1995 (Sign here) John Moore
 Name in Full

MARITAL STATUS

11. Are you married at the present time? [redacted] 12. Were you ever married? [redacted]

If you are legally married, you must complete Questions 13 through 17, even if you may be separated from your spouse.

13. Full Name of spouse [redacted]

14. Give date of birth of spouse [redacted]

15. Where was your spouse born [redacted]

16. Give date of marriage [redacted]

17. Where were you married [redacted]

If you are not married

18. Give Name of Deceased Spouse [redacted]

19. If spouse is deceased, give date of death [redacted]

20. If divorced, give date of divorce [redacted]

Month Day Year

NOTE: Payment of annuity to a widow or widower will necessitate that this office be provided with a marriage certificate and proof of date of birth.

CHILDREN

21. Have you any children of YOUR blood? [redacted]

Yes or No

22. If your answer to Question 21 is "YES", give names and dates of birth of ALL children of your blood [redacted]

Name

Date of Birth

[redacted]

23. Have you any legally adopted children? [redacted]

Yes or No

24. If your answer to Question 23 is "YES", give names, dates of birth, and date and Court when and where adoption occurred.

[redacted]

BENEFICIARY DESIGNATION

A member can, SUBJECT TO PRIOR RIGHT OF SPOUSE OR MINOR CHILDREN TO ANNUITY, designate a beneficiary to receive any amount which may become refundable in the event of death.

Unless a member designates a beneficiary to receive any amount refundable upon date of death the law provides that such refund shall be paid as follows:

1. To your children in equal parts to each
2. To the executor or administrator of your estate
3. To your heirs

Members who wish to name a beneficiary(ies) should complete the form below.

INSTRUCTIONS

You may designate one person or as many persons as you wish.
Two or more persons will receive equal shares.
The form **MUST BE NOTARIZED** to be valid.

(MUST BE NOTARIZED)

DESIGNATION OF BENEFICIARY FOR REFUND

In accordance with the provisions of the Act governing this Fund, Article 8, Section 8-170, I hereby designate the following named person (s) as my beneficiary (ies) of any amount which may become refundable upon my death to be paid in equal shares to each:

Name	Address	Relationship

John Moore

 Signature of Member

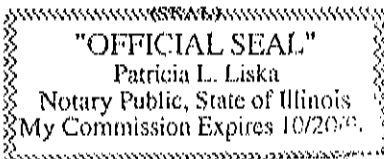
STATE OF ILLINOIS }
 County of Chick } ss.

Subscribed and sworn to before me, a Notary Public in and for the County and State aforesaid, by the above

_____ this 14th day of September, 1995

Patricia Liska

 Notary Public



Suspensions, LOAs and Short-Term Reinstatements: Review

Effective Date 04-May-2009

Employee Name **MOORE, JOHN T**
 Manager **GONZALEZ SANTOS, ANTONIA**
 Department **085-4800 SECURITY OPERATIONS**

Employee Number [REDACTED]
 Organization Email Address [REDACTED]
 Job **4210|AVIATION SECURITY OFFICER**

Review your changes and, if needed, attach supporting documents.

Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 7A	085 0740 4800 4210 AVIATION SECURITY OFFICER 7A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB CODE/PAID AS	4210	4210
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE	14	14
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION GRANT	1 CORPORATE	1 CORPORATE
Assignment Status	DISCIPLINARY SUSPENSION	Active Assignment
Change Reason	Disciplinary Suspension	Reinstatement
Union Member	No	No

Additional Information

Attachments

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
	1	MANNING, ANGELA	HR People	1	Approver		

Add Adhoc Approver

Comments to Approver

Employee is returning from a 20 day suspension dated 4/14/09-ag

COG-HR Oper Dept Self Service

Home Logout Preferences

Suspensions, LOAs and Short-Term Reinstatements: Review

Cancel Back Save For Later Print Submit

Effective Date 14-Apr-2009

Employee Name MOORE, JOHN T
Manager GOÑZALEZ SANTOS, ANTONIA
Department 085-4800 SECURITY OPERATIONS

Employee Number
Organization Email Address
Job 4210|AVIATION SECURITY OFFICER

Review your changes and, if needed, attach supporting documents.

Indicates Changed Items.

Assignment

Table with 2 columns: Current and Proposed. Rows include Position Name, EMPLOYEE STATUS, EMPLOYEE SUFFIX, ACTUAL JOB CODE, BARGAINING UNIT, UNION DUES, DEDUCTION CODE, LOCAL COMMENTS, PENSION, GRANT, Assignment Status, Change Reason, and Union Member.

Additional Information

Attachments

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None Add

Approvers

Table with 7 columns: Details, Line No, Approver, Approver Type, Order No, Category, Status, Delete. Row 1: Show 1, MANNING, ANGELA, HR People, 1, Approver.

Add Adhoc Approver

Comments to Approver

Employee is being placed in a twenty (20) day suspension; 4/14/09-5/4/09-ag

Cancel Back Save For Later Print Submit

Home | Logout | Preferences



**CITY OF CHICAGO
NOTICE OF PROGRESSIVE DISCIPLINE**

CONFIDENTIAL

Employee's Name: JOHN MOORE	Employee's Title: Officer
Supervisor's Name: KEVIN E. WILLIAMS	Supervisor's Title: Sergeant
Division/Bureau/Dept: Aviation Police	Date of Incident: 17,18 March 2009

You are receiving this notice according to the provisions of Rule XVIII of the City of Chicago Personnel Rules due to a violation of:

Category

<input type="checkbox"/> Criminal or Improper Conduct	<input type="checkbox"/> Misrepresentation
<input type="checkbox"/> Violation of City Policy or Rule	<input checked="" type="checkbox"/> Tardiness or Absenteeism
<input type="checkbox"/> Conduct Involving Job Performance or Substandard Work Performance	

Subsection

Subsection Number: **Rule #18 Tardiness/Absenteeism Section 3**

Verbal Counseling Date of Verbal Counseling:

Verbal Counseling does not require employee's signature and is not placed in the employee's personnel file folder.

Level of Discipline

<input type="checkbox"/> Notice of Reprimand <input type="checkbox"/> Oral <input type="checkbox"/> Written Date of Reprimand:	<input checked="" type="checkbox"/> Notice of Suspension Effective date: 14 April 2009 Return to work date: 4 May 2009 Effective time: 1330 Hours Number of calendar days of suspension: 20
--	---

Prior Notices of Progressive Discipline

Date of Notice	Level of Discipline	Category/Subsection
27 February 2007	4 Day Suspension	Tardiness/Absenteeism-no call/no show
04 September 2007	8 Day Suspension	Tardiness/Absenteeism-no call/no show
12 August 2008	12 Day Suspension	Tardiness/Absenteeism-no call/no show

Incident Description and Supporting Details - Include the following details: Date of Occurrence, Time, Location, Witnesses, and Impact of Action. Describe the required change expected of the employee. Identify a date for follow-up, if necessary.

On the 17, 18 of March 2009 John Moore was schedule for duty on the third watch. At roll call John Moore name was call for his assignment but there was no respond. The call-in sheet was checked by the superviors and John Moore name was not on this sheet. John Moore was called at home, there was no answer. At this time the shift summary sheet was documented no call / no show.

At the pre-dis hearing John Moore was explained the infraction and how serious it is to let your employer know when you are not reporting for duty. Officer John Moore didn't want union representation at the pre-dis on 26 March 2009.

Statement of Consequences - Describe future actions if no improvement is made.

A Repetition of the above Violation may result in further Disciplinary action. Any further personnel rules infraction, until September 2010 will result in more Disciplinary action taken.

I acknowledge receipt of this notice. I understand that a copy of this notice will be included in my personnel record.

Signature of Employee <i>H. Moore</i>	Date <i>27 MAR 09</i>
Signature of Supervisor Issuing Notice <i>Beverly E. Williams</i>	Date <i>27 March 2009</i>

Rights of Appeal: Career Service Employees who are suspended for ten (10) days or less may request in writing a review of the disciplinary action by their Department Head. If the period of suspension is for more than ten (10) but less than thirty-one (31) days or is a second suspension in a six-month period, the suspension may be appealed in writing to the City Human Resources Board. Any such requests must be made within 5 working days of the notification of the disciplinary action. Employees covered by collective bargaining agreements may have additional appeal rights and should consult with their union representative.

Copy to employee Copy to union Copy to supervisor Copy to departmental Human Resources representative

Supervisor may be required to attach a Request for Review form to this Notice. Consult the current collective bargaining agreement for applicability.

COC-HR Oper Dept Self Service

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Suspensions, LOAs and Short-Term Reinstatements: Review

Effective Date 24-Aug-2008

Employee Name- **MOORE, JOHN T**
 Manager **GONZALEZ SANTOS, ANTONIA**
 Department **085-4800 O'HARE - SECURITY OPERATIONS**

Employee Number [REDACTED]
 Organization Email Address [REDACTED]
 Job **4210|AVIATION SECURITY OFFICER**

Review your changes and, if needed, attach supporting documents.

Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB CODE/PAID AS	4210	4210
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE	14	14
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION	1	1
GRANT	CORPORATE	CORPORATE
Assignment Status	DISCIPLINARY SUSPENSION	Active Assignment <input checked="" type="radio"/>
Change Reason	Disciplinary Suspension	Reinstatement <input checked="" type="radio"/>
Union Member	No	No

Additional Information

Attachments

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
<input checked="" type="checkbox"/> Show	1	MANNING, ANGELA	HR People	1	Approver		

Comments to Approver

Employee returning from a (12) twelve day suspension dated 8/12/08. Resubmitted action to correct the reason of reinstatement to "reinstatement" instead of reinstatement from leave.ag

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[Privacy Statement](#)

COC-HR Oper Dept Self Service

[Home](#) [Logout](#) [Preferences](#)

Suspensions, LOAs and Short-Term Reinstatements: Review

Effective Date 12-Aug-2008

Employee Name **MOORE, JOHN T**
 Manager **GONZALEZ SANTOS, ANTONIA**
 Department **085-4800 O'HARE - SECURITY OPERATIONS**

Employee Number [REDACTED]
 Organization Email Address [REDACTED]
 Job **4210|AVIATION SECURITY OFFICER**

Review your changes and, if needed, attach supporting documents.

Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB CODE/PAID AS	4210	4210
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE	14	14
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION GRANT	1 CORPORATE	1 CORPORATE
Assignment Status	Active Assignment	DISCIPLINARY SUSPENSION <input checked="" type="checkbox"/>
Change Reason	Reinstatement	Disciplinary Suspension <input checked="" type="checkbox"/>
Union Member	No	No

Additional Information

Attachments

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
<input type="button" value="Show"/>	1	MANNING, ANGELA	HR People	1	Approver		

Comments to Approver

Employee was placed on a (12) day disciplinary suspension; from 8/12/08-8/24/08-ag

[Home](#) | [Logout](#) | [Preferences](#)



**CITY OF CHICAGO
NOTICE OF PROGRESSIVE DISCIPLINE**

CONFIDENTIAL

Employee's Name: John Moore	Employee's Title: Officer
Supervisor's Name: Yvette Yanez	Supervisor's Title: Sergeant
Division/Bureau/Dept: Aviation Police	Date of Incident: 16 July 2008

You are receiving this notice according to the provisions of Rule XVIII of the City of Chicago Personnel Rules due to a violation of:

Category	
<input type="checkbox"/> Criminal or Improper Conduct	<input type="checkbox"/> Misrepresentation
<input type="checkbox"/> Violation of City Policy or Rule	<input checked="" type="checkbox"/> Tardiness or Absenteeism
<input type="checkbox"/> Conduct Involving Job Performance or Substandard Work Performance	
Subsection	
Subsection Number: Rule #18 Section 3	

<input type="checkbox"/> Verbal Counseling	Date of Verbal Counseling:
<i>Verbal Counseling does not require employee's signature and is <u>not</u> placed in the employee's personnel file folder.</i>	

Level of Discipline	
<input type="checkbox"/> Notice of Reprimand <input type="checkbox"/> Oral <input type="checkbox"/> Written Date of Reprimand:	<input checked="" type="checkbox"/> Notice of Suspension Effective date: 12 Aug 2008 Return to work date: 24 August 2008 Effective time: 1:30 p.m. Number of calendar days of suspension: 12

Prior Notices of Progressive Discipline		
Date of Notice	Level of Discipline	Category/Subsection
27 February 2008	4 Day Suspension	Tardiness/Absenteeism - No call/No Show
4 September 2008	8 Day Suspension	Tardiness/Absenteeism - No call/No Show

CONNECTED COPY

Handwritten notes at the bottom right of the page.

Incident Description and Supporting Details - *Include the following details: Date of Occurrence, Time, Location, Witnesses, and Impact of Action. Describe the required change expected of the employee. Identify a date for follow-up, if necessary.*

On July 16 2008 Officer John Moore did not report for Duty at 1330 Hrs. Officer John Moore failed to call the Office and inform his immediate supervisor that he was unable to work on above date. An attempt was made by R/S Yanez to contact Officer Moore which was unsuccessful.

On 30 July a Pre-Disciplinary meeting was held with R/S Yanez, Sgt. Rodriguez and Officer J. Moore. Officer J. Moore refused Union representation at which time we continued with the Pre-Disciplinary Meeting. The Infraction was explained to Officer J. Moore and he was given an opportunity to present any documentation on his defense. R/S Yanez and Sgt. Rodriguez explained to Officer J. Moore that he must call the Office whenever he is not going to report for Duty. Officer J. Moore understood fully and signed the Pre-Disciplinary Data Sheet and had nothing further to say on his defense.

Officer J. Moore has had prior infraction for same violations which are listed above and does fully understand the Rules and Regulations concerning Tardiness and Absenteeism.

Statement of Consequences - *Describe future actions if no improvement is made.*

ORN 08-05

Any further violations of Rule #18 Section #3 may result in additional disciplinary action up to and including termination.

I acknowledge receipt of this notice. I understand that a copy of this notice will be included in my personnel record.

Signature of Employee

Date

Signature of Supervisor Issuing Notice

Date

A Moore
26 Aug 08

S. J. [unclear]
26 Aug 08

Rights of Appeal: Career Service Employees who are suspended for ten (10) days or less may request in writing a review of the disciplinary action by their Department Head. If the period of suspension is for more than ten (10) but less than thirty-one (31) days or is a second suspension in a six-month period, the suspension may be appealed in writing to the City Human Resources Board. Any such requests must be made within 5 working days of the notification of the disciplinary action. Employees covered by collective bargaining agreements may have additional appeal rights and should consult with their union representative.

Copy to employee

Copy to union

Copy to supervisor

Copy to departmental Human Resources representative

Supervisor may be required to attach a Request for Review form to this Notice. Consult the current collective bargaining agreement for applicability.

#ORD 08-05

All Actions Saved for Later

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Suspensions, LOAs and Short-Term Reinstatements: Review

Effective Date 12-Sep-2007

Employee Name **MOORE, JOHN T**
 Manager **GONZALEZ SANTOS, ANTONIA**
 Department **085-4800 O'HARE - SECURITY OPERATIONS**

Employee Number XXXXXXXXXX
 Organization Email Address XXXXXXXXXX
 Job **4210|AVIATION SECURITY OFFICER**

Review your changes and, if needed, attach supporting documents.

⊙ Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS 1	1	1
EMPLOYEE SUFFIX 00	00	00
ACTUAL JOB 4210	4210	4210
CODE/PAID AS		
BARGAINING UNIT 02	02	02
UNION DUES 14	14	14
DEDUCTION CODE		
LOCAL COMMENTS:2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION:1	1	1
GRANT:CORPORATE	CORPORATE	CORPORATE
Assignment Status	DISCIPLINARY SUSPENSION	Active Assignment ⊙
Change Reason	Disciplinary Suspension	Reinstatement ⊙
Union Member	No	No

Additional Information

Attachments

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
▶ Show	1	MC KEOWN, WILLIAM	HR People	1	Approver		

▶ Add Adhoc Approver

Comments to Approver

Reinstatement from 8 day Suspension dated 9/04/2007. se

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Suspensions, LOAs and Short-Term Reinstatements: Review

Effective Date 04-Sep-2007

Employee Name MOORE, JOHN T
 Manager GONZALEZ SANTOS, ANTONIA,
 Department 085-4800 O'HARE - SECURITY OPERATIONS

Employee Number [REDACTED]
 Organization Email Address [REDACTED]
 Job 4210|AVIATION SECURITY OFFICER

Review your changes and, if needed, attach supporting documents.

Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB	4210	4210
CODE/PAID AS		
BARGAINING UNIT	02	02
UNION DUES	14	14
DEDUCTION CODE		
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION	1	1
GRANT	CORPORATE	CORPORATE
Assignment Status	Active Assignment	DISCIPLINARY SUSPENSION <input checked="" type="radio"/>
Change Reason	Reinstatement	Disciplinary Suspension <input checked="" type="radio"/>
Union Member	No	No

Additional Information

Attachments

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
<input checked="" type="checkbox"/> Show	1	MC KEOWN, WILLIAM	HR People	1	Approver		

Add Adhoc Approver

Comments to Approver

8 day Suspension. se



**CITY OF CHICAGO
NOTICE OF PROGRESSIVE DISCIPLINE**

CONFIDENTIAL

Employee's Name: JOHN MOORE	Employee's Title: OFFICER
Supervisor's Name: WILLIAMS , KEVIN	Supervisor's Title: SERGEANT
Division/Bureau/Dept: AVIATION POLICE	Date of Incident: 14 , 17 , 18 AUGUST 2007

You are receiving this notice according to the provisions of Rule XVIII of the City of Chicago Personnel Rules due to a violation of subsection(s) **RULE 18 SECTION 1 . PARA # 3**

Verbal Counseling Date of Verbal Counseling:

Verbal Counseling does not require employee's signature and is not placed in the employee's personnel file folder.

Level of Discipline	
<input type="checkbox"/> Notice of Reprimand <input type="checkbox"/> Oral <input type="checkbox"/> Written Date of Reprimand:	<input checked="" type="checkbox"/> Notice of Suspension Effective date: Return to work date: 12 SEPT 2007 4 SEPT 2007 Effective time: Number of calendar days of suspension: 8 1330

Category	
<input type="checkbox"/> Criminal or Improper Conduct	<input type="checkbox"/> Misrepresentation
<input type="checkbox"/> Violation of City Policy or Rule	<input checked="" type="checkbox"/> Tardiness or Absenteeism
<input checked="" type="checkbox"/> Conduct Involving Job Performance or Substandard Work Performance	

Prior Notices of Progressive Discipline		
Date of Notice	Level of Discipline	Category
03 MAR 07	4 DAY SUSPENSION	TARDINESS
27 FEB 07	4 DAY SUSPENSION	ABSENTEEISM
02 MAR 06	3 DAY SUSPENSION	ABSENTEEISM
13 SEPT 06	3 DAY SUSPENSION	ABSENTEEISM

Incident Description and Supporting Details - Include the following details: Date of Occurrence, Time, Location, Witnesses, and Impact of Action. Describe the required change expected of the employee. Identify a date for follow-up, if necessary.

ON 14, 17, 18 AUGUST 2007 @ 1330 HOURS OFFICER JOHN MOORE FAILED TO REPORT FOR DUTY AS ASSIGNED. OFFICER JOHN MOORE WAS CALLED AT HOME BY SGT. FRIGO FOR AT LEAST AN HOUR, THE PHONE WAS BUSY ALL THIS TIME SO A MESSAGE COULDN'T BE LEFT ON THE ANSWERING MACHINE.

ON 29 AUGUST 2007A PRE-DIS MEETING WAS HELD PRESENT AT THE MEETING WERE OFFICER MOORE, J., OFFICER LOGAN, SGT. GUERIN AND R/SGT. CONCERNING THE ABOVE OFFICER FOR VIOLATIONS OF RULE XVIII TARDINESS / ABSENTEEISM PARAGRAPH # 3, FAILING TO CALL IN ADVANCE WHEN TARDY OR NOT SHOWING UP FOR WORK.

AFTER A REVIEW OF THE ABOVE OFFICERS ABSENTEEISM PATTERN A (8) EIGHT DAYS OF SUSPENSION RECOMMENDED.

Statement of Consequences - Describe future actions if no improvement is made.

A REPETITION OF THE ABOVE VIOLATION MAY RESULT IN FURTHER DISCIPLINARY ACTION. ANY FUTURE PERSONNEL RULES INFRACTION, UNTIL FEB. 2009 WILL RESULT IN MORE DISCIPLINARY ACTION TAKEN.

I acknowledge the receipt of this notice. I understand that a copy of this record will be included in my personnel record.

Signature of Employee <i>J. Moore</i>	Date 30 AUG 07
Signature of Supervisor Issuing Notice SGT Kevin P. Williams #50	Date 30 AUGUST 07

Rights of Appeal: Career Service Employees who are suspended for ten (10) days or less may request in writing a review of the disciplinary action by their Department Head. If the period of suspension is for more than ten (10) but less than thirty-one (31) days or is a second suspension in a six-month period, the suspension may be appealed in writing to the City Human Resources Board. Any such requests must be made within 5 working days of the notification of the disciplinary action. Employees covered by collective bargaining agreements may have additional appeal rights and should consult with their union representative.

Copy to employee Copy to union Copy to supervisor Copy to departmental Human Resources representative

Supervisor may be required to attach a Request for Review form to this Notice. Consult the current collective bargaining agreement for applicability.

All Actions Saved for Later

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Suspensions, LOAs and Short-Term Reinstatements: Review

Effective Date 03-Mar-2007

Employee Name **MOORE, JOHN T**
 Manager **GONZALEZ SANTOS, ANTONIA**
 Department **085-4800 O'HARE - SECURITY OPERATIONS**

Employee Number XXXXXXXXXX
 Organization Email Address XXXXXXXXXX
 Job **4210|AVIATION SECURITY OFFICER**

Review your changes and, if needed, attach supporting documents.

⊙ Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB CODE/PAID AS	4210	4210
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE	14	14
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION GRANT	1 CORPORATE	1 CORPORATE
Assignment Status	DISCIPLINARY SUSPENSION	Active Assignment ⊙
Change Reason	Disciplinary Suspension	Reinstatement ⊙
Union Member	No	No

Additional Information

Attachments

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
▼ Show	1	ARNOLD, JAN	HR People	1	Approver		

► Add Adhoc Approver

Comments to Approver

Reinstatement from 4 day Suspension dated 2/27/2007. se

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DEPARTMENT OF AVIATION

PERSONNEL SECTION

EMPLOYEE NAME: MOORE, John TITLE: Aviation Security Officer

Please be advised that the above employee is returning from SNP SINCE 10/2/99

and has been cleared to return to work on 10/14/99


AUTHORIZED SIGNATURE

10/13/99
DATE

Certificate to return to work ~~of~~ school

Mr.
Mrs.
Miss

John Moore

has been under my care from *10/5* to *10/12/99*
and is able to return to work/school on *10/14/99*

Remarks

Dr.

Address

City

State

Date

Indianapolis, Indiana 46206

63-KU-3529-0 PRINTED IN U.S.A. 550706-313

10/12/99

SALARY _____ GRADE _____ L/INC DATE _____ PAYROLL _____ DIVISION _____
 BU _____ EMP. NO. _____

Date	GRADE																															DAYS IN NEW TITLE	CONT. SERVICE DATE	REMARKS					
	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								
Jan 1-15	H																																0+	104	0	24	8 PE	3 Day Dock 1/21/97-2/2/97 2 Day Dock 1/23, 3 AV	
Jan 16-31	3P	SM	SM	8																														AX		8	8		2 Days Dock 1/14, 15 3 Days Dock 1/6, 17, 18
Feb 1-15	SW	AM	H																																				1.5 Days Dock 1/31/97
Feb 16-28	8																																						8X
Mar 1-15	12V																																						1 Day Dock 2-6-99 ✓
Mar 16-31	H																																						DE3-5-7-8
Apr 1-15	8X																																						56X ✓
Apr 16-30	8X																																						72/2X ✓
May 1-15	8X																																						64X ✓ part on H hold 4/26-97 on 8/12 part on 4-29-99 Dack 5-9-99 ✓ 32X ✓
May 16-31	8X																																						
Jun 1-15	8X																																						Dock 1, 4, 7, 10, 5/67-78/9
Jun 16-30	8X																																						DK 6/3, 7/99

THIS RECORD WAS POSTED FROM OFFICIAL TIME SHEETS TO PAYROLL

ORD-CITY OF CHICAGO--DEPARTMENT OF AVIATION

DIVISION

COORE, JOHN
SS#:
AVIATION SECURITY OFFICER
Grade: 112
Rate: \$ 2,838.00
Continuous Service: 09/11/95
Last Increase: 03/16/98

SALARY _____
L/INC _____
DATE _____
GRADE _____
DATE IN TITLE _____
S.S.NO. _____
PAYROLL _____
BU _____
CONT. SERVICE DATE _____
EMP. NO _____

Date	Grade	Remarks	Balance Forwarded		X	D	DX	Vacation		Sick Pay		CE / AC	CU / AL	OE Ball	PE	CONT. SERVICE DATE
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Suspensions, LOAs and Short-Term Reinstatements: Review

Effective Date 27-Feb-2007

Employee Name **MOORE, JOHN T**
 Manager **GONZALEZ SANTOS, ANTONIA**
 Department **085-4800 O'HARE - SECURITY OPERATIONS**

Employee Number [REDACTED]
 Organization Email Address [REDACTED]
 Job **4210|AVIATION SECURITY OFFICER**

Review your changes and, if needed, attach supporting documents.

Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
EMPLOYEE STATUS	1	1
EMPLOYEE SUFFIX	00	00
ACTUAL JOB CODE/PAID AS	4210	4210
BARGAINING UNIT	02	02
UNION DUES DEDUCTION CODE	14	14
LOCAL COMMENTS	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP	PUBLIC SAFETY - UNIT 2//SEIU.FULL TIME MEMERSHIP
PENSION GRANT	1 CORPORATE	1 CORPORATE
Assignment Status	Active Assignment	DISCIPLINARY SUSPENSION <input checked="" type="radio"/>
Change Reason	Reinstatement	Disciplinary Suspension <input checked="" type="radio"/>
Union Member	No	No

Additional Information

Attachments

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None

Approvers

Details	Line No	Approver	Approver Type	Order No	Category	Status	Delete
<input type="button" value="Show"/>	1	ARNOLD, JAN	HR People	1	Approver		

Comments to Approver

4 day Suspension for Aviation Security Officer, J. Moore, eff. 2/27/07. RTW on 3/4/07. se 3



**CITY OF CHICAGO
NOTICE OF PROGRESSIVE DISCIPLINE**

DEPARTMENT of AVIATION

CONFIDENTIAL

FEB 21 2007

LABOR/EMPLOYEE RELATIONS

Employee's Name: MOORE, JOHN	Employee's Title: OFFICER
Supervisor's Name: GUERIN, MAURICE	Supervisor's Title: SERGEANT
Division/Bureau/Dept: AVIATION POLICE	Date of Incident: 27 JAN 2007

You are receiving this notice according to the provisions of Rule XVIII of the City of Chicago Personnel Rules due to a violation of subsection(s)

Verbal Counseling Date of Verbal Counseling:

Verbal Counseling does not require employee's signature and is not placed in the employee's personnel file folder.

Level of Discipline

<input type="checkbox"/> Notice of Reprimand <input type="checkbox"/> Oral <input type="checkbox"/> Written Date of Reprimand:	<input checked="" type="checkbox"/> Notice of Suspension Effective date: 27 Feb 07 Return to work date: 03 MARCH 07 Effective time: 13:30 Number of calendar days of suspension: 4
--	--

Category

<input type="checkbox"/> Criminal or Improper Conduct	<input type="checkbox"/> Misrepresentation
<input checked="" type="checkbox"/> Violation of City Policy or Rule	<input checked="" type="checkbox"/> Tardiness or Absenteeism
<input type="checkbox"/> Conduct Involving Job Performance or Substandard Work Performance	

Prior Notices of Progressive Discipline

Date of Notice	Level of Discipline	Category
27 OCT 2005 13 SEPT 2006	WRITTEN REPRIMAND SUSPENSION 3 DAYS	RULE 18 SEC 1 -3 RULE 18 SEC 1-3

DEPARTMENT OF AVIATION
 2007 FEB 20 PM 4:57
 AVIATION STATION

Incident Description and Supporting Details - Include the following details: Date of Occurrence, Time, Location, Witnesses, and Impact of Action. Describe the required change expected of the employee. Identify a date for follow-up, if necessary.

27 JAN 2007 OFFICER MOORE, J FAILED TO COME TO WORK AND DID NOT CALL OR NOTIFY ANYONE.

DEPARTMENT OF AVIATION
2007 FEB 20 PM 4:57
AVIATION SECTION

Statement of Consequences - Describe future actions if no improvement is made.

I acknowledge receipt of this notice. I understand that a copy of this record will be included in my personnel record.

Signature of Employee
J Moore

Date
20 FEB 07

Signature of Supervisor Issuing Notice
John Guerin #53 GUERIN

Date
20 Feb 07

Rights of Appeal: Career Service employees who are suspended for ten (10) days or less may request in writing a review of the disciplinary action by their Department Head. If the period of suspension is for more than ten (10) but less than thirty-one (31) days or is a second suspension in a six-month period, the suspension may be appealed in writing to the City Human Resources Board. Any such requests must be made within 5 working days of the notification of the disciplinary action. Employees covered by collective bargaining agreements may have additional appeal rights and should consult with their union representative.

- Copy to employee
- Copy to union
- Copy to supervisor
- Copy to departmental Human Resources representative

Supervisor may be required to attach a Request for Review form to this Notice. Consult the current collective bargaining agreement for applicability.

All Actions Saved for Later

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Suspensions, LOAs and Short-Term Reinstatements: Review

Effective Date 17-Sep-2006

Employee Name	MOORE, JOHN T	Employee Number	[REDACTED]
Manager	CALDERON, CASSANDRA C	Organization Email Address	[REDACTED]
Department	085-4800 O'HARE - SECURITY OPERATIONS	Job	4210 AVIATION SECURITY OFFICER
Salary Basis	SALARY	Salary	47,700.00 US Dollar

Review your changes and, if needed, attach supporting documents.

⊗ Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
Assignment Status	DISCIPLINARY SUSPENSION	Active Assignment ⊗
Change Reason	Disciplinary Suspension	Reinstatement ⊗
Union Member No		No

Additional Information

Attachments

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None

Approvers

Line No	Approver	Approver Group	Category	Status	Delete
1	ARNOLD, JAN	HLS Approver New	Approver		

Add Adhoc Approver

Comments to Approver

Reinstatement from 3 day Suspension dated 9/14/2006. se

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All Actions Saved for Later

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Suspensions, LOAs and Short-Term Reinstatements: Review

Effective Date 14-Sep-2006

Employee Name **MOORE, JOHN T**
Manager **CALDERON, CASSANDRA C**
Department **085-4800 O'HARE - SECURITY OPERATIONS**
Salary Basis **SALARY**

Employee Number [REDACTED]
Organization Email Address [REDACTED]
Job **4210|AVIATION SECURITY OFFICER**
Salary **47,700.00 US Dollar**

Review your changes and, if needed, attach supporting documents.

Indicates Changed Items.

Assignment

	Current	Proposed
Position Name	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A	085 0740 4800 4210 AVIATION SECURITY OFFICER 1A
Assignment Status	Active Assignment	DISCIPLINARY SUSPENSION <input type="checkbox"/>
Change Reason		Disciplinary Suspension <input type="checkbox"/>
Union Member	No	No

Additional Information

Attachments

To help approvers understand the request, you can attach supporting documents, images, or links to this action.

None

Approvers

Line No	Approver	Approver Group	Category	Status	Delete
1	ARNOLD, JAN	HLS Approver New	Approver		

Comments to Approver

3 day Suspension for Aviation Security Officer, J. Moore effective 9/14/06. se

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CITY OF CHICAGO
Richard M. Daley
Mayor

CITY OF CHICAGO SUSPENSION NOTICE

For Career Service (CS) Employees

SF 318-76-3722

Date _____

Employee John MOORE Payroll No. [REDACTED]

Department Bureau Division Dept of AVIATION

Job Title AVIATION POLICE Immediate Supervisor LT Mills

In accordance with the City of Chicago's Personnel Rule XVIII, Section 2, you are hereby suspended effective at 12:00 A.M./P.M. on 13 SEPT 06 for 3 calendar days.

You are to return to work on 17 SEPT 06 19 SEPT 06 after Days OFF.

The cause for this suspension is:

Officer failed to call in work
15 Aug 06 - N/C
16 Aug 06 - N/C
18 Aug 06 N/C

This action is a violation of:

Rule #18 Sec 1-3 Officer MOORE did NOT WANT UNION Representation at pre dis. 23 Aug 06. ON 9 NOV 05 officer Received WRITTEN REPRIMAND FOR SAME TYPE INCIDENT.

A repetition of the above violation may result in further disciplinary action.

John Moore 24 Aug 06 LT Mills 24 Aug 06

Employee Signature Date
(If employee refuses to sign, please so indicate.)

Signature of Supervisor Date
Issuing Suspension

Shift Supervisor
Title

RIGHTS OF APPEAL:

Career Service employees who are suspended for ten (10) days or less may request in writing a review of the disciplinary action before their Department Head. If the period of suspension is for more than ten (10) but less than thirty-one (31) days or is a second suspension within a six-month period, the suspension may be appealed in writing to the City Personnel Board. Any such requests must be made within 72 hours of the notification of the disciplinary action.

White Copy — To Employee
Yellow Copy — To Department Head

Pink Copy — To Immediate Supervisor
Goldenrod Copy — To Department of Personnel (with PER-14)

DEPARTMENT OF AVIATION
PERSONNEL ACTION REPORT

NAME Moore, John T.
SOCIAL SECURITY # [REDACTED]
ADDRESS _____

DATE 6/3/99
EFFECTIVE DATE 5/27/99

FROM:
TITLE Aviation Security Officer
PCS/CS/SES/SES/EX/SHAX/XC
TITLE CODE 4210 GRADE I12 BU 02
CAPS CODE _____

DEPARTMENT Aviation
PAYROLL # [REDACTED]
BUDGETED RATE 34,572
CURRENT SALARY 3,028
ANNUAL SALARY 36,336

TO:
TITLE _____
PCS/CS/SES/SES/EX/SHAX/XC
TITLE CODE _____ GRADE _____ BU _____
CAPS CODE _____

DEPARTMENT _____
PAYROLL # _____
BUDGETED RATE _____
CURRENT SALARY _____
ANNUAL SALARY _____

REPORT OF:

APPOINTMENT _____

TRANSFER TO OTHER DEPARTMENT _____

CHANGE OF ROLL _____ FROM PAYROLL _____ TO PAYROLL _____

LEAVE OF ABSENCE _____ FOR PERIOD _____
(Signed leave of absence form to be attached)

REASON _____

LAY OFF _____ DISCHARGE/TERMINATION _____ AWOL _____

SUSPENSION FOR PERIOD OF 2 Days

REINSTATEMENT 5/29/99

RESIGNATION _____ (Resignation letter & exit interview attached)

OTHER ACTION _____

INITIATED BY: _____

FORWARD TO T.M. _____

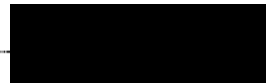
REVIEWED BY: _____

RETURNED FROM T.M. _____



CITY OF CHICAGO

SSN



Date May 20, 1999

CITY OF CHICAGO SUSPENSION NOTICE

For Career Service (CS) Employees

Employee Moore, John

Payroll No.

Department

Bureau

Division Aviation/Special police/Security

Job Title Aviation security officer Immediate Supervisor SGT. Bradshaw

In accordance with the City of Chicago's Personnel Rule XVIII, Section 2, you are hereby suspended effective at 1330 hrs AM P.M. on May 27, 1999 for 2(two) calendar days.

You are to return to work on May 29, 1999

The cause for this suspension is: On May 9, 1999 you were scheduled to work the third watch. You did not call in to inform the supervisor of your intentions to not show up for duty.

This action is a violation of: **Rule XVIII, SECTION 1, PARAGRAPH 3**
"Failing to call in advance when tardy or not showing up for work."

A repetition of the above violation may result in further disciplinary action. This disciplinary action places you in step two of the progressive disciplinary program. This is in effect until May 20, 2000.

Employee Signature
(If employee refuses to sign, please so indicate.)

Date

Signature of Supervisor
Issuing Suspension

Date

Aviation Special Police sergeant
Title

DEPARTMENT OF AVIATION
PERSONNEL ACTION REPORT

NAME Marice, John
SOCIAL SECURITY # [REDACTED]
ADDRESS _____

DATE 2/5/99
EFFECTIVE DATE 1/28/99

FROM:
TITLE Aviation Security Officer
PCS/CS/S&S/ES/EX/SHAX/XC
TITLE CODE 4210 GRADE F12 BU 02
CAPS CODE 740-851005-2015-4800

DEPARTMENT Aviation
PAYROLL # [REDACTED]
BUDGETED RATE 34,572
CURRENT SALARY 2,881
ANNUAL SALARY 34,572

TO:
TITLE _____
PCS/CS/S&S/ES/EX/SHAX/XC
TITLE CODE _____ GRADE _____ BU _____
CAPS CODE _____

DEPARTMENT _____
PAYROLL # _____
BUDGETED RATE _____
CURRENT SALARY _____
ANNUAL SALARY _____

REPORT OF:

APPOINTMENT _____
TRANSFER TO OTHER DEPARTMENT _____
CHANGE OF ROLL _____ FROM PAYROLL _____ TO PAYROLL _____
LEAVE OF ABSENCE _____ FOR PERIOD _____
(Signed leave of absence form to be attached)
REASON _____
LAY OFF _____ DISCHARGE/TERMINATION _____ AWOL _____
SUSPENSION FOR PERIOD OF 2 days
REINSTATEMENT 1/30/99
RESIGNATION _____ (Resignation letter & exit interview attached)
OTHER ACTION _____

INITIATED BY: MAZ
REVIEWED BY: J. Collins

FORWARD TO T.M. 2/5/99
RETURNED FROM T.M. _____

PC60 ENTER FUNCTION *
PF2 = PC20 SCREEN.
PF8 = INO MENU.

PF5 = PROFILE.

DATE 02/25/99
PF7 = PC70 SCREEN.
PF10 = HELP.

IDENTIFICATION

SOCIAL SECURITY	[REDACTED]	FUND	740
EMPLOYEE NAME	MOORE	JOHN T DEPT	85
PAYROLL NUMBER	[REDACTED]	SECT/SUB	4800
1005 DEPARTMENT OF AVIATION		TITLE CODE	4210
2015 CHICAGO-O'HARE INT'L AIRPORT		AVIATION SECURITY OFF	
3015 CHICAGO-O'HARE INT'L AIRPORT		BUDGET RATE	\$34,572.00
4800 SECURITY OPERATIONS		DOP	003

CURRENT POSITION

ACTIVE/INACTIVE-F/P	A	F	RATE-FREQ	\$2,881.00 S
UNION CODE-BARG UNIT	14	02	ANNUAL RATE	\$34,572.00
STATUS CODE-FLSA	1	01	SCH-GRD-STEP	I 12 04
CONTINUOUS SERVICE DATE	09/11/95		POSITION START DATE	09/11/95
LAST INCREASE DATE	03/16/98			
NEXT INCREASE DATE	03/16/99		CITY START DATE	09/11/95

BACKGROUND DATA

LAST ACTION CODE	34 0	LAST ACTION EFFECTIVE	03/16/98
SALARY CHANGE		LAST ACTION APPLIED	03/26/98



CITY OF CHICAGO
Richard M. Daley
Mayor

Date 21 Jan. 1999

CITY OF CHICAGO SUSPENSION NOTICE

For Career Service (CS) Employees

Employee MOORE, JOHN

Payroll No. [REDACTED]

Department Aviation
Bureau Security
Division O'HARE

Job Title Aviation Security Officer Immediate Supervisor LT Collins-Qualls

In accordance with the City of Chicago's Personnel Rule XVIII, Section 2, you are hereby suspended effective at 1:30 A.M./P.M. on 24 Jan 99 for 2 calendar days.

You are to return to work on 30 Jan 99 (SAT)

The cause for this suspension is: **On Jan, 17 & 18 1999 you Fail to notify this office or your Immediate Supervisor that you were not reporting for duty.**

This action is a violation of: **Rule 18 Section 1 (Absence without leave.)**

A repetition of the above violation may result in further disciplinary action. **Any further infractions until 21Jan2000 will result in you being placed in step II .**

John Moore 21 Jan 99
Employee Signature Date
(If employee refuses to sign, please so indicate.)

LT Collins-Qualls 21 Jan 99
Signature of Supervisor Date
Issuing Suspension
LT. Watch Commander
Title

RIGHTS OF APPEAL:

Career Service employees who are suspended for ten (10) days or less may request in writing a review of the disciplinary action before their Department Head. If the period of suspension is for more than ten (10) but less than thirty-one (31) days or is a second suspension within a six-month period, the suspension may be appealed in writing to the City Personnel Board. Any such requests must be made within 72 hours of the notification of the disciplinary action.

White Copy — To Employee
Yellow Copy — To Department Head

Pink Copy — To Immediate Supervisor
Goldenrod Copy — To Department of Personnel (with PER-14)

DEPARTMENT OF AVIA. 1
PERSONNEL ACTION REPORT

MOORE, John T

NAME

DATE

10-16-97

SOCIAL SECURITY #

EFFECTIVE DATE

10-23-97

ADDRESS

FROM:

DEPARTMENT

TITLE

PCS/CS/SES/ES/EX/SHAX/XC

PAYROLL #

TITLE CODE

GRADE

BU

BUDGETED RATE

CAPS CODE

CURRENT SALARY

ANNUAL SALARY

TO:

Aviation Security Officer

DEPARTMENT

Aviation

TITLE

~~PCS/CS/SES/ES/EX/SHAX/XC~~

PAYROLL #

TITLE CODE

4210

GRADE

I 12

BU

02

BUDGETED RATE

29,256

CAPS CODE

740-85-1005-2015-4800

CURRENT SALARY

2638

ANNUAL SALARY

3656

REPORT OF:

1998

-CAPS Same

APPOINTMENT

TRANSFER TO OTHER DEPARTMENT

CHANGE OF ROLL

FROM PAYROLL

TO PAYROLL

LEAVE OF ABSENCE

FOR PERIOD

(Signed leave of absence form to be attached)

REASON

LAY OFF

DISCHARGE/TERMINATION

AWOL

SUSPENSION

FOR PERIOD OF

~~REINSTATEMENT~~

from P.B Lu Date 8-22-97

RESIGNATION

(Resignation letter & exit interview attached)

OTHER ACTION

"A" Form Requested # 371

INITIATED BY:

JK

FORWARD TO T.M.

10/16/97

REVIEWED BY:

J. Collins

RETURNED FROM T.M.

PC60 ENTER FUNCTION *

DATE 10/16/97

PF2 = PC20 SCREEN.

PF7 = PC70 SCREEN.

PF8 = INQ MENU.

PF5 = PROFILE.

PF10 = HELP.

IDENTIFICATION

SOCIAL SECURITY	[REDACTED]	FUND	740
EMPLOYEE NAME	MOORE	JOHN T	DEPT 85
PAYROLL NUMBER	[REDACTED]	SECT/SUB	4800
1005 DEPARTMENT OF AVIATION		TITLE CODE	4210
2015 CHICAGO-O'HARE INT'L AIRPORT		AVIATION SECURITY OFF	
3015 CHICAGO-O'HARE INT'L AIRPORT		BUDGET RATE	\$29,256.00
4800 SECURITY OPERATIONS		DOP	003

CURRENT POSITION

ACTIVE/INACTIVE-F/P	I	F	RATE-FREQ	\$2,638.00 S
UNION CODE-BARG UNIT	00	02	ANNUAL RATE	\$31,656.00
STATUS CODE-FLSA	1	01	SCH-GRD-STEP	I 12 03
CONTINUOUS SERVICE DATE	09/11/95		POSITION START DATE	09/11/95
LAST INCREASE DATE	03/16/97			
NEXT INCREASE DATE	03/16/98		CITY START DATE	09/11/95

BACKGROUND DATA

LAST ACTION CODE	55 0	LAST ACTION EFFECTIVE	08/29/97
LEAVE OF ABSENCE - PERSONAL BUSINESS		LAST ACTION APPLIED	09/26/97

DEPARTMENT OF AVIATION

PERSONNEL SECTION

EMPLOYEE NAME: John Moore TITLE: Aviation Security Officer

Please be advised that the above employee is returning from Personal Business

and has been cleared to return to work on Oct 23 1997.


AUTHORIZED SIGNATURE

10-16-97
DATE

City of Chicago

DEPARTMENT OF PERSONNEL

Request For Hire Form - Part A

42/1010011997
(For DOP Use Only)

Date: 10/16/97

Shakman Exempt Position: Yes No

Statement: Yes No

Request # 371

Department AVIATION

No. of Positions Requested (1) Months Vacant to Date

Bureau

Start Date A.S.A.P.

Salvage to Date

Position Description AVIATION SECURITY OFFICER

Fund	Chargeable To	Dept.	Org.	Div.	Secl.	Sub. Secl.	Title Code	Barg. Unit	Status	Budgeted Pay Rate	Class Gr.	Payroll Number	Starting Pay Rate	
													Monthly Amount	Annual Aml.
740	85	1005	2015	3015	4800	4210	02	CS	29,256	112	3907	2,638	31,656	

Justify in detail the need for filling this vacancy:

JOHN T. MOORE, SS

IS RETURNING FROM PERSONAL BUSINESS LV. DATED 8/29/97.

1998 CAPS - Same

RECEIVED

OCT 22 1997

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

Is this a supervisory or managerial position? Yes No

Is this a revenue producing position? Yes No

Are you requesting EMERGENCY HIRING? Yes No

4. Has this position previously been approved? Yes No
Previous Request # DEPT # 1010011997
DEPARTMENT OF PERSONNEL
Dept. Contact: TIMOTHY J. MCCARTHY (phone) No. 6/3782

Comments:

Signature of Department Head: Mary Lou Long Date: 10/17/97

Signature of O.B.M.: [Signature] Date: 10/21/97 Funding Approved: Yes No

Signature of D.O.P.: [Signature] Date: 10/23/97 Approved: Yes No

Signature for Shakman Exempt Position: [Signature] Date: 1/1/97 Approved: Yes No

FOR DOP USE ONLY: EMERGENCY HIRING (circle appropriate number)

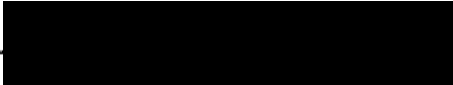
- No request made.
- Request denied.
- Request approved.

B. Ashke

DEPARTMENT OF AVIATION
PERSONNEL ACTION REPORT

NAME MOORE, John T

DATE 9-24-97

SOCIAL SECURITY # 

EFFECTIVE DATE 8-29-97

ADDRESS _____

FROM:

DEPARTMENT Aviation

TITLE Aviation Security Officer
PCS/CS/SES/ES/EX/SHAX/XC

PAYROLL # 

TITLE CODE 4210 GRADE I 12 BU 02

BUDGETED RATE 29,256

CAPS CODE 740-85-1005-2015-4800

CURRENT SALARY 2638

ANNUAL SALARY 31,656

TO:

DEPARTMENT _____

TITLE _____
PCS/CS/SES/ES/EX/SHAX/XC

PAYROLL # _____

TITLE CODE _____ GRADE _____ BU _____

BUDGETED RATE _____

CAPS CODE _____

CURRENT SALARY _____

ANNUAL SALARY _____

REPORT OF:

APPOINTMENT _____

TRANSFER TO OTHER DEPARTMENT _____

CHANGE OF ROLL _____ FROM PAYROLL _____ TO PAYROLL _____

LEAVE OF ABSENCE X FOR PERIOD 3 months
(Signed leave of absence form to be attached)

REASON PERSONAL BUSINESS

LAY OFF _____ DISCHARGE/TERMINATION _____ AWOL _____

SUSPENSION _____ FOR PERIOD OF _____

REINSTATEMENT _____

RESIGNATION _____ (Resignation letter & exit interview attached)

OTHER ACTION _____

INITIATED BY: MR

FORWARD TO T. M. 9/24/97

REVIEWED BY: J. Collins

RETURNED FROM T.M. _____

SECTION A

CITY OF CHICAGO
DEPARTMENT OF PERSONNEL
REQUEST FOR LEAVE OF ABSENCE
(See reverse side for instructions)



DATE 29 Aug 97 SSN [REDACTED] EMPLOYEE NAME John T. Moore

EMPLOYING DEPARTMENT Aviation BUREAU Security TITLE Aviation Security Officer

TYPE OF LEAVE: Duty Disability Medical Leave (Attach Medical Certificate) Personal Business

Military Non-Career Service Appointment Other Security

Effective Date: 29 Aug 97
Mo. Day Year

Expiration Date: 29 November 97
Mo. Day Year

LENGTH OF LEAVE REQUESTED: 3 Months

REASON FOR REQUEST: I am requesting to use family leave in order to [REDACTED]

Any consideration of this request would be greatly appreciated.

DEPARTMENT APPROVAL: Yes No COMMENTS ok - given 8/29

Signature [Handwritten Signature]

Title Aviation Security Officer

EFFECTIVE DATE: 29 Aug 97
Mo. Day Year

EXPIRATION DATE: 29 Nov 97
Mo. Day Year

WHITE - ORIGINAL
YELLOW - FIRST COPY
PINK - SECOND COPY
GOLD - THIRD COPY

APPLICATION FOR FAMILY AND MEDICAL LEAVE
OR PERSONAL MEDICAL LEAVE

(press firmly)

For Use of Risk/Benefits
Management Office Only

EMPLOYEE SECTION:

Name JOHN MOORE

Social Security Number [REDACTED]

Home address [REDACTED] Zip code [REDACTED]

Phone (Home) [REDACTED] (Work) (773) 686-2685

Reason for leave [REDACTED]

Is your spouse also employed by the City of Chicago? Yes _____ No X

If yes, please provide the following: Name _____

SSN _____

Name of spouse's health plan _____

I understand that in order to continue medical, dental and vision benefits during FMLA leave when in no-pay status, I must pay the monthly health care contribution required of or paid by active employees. I also understand that health care contributions are due on the 1st of each month, and failure to pay required amounts within 30 days will result in termination of my benefits.

Further, I understand that to keep my Optional Term Life Insurance or Universal Life Insurance in force, I must contact Bankers Life and Casualty and/or MetLife to make payment arrangements for the time I am on unpaid leave.

If I do not meet the FMLA requirements to be placed on Family Medical Leave, I will pay the premiums under the direct pay provisions of my plan.

John Moore (773) 686-2685 23 SEP 97
Employee signature Work phone Date

TIMEKEEPER SECTION:

(DO NOT LEAVE ANY BLANKS)

Date when no longer in paid status 8-28-97

Last day at work* 8-10-97

Indicate paid time to be used on Individual Time Record.

*(Submit copy of Individual Time Record for 12 months prior to leave date)

Number of hours worked in 12 months preceding leave date 1672

(Do not count holiday, vacation, sick, administrative leave or comp. time used)

Meets FMLA requirements Yes X No _____

Notified by department on _____

Type of leave Family [REDACTED] Medical [REDACTED] Other [REDACTED]

Sherry Christ 686-3444 9-30-97
Timekeeper signature Work phone Date

T. J. McElroy [REDACTED] 10-3-97
Dept. approval signature Title Date

Verified:
Worked for the City for at least 12 months

Yes X No _____

Individual Time Record Submitted

Yes X No _____

Worked at least 1250 hours in 12 months previous to leave

Yes X No _____

1736.50 Hours

FMLA

Approved X

Denied _____

By U-7 Date 10-23-97

Start Date 8-30-97

End Date 11-21-97

Contribution:

\$ 25.00 /month

Start Date 8-30-97

If not approved employee must pay full premium

\$ _____ /month

Start Date _____

Sent to: AVIATION

Dept. of K.C.V.

All copies must be returned to the Risk/Benefits Management Office, DePaul Center, Room 400, 333 South State Street, Chicago, IL 60604. Employee and department will receive a copy after processing.

SECTION A

CITY OF CHICAGO
DEPARTMENT OF PERSONNEL
REQUEST FOR LEAVE OF ABSENCE
(See reverse side for instructions)



DATE 29 Aug 97 SSN [REDACTED]

EMPLOYEE NAME John T. Moore

Original Request
 Extension Request

EMPLOYING DEPARTMENT Aviation

BUREAU Security

TITLE Aviation Security Officer

TYPE OF LEAVE: Duty Disability

Medical Leave (Attach Medical Certificate)

Personal Business

Military

Non-Career Service Appointment

Other None

Effective Date: 29 Aug 97

Mo. Day Year

Expiration Date: 19 November 97

Mo. Day Year

LENGTH OF LEAVE REQUESTED: 3 Months

REASON FOR REQUEST: I am requesting to use family leave in order to [REDACTED]

Any consideration of this request would be greatly appreciated.

DEPARTMENT APPROVAL: Yes No

Signature [Signature]

COMMENTS: ok - gwn 8/29

Title Aviation Security Officer

EFFECTIVE DATE: 29 Aug 97

Mo. Day Year

EXPIRATION DATE:

Mo. Day Year 29 Nov 97

RECEIVED

SEP 29 1997

DEPARTMENT OF PERSONNEL

WHITE-ORIGINAL
YELLOW-FIRST COPY
PINK-SECOND COPY
GOLD-THIRD COPY

DEPARTMENT OF AVIATION
PERSONNEL ACTION REPORT

NAME Moore, John T DATE 12 SEP 95

SOCIAL SECURITY # [REDACTED] EFFECTIVE DATE 10 SEPT 95

ADDRESS [REDACTED]

FROM :

TITLE CS/SES/ES/EX/SHAX/XC DEPARTMENT _____
PAYROLL # _____

TITLE CODE _____ GRADE _____ BU _____
BUDGETED RATE _____

CAPS CODE _____ CURRENT SALARY _____

TO :

TITLE Aviation Security Officer BUDGETED RATE 26,880
PCS/SES/ES/EX/SHAX/XC

TITLE CODE 4210 GRADE I12 BU 02 RATE OF PAY 2240 / 26880

CAPS CODE 740-85-1005-2015-3025-4800 PAYROLL # 3907

REPORT OF :

APPOINTMENT X

TRANSFER TO OTHER DEPARTMENT _____

CHANGE OF ROLL _____ FROM PAYROLL _____ TO PAYROLL _____

LEAVE OF ABSENCE _____ FOR PERIOD _____
(SIGNED LEAVE OF ABSENCE FORM TO BE ATTACHED)

REASON _____

LAY OFF _____ TERMINATION _____ AWOL _____

SUSPENSION _____ FOR PERIOD OF _____

REINSTATEMENT _____

RESIGNATION _____ (RESIGNATION LETTER & EXIT INTERVIEW ATTACHED)

OTHER ACTION No ack.

INITIATED BY M. By

REVIEWED BY J. Collins

FORWARDED TO M.C. 9/14/95

RETURNED FROM M.C. _____

A# 5
Reg# 42100049



DEPARTMENT OF AVIATION

MEMORANDUM

Date: 2 February 2006

To: Aviation Police Officer John Moore
Safety and Security Division

From: James A. Maurer
Managing Deputy Commissioner
Safety and Security

Subject: Letter of Appreciation

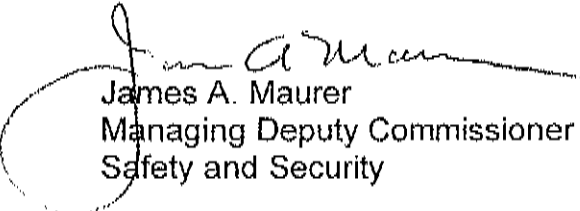
Recently, the undersigned received a complimentary letter from [REDACTED] regarding the professional and courteous manner that you displayed while providing them with information and assistance.

Please accept my sincere congratulations for a job well done! This confirms what I already knew about police officers – we care and are proactive in taking measures that have the public's protection at heart.

Your actions reflect favorably on you, your fellow officers and the Safety and Security Division. I challenge you to continue to maintain the high standards that you have set for yourself to help make the Chicago Airport System the world's best.

I am requesting that a copy of this letter be filed permanently in your official Personnel Records.

Sincerely,


James A. Maurer
Managing Deputy Commissioner
Safety and Security



From: [REDACTED]
To: avlatlon@flychicago.com
Cc:
Subject: Thanks for help
Attachments:

Sent: Tue 1/31/2006 12:05 PM

Hi,

My wife and I would like to express our thanks for the help we received from aviation officer John T Moore at the international terminal on Saturday, 1/28/2006. We had been confused about when and where our daughter would be arriving. He very graciously helped us out and in addition was very courteous. We appreciated his help very much!

Sincerely,

[REDACTED]

3907U
50636850

CITY OF CHICAGO
DEPARTMENT OF FINANCE

OFFICE OF THE COMPTROLLER

121 NORTH LASALLE STREET - ROOM 801 - CHICAGO, ILLINOIS - 60602

YOU MAY BE ELIGIBLE FOR THOUSANDS IN CASH FROM THE IRS!
LEARN ABOUT THE EARNED INCOME TAX CREDIT (EITC). ASK A
TAX PREPARER OR CALL THE CITY'S 311 NON EMERGENCY NUMBER

CITY OF CHICAGO

SOCIAL SECURITY NUMBER [REDACTED]
EMPLOYEE NUMBER [REDACTED]

MOORE JOHN T

PAYROLL [REDACTED] U

CHECK NUMBER

50636850

DEPT OF AVIATION

PAY PERIOD ENDING

12/31/1999

CURRENT PERIOD EARNINGS

RATE	HOURS	TYPE	AMOUNT
		UNIFORM	250.00
		GROSS	250.00

CURRENT PERIOD TOTALS

GROSS	\$250.00
less Pension	
less Benefits	
less Def Comp	
TAXABLE GROSS	\$250.00
less other Ded	
NET PAY	\$250.00

YEAR TO DATE SUMMARY

PRE TAX GROSS	\$1.00
TAXABLE GROSS	\$1.00

DEDUCTIONS

TYPE	DESCRIPTION	AMOUNT	YTD AMT



CITY OF CHICAGO

TO THE TREASURER OF THE CITY OF CHICAGO

2-439
710

DRAWN AGAINST WARRANT
OF CURRENT DATE

50636850

DEPARTMENT OF FINANCE OFFICE OF THE COMPTROLLER

CHECK NUMBER

CASH IMMEDIATELY

PAYROLL NUMBER [REDACTED]

PAYEE/
EMPLOYEE NUMBER [REDACTED]

MONTH DAY YEAR
01 01 2000

PAY TO THE ORDER OF

MOORE JOHN T

PAY EXACTLY
DOLLARS CENTS

\$250.00

EXACTLY**TWO**HUNDRED**FIFTY**DOLLARS 00/100

Richard M. Daley
MAYOR

[Signature]
COMPTROLLER

JOHN MOORE 4-93

212

Feb 24 19 96

2-423/710

PAY TO THE
ORDER OF

City of Chicago
Fifteen ⁰⁰/₁₀₀

\$ 15⁰⁰

DOLLARS

LaSalle Northwest National Bank

4747 West Irving Park Road, Chicago, Illinois 60641
4825 N. Austin Ave., Chicago, Illinois 60630
70 Westtorford Rd., Oak Grove Village, Illinois 60007

MEMO

John Moore

0212

*Recd 2/27/96
J. Cook*

BY ORDER OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS,
YOU ARE HEREBY SUMMONED TO APPEAR FOR JURY SERVICE AT:

R J DALEY CENTER 50 W WASHINGTON ST ROOM 1700 CHICAGO IL 60602
TO BEGIN AT THE DATE AND TIME SHOWN BELOW:

IF THIS BOX CONTAINS AN "X" YOU ARE A **STANDBY JUROR**. PLEASE PHONE **1-312-443-6490** AFTER 4:00 P.M. OF THE DAY BEFORE YOUR SERVICE DATE TO BE INFORMED BY RECORDED MESSAGE IF YOU ARE TO REPORT. IF YOUR SERVICE DATE IS A MONDAY, PHONE FRIDAY AFTER 4:00 P.M. AND ALL THROUGH THE WEEKEND; OR IF SERVICE DATE IS AFTER A COURT HOLIDAY, PHONE AFTER 4:00 P.M. ON THE LAST WORKING DAY BEFORE THE HOLIDAY TO GET RECORDED MESSAGE. IF THIS BOX DOES NOT CONTAIN AN "X" YOU ARE TO REPORT AT THE DATE AND TIME SHOWN.

JUROR NUMBER	SERVICE DATE	TIME
5583142 1 390	FRIDAY FEBRUARY 23 96 S	9:00 A M

FAILURE TO OBEY THIS SUMMONS MAY BE PUNISHABLE BY FINE.

**PLEASE FILL IN THE FORM ON THE OTHER SIDE OF THIS SUMMONS BEFORE YOU REPORT FOR JURY DUTY.
BRING THIS SUMMONS WHEN YOU REPORT.**

PLEASE NOTE: ALL OF THE COURTHOUSES TO WHICH JURORS ARE SUMMONED ARE ON THE ONE DAY/ONE TRIAL JURY SYSTEM. THIS MEANS, IF YOU ARE NOT SELECTED FOR A TRIAL ON YOUR FIRST DAY, YOU WILL SERVE ONLY ONE DAY AND BE DISCHARGED. HOWEVER, IF YOU ARE SELECTED YOU MUST SERVE UNTIL THE TRIAL ENDS.

- BE PREPARED TO STAY UNTIL AT LEAST 4:30 P.M.
- BRING SOMETHING WITH YOU TO READ.
- BRING CHANGE FOR VENDING MACHINES.
- PLEASE READ "IMPORTANT INFORMATION FOR JURORS."
- PLEASE DRESS CONSERVATIVELY. SHORTS NOT ACCEPTABLE.

MOORE, JOHN

3179

(Please separate and bring top half with you)

IMPORTANT INFORMATION FOR JURORS

- Read your summons carefully so that you know exactly when and where to report.
- The back side of the summons requires you to answer each question and also requires your signature.
- Bring completed summons to the jury assembly room of the courthouse when you first report for duty.
- If employed, immediately notify your employer of your summons to jury service.
- You will be asked to go through a metal detector before entering the courthouse to which you are summoned.
- Cameras, radios, cellular phones, and portable computers are not allowed.

HARDSHIP AND MEDICAL EXCUSES

If you have been summoned for jury service and you believe that you qualify to be excused from jury service on the above date based on an undue hardship or medical excuse, such request may be made in writing. Attach any documentation, such as a doctor's letter, that supports your request. Requests based on medical reasons without verification by a health care professional may be denied. This information should be mailed to the Jury Administrator, Room 1700, Richard J. Daley Center, 50 W. Washington, Chicago, Illinois 60602.

PENALTY

FAILURE TO REPORT FOR JURY SERVICE MAY BE PUNISHED BY FINE.

PUBLIC TRANSPORTATION FROM CHICAGO TO COURTHOUSE DAY AND EARLY EVENING

Below are Bus and Rapid Transit routes from Chicago to Courthouse. There are additional ways to travel from many suburbs as well. CTA buses and trains run every 5 to 15 minutes; PACE buses run every 20 to 60 minutes; METRA train schedules vary. For additional information or schedules, call the RTA Travel Information Center at 1-312-836-7000, or the RTA Telecommunications device for the deaf (TDD) at (312) 836-4949 or the PACE Consumer Service Office at 1-708-364-7223, Extension 500. IT WOULD BE BEST TO CALL THE DAY BEFORE YOUR SERVICE DATE, BECAUSE BUS AND TRAIN TIMES CHANGE OFTEN.

DALEY CENTER, 50 WEST WASHINGTON ST., CHICAGO, ILLINOIS: In downtown Chicago on the block bounded by Randolph, Washington, Clark and Dearborn Streets. Serviced by C.T.A. Elevated and Subway Purple, Red, Blue, Green, Orange and Brown lines; Metra commuter rail also has stations nearby. Please call CTA to verify which elevated and subway lines are in service.

**NOTICE OF JUROR RIGHTS
UNDER THE AMERICANS WITH DISABILITIES ACT**

In compliance with the Americans with Disabilities Act, the Circuit Court of Cook County does not discriminate in employment or provision of services to persons with disabilities.

Persons with disabilities who need special arrangements to participate in jury duty, such as a sign language interpreter or an accessible courtroom, should call the jury supervisor at the location to which they have been summoned for jury service.

IF YOU HAVE ANY QUESTIONS REGARDING YOUR JURY SERVICE, PLEASE CALL OR WRITE THE:

Supervisor of Jurors
R. J. Daley Center
50 West Washington
Chicago, Illinois 60602

Voice: (312) 443-5417
TDD/TT: (312) 443-6109
ROOM 1700

SUMMONS TO APPEAR FOR JURY SERVICE

**BY ORDER OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS,
YOU ARE HEREBY SUMMONED TO APPEAR FOR JURY SERVICE AT:**

**R J DALEY CENTER 50 W WASHINGTON ST ROOM 1700 CHICAGO IL 60602
TO BEGIN AT THE DATE AND TIME SHOWN BELOW:**

IF THIS BOX CONTAINS AN "X" YOU ARE A **STANDBY JUROR**. PLEASE PHONE 1-312-443-6490 AFTER 4:00 P.M. OF THE DAY BEFORE YOUR SERVICE DATE TO BE INFORMED BY RECORDED MESSAGE IF YOU ARE TO REPORT. IF YOUR SERVICE DATE IS A MONDAY, PHONE FRIDAY AFTER 4:00 P.M. AND ALL THROUGH THE WEEKEND; OR IF SERVICE DATE IS AFTER A COURT HOLIDAY, PHONE AFTER 4:00 P.M. ON THE LAST WORKING DAY BEFORE THE HOLIDAY TO GET RECORDED MESSAGE. IF THIS BOX DOES NOT CONTAIN AN "X" YOU ARE TO REPORT AT THE DATE AND TIME SHOWN.

JUROR NUMBER	SERVICE DATE	TIME
5583142 1 390	FRIDAY FEBRUARY 23 96 S	9:00 A M

FAILURE TO OBEY THIS SUMMONS MAY BE PUNISHABLE BY FINE.

**PLEASE FILL IN THE FORM ON THE OTHER SIDE OF THIS SUMMONS BEFORE YOU REPORT FOR JURY DUTY.
BRING THIS SUMMONS WHEN YOU REPORT.**

PLEASE NOTE: ALL OF THE COURTHOUSES TO WHICH JURORS ARE SUMMONED ARE ON THE ONE DAY/ONE TRIAL JURY SYSTEM. THIS MEANS, IF YOU ARE NOT SELECTED FOR A TRIAL ON YOUR FIRST DAY, YOU WILL SERVE ONLY ONE DAY AND BE DISCHARGED. HOWEVER, IF YOU ARE SELECTED YOU MUST SERVE UNTIL THE TRIAL ENDS.

- BE PREPARED TO STAY UNTIL AT LEAST 4:30 P.M.
- BRING SOMETHING WITH YOU TO READ.
- BRING CHANGE FOR VENDING MACHINES.
- PLEASE READ "IMPORTANT INFORMATION FOR JURORS."
- PLEASE DRESS CONSERVATIVELY, SHORTS NOT ACCEPTABLE.

MOORE JOHN



(Please separate and bring top half with you)

3907H
49607294

CITY OF CHICAGO
DEPARTMENT OF FINANCE
OFFICE OF THE COMPTROLLER
 121 NORTH CASALLE STREET - ROOM 501 - CHICAGO, ILLINOIS - 60602

CHGO. DEPT. PUBLIC HEALTH FITNESS HOTLINE
 MAY-PHYSICAL ACTIVITY MONTH
 1(877) 2 FEEL-FIT/1(877)233-3534

CITY OF CHICAGO

SOCIAL SECURITY NUMBER [REDACTED]
EMPLOYEE NUMBER [REDACTED]

MOORE JOHN T
PAYROLL [REDACTED] FI

CHECK NUMBER **49607294**
DEPT OF AVIATION
PAY PERIOD ENDING **04/30/99**

CURRENT PERIOD EARNINGS

RATE	HOURS	TYPE	AMOUNT
	77.00	SUPLMTL	1,676.16
		GROSS	1,676.16

CURRENT PERIOD TOTALS

GROSS	\$1,676.16
less Pension	
less Benefits	
less Def. Comp.	
TAXABLE GROSS	\$1,676.16
less other Ded.	346.13
NET PAY	\$1,330.03

DEDUCTIONS

TYPE	DESCRIPTION	AMOUNT	YTD AMT
-1 01 MC 0	FEDERAL TAX STATE TAX MEDICARE BENEFITS	[REDACTED]	

YEAR TO DATE SUMMARY

PHE TAX GROSS	\$.00
TAXABLE GROSS	\$.00



CITY OF CHICAGO
TO THE TREASURER OF THE CITY OF CHICAGO

2-439
7-10

DRAWN AGAINST WARRANT
OF CURRENT DATE **49607294**

CHECK NUMBER
CASH IMMEDIATELY

DEPARTMENT OF FINANCE OFFICE OF THE COMPTROLLER

PAYROLL NUMBER [REDACTED]
PAYER/EMPLOYEE NUMBER [REDACTED]
MONTH: 05 DAY: 01 YEAR: 99

PAY TO THE ORDER OF

MOORE JOHN T

PAY EXACTLY
DOLLARS CENTS

\$1,330.03

EXACTLY**ONE**THOUSAND**THREE**HUNDRED**THIRTY**DOLLARS 03/100

Richard M. Daley
MAYOR

[Signature]
COMPTROLLER

3907A
44244782

CITY OF CHICAGO DEPARTMENT OF FINANCE

OFFICE OF THE COMPTROLLER

121 NORTH LASALLE STREET - ROOM 501 - CHICAGO, ILLINOIS - 60602

SEPTEMBER IS UNITY MONTH. FOR ACTIVITIES IN YOUR COMMUNITY.

CALL THE COMMISSION ON HUMAN RELATIONS AT 744-4111.

A COMMON VISION BRINGS US CLOSER TO A BIAS-FREE CHICAGO.

CITY OF CHICAGO

SOCIAL SECURITY NUMBER [REDACTED]
EMPLOYEE NUMBER 4210

MOORE JOHN T
PAYROLL [REDACTED] A

CHECK NUMBER 44244782

DEPT OF AVIATION
PAY PERIOD ENDING 09/15/95

CURRENT PERIOD EARNINGS

RATE	HOURS	TYPE	AMOUNT
	39.99	SUPPLMTL	509.04
		DOCK 6.00	
		GROSS	509.04

CURRENT PERIOD TOTALS

GROSS	\$509.04
less Pension	[REDACTED]
less Benefits	[REDACTED]
less Def Comp	[REDACTED]
TAXABLE GROSS	\$465.77
less other Ded	43.51
NET PAY	\$423.26

YEAR TO DATE SUMMARY

PRE TAX GROSS	\$509.04
TAXABLE GROSS	\$465.77

DEDUCTIONS

TYPE	DESCRIPTION	AMOUNT	YTD AMT
-2	FEDERAL TAX	[REDACTED]	[REDACTED]
01	STATE TAX	[REDACTED]	[REDACTED]
MC	MEDICARE	[REDACTED]	[REDACTED]
1	PENSION	[REDACTED]	[REDACTED]



CITY OF CHICAGO TO THE TREASURER OF THE CITY OF CHICAGO

2-439
710

DRAWN AGAINST WARRANT
OF CURRENT DATE 44244782

DEPARTMENT OF FINANCE, OFFICE OF THE COMPTROLLER

CHECK NUMBER CASH IMMEDIATELY

PAYROLL NUMBER [REDACTED]
PAYEE/
EMPLOYEE NUMBER 4210

MONTH 09 DAY 16 YEAR 95

PAY TO THE ORDER OF

MOORE JOHN T
4864 N MASON

PAY EXACTLY
DOLLARS CENTS

\$423.26

EXACTLY**FOUR**HUNDRED**TWENTY**THREE**DOLLARS 26/100

Richard M. Daley
MAYOR

Barbara A. Karpis
COMPTROLLER



CHICAGO DEPARTMENT OF AVIATION
CITY OF CHICAGO

Date: April 19, 2017

To: John T. Moore
Aviation Security Sergeant

From: Robye Scott 
Deputy Commissioner
Human Resources & Workforce Development

Cc: Jeffrey Redding
Deputy Commissioner
Security

Re: Administrative Absence

Please accept this memorandum as the Chicago Department of Aviation (CDA) notification that you are being placed on Administrative Absence effective today. The Administrative Absence will be in effect until you receive notification from CDA of a change.

If you have any questions please feel free to contact me at (773) 984-3034.