



| POSITIONS APPLIED FOR | DO NOT WRITE IN THIS SPACE |
|-----------------------|----------------------------|
| <u>Counselor</u>      |                            |
|                       |                            |
|                       |                            |

The Richland County Recreation Commission does not discriminate on the basis of race, sex, national origin, age or handicap.

## EMPLOYMENT APPLICATION

This is your application for employment with the Richland County Recreation Commission. Please prepare it accurately and neatly. Willful falsification of any information may result in rejection of your application or in your dismissal if you are employed by the Recreation Commission.

All qualified applications will be referred to the department where the vacancy is located. That department head is responsible for the review and evaluation of applications and recommending the most qualified applicants to be selected for an interview.

Date: May 18, 2010 (TYPE OR PRINT IN INK)

1. Name Brown Jewel Ariel  
(Last) (First) (Middle)  
 Address 301 Shamley Green Dr. Columbia SC 29229  
(Number and Street or RFD) (City) (County) (State) (Zip Code)  
 Social Security Number [REDACTED] Telephone Number (Home) 699-7250

2. State the salary which you are willing to accept \$ \_\_\_\_\_ When could you begin work? June 7, 2010  
 Check type of employment you would accept: Part-Time ☐ Full-Time ☒  
 Hours Preferred 7:30am - 5:30pm  
 Do you possess a valid S. C. Driver's License? Yes What class? D Number [REDACTED]

3. Have you served in the U.S. Armed Forces? Yes ☐ No ☒  
 Branch of Service: Army ☐ Navy ☐ Marines ☐ Air Force ☐ Other \_\_\_\_\_  
 Date Entered \_\_\_\_\_ Date Discharged or Separated \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
 Highest Rank Attained \_\_\_\_\_  
 Reserve Status: National Guard ☐ Inactive ☐ Ready Reserve ☐ Standby Reserve ☐ Non-Member ☐  
 Are you required to attend: Summer Training? Yes ☐ No ☐ Weekly or monthly drills? Yes ☐ No ☐  
 Date Active Reserve Obligation Will End \_\_\_\_\_  
 Military Branch and Name of Reserve Unit \_\_\_\_\_

4. In case of emergency notify Jackie Brown 301 Shamley Green Dr. 479-4585  
(Name) (Address) (Phone)  
 Relationship to you Mother  
 Have you ever been employed by the Richland County Recreation Commission? Yes ☐ No ☒  
 If yes, dates \_\_\_\_\_  
 Were you a member of the South Carolina Retirement System? Yes ☐ No ☒  
 If yes, Retirement Number \_\_\_\_\_

Please Print Brown Jewel  
 Last Name First Name

5. Have you pled no contest or been convicted of any violation of law other than minor traffic violations? Yes ☐ No ☒

\*\*If yes, give details below:

| Where Arrested | Date | Nature of Charge | State | Disposition/Status |
|----------------|------|------------------|-------|--------------------|
|                |      |                  |       |                    |
|                |      |                  |       |                    |

**\*\*NOTE:** Report criminal offenses including felonies, misdemeanors and summary offenses. **EXAMPLES:** Driving under the influence of intoxicating beverages, drugs, fraudulent or bad checks, disturbing the peace, leaving the scene of an accident, robbery, etc. Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. The nature, severity and date of the offense in relation to the position for which you are applying are considered. Failure to accurately report offenses will be considered a serious offense by the Recreation Commission and will be grounds for disqualification from consideration and/or termination if employed.

| 6. EDUCATION                        |      | Name and Location of School                   | Course of Study | Years Attended |     | Circle Last Year Completed | Did you Graduate? |    | Certificate or Degree Received |
|-------------------------------------|------|---|-----------------|----------------|-----|----------------------------|-------------------|----|--------------------------------|
| School                              | From |   |                 | To             | Yes |                            | No                |    |                                |
| Elementary                          |      | Middle Rice Creek / Summit Parkway Ridge View |                 |                |     | 1 2 3 4 5 6 7 8            | Yes               | No | Will graduate June 20          |
| High                                |      |   |                 |                |     | 9 10 11 12                 | Yes               | No |                                |
| Business, Technical or Trade School |      |   |                 |                |     | 1 2 3 4                    | Yes               | No |                                |
| College                             |      |   |                 |                |     | 1 2 3 4                    | Yes               | No |                                |
| Graduate School                     |      |   |                 |                |     | 1 2 3 4                    | Yes               | No |                                |
| Other Studies                       |      |   |                 |                |     |                            | Yes               | No |                                |

7. Professional Certificate or Licenses

| Profession | Date of Current License or Registration | State Issuing License or State in Which Registered | Date of First License or Registration |
|------------|---|--|---------------------------------------|
|            |   |  |                                       |
|            |   |  |                                       |
|            |   |  |                                       |

8. List any professional honors, awards, publications, etc.

|  |
|--|
|  |
|  |
|  |

9. Give details of any special skills, training or apprenticeship

Indicate type of machines you have operated ☒ Calculator ☐ Dictaphone ☒ Computer ☐ Heavy Construction Equipment ☐ Light Construction Equipment

List any computer software with which you are familiar Microsoft Word, Excel, Power Point

Shorthand Speed \_\_\_\_\_ Typing Speed \_\_\_\_\_

10. References - Please provide names, addresses and phone number of three people, not relatives, who have known you for at least one year.

|      |                      |         |                                       |       |          |            |                       |
|------|----------------------|---------|---------------------------------------|-------|----------|------------|-----------------------|
| Name | Ms. Doris P. Waddell | Address | 7801 de Springs Rd. Columbia SC 29223 | Phone | 419-7420 | Occupation | Teacher               |
| Name | Ms. Donya Atwood     | Address | P.O. Box 2069044 Eastover SC 29044    | Phone | 513-5972 | Occupation | Human Svcs. Speciali: |
| Name | Mrs. Cynthia Kelly   | Address | 220 Whitley Lane Columbia SC 29223    | Phone | 447-4331 | Occupation | Financial Deputy      |

11. Have you ever been discharged or forced to resign from any job for misconduct or unsatisfactory service? ☐ Yes ☒ No  
 Have you any objections to this agency making inquiry of your present employer regarding your character, qualifications, etc.? (circle one) Yes ☒ No  
 EXPERIENCE: Begin with your present or last job and describe in detail all periods of employment, including self employment. Include military service and part-time employment. Account for your time during any intervals or unemployment other than those when you were attending school. Use additional sheet if necessary.

|   |   |
|---|---|
| Name of Employer <u>V.V. Reid Dance Program</u><br>Address of Employer <u>1005 David St., Colga SC 29203</u><br>Phone Number of Employer <u>803-319-3828</u><br>Your Job Title <u>Assistant Teacher (Dance)</u><br>Specific Duties <u>Assist dance teacher with ballet classes; help prepare classes for end of year recitals</u><br>Reason for Leaving _____         | From (Mo.) _____ (Yr.) <u>2006</u><br>To (Mo.) _____ (Yr.) <u>2008</u><br>Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/><br>Starting Salary <u>Volunteer</u><br>Last Salary _____<br>Supervisor's Name <u>Ms. Wendi Nance</u><br>Supervisor's Title <u>Dance Program Director</u> |
| Name of Employer <u>S.C. Boys &amp; Girls Club</u><br>Address of Employer <u>2016 Sumter Street Colga SC 29201</u><br>Phone Number of Employer <u>231-3300</u><br>Your Job Title <u>Jr. Counselor Volunteer</u><br>Specific Duties <u>Assist with youth participating in summer camp</u><br>Reason for Leaving <u>Summer Only</u>                                     | From (Mo.) <u>Summer</u> (Yr.) <u>2006</u><br>To (Mo.) _____ (Yr.) _____<br>Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/><br>Starting Salary <u>Volunteer</u><br>Last Salary _____<br>Supervisor's Name <u>Mrs. Vanessa Hall</u><br>Supervisor's Title <u>Camp Director</u>      |
| Name of Employer <u>A+A Youth Community &amp; Learning Center</u><br>Address of Employer <u>6920 N. Main St Suite F Colga SC 29203</u><br>Phone Number of Employer <u>735-7671 or 406-9628</u><br>Your Job Title <u>Jr. Staff Member</u><br>Specific Duties <u>Assisting youth camp members field trips; camp activities</u><br>Reason for Leaving <u>Summer Only</u> | From (Mo.) <u>Summer</u> (Yr.) <u>2005</u><br>To (Mo.) _____ (Yr.) _____<br>Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/><br>Starting Salary _____<br>Last Salary _____<br>Supervisor's Name _____<br>Supervisor's Title _____   |

A RESUME OF YOUR EMPLOYMENT WILL NOT BE ACCEPTED IN LIEU OF THE ABOVE INFORMATION

12.

#### EQUAL EMPLOYMENT OPPORTUNITY REPORTING AND PERSONNEL RESEARCH

NOTE: The information requested in this section is not used to evaluate your application. This information is needed to satisfy equal opportunity reporting and personnel research requirements.

Name Brown Jewel Ariel  
 LAST FIRST MIDDLE  
 Social Security Number \_\_\_\_\_ Sex: Male ☐ Female ☒  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Race (Please check one) White/Non-Hispanic ☐ African American ☒ Asian or Pacific Islander ☐  
 Native American or Alaskan Native ☐ Hispanic ☐  
 Position applied for Counselor

APPLICANTS PLEASE COMPLETE (This tab is detached by the HRD before application is forwarded for review and evaluation.)

5/18/2010  
 Date



13. List any information that you think would be pertinent or helpful. Please use additional sheets if necessary.

I have worked with several summer camps in the past. I have experience working with youth from ages 5-12 as I have volunteered as a cheerleading coach with the Ruth C. Simons Basketball League; volunteered with the S.C. Boys and Girls Club and other programs. I am also an active member of the Youth Ministry at my church where I serve in several leadership roles.

14. CERTIFICATE OF APPLICATION - READ CAREFULLY BEFORE SIGNING

I hereby certify that all statements made in this application are true, and I agree and understand that any willful misstatements of material facts herein will cause forfeiture on my part of all rights to any employment in this agency. The Richland County Recreation Commission (RCRC) is authorized to request a transcript where necessary to verify my education record and make whatever background investigation necessary for employment purposes. I have no objections to being fingerprinted and having my record cleared through the FBI and/or the South Carolina Law Enforcement Division (SLED). I further agree to a physical examination and/or a pre-employment drug-screening test, if such examination is required as a condition of employment by the agency.

I hereby consent to authorized representatives of RCRC contacting any of my former employers or educational institutions that I have attended and any other person or organization they determine may have information concerning my past and present work. I understand this would include my official personnel files, attendance records, background information, evaluations, educational records, military service, law enforcement records and/or any personal records deemed necessary. I also understand RCRC may make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organizations and all third parties from any and all claims, of whatever nature, that I may have, as a result of any inquiry or response to such inquiries, made in connection with my application for employment. I understand that any information obtained by RCRC in the course of those contacts will be treated with the strictest confidence. However, I understand it is not possible to guarantee total confidentiality.

Applicant's Signature

*Paul Brown*

Date

5/18/10

Interviewer's Remarks

Interviewed By

Date

11. Have you ever been discharged or forced to resign from any job for misconduct or unsatisfactory service? ☐ Yes ☒ No

Have you any objections to this agency making inquiry of your present employer regarding your character, qualifications, etc.? (circle one) Yes No

EXPERIENCE: Begin with your present or last job and describe in detail all periods of employment, including self employment. Include military service and part-time employment. Account for your time during any intervals or unemployment other than those when you were attending school. Use additional sheet if necessary.

Name of Employer V.V. Reid Dance Program  
Address of Employer 6005 David St. Cola SC 29203  
Phone Number of Employer 319-3828  
Your Job Title Assistant Teacher  
Specific Duties Assist dance teacher with ballet classes; help prepare classes for end of year recitals  
Reason for Leaving \_\_\_\_\_

From (Mo.) \_\_\_\_\_ (Yr.) 2006  
To (Mo.) \_\_\_\_\_ (Yr.) 2008  
Full-Time ☐ Part-Time ☐  
Starting Salary \_\_\_\_\_  
Last Salary \_\_\_\_\_  
Supervisor's Name Ms. Wendi Nance  
Supervisor's Title Dance Program Director

Name of Employer S.C. Boys & Girls Club of Cola  
Address of Employer Summer Street, Cola SC  
Phone Number of Employer \_\_\_\_\_  
Your Job Title Jr. Counselor Volunteer  
Specific Duties Assist with youth participating in summer camp  
Reason for Leaving Summer only

From (Mo.) Summer (Yr.) 2006  
To (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_  
Full-Time ☐ Part-Time ☐  
Starting Salary \_\_\_\_\_  
Last Salary \_\_\_\_\_  
Supervisor's Name Mr. Allen Smith, Sr.  
Supervisor's Title Owner, Director

Name of Employer A+A Youth Community & Learning Center  
Address of Employer North Main St., Cola SC  
Phone Number of Employer \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Specific Duties \_\_\_\_\_

From (Mo.) Summer (Yr.) 2005  
To (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_  
Full-Time ☐ Part-Time ☐  
Starting Salary \_\_\_\_\_  
Last Salary \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Supervisor's Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

A RESUME OF YOUR EMPLOYMENT WILL NOT BE ACCEPTED IN LIEU OF THE ABOVE INFORMATION

EQUAL EMPLOYMENT OPPORTUNITY REPORTING AND PERSONNEL RESEARCH

NOTE: The information requested in this section is not used to evaluate your application. This information is needed to satisfy equal opportunity reporting and personnel research requirements.

Name Brown Jewel Ariel  
LAST FIRST MIDDLE

Social Security Number \_\_\_\_\_

Sex: Male ☐ Female ☒

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Race (Please check one)

White/Non-Hispanic ☐

African American ☒

Asian or Pacific Islander ☐

Native American or Alaskan Native ☐

Hispanic ☐

Position applied for Counselor

APPLICANTS PLEASE COMPLETE (This tab is detached by the HRD before application is forwarded for review and evaluation.)



Enriching Lives &  
Connecting Communities

## Richland County Recreation Commission

Indicate what change is occurring (choose all that apply):

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Termination (Involuntary)              | <input type="checkbox"/> Salary Change            | <input type="checkbox"/> Leave of Absence       |
| <input type="checkbox"/> Resignation (Voluntary)                | <input type="checkbox"/> Job Title Change         | <input type="checkbox"/> Scheduled Hours Change |
| <input type="checkbox"/> Retirement                             | <input type="checkbox"/> Job Reassignment         | <input type="checkbox"/> Other                  |
| <input checked="" type="checkbox"/> Seasonal Employee Returning | <input type="checkbox"/> Seasonal Employee Ending | <input type="checkbox"/> Seasonal Job Transfer  |

### I. Current Information: This section must be completed

|                                 |                     |                         |  |
|---------------------------------|---------------------|-------------------------|--|
| 1. Employee Name: Jewel Brown   |                     | 2. Job Title: Counselor |  |
| 3. Department Name: Programming | 4. Job Code: 100015 | 5. Job Grade:           |  |

### II. Changes in Salary, Job Title, Grade, Department, or Scheduled Hours

|   |                                 |                                      |                      |
|---|---------------------------------|--------------------------------------|----------------------|
| 6. Salary Change:   | From: \$8.00                    | To: \$8.00                           | Percentage Increase: |
| 7. Class Code Change:   | New Class Code: Click Here      |                                      |                      |
| 8. Job Code / Title Changes:  | New Job Code: 100066            | Salary Class: Click Here             |                      |
| New Job Title:  |                                 | New Job Grade:                       |                      |
| 9. Department Change:   | Old Dept. Name: Blythewood Park | New Department Name: Blythewood Park |                      |
| 10. Reason for change(s) noted above:   |                                 |                                      |                      |
| 11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: 02/19/2012<br>The effective date should coincide with the start date of a payroll period. |                                 |                                      |                      |

### III. Resignations (Voluntary Discharge) and Terminations (Involuntary Discharge)- Choose only one, not both

|   |                     |                                     |
|---|---------------------|-------------------------------------|
| 12. Voluntary or Involuntary? Click Here  | 13. Effective Date: | 14. Proper Notice Given? Click Here |
|   |                     | 15. Would you re-employ? Click Here |
| For any termination: You must attach or forward a disciplinary action form or detailed memo with Executive Director signature/approval describing the incident which resulted in the termination. |                     |                                     |
| 16. If voluntary resignation, why? If no rehire recommendation, why?  |                     |                                     |

### IV. Leave of Absence

|                                    |   |                          |
|------------------------------------|---|--------------------------|
| 17. Leave type: Click Here         | 18. Normal work schedule: (example: "Tue, Thur, Sat 9a-5p") |                          |
| 19. Anticipated date leave begins: | 20. Last scheduled work day:                                | 21. Planned return date: |

### V. Signatures & Date

|   |                               |
|---|-------------------------------|
| Department Director   | <i>[Signature]</i> 2-7-2012   |
| Department Head   | <i>[Signature]</i> 2/8/12     |
| Assistant Executive Director  | <i>[Signature]</i> 2/10/12    |
| Executive Director<br>(required for pay changes exceeding normal guidelines and terminations) |                               |
| Human Resources Representative  | <i>[Signature]</i> 02/10/2012 |

When approval is e-mailed: By typing my name in the appropriate area above, I certify this to be my electronic signature.





Enriching Lives &  
Connecting Communities

### Richland County Recreation Commission

Indicate what change is occurring (choose all that apply):

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Termination (Involuntary)              | <input checked="" type="checkbox"/> Salary Change | <input type="checkbox"/> Leave of Absence       |
| <input type="checkbox"/> Resignation (Voluntary)                | <input type="checkbox"/> Job Title Change         | <input type="checkbox"/> Scheduled Hours Change |
| <input type="checkbox"/> Retirement                             | <input type="checkbox"/> Job Reassignment         | <input type="checkbox"/> Other                  |
| <input checked="" type="checkbox"/> Seasonal Employee Returning | <input type="checkbox"/> Seasonal Employee Ending | <input type="checkbox"/> Seasonal Job Transfer  |

#### I. Current Information: This section must be completed

|                                 |                  |                         |  |
|---------------------------------|------------------|-------------------------|--|
| 1. Employee Name: Jewel Brown   |                  | 2. Job Title: Counselor |  |
| 3. Department Name: Programming | 4. Job Code: 551 | 5. Job Grade: N/A       |  |

#### II. Changes in Salary, Job Title, Grade, Department, or Scheduled Hours

|   |                            |                          |                      |
|---|----------------------------|--------------------------|----------------------|
| 6. Salary Change:   | From: \$8.00               | To: \$9.50               | Percentage Increase: |
| 7. Class Code Change:   | New Class Code: Click Here |                          |                      |
| 8. Job Code / Title Changes:  | New Job Code:              | Salary Class: Click Here |                      |
| New Job Title:  |                            | New Job Grade:           |                      |
| 9. Department Change:   | Old Dept. Name:            | New Department Name:     |                      |
| 10. Reason for change(s) noted above:   |                            |                          |                      |
| 11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: 05/27/2012<br>The effective date should coincide with the start date of a payroll period. |                            |                          |                      |

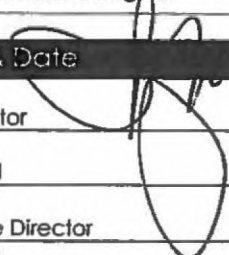
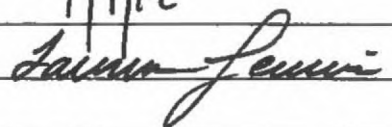
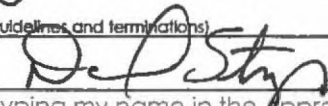
#### III. Resignations (Voluntary Discharge) and Terminations (Involuntary Discharge) - Choose only one, not both

|   |                     |                                     |
|---|---------------------|-------------------------------------|
| 12. Voluntary or Involuntary? Click Here  | 13. Effective Date: | 14. Proper Notice Given? Click Here |
|   |                     | 15. Would you re-employ? Click Here |
| For any termination: You must attach or forward a disciplinary action form or detailed memo with Executive Director signature/approval describing the incident which resulted in the termination. |                     |                                     |
| 16. If voluntary resignation, why? If no rehire recommendation, why?  |                     |                                     |

#### IV. Leave of Absence

|                                    |   |                          |
|------------------------------------|---|--------------------------|
| 17. Leave type: Click Here         | 18. Normal work schedule: (example: "Tue, Thur, Sat 9a-5p") |                          |
| 19. Anticipated date leave begins: | 20. Last scheduled work day:                                | 21. Planned return date: |

#### V. Signatures & Date

|   |   |        |
|---|---|--------|
| Department Director   |  | 7/9/12 |
| Department Head   |  | 7/9/12 |
| Assistant Executive Director  |   |        |
| Executive Director<br>(required for pay changes exceeding normal guidelines and terminations) |   |        |
| Human Resources Representative  |  |        |

When approval is e-mailed: By typing my name in the appropriate area above, I certify this to be my electronic signature.



Enriching Lives &  
Connecting Communities

## Richland County Recreation Commission

Indicate what change is occurring (choose all that apply):

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Termination (Involuntary)   | <input checked="" type="checkbox"/> Salary Change | <input type="checkbox"/> Leave of Absence       |
| <input type="checkbox"/> Resignation (Voluntary)     | <input type="checkbox"/> Job Title Change         | <input type="checkbox"/> Scheduled Hours Change |
| <input type="checkbox"/> Retirement                  | <input type="checkbox"/> Job Reassignment         | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Seasonal Employee Returning | <input type="checkbox"/> Seasonal Employee Ending | <input type="checkbox"/> Seasonal Job Transfer  |

### I. Current Information: This section must be completed

|  |                            |                                     |  |
|--|----------------------------|-------------------------------------|--|
| 1. Employee Name: <b>Jewel Brown</b>   |                            | 2. Job Title: <b>Assl. Director</b> |  |
| 3. Department Name: <b>Programming</b> | 4. Job Code: <b>100015</b> | 5. Job Grade:                       |  |

### II. Changes in Salary, Job Title, Grade, Department, or Scheduled Hours

|  |  |  |                      |
|--|--|--|----------------------|
| 6. Salary Change:  | From: <b>\$9.50</b>                        | To: <b>\$10.50</b>                       | Percentage Increase: |
| 7. Class Code Change:  | New Class Code: <a href="#">Click Here</a> |  |                      |
| 8. Job Code / Title Changes:   | New Job Code:                              | Salary Class: <a href="#">Click Here</a> |                      |
| New Job Title:   |  | New Job Grade:                           |                      |
| 9. Department Change:  | Old Dept. Name:                            | New Department Name:                     |                      |
| 10. Reason for change(s) noted above:  |  |  |                      |
| 11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: <a href="#">Click Here</a> <b>6/22/14</b><br>The effective date should coincide with the start date of a payroll period. |  |  |                      |

### III. Resignations (Voluntary Discharge) and Terminations (Involuntary Discharge)- Choose only one, not both

|   |                     |   |
|---|---------------------|---|
| 12. Voluntary or involuntary? <a href="#">Click Here</a>  | 13. Effective Date: | 14. Proper Notice Given? <a href="#">Click Here</a> |
|   |                     | 15. Would you re-employ? <a href="#">Click Here</a> |
| For any termination: You must attach or forward a disciplinary action form or detailed memo with Executive Director signature/approval describing the incident which resulted in the termination. |                     |   |
| 16. If voluntary resignation, why? If no rehire recommendation, why?  |                     |   |

### IV. Leave of Absence

|  |   |                          |
|--|---|--------------------------|
| 17. Leave type: <a href="#">Click Here</a> | 18. Normal work schedule: (example: "Tue, Thur, Sat 9a-5p") |                          |
| 19. Anticipated date leave begins:         | 20. Last scheduled work day:                                | 21. Planned return date: |

### V. Signatures & Date

|   |                          |                |
|---|--------------------------|----------------|
| Department Director   | <i>Jenetta A. Gibson</i> | <b>6/18/14</b> |
| Department Head   | <i>James Lewis</i>       | <b>6/18/14</b> |
| Assistant Executive Director  | <i>Kenya V. Bryant</i>   | <b>6/18/14</b> |
| Executive Director  | <i>Jewel Brown</i>       | <b>6/18/14</b> |
| Required for pay changes exceeding normal guidelines and terminations |                          |                |
| Human Resources Representative  | <i>D. D. Stamps</i>      | <b>7/2/14</b>  |

When approval is e-mailed: By typing my name in the appropriate area above, I certify this to be my electronic signature.





Enriching Lives &  
Connecting Communities

## Richland County Recreation Commission

Indicate what change is occurring (choose all that apply):

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Termination (Involuntary)   | <input checked="" type="checkbox"/> Salary Change    | <input type="checkbox"/> Leave of Absence       |
| <input type="checkbox"/> Resignation (Voluntary)     | <input checked="" type="checkbox"/> Job Title Change | <input type="checkbox"/> Scheduled Hours Change |
| <input type="checkbox"/> Retirement                  | <input type="checkbox"/> Job Reassignment            | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Seasonal Employee Returning | <input type="checkbox"/> Seasonal Employee Ending    | <input type="checkbox"/> Seasonal Job Transfer  |

### I. Current Information: This section must be completed

|  |                         |   |  |
|--|-------------------------|---|--|
| 1. Employee Name: <b>Jewel Brown</b>   |                         | 2. Job Title: <b>Assistant Director</b> |  |
| 3. Department Name: <b>Programming</b> | 4. Job Code: <b>554</b> | 5. Job Grade: <b>N/A</b>                |  |

### II. Changes in Salary, Job Title, Grade, Department, or Scheduled Hours

|  |  |                                 |                      |
|--|--|---------------------------------|----------------------|
| 6. Salary Change:  | From: <b>\$10.50</b>                       | To: <b>\$11.50</b>              | Percentage Increase: |
| 7. Class Code Change:  | New Class Code: <a href="#">Click Here</a> |                                 |                      |
| 8. Job Code / Title Changes:   | New Job Code:                              | Salary Class: <b>Non-Exempt</b> |                      |
| New Job Title: <b>After School / Summer Camp Director</b>  |  | New Job Grade: <b>N/A</b>       |                      |
| 9. Department Change:  | Old Dept. Name:                            | New Department Name:            |                      |
| 10. Reason for change(s) noted above: <b>Promotion from Assistant Director to Director</b>   |  |                                 |                      |
| 11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: <b>05/24/2015</b><br>The effective date should coincide with the start date of a payroll period. |  |                                 |                      |

### III. Resignations (Voluntary Discharge) and Terminations (Involuntary Discharge)- Choose only one, not both

|   |                     |   |
|---|---------------------|---|
| 12. Voluntary or Involuntary? <a href="#">Click Here</a>  | 13. Effective Date: | 14. Proper Notice Given? <a href="#">Click Here</a> |
|   |                     | 15. Would you re-employ? <a href="#">Click Here</a> |
| For any termination: You must attach or forward a disciplinary action form or detailed memo with Executive Director signature/approval describing the incident which resulted in the termination. |                     |   |
| 16. If voluntary resignation, why? If no rehire recommendation, why?  |                     |   |

### IV. Leave of Absence

|  |   |                          |
|--|---|--------------------------|
| 17. Leave type: <a href="#">Click Here</a> | 18. Normal work schedule: (example: "Tue, Thur, Sat 9a-5p") |                          |
| 19. Anticipated date leave begins:         | 20. Last scheduled work day:                                | 21. Planned return date: |

### V. Signatures & Date

|   |                               |
|---|-------------------------------|
| Department Director   |                               |
| Department Head   | <i>Jawon Lewis</i> 5/8/15     |
| Assistant Executive Director  | <i>Kenya V. Bryant</i> 5/8/15 |
| Executive Director  | <i>James B. Bryant</i> 5/8/15 |
| Required for pay changes exceeding normal guidelines and terminations |                               |
| Human Resources Representative  | <i>Donna Shipp</i> 5/15/15    |

When approval is e-mailed: By typing my name in the appropriate area above, I certify this to be my electronic signature.