

**CITY OF ABILENE
EMPLOYEE COUNSELING FORM**

DATE:

EMPLOYEE:

SUBJECT:

I have had the above subjects discussed with me and understand what is being said.

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

**CITY OF ABILENE
SICK LEAVE
REQUEST AND AUTHORIZATION FORM**

Employee's Name: _____ Employee ID #: _____

Department: _____ Division: _____

I REQUEST THE FOLLOWING TYPE OF SICK LEAVE:

 Dependent Sick Leave

For: Name of Family Member: _____

Relationship to Employee: _____

Leave to begin: _____ at: _____
Date Time

Leave to end: _____ at: _____
Date Time

TOTAL LEAVE HOURS* : _____ *(if more than 3 days, Human Resources should be contacted immediately. An FMLA form will be sent to the employee for completion to determine FMLA eligibility.)

 Personal Sick Leave

Leave to begin: _____ at: _____
Date Time

Leave to end: _____ at: _____
Date Time

TOTAL LEAVE HOURS* : _____ *(if more than 3 days, Human Resources should be contacted immediately. An FMLA form will be sent to the employee for completion to determine FMLA eligibility.)

Certification: I certify that the information on this form is true and correct. I certify that I was absent from my official duties due to illness or injury of myself or an eligible family member as described above.

Employee Signature

Date

APPROVALS:

Supervisor

Date

Director or Division Manager

Date



**CITY OF ABILENE
PERFORMANCE EVALUATION – MANAGEMENT**

Employee Name:	<input type="text"/>	Employee ID#:	<input type="text"/>
Job Title:	<input type="text"/>	Department:	<input type="text"/>
Supervisor/Manager:	<input type="text"/>	Performance Period	<input type="text"/>

THE CITY OF ABILENE'S MISSION STATEMENT

We Work Together to Build a Community of the Highest Quality for Present and Future Generations.

THE CITY OF ABILENE VALUES

Team Spirit – We work together to promote a sense of pride and belonging by recognizing the importance of communication, cooperation, and commitment in relationships with our customers.

Continuous Improvement – We strive for quality through innovation and resourcefulness.

Responsiveness – We empower our employees to provide exceptional and timely service.

Integrity – We demonstrate accountability through a strong work ethic, professionalism and trust.

Individual Worth – We respect everyone, honor diversity and provide opportunity for growth.

OVERALL PERFORMANCE COMMENTS

CURRENT REVIEW PERIOD OBJECTIVES - RESULTS

Division/Department/Organizational:

Individual:

NEXT REVIEW PERIOD'S OBJECTIVES

Division/Department/Organizational:

Individual:

SPECIAL ACCOMPLISHMENTS AND TRAINING & DEVELOPMENT

ACKNOWLEDGEMENTS

Employee Signature:		Date:	
Division Manager Signature:		Date:	
Assistant Director Signature:		Date:	
Director Signature:		Date:	

MANAGEMENT PERFORMANCE EVALUATION PROCESS AND INSTRUCTIONS

PROCESS – Designed to facilitate increased communication between employee and manager.

1. Employee should prepare for the evaluation meeting by looking over the evaluation form and making notes about their performance. The supervisor should prepare by completing a draft review and discussing the draft review with the next level manager.
2. Employee and manager meet to discuss the employee's performance.
3. Supervisor/Manager completes performance evaluation of employee.
4. Manager secures acknowledgement signatures.
5. Copy filed in personnel file.

INSTRUCTIONS

The City of Abilene Values

- Upholding and representing the Values of the City through job performance, personal behavior and leadership is a critical component of a manager's performance at the City. Consider the behavior and actions of this manager during the performance period being evaluated. Describe the behavior, using specific examples when possible.

Overall Performance Comments

- Give an overall description of the manager's performance.

Current Review Period Objectives – Results or Status

- Document progress and results on objectives set during last year's review. You may use the space provided or attach a separate piece of paper.
- Consider both individual performance or improvement objectives and division/department/organizational objectives.

Next Review Period Objectives

- Establish some objectives for the next performance year. Consider both individual and division/department/organizational objectives, and carry over any objectives that span beyond the current year or objectives that were not completed.

Special Accomplishments and Training and Development

- Please document any special accomplishments and any training and development activities that occurred during the performance year.

Acknowledgements

- The employee's signature signifies that the information contained in the evaluation was reviewed by the employee, and does not signify agreement. An employee may choose to attach comments.



**CITY OF ABILENE
PERFORMANCE EVALUATION – EXEMPT EMPLOYEES**

Employee Name:	<input type="text"/>	Employee ID#:	<input type="text"/>
Job Title:	<input type="text"/>	Department:	<input type="text"/>
Supervisor/Manager:	<input type="text"/>	Performance Period	<input type="text"/>

THE CITY OF ABILENE'S MISSION STATEMENT

We Work Together to Build a Community of the Highest Quality for Present and Future Generations.

THE CITY OF ABILENE VALUES

Team Spirit – We work together to promote a sense of pride and belonging by recognizing the importance of communication, cooperation, and commitment in relationships with our customers.

Continuous Improvement – We strive for quality through innovation and resourcefulness.

Responsiveness – We empower our employees to provide exceptional and timely service.

Integrity – We demonstrate accountability through a strong work ethic, professionalism and trust.

Individual Worth – We respect everyone, honor diversity and provide opportunity for growth.

CURRENT REVIEW PERIOD OBJECTIVES - RESULTS

Division/Department/Organizational:

Individual:

NEXT REVIEW PERIOD'S OBJECTIVES

Division/Department/Organizational:

Individual:

PERFORMANCE COMPETENCIES

1. Planning and Organizing

Plans routine work and maintenance effectively.

Plans and organizes priorities so that they can be accomplished on time.

Keeps necessary work records current, accurate and organized.

Keeps appropriate people advised of the status of projects and work assignments.

EE	FE	BE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Problem Solving/Decision Making

Analyzes and sizes up a situation, isolates and identifies the problem.

Evaluates alternative courses of action and makes a logical decision in choosing one.

Uses sound judgment in evaluating a decision and makes decisions in a timely manner.

Follow up on problem solutions to make sure the problem is solved.

EE	FE	BE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Personal Effectiveness

Performs all work consistent with City Policies and Directives.

Is available and puts in the time required to get the job done.

Accepts responsibility for errors and learns from them.

Manages emotions maturely and works well with others.

EE	FE	BE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Communication

Recognizes the importance of sharing information and openly communicates.
Communicates clearly orally and in writing.
Listens attentively to what individuals (employees, peers, public) have to say.

EE	FE	BE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Customer Focus

Achieves quality in serving both internal and external customers.
Actively seeks and responds to feedback from customers.
Effectively handles difficult customers.
Continually looks for ways to implement improvements to services and processes.

EE	FE	BE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Supervision (if applicable)

Guides the behavior of others toward accomplishment of organizational goals and objectives.
Handles employee performance (including discipline) promptly and fairly.
Hires and trains staff effectively; delegates appropriately.
Plans proper assignments of personnel and resources.
Handles problems and conflicts professionally and in a time sensitive manner.

EE	FE	BE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Job Skills – Technical Abilities (include skills specific to this position)

EE	FE	BE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL PERFORMANCE RATING

EXCEEDS EXPECTATIONS FULFILLS EXPECTATIONS BELOW EXPECTATIONS

SPECIAL ACCOMPLISHMENTS AND TRAINING & DEVELOPMENT

ACKNOWLEDGEMENTS

Employee Signature:		Date:	
Supervisor Signature:		Date:	
Division Manager Signature:		Date:	
Assistant Director Signature:		Date:	
Director Signature:		Date:	

EXEMPT EMPLOYEE PERFORMANCE EVALUATION

PROCESS AND INSTRUCTIONS

PROCESS – Designed to facilitate increased communication between employee and supervisor.

1. Employee should prepare for the evaluation meeting by looking over the evaluation form and making notes about their performance. The supervisor should prepare by completing a draft review and discussing the draft review with the next level manager.
2. Employee and manager meet to discuss the employee's performance.
3. Supervisor/Manager completes performance evaluation of employee.
4. Supervisor/Manager secures acknowledgement signatures.
5. Copy filed in personnel file.

INSTRUCTIONS

The City of Abilene Values

- Upholding and representing the Values of the City through job performance, personal behavior and leadership is a critical component of an employee's performance at the City. Consider the behavior and actions of this employee during the performance period being evaluated. Describe the behavior, using specific examples when possible.

Current Review Period Objectives – Results

- Document progress and results on objectives set during last year's review. You may use the space provided or attach a separate piece of paper. Consider both individual performance or improvement objectives and division/department /organizational objectives.

Next Review Period Objectives

- Establish some objectives for the next performance year. Consider both individual and division/department/organizational objectives, and carry over any objectives that span beyond the current year or objectives that were not completed.

Performance Competencies

- Consider the employee's performance for the statements and indicate a rating.
- For job skills, write in the specific job skills required for this position.

Overall Performance Rating

- Based on the all of the information in this evaluation please indicate the overall performance rating.

Special Accomplishments and Training and Development

- Please document any special accomplishments and any training and development activities that occurred during the performance year.

Acknowledgements

- The employee's signature signifies that the information contained in the evaluation was reviewed by the employee, and does not signify agreement. An employee may choose to attach comments.

Ratings

Exceeds Expectations (EE) – Performance exceeded expectations of the job.
Fulfills expectations (FE) – Performance consistently met expectations of the job.
Below Expectations (BE) – Performance did not meet expectations of the job.

**City of Abilene
Non-Exempt Employee Performance Evaluation**

Employee Name:		Employee ID #:
Position Title:	Code:	Dept: Div:
Supervisor/Manager:		Performance Period:

THE CITY OF ABILENE VALUES

Consider the performance of this employee during the performance period and assess their support of the Values listed below.

Team Spirit - We work together to promote a sense of pride and belonging by recognizing the importance of communication, cooperation and commitment in relationships with our customers.

Continuous Improvement- We strive for quality through innovation and resourcefulness.

Responsiveness- We empower our employees to provide exceptional and timely service.

Integrity- We demonstrate accountability through a strong work ethic, professionalism and trust.

Individual Worth- We respect everyone, honor diversity and provide opportunity for growth.

EE-Exceeds Expectations **FE-Fulfills Expectations** **Below Expectations**

OBJECTIVES AND GOALS

A supervisor may set crew/Workgroup/division/departmental objectives and/or individual performance or improvement goals.

1- Current Review Period- Document progress and results of objectives and goals set during last year's review.

2- Next Review Period- Establish the objectives for the coming year, as a joint process between employee and manager, and document here or on a separate attachment. Objectives should be specific, time bounded and measurable.

Ratings

- Exceeds Expectations (EE)- Performance exceeded expectations of the job.
- Fulfills Expectations (FE)- Performance consistently met expectations of the job.
- Below Expectations (BE)- Performance did not meet expectations of the job.

PERFORMANCE COMPETENCIES

Evaluate the employee's performance for each statement and check the appropriate box. The effort and accomplishments of the goals and objectives should be reflected throughout these ratings.

1. Customer Focus

EE FE BE

Customer Focus Overall Rating

2. Communication

Communication Overall Rating

3. Personal Productivity

Personal Productivity Overall Rating

4. Safety

Safety Overall Rating

5. Supervisory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisory Overall Rating

6. Job Skills/Knowledge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Job Skills/Knowledge Overall Rating

OVERALL PERFORMANCE RATING

Based on the information in this evaluation, indicate an overall performance rating for this employee.

Exceeds Expectations

Fulfills Expectations

Below Expectations

EDUCATION, TRAINING AND DEVELOPMENT

Please document below any conferences, workshops and/or other development or training that this employee has completed.

COMMENTS AND ACKNOWLEDGEMENT SIGNATURES

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Division Manager Signature: _____

Date: _____

Director Signature: _____

Date: _____

If the patient is the employee, please give us your appraisal of the employee's current medical condition. (Check all that apply and explain in "Comments/Recommendations" below.)

- Inpatient hospitalization of the employee is required.
- The employee is unable to perform work of any kind.
- The employee can perform some work with the following restrictions:

- It is necessary for the employee to be off work on an intermittent basis.
- It is necessary for the employee to work less than a normal schedule of hours per day or days per week. (Please explain.) _____

- This employee should be able to perform all of his/her job duties.

Comments/Recommendations: _____

If the patient is the employee's family member, please check all that apply:

- Inpatient hospitalization is required.
- The patient will require assistance for basic medical, hygiene, nutritional needs, safety, or transportation. (Please identify): _____

- The employee's presence is necessary or would be beneficial for the care of the patient. (Please explain.) _____

- The estimated period of time care is needed or the employee's presence would be beneficial is:

Signature of Physician/Practitioner

Type of Practice/Field of Specialization

Typed or Printed Name

() _____
Telephone Number

Date

Please return this form to:
Human Resources
City of Abilene
P. O. Box 60
Abilene, TX 79605

Human Resource Approval: _____ **Date:** _____

**CITY OF ABILENE
GRIEVANCE/COMPLAINT FORM**

Note: There are guidelines to be followed when filing this grievance or complaint form as outlined in the City's Personnel Policy and Procedures Manual, Grievance and Complaint Procedure Section. If you do not have access to this Procedure, ask your supervisor or someone in the Human Resources Office to assist you.

Name: _____

Department: _____

Work Phone: _____

Immediate
Supervisor's Name: _____

Division: _____

Date Incident Occurred: _____

Type of Complaint:

Grievance

Harassment Complaint

Sexual Harassment Complaint

EEO Complaint

Complaint (such as supervisory practices, working conditions, etc.)

Have you spoken to your immediate supervisor about the grievance/complaint? Yes No

SUMMARY OF COMPLAINT

The following space should be used to describe the nature of your grievance/complaint. You should include matters pertaining to what the dispute is about, the date it happened, who caused the problem, what you think should have happened, or should happen to resolve the problem, and other information you believe is relevant to the dispute. (Attach additional paper, if necessary.)

What remedial action would you like to see taken?

I understand that the City will be conducting an investigation of my complaint. I authorize the City to disclose to others portions of the information I have provided with respect to that complaint, insofar as the City feels it must release that information in order that a complete investigation be conducted. **I certify that the above information is true and correct.**

Employee Signature

Date

Upon completion, turn this form into the Human Resources Office, supervisor, or appropriate source according to policy.

Signature of Person Taking Complaint

Date.

**CITY OF ABILENE NOTIFICATION OF TRAFFIC VIOLATION
(FOR CDL DRIVERS)**

The Commercial Motor Vehicle Act of 1986 requires, within 30 days of a conviction for any traffic violation, except parking, a driver must notify his/her employer, regardless of the nature of the violation or the type of vehicle which was driven at the time. If a driver's license is suspended, revoked, canceled, or driver is disqualified from driving, his/her employer must be notified by the end of the next business day following receipt of the notice of event.

As an employee convicted of such a traffic violation, I am providing the following information in compliance with the Commercial Motor Vehicle Act of 1986.

Name: _____

Address: _____

City Department Currently Assigned to: _____

Violation: _____

Date of Violation: _____ Agency Issuing Citation: _____

Location (City, State): _____

Type of Vehicle: _____

Date of Conviction: _____

Disposition (fine, jail, loss of license, etc.): _____

Employee Signature

Date

Supervisor Signature

Date

Director Signature

Date

FOR ELECTRONIC PROCESSING

Div. Mgr. Approve & save as Word Document titled "PAF-Employee's Name."

SEND to your Director as an e-mail attachment.

Director: Approve, save & close. FORWARD to HR mailbox titled "Personnel Action Form"



PERSONNEL ACTION FORM

Complete Information in Blue Only
CIVIL SERVICE (if applicable)
Complete Information in Purple

TYPE OF ACTION (S):	<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> PROMOTION	<input type="checkbox"/> SEPARATION:	SELECT REASON:
	<input type="checkbox"/> REHIRE	<input checked="" type="checkbox"/> TRANSFER	<input type="checkbox"/> OTHER:	SELECT REASON:
		<input type="checkbox"/> FLEX	<input type="checkbox"/> OTHER:	SELECT REASON:

EFFECTIVE DATE	<input type="text"/>	EMPLOYEE ID NUMBER	<input type="text"/>
NAME OF EMPLOYEE	<input type="text"/>		

	CURRENT		CHANGES	
JOB TITLE	<input type="text"/>		<input type="text"/>	
JOB CODE	<input type="text"/>	POS # <input type="text"/>	<input type="text"/>	POS # <input type="text"/>
RATE OF PAY	Hourly \$ <input type="text"/>	ANNUAL \$ <input type="text"/>	Hourly \$ <input type="text"/>	ANNUAL \$ <input type="text"/>
To be completed by HR:	EEO # <input type="text"/>		EEO # <input type="text"/>	

<input type="checkbox"/> TIME SHEETS OR <input type="checkbox"/> TIME CARDS	PERFORMANCE DATE: <input type="text"/>	SCHEDULED HOURS PER DAY	8.0 <input type="checkbox"/> 10.0 <input type="checkbox"/> 12.0 <input type="checkbox"/>
Will Fill Vacancy left by: <input type="text"/>			PT Hrs <input type="checkbox"/> Other <input type="text"/>
NEWLY BUDGETED POSITION?	YES <input type="checkbox"/> NO <input type="checkbox"/>	GRANT POSITION:	YES <input type="checkbox"/> NO <input type="checkbox"/>
CHARGE SALARY TO:	<input type="text"/> % EXP. ACCT <input type="text"/>	ACT <input type="text"/>	STATUS <input type="text"/>
Attach separate sheet for additional funds.	<input type="text"/> % EXP. ACCT <input type="text"/>	ACT <input type="text"/>	STATUS <input type="text"/>
	<input type="text"/> % EXP. ACCT <input type="text"/>	ACT <input type="text"/>	STATUS <input type="text"/>

CIVIL SERVICE INFORMATION

<input type="checkbox"/> ASSIGNMENT PAY \$ <input type="text"/> <input type="text"/> Select One	<input type="checkbox"/> ASSIGNMENT PAY \$ <input type="text"/> <input type="text"/> Select One			
CERTIFICATION:	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER	\$ <input type="text"/>
EDUCATION:	<input type="checkbox"/> ASSOCIATES OR COLLEGE HOURS	<input type="checkbox"/> BACHELORS	<input type="checkbox"/> MASTERS	\$ <input type="text"/>

SEPARATION INFORMATION FOR PAY

To be completed by HR

SICK	VACATION	HOLIDAY	COMP
IS EMPLOYEE RECOMMENDED FOR RE-HIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Attach justification memo if not recommended.)			
Termination checklist: 1. Notify Fleet Maintenance to turn off gas card ID. <input type="checkbox"/>			
2. Notify the Help Desk to turn off e-mail, phone, password. <input type="checkbox"/>			
IMPORTANT: <input type="checkbox"/> 1. NOTIFY HR confirming that all city property has been returned; (or)			
<input type="checkbox"/> 2. List property to be turned in prior to release of last check;			
<input type="checkbox"/> 3. Attach letter of resignation from employee.			

COMMENTS	PAYROLL PURPOSES
DIVISION MANAGER _____ DATE _____	
DIRECTOR _____ DATE _____	
HUMAN RESOURCES _____ DATE _____	
PAYROLL _____ DATE _____	

New Hires: See attached Position Requisition Form for signatures.

**CITY OF ABILENE
SICK LEAVE
REQUEST AND AUTHORIZATION FORM**

Employee's Name: _____ Employee ID #: _____

Department: _____ Division: _____

I REQUEST THE FOLLOWING TYPE OF SICK LEAVE:

 Dependent Sick Leave

For: Name of Family Member: _____

Relationship to Employee: _____

Leave to begin: _____ at: _____
Date Time

Leave to end: _____ at: _____
Date Time

TOTAL LEAVE HOURS* : _____ *(if more than 3 days, Human Resources should be contacted immediately. An FMLA form will be sent to the employee for completion to determine FMLA eligibility.)

 Personal Sick Leave

Leave to begin: _____ at: _____
Date Time

Leave to end: _____ at: _____
Date Time

TOTAL LEAVE HOURS* : _____ *(if more than 3 days, Human Resources should be contacted immediately. An FMLA form will be sent to the employee for completion to determine FMLA eligibility.)

Certification: I certify that the information on this form is true and correct. I certify that I was absent from my official duties due to illness or injury of myself or an eligible family member as described above.

Employee Signature

Date

APPROVALS:

Supervisor

Date

Director or Division Manager

Date



SUPERVISOR'S DOCUMENTATION FOR DRUG AND/OR ALCOHOL TESTING

Employee Name: _____ Date: _____

Social Security Number: _____ Time: _____

Description of incident, accident, or behavior:

The employee's appearance was (check all that apply):

- | | | | | |
|---|-------------------------------------|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Sleepy | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Tremors | <input type="checkbox"/> Uncoordinated |
| <input type="checkbox"/> Bloodshot Eyes | <input type="checkbox"/> Runny Nose | <input type="checkbox"/> Pale | <input type="checkbox"/> Flushed | <input type="checkbox"/> Odor |
| <input type="checkbox"/> Constricted Pupils | <input type="checkbox"/> Confused | <input type="checkbox"/> Sweating | <input type="checkbox"/> Unkempt | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Dilated Pupils | <input type="checkbox"/> Staggering | <input type="checkbox"/> Glazed Eyes | <input type="checkbox"/> Dreamy | |

Provide any specific details regarding the employee's appearance, including any unusual odors:

The employee's conduct was (check all that apply):

- | | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Loud | <input type="checkbox"/> Abusive | <input type="checkbox"/> Disruptive |
| <input type="checkbox"/> Erratic | <input type="checkbox"/> Violent | <input type="checkbox"/> Noisy | <input type="checkbox"/> Silly |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Belligerent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Scared |

Provide any specific details about what the employee did or said:

Overall, the employee seemed:

- | | | | |
|--------------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Intoxicated | <input type="checkbox"/> Impaired | <input type="checkbox"/> Dangerous |
| <input type="checkbox"/> Not himself | <input type="checkbox"/> Not able to function normally | <input type="checkbox"/> Under the influence of something | |

Supervisor's Documentation – page 2

Witnesses:

Name: _____

Phone Number: _____

Address: _____

Name: _____

Phone Number: _____

Address: _____

Witnesses:

Name: _____

Phone Number: _____

Address: _____

Name: _____

Phone Number: _____

Address: _____

Actions Taken:

The employee:

Submitted to an alcohol and/or drug test

Refused to submit to an alcohol and/or drug test

No action taken

Additional comments:

The supervisor(s) whose signature(s) appear below conducted the investigation and made the determination that suspected impairment existed and made the recommendation that the employee be tested.

Supervisor's Name

Supervisor's Name

Supervisor's Signature

Supervisor's Signature

Date

Date

Department Director

Director of Administrative Services

CITY OF ABILENE, TEXAS

TRAVEL EXPENSE REPORT

TRAVEL
REPORT No. TR
EXAMPLE
ONLY

PART I

REQUEST FOR TRAVEL ADVANCE

DATE _____

NAME _____ DIVISION & No.: _____

DESTINATION _____

DEPARTURE DATE _____ RETURN DATE _____

PURPOSE OF TRIP _____

ADVANCE REQUESTED \$ _____ DEPT. DIR. APPROVAL _____

APPROVED _____ CITY MANAGER

MW	CHECK NO.	DATE			ACCTG. PD.			BGT	FUND	VENDOR	COMMENTS (TR NUMBER)	BAL SHEET	AMOUNT ADVANCED
		MO	DA	YR	MO	YR	FY						
												1455	

PART II

ACTUAL ITEMIZED EXPENSES (TO BE FILLED OUT ON RETURN) ATTACH ALL APPLICABLE RECEIPTS

DATE	LODGING	MEALS	PARKING AND TOLLS	TAXI	CAR RENTAL	TELEPHONE	Miscellaneous	TOTAL
TOTALS	\$	\$	\$	\$	\$	\$	\$	\$

TRANSPORTATION:

AIR FARE _____

PERSONAL CAR _____ MILES @ _____ & PER MILE _____

OTHER _____

IF THIS REPORT INCLUDES EXPENSES
FOR EMPLOYEES OTHER THAN YOURSELF,
LIST THEIR NAMES BELOW:

TOTAL EXPENSES \$ _____

SUBTRACT - _____

FUNDS ADVANCED (PART I) \$ (_____)

AMOUNT DUE CITY - ADVANCE

IS GREATER THAN EXPENSES \$ _____

AMOUNT DUE EMPLOYEE - EXPENSES

ARE GREATER THAN ADVANCE \$ _____

CHARGE EXPENSES TO ACCT. No. _____ (DEPT.) (DIV.) (SUB. DIV.) (ACTIVITY) (OBJECT) (REPT. CATEG.)

SIGNATURE _____ APPROVED _____ CITY MANAGER

DATE _____

MW	CHECK NO.	DATE			ACCTG. PD.			BGT	FUND	VENDOR	COMMENTS (TR NUMBER)	BAL SHEET	AMOUNT ADVANCED
		MO	DA	YR	MO	YR	FY						
												1455	

**ATTACHMENT A
TRAVEL EXPENSE REPORT**

Employee Name: _____

Travel Dates: _____

Department/Division: _____

Purpose of Trip: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
TRANSPORTATION								
Airfare								\$0.00
Shuttle								\$0.00
Baggage								\$0.00
Parking and Tolls								\$0.00
Car Rental								\$0.00
Taxi								\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

MILEAGE*								
Personal Car - Enter Miles								0.00
Rate per Mile								\$0.555
TOTAL								\$0.00

LODGING								
Hotel	TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

MEALS**								
Per Diem								\$0.00
OR Actual Cost								\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

OTHER								
Registration								\$0.00
Phone Call / Internet								\$0.00
Gas								\$0.00
Tips								\$0.00
Miscellaneous								\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Less Funds Advanced to Employee (enter as a negative number)	\$0.00
Less Paid in Advance by Check Request (enter as a negative number)	\$0.00
Less Charges to City Credit Card (enter as a negative number)	\$0.00
Difference	\$0.00
<u>Amount Due City</u> (If advance is greater than expenses)	\$0.00
<u>Amount Due Employee</u> (If expenses are greater than advance)	\$0.00

Approved by: _____

Date: _____