

920260 TR

Atkinson, Karen NAME

FROM 1-1-88 TO PRESENT

FORM 3117 - WORK HISTORY

FORM 3181-B - PERSONNEL RECORD CURRENT ENTRY SHEET
(DISCIPLINARY ACTION)

PERFORMANCE EVALUATIONS/APPRAISALS

GRIEVANCES/TERMINATION AGREEMENTS

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DOCUMENT NUMBER-DATE
12434 NOV 1982
FOIA 12Z
FPSC-RECORDS/REPORTING

DOCUMENT NUMBER-DATE
012434 NOV 1982
FPSC-RECORDS/REPORTING

SOUTHERN BELL TELEPHONE COMPANY
EMPLOYEES DEPARTMENTAL SERVICE RECORD
311769 0000

ATKINSON KAREN P D13 02 305
NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER RESPONSIBILITY CODE HOME TEL NUMBER
305-263-5130
EEO SEX BIRTHDATE HOME ADDRESS PAYROLL NUM WORK TEL NUMBER

SERVICE DATES

EFFECTIVE DATE	PCR SER NO	BELL SYSTEM	NET CREDITED	WAGE EXPERIENCE	SENIORITY	TM OF EMP
02-08-88	5168		02-08-88	02-08-88	02-08-88	
05-16-88	2121		02-10-88	02-15-88	05-16-88	
05-16-90	2176		"	"	02-10-88	

EDUCATION DATA

LEVEL OF EDUCATION: HIGH SCHOOL GRADUATE			
COLLEGE DEGREE DATA:			
1ST DEGREE	2ND DEGREE	MAJOR COURSE	YEAR RECEIVED

EFF DATE	PCR SER NO	EXCH AND CO AREA	F L S A	TITLE	SUFFIX	DEPT	MOS	PGB OR MSC	OF NG EXP	CL OF EM	RATE OF PAY AMOUNT	NATURE OF CHANGE CODES	JOB CODES			
													JSC	JTC	PDN	JFC
02-08-88	5168	S7 MIAM FL	C	SERVICE REP		CSSF	21	0	TF		\$202.00	R A2	721A	3355		2E93-0-00
05-13-88	5307	"	"	"	"	"	"	"	"		"	ST	"	"	"	"
05-16-88	2121	"	"	"	"	"	"		RF		"	A1	521A	"	"	2E50-0-85 2850-0-15
08-07-88	0006	"	"	"	"	"	"	6	"		\$203.50	W C6 P1	"	"	"	"
10-01-88	0101	"	"	"	"	"	"		"		"	X1	"	"	"	2E72-0-50 2E50-0-50
02-05-89	0000	"	"	"	"	"	"	12	"		\$255.50	W C5 P1	"	"	"	"
02-15-89	0016	"	"	"	"	"	"		"		"	X2	"	"	"	"
03-16-89	0013	"	"	"	"	CSSF	"		"		\$250.00	Y NTIA	"	"	"	"
08-06-89	0000	"	"	"	"	"	23	18	"		\$299.50	W C5 P1	523A	"	"	"
02-04-90	0000	"	"	"	"	"	"	24	"		\$336.50	W C5 P1	"	"	"	"
02-15-90	0016	"	"	"	"	"	"		"		"	X2	"	"	"	"
08-05-90	0000	"	"	"	"	"	"	30	"		\$450.00	Y NTIA	"	"	"	"
08-05-90	0006	"	"	"	"	"	"	30	"		\$378.00	W C5 P1	"	"	"	"
02-03-91 *	0000	"	"	"	"	"	"	36	"		\$431.50	W C5 P1	"	"	"	"
02-15-91 *	0016	"	"	"	"	"	"		"		"	X2	"	"	"	"
											\$550.00	Y NTIA				

* DATA CHANGED DURING MONTH UNDER REPORT

HR-3117 - 792

NOTICE: NOT FOR USE OR DISCLOSURE OUTSIDE BELLSOUTH EXCEPT UNDER WRITTEN AGREEMENT

HR-3117 - 792

F04R077 0000000



Southern Bell

Personnel Record
Performance Evaluation

C

Employee's Name	<i>Karen Atkinson</i>	Title	<i>Service Rep</i>
Department	<i>Customer Service</i>	Location	<i>North Florida</i>
Seniority Date	<i>2-10-88</i>	Date Evaluation Made	<i>1-24-91</i>
			Date Discussed With Employee <input checked="" type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work) *Incoming Call*
Quality, Sales

• Quality Of Work *Less Than Satisfactory*

1 How Good? *Less Than Satisfactory*

2. On What Basis? *Based on individual*
objective January - December 1990
sales - LTS
ICQS - LTS

• Quantity Of Work *Satisfactory*

1 How Good? *Satisfactory*

2. On What Basis? *Based on direct observations.*
Karen handles an average amount
of calls as well as takes an average
amount of orders. Karen also adheres
to the OAC schedule.

Evaluating Supervisor's Signature	<i>Cara M. Jones</i>	Title	<i>Asst. Manager</i>	Date	<i>1-24-91</i>
Concurring Supervisor's Signature	<i>Paul R. Jackson</i>	Title	<i>Manager</i>	Date	<i>1/28/91</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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F04B127



Southern Bell

Personnel Record
Performance Evaluation

C

Employee's Name	<i>Karen Marinelli</i>	Title	<i>Service Rep</i>
Department	<i>Customer Service</i>	Location	<i>South Florida</i>
Seniority Date	<i>05-16-88</i>	Date Evaluation Made	<i>01-22-90</i>
		Date Discussed With Employee	<i>02-21-90</i> <input checked="" type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work)

Quality, Sales

Answering Call

• Quality Of Work

1 How Good?

Na

2. On What Basis?

Insufficient Data

• Quantity Of Work

1 How Good?

Na

2. On What Basis?

Insufficient Data

Evaluating Supervisor's Signature	<i>Clara M. Hynes</i>	Title	<i>Asst. Manager</i>	Date	<i>01-22-90</i>
Concurring Supervisor's Signature	<i>Paul Jackson</i>	Title	<i>Manager</i>	Date	<i>1-22-90</i>

- Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
- Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
- Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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F04A12Z



Southern Bell

Personnel Record
Performance Evaluation

C

Employee's Name	<i>Mariavelli, Karen</i>		Title	<i>Service Rep</i>
Department	<i>Customer Service</i>	Location	<i>South Florida</i>	
Seniority Date	<i>05-16-88</i>	Date Evaluation Made	<i>10-23-89</i>	Date Discussed With Employee <input checked="" type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work) *Incoming Call Quality, Sales*

• Quality Of Work
1 How Good? *Satisfactory*

2. On What Basis? *Based on cumulative results for the six (6) month period of April - Sept. as listed below:
ECQ obj. 95-97%; 97 SAT
Sales obj. \$60-\$70; 67.36 SAT*

• Quantity Of Work
1 How Good? *Satisfactory*

2. On What Basis? *Based on direct observations. Karen handles an average amount of calls as well as take an average amount of orders. Karen also adheres to SACD schedule.*

Evaluating Supervisor's Signature	<i>Clara M. Hynes</i>	Title	<i>Asst. Manager</i>	Date	<i>10-23-89</i>
Concurring Supervisor's Signature	<i>Margaret P. Key</i>	Title	<i>Manager</i>	Date	<i>10-31-89</i>

- Note 1: Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
- Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
- Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Southern Bell

Personnel Record
Performance Evaluation

C

Employee's Name <i>Mirabella Karen</i>	Title <i>Service Rep</i>
Department <i>Customer Service</i>	Location <i>North District</i>
Seniority Date <i>05-16-88</i>	Date Evaluation Made <i>01-23-89</i>
Date Discussed With Employee <i>02-02-89</i> <input checked="" type="checkbox"/>	

0000006

• Job Duties During Period Of Review (Excluding Differential Work)

*Incoming Call
Quality, Sales, Service Order Accuracy,
Swirl Rep Efficiency Reviews*

• Quality Of Work

1 How Good?

Insufficient

2. On What Basis?

• Quantity Of Work

1 How Good?

Insufficient

2. On What Basis?

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Evaluating Supervisor's Signature <i>Lura M. Hynes</i>	Title <i>Asst. Manager</i>	Date <i>01-23-89</i>
Concurring Supervisor's Signature <i>Paul R. Jackson</i>	Title <i>Manager</i>	Date <i>1-30-89</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.



Southern Bell

Form 3181-B
(9-80)

Personnel Record
Current Entry Sheet

B

Employee's Name Karen Atkinson Title Service Rep
 Department Customer Service Location South Florida

Date	Held By	
7-11-91	CMH	
	U	Karen Atkinson
		FU4#12Z 0000007

0000007
204807Z

THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED _____
CARD _____
FINAL DISPOSITION _____
CODES _____

Record of Grievance between Communications Workers of America and

Form 3G3A
Front (5-87)

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

91-097

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date 4-5-91	Specific Location & State 666 E.W. 79 Ave.	Grievance Number
	Department Cust. Svcs.	*Title Involved If Applicable Service Representative	Local No. 3122

2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Karen Atkinson		Department Cust. Svcs.
	Address Karen Atkinson	Job Title Service Representative	N.C.S. Date 2-2-88

3. Union's Statement of What Happened

4. Specific Basis of Grievance or Section of Contract Involved

Art. 10, and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.

5. Date Grievance Filed **6-3-91** Originated by: **Linda Evans** Date **6-5-91**
 Union Representative

6. Company's Statement of What Happened

7. Proposed Disposition - Second Level

Signed: *[Signature]* **Operations Manager** Date **06-26-91**
 Company Representative

8. Accepted Rejected Appealed Signed: *[Signature]* Date **7-8-91**
 Union Representative

9. True Intent Question Exists: Yes No True Intent Question Exists: Yes No

Signed: _____ Date _____ Signed: _____ Date _____
 Union Representative Company Representative

10. Authorization to Inspect Personnel Record	Furnished By: Union Representative	Received By: Company Representative	11. Union First Requested Meeting - Second Level
	Date	Date	

12. Proposed Disposition - Third Level

Company sustains position.

Signed: *[Signature]* Date **8/22/91**
 Company Representative

13. Accepted Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only] Signed: *[Signature]* Date **8/22/91**
 Rejected Arbitration Requested (See Lines 16 & 17) Union Representative

14. Proposed Disposition - Fourth Level

Signed: _____ Date _____
 Company Representative

15. Accepted Rejected Arbitration Requested Signed: _____ Date _____
 Union Representative

PREPARE 5 COPIES

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7103401

THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED _____
CARD _____
FINAL DISPOSITION _____
CODES _____

Record of Grievance between Communications Workers of America and

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

91-123



Form 3G3A
Front (5-87)

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date 5-13-91	Specific Location & State 666 N.W. 79 Ave.	
	Department Cust. Svcs.	*Title Involved If Applicable Service Representative	Local No. 3122
2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Address Karen Atkinson		Department Cust. Svcs.
	Job Title Service Rep.	N.C.S. Date -	Seniority Date 2-8-88
3. Union's Statement of What Happened			
4. Specific Basis of Grievance or Section of Contract Involved	Art. 11, 18, and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.		
5. Date Grievance Filed	7-1-91	Originated by: Union Representative Linda Evans	Date 7-1-91
6. Company's Statement of What Happened			
7. Proposed Disposition - Second Level	Signed: <i>[Signature]</i> Company Representative		Operations Manager Date 07-29-91
	8. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Appealed		
9. True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No		Signed: <i>Linda Evans</i> Union Representative Date 8-5-91	
Signed: _____ Union Representative Date		Signed: _____ Company Representative Date	
10. Authorization to Inspect Personnel Record	Furnished By: Union Representative Date	Received By: Company Representative Date	11. Union First Requested Meeting - Second Level Date
	12. Proposed Disposition - Third Level Co. Position Sustained		
Signed: _____ Company Representative		Signed: <i>[Signature]</i> Date 12/21/91	
13. <input type="checkbox"/> Accepted <input type="checkbox"/> Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only] <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested (See Lines 16 & 17)		Signed: <i>[Signature]</i> Union Representative Date 12/21/92	
14. Proposed Disposition - Fourth Level	Signed: _____ Company Representative Date		
	15. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested		
Signed: _____ Union Representative		Date	

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THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED _____
CARD _____
FINAL DISPOSITION _____
CODES _____

Record of Grievance between Communications Workers of America and



Form 3G3A
Front (5-87)

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

91-127

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date 0-10-91	Specific Location & State 656 N.W. 70 Ave.	
	Department CWA EVCS.	*Title Involved if Applicable Service Representative	Local No. 3122
2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Address Job Title		Department
	N.C.S. Date		Seniority Date
3. Union's Statement of What Happened			
4. Specific Basis of Grievance or Section of Contract Involved	and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.		

5. Date Grievance Filed 7-6-91	Originated by: Union Representative Linda Evans	Date 7-6-91
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6. Company's Statement of What Happened		
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7. Proposed Disposition - Second Level		
Signed: Company Representative	Operations Manager	Date 07-29-91

8. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Appealed	Signed: Union Representative	Date 8-5-91
---	---------------------------------	----------------

9. True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signed: Union Representative	Date
--	---------------------------------	------

Signed: Union Representative	Date	Signed: Company Representative	Date
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10. Authorization to Inspect Personnel Record	Furnished By: Union Representative Date	Received By: Company Representative Date	11. Union First Requested Meeting - Second Level Date
---	---	--	--

12. Proposed Disposition - Third Level	Company SUSTAINS POSITION	
Signed: Company Representative	Date 11-7-91	

13. <input type="checkbox"/> Accepted <input type="checkbox"/> Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only] <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested (See Lines 16 & 17)	Signed: Union Representative	Date 11/7/91
---	---------------------------------	-----------------

14. Proposed Disposition - Fourth Level		
Signed: Company Representative	Date	

15. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested	Signed: Union Representative	Date
--	---------------------------------	------

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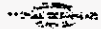
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THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED 9/30/91
CARD _____
FINAL DISPOSITION _____
CODES _____

Record of Grievance between Communications Workers of America and



Form 3G3A
Print (5-87)

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

91-152

Grievance Number <u>91197-3-22</u>
To be assigned by CWA State Office

1. Grievance Occurred	Date <u>7-11-91</u>	Specific Location & State <u>666 N.W. 79 Ave.</u>	
	Department <u>Cust. Svcs.</u>	*Title Involved If Applicable <u>Service Representative</u>	Local No. <u>3122</u>

2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group <u>Karen Atkinson</u>		Department <u>Cust. Svcs.</u>
	Address <u>Karen Atkinson</u>		Seniority Date <u>2-8-88</u>
	Job Title <u>Service Representative</u>	N.C.S. Date <u>-</u>	

3. Union's Statement of What Happened

4. Specific Basis of Grievance or Section of Contract Involved

Art. 11, 18, and other applicable sections. the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.

5. Date Grievance Filed 8-23-91

Originated by: Linda Evans Date 8-23-91

6. Company's Statement of What Happened

7. Proposed Disposition - Second Level

Company Representative [Signature] Operations Manager Date 09-19-91

8. Accepted Rejected Appealed

Signed: [Signature] Date 9-24-91

Union Representative

9. True Intent Question Exists: Yes No

True Intent Question Exists: Yes No

Signed: _____ Date _____

Union Representative

Signed: _____ Date _____

Company Representative

10. Authorization to Inspect Personnel Record	Furnished By: Union Representative	Received By: Company Representative	11. Union First Requested Meeting - Second Level
	Date	Date	

12. Proposed Disposition - Third Level

Company sustains position.

Signed: [Signature] Date 3/10/93

Company Representative

13. Accepted Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only]

Rejected Arbitration Requested (See Lines 16 & 17)

Signed: [Signature] Date 3/10/93

Union Representative

14. Proposed Disposition - Fourth Level

Signed: _____ Date _____

Company Representative

15. Accepted Rejected Arbitration Requested

Signed: _____ Date _____

Union Representative

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Castro, Susan

NAME

FROM 1-1-88 TO PRESENT

✓

FORM 3117 - WORK HISTORY

✓

FORM 3181-B - PERSONNEL RECORD CURRENT ENTRY SHEET
(DISCIPLINARY ACTION)

✓

PERFORMANCE EVALUATIONS/APPRAISALS

✓

GRIEVANCES/TERMINATION AGREEMENTS

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VC02X01W

BELLSOUTH TELECOMMUNICATIONS

PAGE 1

FORM HR-3117

EMPLOYEES DEPARTMENTAL SERVICE RECORD
051292 0010

RUN DATE: 05-12-92
AS OF: 04-30-92

CASTRO SUSAN

DOF 05 205

NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER RESPONSIBILITY CODE HOME TEL NUMBER

BF8JF20 305-492-9870

EEO SEX BIRTHDATE HOME ADDRESS PAYROLL NUM WORK TEL NUMBER

RATING DATA: PERFORMANCE - EFF DATE PROMOTABILITY - EFF DATE POTENTIAL - EFF DATE
ASSESSMENT DATA: PROG YR | PROG YR | PROG YR | PROG YR | PROG YR | PROG YR |

SERVICE DATES

EDUCATION DATA

EFFECTIVE DATE	PCR SER NO	BELL SYSTEM	NET CREDITED	WAGE EXPERIENCE	SENIORITY	TH OF EMP
08-31-81	1800		08-31-81	08-31-81		
07-20-86	1832		"	"	02-10-82	
06-08-87	0009		"	"	08-31-81	
06-19-87	0009		"	"	02-10-82	
11-30-87	6551		"	04-15-84	"	
06-06-91	0099		"	05-09-84	"	

LEVEL OF EDUCATION: COLLEGE GRADUATE
 COLLEGE DEGREE DATA:
 1ST 2ND
 LEVEL OF MAJOR MAJOR YEAR SCHOOL
 DEGREE COURSE COURSE RECEIVED NAME
 BACHELOR EDUCA BUSAD 1981 NEW YORK CITY U, BERNA

EFF DATE	PCR SER NO	EXCH AND AREA	F L S TITLE	SUFFIX	DEPT	MOS OR HG	CL OF	RATE OF PAY AMOUNT	NATURE OF CHANGE P CODES	JOB CODES			
										JSC	JTC	PDN	JFC
08-31-81	1800	S7	C CUSTOMER CLK			E3	0 RP	\$71.57 W A2		6030	4577		2390-0-00
01-01-82	1804	"	"			"	"	" X1		"	"		2E20-0-60
02-28-82	1806	"	"			"	6 "	\$78.09 W C5 P1		"	"		2E30-0-40
07-05-82	1810	"	"			"	10 "	\$146.40 W CX P1		"	"		"
08-02-82	1812	"	"			"	11 "	\$183.00 W M3 M4 CX P1		5030	"		2363-0-00
08-08-82	1814	"	"			"	11 "	\$194.50 W C6 P1		"	"		"
08-29-82	1818	"	"			"	12 "	\$212.50 W C5 P1		"	"		"
01-01-83	1822	"	"			"	"	" X1		"	"		2E20-0-00
02-27-83	1824	"	"			"	18 "	\$232.00 W C5 P1		"	"		"
08-28-83	1828	"	"			"	24 "	\$260.50 W C6 P1		"	"		"
12-31-83	1830	"	"			"	"	" SV E1		"	"		"
07-20-86	1832	"	OPERATOR			"	71 59 RF	\$414.50 W A3 E1		5710	2419		2120-0-00
08-10-86	1834	"	"			"	11 59	\$428.50 W C6 P1		511A	"		"
02-01-87	1836	NDAD FL	"			"	"	" X1		"	"		"
03-01-87	1959	"	"			"	"	" X2		"	"		"
08-09-87	0006	"	"			"	71 "	\$275.00 Y NTIA		"	"		"
						"	"	\$438.50 W C6 P1		"	"		"

* DATA CHANGED DURING MONTH UNDER REPORT

NOTICE: NOT FOR USE OR DISCLOSURE OUTSIDE BELLSOUTH EXCEPT UNDER WRITTEN AGREEMENT

HR-3117 - 2024

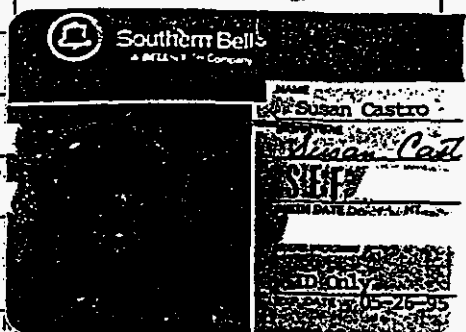
HR-3117 - 2024

0000019
FOU B O I Z

EMPLOYEE'S SERVICE RECORD.

JAN. 1970

NAME IN FULL FIRST SUSAN SECOND (nmi) LAST CASTRO					SOCIAL SECURITY NUMBER				
DATE OF BIRTH		PLACE OF BIRTH		MARITAL STATUS					
SEX	EEO CODE	NAB CODE	CITIZEN	LOCAL TELEPHONE SERVICE <input type="checkbox"/> 60% RATE <input type="checkbox"/> NO CHARGE					
RESIDENCE ADDRESS (INCLUDE ZIP CODE)					TEL. NO.				
EMERGENCY CONTACT				RELATIONSHIP	CONTACT TEL. NO.				
MONTHS WAGE CREDIT ALLOWED WHEN ENGAGED				RE-ENGAGED					
ASSESSMENT PROGRAM(S) ATTENDED: <input checked="" type="checkbox"/>				(1) PROGRAM	MO/YR				
(2) PROGRAM	MO/YR	(3) PROGRAM	MO/YR	(4) PROGRAM	MO/YR				
SERVICE DATES									
EFFECTIVE DATE	BELL SYSTEM	NET CREDITED	WAGE EXP OR SALARY DATE	SENIORITY	EXPLANATION FOR CHANGE				
10-21-84	08-31-81	08-31-81	08-31-81	02-10-82	TRANSFER IN FROM ATTIS, MIAMI				
11-30-87			04-15-84		Promotion Adj WE per agreement				
LOST TIME									
FROM	TO	ADJUSTED		REASON	FROM	TO	ADJUSTED		REASON
		NO.	DAYS				NO.	DAYS	
11-17-86	12-01-86	--	--	Sickness					
JOB ASSIGNMENT RESTRICTIONS:									
LOSSES (FORCE MOVES-RESIGNATIONS-LAY-OFFS-DISCHARGES)									
REASON:				TERMINATION PAID	VACATION PAID	PAID IN LIEU OF VAC.			
				\$	DAYS	DAYS			
LIST OF SCHOOLS AND COLLEGES ATTENDED									
SCHOOL	GRADUATED		NO. YEARS	MAJOR	DEGREE RECEIVED	LAST YR. ATTEND.	NAME AND LOCATION OF SCHOOL		
HIGH SCHOOL	X		4		Diploma	1975	Brooklyn New York		
HIGH SCHOOL	X		2	Ed.	AAS	1979	NY Tech. College, New York		
COLLEGE	X		2	Ed.-Psy.	BS	1981	BARUCH, New York		
COLLEGE		X	1	Bus.		1983	Fl. Atlantic University		
OTHER									
PREVIOUS EMPLOYMENT EXPERIENCE									
FORMER WORK	NAME OF EMPLOYER			LOCATION (CITY)		LAST RATE OF PAY		YEARS	
	Southern Bell					SALARY	PER	FROM	TO
	ATTIS							1981	1983
								1984	10/84
MILITARY RECORD									
ARM OF SERVICE	LAST RANK	FROM	TO	ASSIGNMENTS AND DATE OF DISCHARGE					



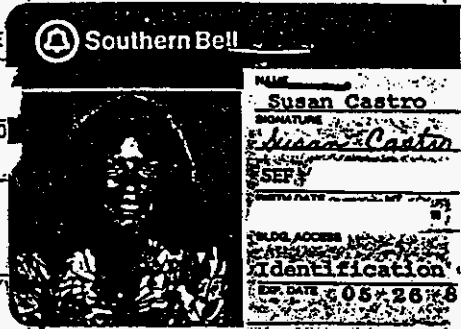
FO4A12404B07Z 000002 0000021

EMPLOYEE'S SERVICE RECORD

JAN. 1970

17 hrs 04-15-84

NAME IN FULL FIRST <i>Susan</i> SECOND <i>33068</i> LAST <i>Castro</i>		SOCIAL SECURITY NUMBER	
DATE OF BIRTH	PLACE OF BIRTH	MARITAL STATUS	
SEX	EEO CODE	NAB CODE	CITIZEN Yes
RESIDENCE ADDRESS (INCLUDE ZIP CODE)		LOCAL TELEPHONE SERVICE <input type="checkbox"/> 80% RATE <input type="checkbox"/> NO CHARGE	
EMERGENCY CONTACT		RELATIONSHIP	CONTACT TEL. NO.
MONTHS WAGE CREDIT ALLOWED WHEN ENGAGED		RE-ENGAGED	
ASSESSMENT PROGRAM(S) ATTENDED: <input checked="" type="checkbox"/>		(1) PROGRAM	MO/YR
(2) PROGRAM	MO/YR	(3) PROGRAM	MO/YR
(4) PROGRAM	MO/YR		



SERVICE DATES					
EFFECTIVE DATE	BELL SYSTEM	NET CREDITED	WAGE EXP OR SALARY DATE	SENIORITY	EXPLANATION FOR CHANGE
08-31-81		08-31-81	08-31-81	08-31-81	Engaged
09-30-81				09-20-81	Adj. seniority thru 09-30-81 (16 hrs)
12-31-81				10-14-81	Adj. seniority thru 12-31-81 (16 hrs)
03-31-82				12-08-81	Adj. sen thru 03-31-82 (16 hrs)
06-30-82				02-02-82	Sen adj thru 06-30-82 (16 hrs)
08-01-82				02-10-82	sen adj thru 07-05-82 (30 hrs) x 80%
08-02-82				02-10-82	RFT Cust Clk.
04-15-84					17hr PT

LOST TIME								
FROM	TO	ADJUSTED		REASON	FROM	TO	ADJUSTED	
		MO.	DAYS				MO.	DAYS

JOB ASSIGNMENT RESTRICTIONS:

LOSSES (FORCE MOVES-RESIGNATIONS-LAY-OFFS-DISCHARGES)			
REASON:	TERMINATION PAID	VACATION PAID	PAID IN LIEU OF VAC.
	\$	DAYS	DAYS

LIST OF SCHOOLS AND COLLEGES ATTENDED							
SCHOOL	GRADUATED		NO. YEARS	MAJOR	DEGREE RECEIVED	LAST YR. ATTEND.	NAME AND LOCATION OF SCHOOL
	YES	NO					
HIGH SCHOOL	X		4	Academ.	Dipl.	1975	St. Angela Hall, Brooklyn, Ny
HIGH SCHOOL							
COLLEGE	X		2.5	Educ.	AAS	1979	NYC Tech. College, N.Y.
COLLEGE	X		2.5	Elem. Ed	BS	1981	Baruch College, N.Y.
OTHER							

PREVIOUS EMPLOYMENT EXPERIENCE						
FORMER WORK	NAME OF EMPLOYER	LOCATION (CITY)	LAST RATE OF PAY		YEARS	
			SALARY	PER	FROM	TO
Note Teller	Banco Popular De Puerto Rico	Brooklyn, N.Y.	180.00	Wk	4/76	9/76
Med. Asst.	Centro Medico	Brooklyn, N.Y.	80.00	Wk	10/75	3/76

MILITARY RECORD				
ARM OF SERVICE	LAST RANK	FROM	TO	ASSIGNMENTS AND DATE OF DISCHARGE
N/A				

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SOCIAL SECURITY NUMBER

NAME: CARLOS, SUSAN

EMPLOYEE DATE	HEADQUARTERS EXCHANGE	STATUS	PAYROLL NUMBER	TITLE ABBREVIATION	TITLE CODE	P.D.N.	CLASSIFICATION	GRAD	SC	STATUS CODE	W. RATE EXP.	AMOUNT	W	NATURE OF CHANGE CODE
08-31-81	Ft. Ldle.	R	8EF28	Cust. Clk.	4577		C RPT	1A	E3	6030	-	168.00	W	A2 <i>16 hrs</i>
1-01-81	Ft. Ldle.	R	4GF08	Cust. Clk.	4577		C RPT	1A	E3	6030		71.69	W	P1-P2
01-01-82	Ft. Ldle.	R	4GF08	Cust. Clk.	4577		C RPT	1A	E3	6030		71.69	W	P9
02-28-82	Ft. Ldle.	R	4GF08	Customer Clk.	4577		C RPT	1A	E3	6030	6	78.09	W	G3
04-12-82	Ft. Ldle.		4GF08	Customer Clk.	4577		C RPT	1A	E3	6030		78.09	W	P9
07-05-82	Ft. Ldle.		4GF08	Customer Clk.	4577		C RPT	1A	E3	6030		146.40	W	G6 <i>(30 hrs)</i>
08-02-82	Ft. Ldle.		4GF06	Customer Clk.	4577		C RPT	1A	E3	5030		183.00	W	P1-P2 <i>G63</i>
08-16-82	Ft. Ldle.	C	4GF12	Customer Clk.	4577		C RPT	1A	E3	5030		183.00	W	P1-P2
08-08-82	Ft. Ldle.	C	4GF12	Customer Clk.	4577		C RPT	1A	E3	5030	11	194.50	W	G4
08-29-82	Ft. Ldle.	C	4GF12	Customer Clk.	4577		C RPT	1A	E3	5030	12	212.50	W	G3
11-08-82	Ft. Ldle.	C	4GF12	Customer Clerk	4577		C RPT	1A	E3	5030				P9
01-01-83	<i>Ft. Ldle (Plantation)</i>	C	<i>4GF12</i>	<i>Customer Clerk</i>	<i>4577</i>		<i>C RPT</i>	<i>1A</i>	<i>E3</i>	<i>5-230</i>	<i>16</i>	<i>213.50</i>	<i>W</i>	<i>P9</i>
02-27-83	"	"	"	"	"		"	"	"	"	<i>18</i>	<i>232.00</i>	<i>W</i>	<i>G3</i>
05-30-83	<i>Ft. Ldle (OKLND)</i>	"	<i>4GF08</i>	"	"		"	"	"	"	"	"	"	<i>P1-P2</i>
08-28-83	"	"	"	"	"		"	"	"	"	<i>24</i>	<i>253.00</i>	<i>W</i>	<i>G3</i>
08-28-83	"	"	"	"	"		"	"	"	"	<i>24</i>	<i>260.50</i>	<i>W</i>	<i>G4</i>
02-26-84	"	"	"	"	"		"	"	"	"	<i>30</i>	<i>286.00</i>		<i>G3</i>
8-6-84	" REEF		EL3434	"	4577					6013		296.50		G4

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Personnel Record
Performance Evaluation

C

Employee's Name <i>Susan Cortez</i>		Title <i>Service Representative</i>	
Department <i>Customer Service</i>		Location <i>Broward</i>	
Seniority Date <i>8-31-81</i>	Date Evaluation Made <i>1-27-92</i>	Date Discussed With Employee <i>1-29-92</i>	<input checked="" type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work) *Customer Sales and Service*

• Quality Of Work

1 How Good? *Satisfactory*

2. On What Basis? *100 Satisfactory Range 95.0 - 97.9*
Sales Satisfactory Range 4,000 - 5,000
100 95% Satisfactory
Sales - 169% MTS

• Quantity Of Work

1 How Good? *Satisfactory*

2. On What Basis? *Based on direct observations organization and use of closed key*

Evaluating Supervisor's Signature <i>Joe Hernandez</i>	Title <i>Asst Mgr.</i>	Date <i>1-27-92</i>
Supervising Supervisor's Signature <i>Kathleen Woodbury</i>	Title <i>Manager</i>	Date <i>1-28-92</i>

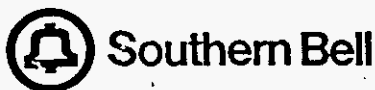
Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Personnel Record
Performance Evaluation

C

Employee's Name <i>Susan Castro</i>		Title <i>Service Representative</i>	
Department <i>Customer Services</i>		Location <i>St Louis</i>	
Seniority Date <i>8-31-81</i>	Date Evaluation Made <i>1-15-91</i>	Date Discussed With Employee <i>1-23-91</i> <input checked="" type="checkbox"/>	

• Job Duties During Period Of Review (Excluding Differential Work)

Customer Sales and Services

• Quality Of Work

1 How Good?

Satisfactory

2. On What Basis?

ICQ Satisfactory Range - 95.0 - 97.9
Sales Satisfactory Range - 3884 - 4855

ICQ 95% - Satisfactory
Sales 4491 - Satisfactory

• Quantity Of Work

1 How Good?

Satisfactory

2. On What Basis?

Based on direct observations, organization and use of closed buy.

Evaluating Supervisor's Signature <i>Ala Hernandez</i>	Title <i>Asst Manager</i>	Date <i>1-15-91</i>
Concurring Supervisor's Signature <i>Betty W. Chyler</i>	Title <i>Manager</i>	Date <i>1-16-91</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Personnel Record
Performance Evaluation

C

Employee's Name <i>Susan Castro</i>		Title <i>Service Rep</i>	
Department <i>Customer Service</i>		Location <i>St. Louisdale</i>	
Seniority Date <i>2-10-82</i>	Date Evaluation Made <i>1-16-90</i>	Date Discussed With Employee <i>1-19-90</i>	<input checked="" type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work) *Customer Sales and Service*

• Quality Of Work
1 How Good? *Satisfactory*

2. On What Basis? *ICQ range 95.0 - 97.9*
Sales range \$48.12 - 58.20
Customer Service - 99%
Sales - \$54.02

• Quantity Of Work
1 How Good? *Satisfactory*

2. On What Basis? *Based on direct observations, organization, and use of close by time.*

Evaluating Supervisor's Signature <i>Olga Hernandez</i>	Title <i>Asst Manager</i>	Date <i>1-16-90</i>
Concurring Supervisor's Signature <i>Patricia Knight</i>	Title <i>Manager</i>	Date <i>1-18-90</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Personnel Record
Performance Evaluation

C

Employee's Name <i>Susan Castas</i>		Title <i>Betty Klutz</i>
Department <i>Customer Service</i>	Location <i>3030 NW 63rd Ave Ft Ldli</i>	
Seniority Date <i>02-10-82</i>	Date Evaluation Made <i>08-16-89</i>	Date Discussed With Employee <i>08-24-89</i> <input checked="" type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work) *Customer Service and Sales*

• Quality Of Work

1 How Good? *Satisfactory*
I.C.O Satisfactory Range (95.0-97.9) R.P.A.L Satisfactory Range (48.12-58.20)

2 On What Basis?
Customer Service - 98%
Sales - 49.18

• Quantity Of Work

1 How Good? *Satisfactory*

2 On What Basis? *Based on direct observations and utilization of closed key time.*

Evaluating Supervisor's Signature <i>Betty Klutz</i>	Title <i>Assistant Manager</i>	Date
Concurring Supervisor's Signature <i>Betty's Charge</i>	Title <i>Manager</i>	Date <i>8-21-89</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Personnel Record
Performance Evaluation

C

Employee's Name <i>Susan Castro</i>		Title <i>Service Representative</i>	
Department <i>Customer Service</i>		Location <i>Broward</i>	
Seniority Date <i>2-10-82</i>	Date Evaluation Made <i>10-17-88</i>	Date Discussed With Employee <i>10-26-88</i>	<input checked="" type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work) *Customer Service, Sales, Service Order Accuracy*

• Quality Of Work
1. How Good? *Less than Satisfactory*

2. On What Basis?
Customer Service - 98.4 MS
Sales - 174.2 L.S.
Service Order Accuracy - 96.6 S.

• Quantity Of Work
1. How Good? *Satisfactory*

2. On What Basis? *based on direct observations and utilization of closed key increments.*

Evaluating Supervisor's Signature <i>Fay Chouinard</i>	Title <i>Asst. Mgr.</i>	Date <i>10-17-88</i>
Concurring Supervisor's Signature <i>Mary L. Kelly</i>	Title <i>Manager</i>	Date <i>10-19-88</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED _____
CARD _____
FINAL DISPOSITION _____
CODES _____

Record of Grievance between Communications Workers of America and



Form 3G3A
Front (5-87)

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

Log #138-347-92
Certified #P 651 152 093

Grievance Number 592334-3104
To be assigned by CWA State Office

1. Grievance Occurred	Date 8/26/92	Specific Location & State Ft. Lauderdale, Florida	
	Department Customer Services	*Title Involved If Applicable	Local No. 3104

2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Susan Castro		Department Customer Services
	Address Susan Castro		Seniority Date 8/31/81
	Job Title Service Representative	N.C.S. Date 8/31/81	

3. Union's Statement of What Happened

4. Specific Basis of Grievance or Section of Contract Involved

Art: 11 & 18

and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.

5. Date Grievance Filed **8/31/91**

Originated by: **Rula DeBartolo** Date **9-24-92**

Union Representative

6. Company's Statement of What Happened

7. Proposed Disposition - Second Level

The company sustains its position.

Signed: **[Signature]** Date **9/25/92**

Company Representative

8. Accepted Rejected Appealed

Signed: **[Signature]** Date **10/8/92**

Union Representative

9. True Intent Question Exists: Yes No

Signed: _____ Date _____

Union Representative Company Representative

10. Authorization to Inspect Personnel Record	Furnished By: Union Representative	Received By: Company Representative	11. Union First Requested Meeting - Second Level
	Date	Date	

12. Proposed Disposition - Third Level

The Company sustains its position.

Signed: **[Signature]** Date **03/31/93**

Company Representative

13. Accepted Appealed to 4th level (SCB, SB only) (Applicable to contract interpretation only)

Rejected Arbitration Requested (See Lines 16 & 17)

Signed: **[Signature]** Date **5/18/93**

Union Representative

14. Proposed Disposition - Fourth Level

Signed: _____ Date _____

Company Representative

15. Accepted Rejected Arbitration Requested

Signed: _____ Date _____

Union Representative

PREPARE 5 COPIES

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Southern Bell

Personnel Department

6451 North Federal Highway, Room 1215
Fort Lauderdale, Florida 33308
(305) 492-3645

August 24, 1993

Mr. William P. Hobgood
Attorney/Arbitrator
1110 North Glebe Road, Suite 610
Arlington, VA 22201

9
10
11

Re: Grievance's #: B92160-3104 - Ronald Ardron -
B92334-3104 - Susan Castro -
B93010-3112 - Julia Richmond

Dear Mr. Hobgood:

This letter is to confirm our telephone conversation with your office that you are available to mediate the three above captioned disputes between Southern Bell and the Communications Workers of America.

The following mediations have been rescheduled as follows: on Monday, October 11, 1993, Ron Ardron at 8:30 A.M. and Susan Castro at 1:00 P.M. at Southern Bell, Conference Room 1115, 6451 North Federal Highway, Fort Lauderdale, Florida 33308; on Tuesday, October 12, 1993, Julia Richmond at 8:30 A.M. at the CWA Local 3112, Union Hall, 594 First Street, West Palm Beach, Florida 33413.

Please arrange to split your bill and send statements to:

Mr. Gene Russo
Vice President
C.W.A. District 3
3516 Covington Highway
Decatur, Georgia 30032

and

Mr. M. D. Ward
Operations Manager - Human Resources
6451 North Federal Highway
Room 1215
Fort Lauderdale, Florida 33308

If you have further questions, please feel free to contact JoAnn Whitelaw of my staff at (305) 492-3645.

Yours truly,

M. D. Ward
Operations Manager - Human Resources

MDW:ng

cc: Ms. Linda Banas Crawford
Mr. Gene Russo
Ms. Lee Thomas

A BELLSOUTH Company

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Veronica Robert

NAME

11926
4-30-91

FROM 1-1-88 TO PRESENT

FORM 3117 - WORK HISTORY

FORM 3181-B - PERSONNEL RECORD CURRENT ENTRY SHEET
(DISCIPLINARY ACTION)

PERFORMANCE EVALUATIONS/APPRAISALS

GRIEVANCES/TERMINATION AGREEMENTS

NA

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EMPLOYEES DEPARTMENTAL SERVICE RECORD

CPDSD020
BST
PAGE 01 L

NAME: HERNDON, R T

SSN:

EFF DATE	PCR SER NO	EXCH AND AREA	FLSA TITLE	SUFFIX	CO	DEPT	PG OR WSC
08-01-76	1822		X INST FM		S7	"	1D
11-01-76	1824		"	"	S7	"	"
08-01-77	1826		"	"	S7	"	"
11-01-77	1828		"	"	S7	"	"
08-01-78	1832		" SVR		S7	"	"
01-01-79	1834		"	"	S7	"	"
01-01-79	1836		"	"	S7	RESI	"
01-01-79	1838		"	"	S7		"
08-01-79	1840		"	"	S7		"
04-01-80	1844		"	"	S7		"
09-01-80	1846		" ASST MGR		S7		11

FILE: DSR KEY:

PAGE: 01 ACC: EQ FMT: HST

PF1=> PRIMARY MENU

PF2=> CPRS MENU

PF3=> DSR MENU

PF4=> CURRENT DATA

PF5=> SCROLL UP

PF6=> SCROLL DOWN

PF7=> SCROLL LEFT

PF8=> SCROLL RIGHT

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EMPLOYEES DEPARTMENTAL SERVICE RECORD

CPDSD020
BST
PAGE 02 L

NAME: HERNDON, R T

SSN:

EFF DATE	PCR SER NO	EXCH AND AREA	FLSA TITLE	SUFFIX	CO DEPT	PG OR WSC
10-01-80	1848	"	"		S7	"
12-01-80	1850	"	"		S7	"
04-01-81	1852	"	"		S7	"
10-01-81	1858	"	"		S7	"
04-01-82	1862	"	"		S7 DIST	"
04-01-83	1872	"	"		S7	30
04-01-84	1874	"	"		S7	"
04-01-84	1878	"	"		S7	"
04-01-85	1884	"	"		S7	"
12-01-85	1886	"	"		S7	"
01-01-86	1888	"	"		S7	"

FILE: DSR KEY:

PAGE: 02 ACC: EQ FMT: HST

PF1=> PRIMARY MENU

PF2=> CPRS MENU

PF3=> DSR MENU

PF4=> CURRENT DATA

PF5=> SCROLL UP

PF6=> SCROLL DOWN

PF7=> SCROLL LEFT

PF8=> SCROLL RIGHT

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EMPLOYEES DEPARTMENTAL SERVICE RECORD

CPDSD020
BST
PAGE 03 L

NAME: HERNDON, R T SSN:

EFF DATE	PCR SER NO	EXCH AND AREA	FLSA	TITLE	SUFFIX	CO	DEPT	PG OR WSC
03-01-86	1892		"	"		S7	SENT	"
03-01-86	1894		"	"		S7		"
04-01-86	1896		"	"		S7		"
02-01-87	1900	FTRP FL	"	"		S7		"
02-15-87	1904	"	"	"		S7		"
04-01-87	1906	"	"	"		S7		"
06-08-87	0009	"	"	"		S7		"
08-31-87	5587	"	"	"		S7		"
02-15-88	0016	"	"	"		S7		"

FILE: DSR KEY: PAGE: 03 ACC: EQ FMT: HST
 PF1=> PRIMARY MENU PF2=> CPRS MENU PF3=> DSR MENU PF4=> CURRENT DATA
 PF5=> SCROLL UP PF6=> SCROLL DOWN PF7=> SCROLL LEFT PF8=> SCROLL RIGHT

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EMPLOYEES DEPARTMENTAL SERVICE RECORD

CPDSD020
BST
PAGE 04 L

NAME: HERNDON, R T

SSN:

EFF DATE	PCR SER NO	EXCH AND AREA	FLSA TITLE	SUFFIX	CO DEPT	PG OR WSC
04-01-88	0016	" "	" "		S7	"
11-01-88	3045	" "	A "	LOAD BALANCE	S7	"
02-15-89	0016	" "	" "	"	S7	"
04-01-89	0016	" "	" "	"	S7	"
02-15-90	0016	" "	" "	"	S7	"
03-01-90	0016	" "	" "	"	S7	"
02-15-91	0016	" "	" "	"	S7	"
03-01-91	0016	" "	" "	"	S7	"

FILE: DSR KEY:

PAGE: 04 ACC: EQ FMT: HST

PF1=> PRIMARY MENU

PF2=> CPRS MENU

PF3=> DSR MENU

PF4=> CURRENT DATA

PF5=> SCROLL UP

PF6=> SCROLL DOWN

PF7=> SCROLL LEFT

PF8=> SCROLL RIGHT

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F04A12Z

0000040

EMPLOYEES DEPARTMENTAL SERVICE RECORD

CPDSD020
BST
PAGE 05 L

NAME: HERNDON, R T SSN:

EFF DATE	PCR SER NO	EXCH AND AREA	FLSA	TITLE	SUFFIX	CO DEPT	PG OR WSC
04-29-91	6000	" "	"	"	"	S7	"

Revised 4-30-91

FILE: DSR KEY: PAGE: 05 ACC: EQ FMT: HST
 PF1=> PRIMARY MENU PF2=> CPRS MENU PF3=> DSR MENU PF4=> CURRENT DATA
 PF5=> SCROLL UP PF6=> SCROLL DOWN PF7=> SCROLL LEFT PF8=> SCROLL RIGHT

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Orjivets, Rosemarie NAME

FROM 1-1-88 TO PRESENT

✓

FORM 3117 - WORK HISTORY

✓

FORM 3181-B - PERSONNEL RECORD CURRENT ENTRY SHEET
(DISCIPLINARY ACTION)

✓

PERFORMANCE EVALUATIONS/APPRAISALS

✓

GRIEVANCES/TERMINATION AGREEMENTS

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INFINITO
 NAME Rosemarie Finkelstein
 (AS SHOWN ON PAYROLL CHANGE REPORT)

SOCIAL SECURITY NUMBER _____

F04B12Z
0000044

EFFECTIVE DATE	HEADQUARTERS EXCHANGE	DEPT	PAYROLL NUMBER	TITLE ABBREVIATION	TITLE CODE	P.D.N.	FLSA	CLASS	ZONE OR GRAD	WS OR SC	STATUS CODE	MO. WAGE EXP.	RATE OF PAY		NATURE OF CHANGE CODE
													AMOUNT	PERIOD	
02-25-78	Ft. Ldl.	C	8JF12	Svc. Rep.	3355		C	RF	1A	22	5220	181	255.50	W	03-87
08-06-78	Ft. Ldl.	C	8JF12	Svc. Rep.	3355		C	RF	1A	22	5220	186	282.00	W	84
08/01/78	Ft. Ldl.	C	8JF12	Svc. Rep.	3355		C	RF	1A	22	5220	198	314.00	W	G4
03-02-80	Ft. Ldl.	C	8JF12	Svc. Rep.	3355		C	RF	1A	22	5220		314.00	W	P1
03-03-80	Daytona Beach	C	3HA14	Svc. Rep.	3355		C	R	1	22	5221	205	311.50	W	P2
08-10-80	Daytona Beach	C	3HA14	Svc. Rep.	3355		C	RF	1	22	5221	210	343.50	W	G4
7-1-81															P9
9-9-81	"	"	"	"	"		"	"	"	"	"	"	381.00	W	G4
1-1-82	Daytona Bch	C	3HA14	Svc. Rep	3355		C	RF	1	22	5221	233	381.00	W	P9
8-9-82	Daytona Bch	C	3HA14	Svc. Rep	3355		C	RF	1	22	5221	234	411.00	W	G4
5-15-83	"	"	"	"	"		"	"	"	"	"	"		"	P9
8-28-83	Daytona Bch	C	3HA14	Svc. Rep	3355		C	RF	1	22	5221	247	433.50	W	G4
8-05-84	Daytona Bch	C	3HA14	SERVICE REP	3355		C	RF	1	22	5221	258	450.50	W	G4
8-4-85	Daytona Bch	C	3HA11	SERVICE REP	3355		C	RF	1	22	5221	270	470.50	W	G4
1-10-86	Daytona Bch	C	3HA11	SERVICE REP	3355		C	RF	C	21	521C	276	470.00	W	G4
3-1-87				T.I.A. PAY									700.00		P9
8-09-87	Daytona Bch	C	2R23HA1	SERVICE REP	3355		C	RF	C	21	521C	294	490.50	W	G6
3-1-88													785.00		NT1A
8-7-88	Daytona Bch	C	3HA11	SERVICE REP	3355		C	RF	C	21	521C	306	501.00	W	G6
03-01-89				TIA PAYMENT									650.00		NT1A
08-06-89					3355		C	RF	C	23	523C		531.50	W	G6
02-15-90				NTIA									775.00		X2

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VC02X10W
FORM HR-3117

BELLSOUTH TELECOMMUNICATIONS
EMPLOYEES DEPARTMENTAL SERVICE RECORD
311749 0000

PAGE 2
RUN DATE: 03-11-93
AS OF: 02-28-93

INFINITO ROSEMARIE DOF 03 306
NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER RESPONSIBILITY CODE HOME TEL NUMBER
BE3H11 904-254-8016
EEO SEX BIRTHDATE HOME ADDRESS PAYROLL NUM WORK TEL NUMBER

EFF DATE	PCR SER NO	EXCH AND CO AREA	F L S A	TITLE	SUFFIX	DEPT	PGB OR WSC	MOS OF WG EXP	CL OF EM	RATE OF PAY AMOUNT	NATURE OF CHANGE CODES	JOB CODES			
												JSC	JTC	PDN	JFC
08-09-87	0006	"	"	"	"	"	"	295	"	\$700.00	Y NTIA	"	"	"	"
03-01-88	0016	"	"	"	"	"	"	"	"	\$490.50	W C6 P1	"	"	"	"
08-07-88	0006	"	"	"	"	"	"	307	"	\$725.00	Y NTIA	"	"	"	"
02-15-89	0016	"	"	"	"	"	"	"	"	\$501.00	W C6 P1	"	"	"	"
03-16-89	0013	"	"	"	"	CSNF	"	"	"	\$650.00	Y NTIA	"	"	"	"
08-06-89	0006	"	"	"	"	"	"	23	318	\$531.50	W C6 P1	523C	"	"	2E70-0-75
12-01-89	0092	"	"	"	"	"	"	"	"	"	X1	"	"	"	2E50-0-25
02-15-90	0016	"	"	"	"	"	"	"	"	"	X2	"	"	"	"
08-05-90	0006	"	"	"	"	"	"	330	"	\$775.00	Y NTIA	"	"	"	"
02-15-91	0016	"	"	"	"	"	"	"	"	\$541.50	W C6 P1	"	"	"	"
08-04-91	0006	"	"	"	"	"	"	342	"	\$775.00	Y NTIA	"	"	"	"
12-31-91	9999	"	"	"	"	"	"	"	"	\$555.50	W C6 P1	"	"	"	"
01-01-92	0000	S4	"	"	"	"	"	"	"	"	SV E3	"	"	"	"
01-01-92	0016	"	"	"	"	CCMK	"	"	"	"	A3 E3	"	"	"	"
02-15-92	0016	"	"	"	"	"	"	"	"	"	M3 M4 E3	"	"	"	"
05-10-92	2648	"	"	"	"	"	"	351	"	\$825.00	Y NTIA	"	"	"	"
08-09-92	0006	"	"	"	"	"	"	354	"	\$749.00	W CX P1	E1	"	"	"
11-01-92	0018	"	"	"	"	"	"	"	"	\$779.00	W C6 P1	"	"	"	2E70-0-64
01-01-93	0017	"	"	"	"	"	"	"	"	"	X1	"	"	"	2E50-0-35
02-15-93	* 0016	"	"	"	"	"	"	"	"	"	X2	"	"	"	2E70-0-64
										\$1500.00	Y NTIA	"	"	"	2E50-0-35
															2E40-0-01

HR-3117 - 2441

* DATA CHANGED DURING MONTH UNDER REPORT
NOTICE: NOT FOR USE OR DISCLOSURE OUTSIDE BELLSOUTH EXCEPT UNDER WRITTEN AGREEMENT

HR-3117 - 2441

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VC02X10V
FORM HR-3117

BELLSOUTH TELECOMMUNICATIONS
EMPLOYEES DEPARTMENTAL SERVICE RECORD
311749 0000

PAGE 3
RUN DATE: 03-11-93
AS OF: 02-28-93

INFINITO	ROSEMARIE			DOF 03 306		
NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	RESPONSIBILITY CODE	HOME TEL NUMBER	
				BESH11	904-254-8016	
EEO	SEX	BIRTHDATE	HOME ADDRESS	PAYROLL NUM	WORK TEL NUMBER	

AS PREPARER OF THE RF-3085 WHICH GENERATED THIS 3117, YOU ARE RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE "MOST CURRENT" ENTRY REFLECTED HEREON. IF ERRORS ARE DETECTED IN THE CURRENT DATA, NOTIFY THE PAYROLL OFFICE IMMEDIATELY. OTHER ERRORS DETECTED SHOULD BE CORRECTED USING THE CANCELLATION AND/OR CORRECTION PROCEDURES OUTLINED IN THE PAYROLL CHANGE PREPARATION GUIDE WITH THE ASSISTANCE OF THE PAYROLL OFFICE.

VERIFIED BY:

[Signature]

DATE:

3/26/93

HR-3117 - 2442

* DATA CHANGED DURING MONTH UNDER REPORT
NOTICE: NOT FOR USE OR DISCLOSURE OUTSIDE BELLSOUTH EXCEPT UNDER WRITTEN AGREEMENT

HR-3117 - 2442

0000047

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Southern Bell

Personnel Record
Performance Evaluation

C

Employee's Name <i>Rosemarie Infinito</i>		Title <i>Service Representative</i>	
Department <i>Customer Service</i>		Location <i>Daytona Beach</i>	
Seniority Date <i>01-21-63</i>	Date Evaluation Made <i>1-20-92</i>	Date Discussed With Employee <i>1-23-92</i>	<input checked="" type="checkbox"/> <i>ONT</i>

• Job Duties During Period Of Review (Excluding Differential Work) *Customer service, sales revenue, record work, including issuance of service orders.*

• Quality Of Work

1 How Good? *Less than satisfactory*

2 On What Basis? *see attached worksheet*

• Quantity Of Work

1 How Good? *satisfactory*

2 On What Basis? *see attached worksheet*

Evaluating Supervisor's Signature <i>Brenda M. Perry</i>	Title <i>Asst Mgr</i>	Date <i>1-20-92</i>
Concurring Supervisor's Signature <i>Korcia M. Karsen</i>	Title <i>Mgr</i>	Date <i>1-20-92</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

Note 3: A Checkmark In The Box Adjacent To "Date Discussed With Employee" Means That The Employee Has Been Advised

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SR Appraisal Worksheet UNIVERSAL CENTER - Quality Of Work

Appraised Name: Rosemarie Infinito AM Brenda M Perry
 Appraisal Date: From Jan 1, 1991 To Dec 31, 1991

Section I: Appraisal Items

A. Call Quality	Rating	Points
On What Basis: Satisfactory Range 90 To 95 Cum. % <u>97</u>	Check One: <input checked="" type="checkbox"/> MS/20 <input type="checkbox"/> S/15 <input type="checkbox"/> LS/0	<u>20</u>
Comments:		
		A.

Sales	Rating	Points
On What Basis: Satisfactory Range <u>246</u> To <u>285</u> Cum. % <u>201</u>	Check One: <input type="checkbox"/> MS/20 <input type="checkbox"/> S/15 <input checked="" type="checkbox"/> LS/0	<u>0</u>
Comments:		
		B.

Section II: Conversion Table

Appraisal Items Points Obtained	Weight Factor	Score	Appraisal Score	Quality Rating
<u>20</u>	X .50 =	<u>10</u>	18.00 Or More	MS
<u>0</u>	X .50 =	<u>0</u>	13.00 - 17.99	S
Appraisal Score		<u>10</u>	8.00 - 12.99	<u>LS</u>

* Round To Nearest Hundredth

F04B07Z 0000051 F04A12Z 0000051

SR APPRAISAL WORKSHEET - QUANTITY OF WORK

SR Rosemarie Infante AM Brenda H Perry
 APPRAISAL DATES: FROM Jan 1, 1991 TO Dec 31, 1991
 APPRAISAL ITEM RATING (CIRCLE) POINTS
 A. SR EFFICIENCY ANALYSIS MS/15 S/10 LS/0 A. 10
 Comments: Position kept current
under normal conditions

CONVERSION TABLE

APPRAISAL ITEMS	WEIGHT	QUALITY
POINTS OBTAINED	FACTOR SCORE	APPRAISAL SCORE = RATING
A = <u>10</u> x	1.0 = <u>10</u>	12.51 or more = MS
		8.26 to 12.50 = <u>S</u>
APPRAISAL SCORE	<u>10</u>	0.00 to 8.25 = LS



Personnel Record Performance Evaluation

C

Employee's Name <i>Rosemarie Infinito</i>		Title <i>Service Representative</i>	
Department <i>Res Customer Service</i>		Location <i>Daytona Beach</i>	
Seniority Date <i>1-21-63</i>	Date Evaluation Made <i>1-30-91</i>	Date Discussed With Employee <i>2-7-91</i>	<input checked="" type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work) *Customer services, sales revenue, record work including issuance of service orders*

• Quality Of Work

1 How Good? *Less than satisfactory*

2. On What Basis? *see attached worksheet*

• Quantity Of Work

1 How Good? *Satisfactory*

2. On What Basis? *see attached worksheet*

Evaluating Supervisor's Signature <i>Dorenda M Perry</i>	Title <i>Asst Mgr</i>	Date <i>1-30-91</i>
Concurring Supervisor's Signature <i>Paul J. Elliott</i>	Title <i>Mgr - Cust Svc</i>	Date <i>1-30-91</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time. Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record

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SR Appraisal Worksheet UNIVERSAL CENTER - Quality Of Work

Appraised Date	From	To
	01-01-90	01-01-91

Section I: Appraisal Items

A. Call Quality	Rating	Points
On What Basis:		
Satisfactory Range 90 To 95 Cum. %	Check One:	
Comments: Rosemarie achieved 6 of 9 months MTS rating in call quality	<input checked="" type="checkbox"/> MS/20	20
	<input type="checkbox"/> S/15	
	<input type="checkbox"/> LS/0	

B. Sales	Rating	Points
On What Basis:		
Satisfactory Range 20,227.90 To 53,019,99 Cum. % 16,258	Check One:	
Comments: Rosemarie encountered problems in the area. Objective not met.	<input type="checkbox"/> MS/20	0
	<input type="checkbox"/> S/15	
	<input checked="" type="checkbox"/> LS/0	

Section II: Correlation Table

Appraisal Items Points Obtained	Weight Factor	Score	Appraisal Score	Quality Rating
= 20	X .50 =	10	18.00 Or More	MS
B = 0	X .50 =	0	13.00 - 17.00	S
	Appraisal Score	10	8.00 - 12.99	LS

* Round To Nearest Hundredth

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SR APPRAISAL WORKSHEET - QUANTITY OF WORK

SR Rosemarie Infinito AM Brenda Perrey
 APPRAISAL DATES: FROM 01-01-90 TO 01-01-91
 APPRAISAL ITEM RATING (CIRCLE) POINTS
 A. SR EFFICIENCY ANALYSIS MS/15 S/10 LS/0 A. 10
 Comments: Position kept current
under normal conditions.

CONVERSION TABLE

APPRAISAL ITEMS	WEIGHT	QUALITY
POINTS OBTAINED	FACTOR SCORE	APPRAISAL SCORE = RATING
A = <u>10</u> X	1.0 = <u>10</u>	12.51 or more = MS
		8.26 to 12.50 = <u>S</u>
APPRAISAL SCORE	<u>10</u>	0.00 to 8.25 = LS



Personnel Record
Performance Evaluation

C

Employee's Name <i>Rosemarie Dyfinite</i>		Title <i>Service Representative</i>
Department <i>Customer Services</i>	Location <i>Daytona Beach</i>	
Seniority Date <i>1-21-63</i>	Date Evaluation Made <i>7-26-89</i>	Date Discussed With Employee <input checked="" type="checkbox"/> <i>7-28-89</i>

● Job Duties During Period Of Review (Excluding Differential Work) *Customer service, sales, collection of live & final accounts, record work including issuance of orders & other media*

● Quality Of Work

1 How Good? *Insufficient*

2. On What Basis? *Without prejudice to any other grievances, the Company agrees to change the 1988 appraisal to insufficient in recognition of the employee achieving satisfactory cumulative results the last 5 months of 1989.*

● Quantity Of Work

1 How Good? *Satisfactory*

2. On What Basis? *Supervisory observations. See attached quantity of work sheets*

Evaluating Supervisor's Signature <i>Margaret B. Stalling</i>	Title <i>Asst. Mgr - Cust. Serv.</i>	Date <i>7-26-89</i>
Conducting Supervisor's Signature <i>Shelby J. Elliott</i>	Title <i>Mgr - Cust. Serv.</i>	Date <i>7-27-89</i>

- Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
- Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
- Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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SR Appraisal Worksheet Universal Center - Quality Of Work

SR <i>Rosmarie Depinto</i>	AM <i>Margaret</i>
Appraisal Dates ▶ From <i>Jan 1, 89</i>	To <i>June 30, 89</i>

Section I: Appraisal Item

A. Incoming Call Quality	Rating	Points
On What Basis: - Satisfactory Range <i>94 To 98</i> Cum. %	Check One: <input type="checkbox"/> MS/20 <input type="checkbox"/> S/15 <input type="checkbox"/> LS/0	A. 0000057
Comments: <i>Insufficient</i>		
B. Sales (Per Area Instruction)	Rating	Points
On What Basis: - Satisfactory Range <i>1.59 To 1.86</i> Cum. %	Check One: <input type="checkbox"/> MS/20 <input type="checkbox"/> S/15 <input type="checkbox"/> LS/0	B. 04807Z
Comments: <i>Insufficient</i>		
C. Collections	Rating	Points
On What Basis: - Satisfactory Range <i>90 To 91</i> Cum. %	Check One: <input type="checkbox"/> MS/20 <input type="checkbox"/> S/15 <input type="checkbox"/> LS/0	C. 0000057
Comments: <i>Insufficient</i>		
D. Service Order Accuracy	Rating	Points
On What Basis: - Satisfactory Range <i>95 To 97</i> Cum. %	Check One: <input type="checkbox"/> MS/20 <input type="checkbox"/> S/15 <input type="checkbox"/> LS/0	D. 0000057
Comments: <i>Insufficient</i>		

Section II: Conversion Table

Appraisal Items Points Obtained	Weight Factor	Score	Appraisal Score =	Quality Rating
A + B =	X .375 =		18.00 Or More =	MS
C + D =	X .125 =		13.00 - 17.99 =	S
Appraisal Score			0.00 - 12.99 =	LS

* Round To Nearest Hundredth

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SR APPRAISAL WORKSHEET - QUANTITY OF WORK

SR Losemarie Myinto AM Marijane

APPRAISAL DATES: FROM Jan 1, 88 TO Dec 31, 88

APPRAISAL ITEM

RATING (CIRCLE) POINTS

A. SR EFFICIENCY ANALYSIS

MS/15 S/10 LS/0 A. 10

Comments: Losemarie keeps her desk organized, completes forms, papers, tel refs, referrals in a timely manner.

CONVERSION TABLE

APPRAISAL ITEMS	WEIGHT	QUALITY
POINTS OBTAINED	FACTOR SCORE	APPRAISAL SCORE = RATING
A = <u>10</u> X	1.0 = <u>10.0</u>	12.51 or more = MS
		8.26 to 12.50 = <u>S</u>
APPRAISAL SCORE	<u>5</u>	0.00 to 8.25 = LS



Personnel Record
Performance Evaluation

C

Employee's Name <i>Rosemarie Dupinto</i>		Title <i>Service Representative</i>	
Department <i>Customer Services</i>		Location <i>Daytona Beach</i>	
Seniority Date <i>1-21-63</i>	Date Evaluation Made <i>7-26-89</i>	Date Discussed With Employee <input checked="" type="checkbox"/> <i>7-28-89</i>	

• Job Duties During Period Of Review (Excluding Differential Work) *Customer service, sales*
Collection of live & fund accounts, record work
including issuance of orders, other media

• Quality Of Work
1 How Good? *Satisfactory*

2. On What Basis? *2 of 3 areas satisfactory*
1 of 3 areas more than satisfactory
See attached

• Quantity Of Work
1 How Good? *Satisfactory*

2. On What Basis? *Supervisory observation. See attached*
quantity of work sheet

Evaluating Supervisor's Signature <i>Margaret B. Atalling</i>	Title <i>Asst. Mgr. Cust. Serv.</i>	Date <i>7-26-89</i>
Concurring Supervisor's Signature <i>Shirley S. Elliott</i>	Title <i>Mgr. - Cust. Serv.</i>	Date <i>7-27-89</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
Note 2: Use Reverse Side For Statement And/OR Evaluation Of Relief Assignments.
Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Corrected
7-21-89
NF-3851-88
(8-87)

SR Appraisal Worksheet Sales/Order Center - Quality Of Work

SR Rosemarie Infinito AM Margaret
 Appraisal Dates From Jan. 1, '89 To June 30, '89

Section I: Appraisal Item

A. Incoming Call Quality	Rating	Points
On What Basis: Satisfactory Range <u>94 To 98</u> Cum. % <u>98</u>	Check One: <input type="checkbox"/> MS/20 <input checked="" type="checkbox"/> S/15 <input type="checkbox"/> LS/0	A. <u>15</u>
Comments: <u>Rosemarie's performance has consistently been satisfactory in this area</u>		

B. Sales (Per Area Instruction)	Rating	Points
On What Basis: Satisfactory Range <u>43.00 To 53.99</u> Cum. % <u>100</u>	Check One: <input type="checkbox"/> MS/20 <input checked="" type="checkbox"/> S/15 <input type="checkbox"/> LS/0	B. <u>15</u>
Comments: <u>Rosemarie has maintained satisfactory sales results since February</u>		

C. Service Order Accuracy	Rating	Points
On What Basis: Satisfactory Range <u>95 To 97</u> Cum. % <u>99</u>	Check One: <input checked="" type="checkbox"/> MS/20 <input type="checkbox"/> S/15 <input type="checkbox"/> LS/0	C. <u>20</u>
Comments:		

Section II: Conversion Table

Appraisal Items Points Obtained	Weight Factor	Score	Appraisal Score	Quality Rating
A + B = <u>30</u>	X .375 =	<u>11.25</u>	18.00 Or More	MS
C = <u>30</u>	X .25 =	<u>5.0</u>	13.00 - 17.99	<u>S</u>
Appraisal Score		<u>16.25</u>	0.00 - 12.99	LS

Round To Nearest Hundredth

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SR APPRAISAL WORKSHEET - QUANTITY OF WORK

SR Rosemarie M. Jenete AM Margaret
 APPRAISAL DATES: FROM Jan 1, 89 TO June 30
 APPRAISAL ITEM _____ RATING (CIRCLE) POINTS
 MS/15 S/10 LS/0 A. 10

A. SR EFFICIENCY ANALYSIS

Comments: Rosemarie completes follow-up
correspondence & forms in a timely
manner.

CONVERSION TABLE

PRAISAL ITEMS	WEIGHT	QUALITY
POINTS OBTAINED	FACTOR SCORE	APPRAISAL SCORE = RATING
A = <u>10</u> X	1.0 = <u>10.0</u>	12.51 or more = MS
		8.26 to 12.50 = <u>S</u>
APPRAISAL SCORE	<u>S</u>	0.00 to 8.25 = LS



Southern Bell

Personnel Record
Performance Evaluation

C

Employee's Name <i>Rosemarie Infinita</i>		Title <i>Service Representative</i>
Department <i>Customer Services</i>	Location <i>Daytona Beach</i>	
Seniority Date <i>1-21-63</i>	Date Evaluation Made <i>1-28-88</i>	Date Discussed With Employee <input checked="" type="checkbox"/> <i>2-4-88</i>

• Job Duties During Period Of Review (Excluding Differential Work) *Customer service, sales, collection of live & final accounts, record work including issuance of orders & other media*

• Quality Of Work

1 How Good? *Satisfactory*

2. On What Basis? *2 of 4 areas more than satisfactory
1 of 4 areas satisfactory
1 of 4 areas less than satisfactory (See attached work sheet)
Current results reflect positive or consistent trends except in sales. Current sales results are less than satisfactory*

• Quantity Of Work

1 How Good? *More than satisfactory*

2. On What Basis? *Supervisory observations See attached quantity of work sheet*

Evaluating Supervisor's Signature <i>Margaret D. Walling</i>	Title <i>Asst. Mgr - Cust. Serv.</i>	Date <i>1-28-88</i>
Concurring Supervisor's Signature <i>Shirley J. Elliott</i>	Title <i>Mgr - Cust. Serv.</i>	Date <i>1-29-88</i>

- Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
- Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
- Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Worksheet - Quality Of work

Universal Center

Name: Rosemarie Infinito
AM: Margaret

From: Jan
To: Dec.

Appraisal Item	Rating (Circle)	Points
A. Incoming Call Quality On What Basis: Satisfactory Range <u>94</u> to <u>97</u> Cum % <u>100</u> Comments: <u>Rosemarie's performance has consistently exceeded satisfactory results.</u>	MS/15 S/10 LS/0	15 A.
B. Sales (Per Area Instruction) On What Basis: Satisfactory Range _____ to _____ Cum % _____ Comments: <u>See attached</u> <u>Rosemarie's performance has steadily declined since January.</u>	MS/15 S/10 LS/0	5 B.
C. Collections On What Basis: Satisfactory Range <u>90</u> to <u>96</u> Cum % <u>93</u> Comments: <u>Rosemarie's performance has been stable</u> <u>3mo - 93%, 6mo - 89%, 9mo - 95%, 12mo cum - 93%</u>	MS/15 S/10 LS/0	10 C.
D. Service Order Accuracy On What Basis: Satisfactory Range <u>95</u> to <u>97</u> Cum % <u>98</u> Comments: <u>Rosemarie's performance has been consistent</u> <u>99%, 96%, 98%</u>	MS/15 S/10 LS/0	15 D.

Conversion Table

Appraisal Items Points Obtained	Weight Factor	Score	Appraisal Score	Our Rat
- B - C = <u>25</u>	X .31657 =	<u>7.92</u>	13.00 Or More	M
D = <u>15</u>	X .05 =	<u>.75</u>	6.50 To 12.99	C
Appraisal Score		<u>8.67</u>	0.00 To 6.49	
F04B07Z		0000000	F04A12Z	0000063

RBC
UNIVERSAL
SR APPRAISAL WORKSHEET - SALES

SR Rosemarie Infinite AM Margaret

APPRAISAL DATES: FROM Jan TO Dec

SALES COMPONENT RATING/POINTS (CIRCLE ONE) POINTS

A. Custom Calling Services/ MS/10.0 8/6.66 LS/0 A. 0
Prestige Single Line Service/
Prestige Communications Package

On What Basis: Satisfactory Range 1.60 to 1.99 1.14

Comments: 3mo - 2.44, 6mo - 1.66, 9mo - 1.24, 12mo cum - 1.14

IPAL has declined. Rosemarie has no career activity for
four (4) months

B. Touchtone MS/10.0 8/6.66 LS/0 B. 6.66

On What Basis: Satisfactory Range .94 to 1.0 .98

Comments: 3mo - 1.06%, 6mo - 1.06%, 9mo - .77%, 12mo cum - .98%

IPAL has been met or exceeded each month

C. Trouble Isolation Plan/ MS/10.0 8/6.66 LS/0 C. 0
Maintenance Inside Wire

On What Basis: Satisfactory Range 1.55 to 1.69 1.45

Comments: 3mo - 1.25, 6mo - 1.22, 9mo - 1.19, 12mo cum - 1.45

IPAL met met 7 out of 12 months

APPRAISAL ITEMS(S)	WEIGHT	APPRAISAL	SALES RATING
POINTS OBTAINED *	FACTOR	SCORE	
A+B+C = D <u>6.66</u> x	<u>.50</u>	= <u>3.33</u> **	MS
APPRAISAL SCORE		<u>LS</u>	S
**Round to the nearest hundredth			<u>LS</u>

Compare the sales score to the conversion table to determine the overall sales rating. The rating should be entered on the SR Appraisal Worksheet - Quality of Work.

SR APPRAISAL WORKSHEET - QUANTITY OF WORK

SR Rosemaria Infinito AM Margaret
 APPRAISAL DATES: FROM Jan, 1987 TO Dec, 1987
 APPRAISAL ITEM

RATING (CIRCLE) POINTS

A. SR EFFICIENCY ANALYSIS

MS/15 S/10 LS/0 A. 15

Comments: Completes job-ups & reports in a timely manner most times. Rosemaria's desk could be a bit neater and provide a better working area.

CONVERSION TABLE

APPRAISAL ITEMS	WEIGHT	QUALITY
JOB'S OBTAINED	FACTOR SCORE	APPRAISAL SCORE = RATING
A = <u>15</u> X	1.0 = <u>15</u>	12.51 or more = <u>MS</u>
		8.26 to 12.50 = S
APPRAISAL SCORE	<u>5</u>	0.00 to 8.25 = LS

0000065

F04B07Z

Record of Grievance between Communications Workers of America and



- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

RECEIVED _____
CARD _____
FINAL DISPOSITION _____
CODES _____

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date 10/10/88	Specific Location & State Daytona Bch, FL	
	Department GSV	*Title Involved If Applicable Not Applicable	Local No. 3102

2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Rosemarie Infinito		Department GSV
	Address 1515 Heritage Lane, Holly Hill, FL 32017		Seniority Date
	Job Title Service Representative	N.C.S. Date 1/21/63	

3. Union's Statement of What Happened

4. Specific Basis of Grievance or Section of Contract Involved

Art. 18 and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.

5. Date Grievance Filed **11/23/88**

Originated by: **Mary Jo, Dees** Date **11/23/88**

Union Representative

6. Company's Statement of What Happened

7. Proposed Disposition - Second Level

Signed: *Thomas Ethel* Date **11-30-88**

Company Representative

8. Accepted Rejected Appealed

Signed: *James P. Rely* Date **12-12-88**

Union Representative

9. True Intent Question Exists: Yes No

Signed: _____ Date _____

Union Representative

Signed: _____ Date _____

Company Representative

10. Authorization to Inspect Personnel Record	Furnished By: Union Representative	Received By: Company Representative	11. Union First Requested Meeting - Second Level
	Date	Date	

12. Proposed Disposition - Third Level

Please see attached copy of Form 3181-B.

Signed: _____ Date _____

Company Representative

13. Accepted Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only]

Rejected Arbitration Requested (See Lines 16 & 17)

Signed: _____ Date _____

Union Representative

14. Proposed Disposition - Fourth Level

Signed: _____ Date _____

Company Representative

15. Accepted Rejected Arbitration Requested

Signed: _____ Date _____

Union Representative

PREPARE 5 COPIES

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704B07Z

89-1A-8-313

THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED _____
CARD _____
DISPOSITION _____
CODES _____

Record of Grievance between Communications Workers of America and



Form 3G3A
Front (5-87)

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date 1/23/89	Specific Location & State Daytona Boh, FL	
	Department CSV	*Title Involved If Applicable N.A.	Local No. 3102
2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Rosemarie Infinito		Department CSV
	Address 1515 Heritage Lane, Holly Hill, FL 32017		Seniority Date
	Job Title Service Rep.	N.C.S. Date 1/21/63	
3. Union's Statement of What Happened			
4. Specific Basis of Grievance or Section of Contract Involved	Art. 18 and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.		

5. Date Grievance Filed 4/11/89	Originated by: Union Representative Mary Jo Dees	Date 4/11/89
---	---	------------------------

6. Company's Statement of What Happened			
Proposed Disposition - Second Level			

Signed: *Mary Jo Dees* Date **7/3/89**
Company Representative

8. Accepted Rejected Appealed
Signed: *Rosemarie Infinito* Date **7/12/89**
Union Representative

9. True Intent Question Exists: Yes No
True Intent Question Exists: Yes No

Signed: _____ Date _____
Union Representative Company Representative

10. Authorization to Inspect Personnel Record	Furnished By: Union Representative	Received By: Company Representative	11. Union First Requested Meeting - Second Level
	Date	Date	

12. Proposed Disposition - Third Level			
Signed: _____	Date _____		
Company Representative			

13. Accepted Appealed to 4th level (SCB, SB only) (Applicable to contract interpretation only)
 Rejected Arbitration Requested (See Lines 16 & 17)
Signed: _____ Date _____
Union Representative

14. Proposed Disposition - Fourth Level			
Signed: _____	Date _____		
Company Representative			

15. Accepted Rejected Arbitration Requested
Signed: _____ Date _____
Union Representative

RECEIVED
JUL 13 1989

MANAGER PERSONNEL
LABOR RELATIONS

PREPARE 5 COPIES

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F04B07Z

89-1A-8-

FORM NO. JG3R
REVISED 4-87

029
3/3

REQUEST FOR FORMAL GRIEVANCE MEETING

TO BE COMPLETED BY JOB STEWARD

1. Name of Grievant(s):

Rosemarie Infinito

2. Date of Informal Meeting with Management:

3/10/89

3. Company Representative(s) in Attendance:

M. Stalling

(Note Spokesman with a)

RECEIVED

MAR 20 1989

District Manager
Residence

4. Union Representative(s) in Attendance:

Mary Jo Dees

5. Grievant(s) in Attendance:

None

RECEIVED

MAR 22 1989

6. Issue Involved: (As well as Contract Section Involved)

Art. 18 and all other applicable sections

Improper Recovery Entry

MANAGER PERSONNEL
LABOR RELATIONS

7. Date Grievance Occurred: 1/23/89

8. Meeting Requested:

Date 3/28/89

Time 9:00 a.m.

Place Daytona

9. Union Representative who will attend: Sylvia Lopez and Mary Jo Dees

10. Grievant(s) who will attend: None

11. Reply to Request should be directed to:

Name Sylvia A. Lopez Address P.O. Box 290160,

Port Orange, FL 32029

12. Additional Information Relevant to Grievance:

13. Reply to request should be directed to:

Name: _____

Sylvia A. Lopez (Signature)

Address: _____

3/13/89 (Date)

Note: This form must be filed with the Operations Manager within fourteen (14) days following the Informal meeting.

F04A122

0000059

0000069

F04B07Z

TO BE COMPLETED BY LOCAL
PRESIDENT OR HIS DESIGNEE

Grievance Tracking System 09-14-1993
Grievance Detail Screen 1 13:50:27

System Number . . 1991NF0382 Grievance Number S910233102 Initial Level 2_
SSN Grievant Name INFINITO, ROSEMARIE_
Date Occurred . . 01-02-1991 Date Entered 03-05-1991
Location DAYTONA BEACH, FL
Area NF Department CU
RC Operations Mgr TYO, RON
Title SERVICE REP
Union Local . . . 3102
Union Statement .

12
13
14

Contract Date . . 08-06-1989
Article, Paragraph 15 .01
Date Filed . . . 03-05-1991
Union Rep DEES, MARY JO Date Originated 03-19-1991

F1 Help F2 Clear F3 Exit F4 Prompt F5 Disposition List F6 Additional SSNs
F10 Grievance Detail Screen 2 F11 Grievance Disposition F12 Conference

0000070

F04B07Z

Grievance Tracking System
Grievance Detail Screen 2

09-14-1993
13:50:43

System Number 1991NF0382 Grievance Number S910233102 Initial Level 2_
SSN _____ Grievant Name INFINITO, ROSEMARIE_

Company Statement

0
1
2
3
4
5
6

Proposed Disposition

12
13
14
15

Company Representative TYO, RON Date 03-27-1991
EEO Charge Filed NLRB Lawsuit Filed True Intent
Security Investigation
Complaint Keywords CLERICAL

F1 Help F2 Clear F3 Exit F4 Prompt F5 Keyword Table F9 Main Menu
F10 Detail Screen 1 F11 Grievance Disposition F12 Conference Schedule

0000071

F04B07Z

F04A12Z

0000071

Grievance Tracking System
Grievance Disposition

09-14-1993
13:50:55

System Number . 1991NF0382
SSN
Date Entered . . 04-04-1991
Status SETTLED

Grievance Number S910233102
Grievant Name . . INFINITO, ROSEMARIE
Grievance Level . 3
Status Date . . . 07-23-1991

Proposed Disposition or Settlement

9
10

Date Proposed . 07-23-1991

Union Rep DIEKMAN, THOMAS
Company Rep . . . MOWER, DAVE
Precedent Ind . . .

F1 Help F2 Clear F3 Exit F4 Prompt F5 Supp Text F6 Disp List
F7 Prev F8 Next F10 Detail Screen 1 F11 Detail Screen 2 F12 Conference

0000072

F04B07Z

Grievance Tracking System 09-14-1993
Grievance Detail Screen 1 13:49:28

System Number . . 1991NF0397 Grievance Number S910213102 Initial Level 2_
SSN Grievant Name INFINITO, ROESEMARIE
Date Occurred . . 01-02-1991 Date Entered 03-05-1991
Location DAYTONA BEACH, FL
Area NF Department CU
RC Operations Mgr TYO, RON
Title SERVICE REP
Union Local . . . 3102
Union Statement .

Contract Date . . 08-06-1989
Article, Paragraph 18 .01
Date Filed . . . 03-05-1991
Union Rep DEES, MARY JO Date Originated 03-05-1991

F1 Help F2 Clear F3 Exit F4 Prompt F5 Disposition List F6 Additional SSNs
F10 Grievance Detail Screen 2 F11 Grievance Disposition F12 Conference

0000073

F04B07Z

F04A12Z

0000073

D_ Display Update

Grievance Tracking System
Grievance Detail Screen 2

09-14-1993
13:49:39

System Number 1991NF0397 Grievance Number S910213102 Initial Level 2_
SSN _____ Grievant Name INFINITO, ROESEMARIE
Company Statement _____

7
8
9
10

Proposed Disposition _____

12

Company Representative TYO, RON Date 03-27-1991
EEO Charge Filed NLRB Lawsuit Filed True Intent
Security Investigation _____
Complaint Keywords COUNSELING SALES

F1 Help F2 Clear F3 Exit F4 Prompt F5 Keyword Table F9 Main Menu
F10 Detail Screen 1 F11 Grievance Disposition F12 Conference Schedule

0000074

F04B07Z

F04A12Z

0000074

Grievance Tracking System
Grievance Disposition

09-14-1993
13:49:54

System Number . 1991NF0397
SSN
Date Entered . . 04-04-1991
Status REJECTED_____

Grievance Number S910213102
Grievant Name . . INFINITO, ROESEMARIE
Grievance Level . 3
Status Date . . . 07-23-1991

Proposed Disposition or Settlement

9
10
11
12

Date Proposed . 07-23-1991

Union Rep . . . DIEKMAN, THOMAS_____
Company Rep . . MOWER, DAVE_____
Precedent Ind . _

F1 Help F2 Clear F3 Exit F4 Prompt F5 Supp Text F6 Disp List
F7 Prev F8 Next F10 Detail Screen 1 F11 Detail Screen 2 F12 Conference

0000075

F04B07Z

F04A12Z

0000075

Grievance Tracking System
Grievance Detail Screen 1

09-14-1993
13:51:22

System Number . . 1991NF0399 Grievance Number S910223102 Initial Level 2_
 SSN Grievant Name INFINITO, ROSEMARIE_
 Date Occurred . . 02-07-1991 Date Entered 03-18-1991
 Location DAYTONA BEACH, FL
 Area NF Department CU
 RC Operations Mgr TYO, RON
 Title SERVICE REP
 Union Local . . . 3102
 Union Statement .

Contract Date . . 08-06-1989
 Article, Paragraph 18 .01
 Date Filed . . . 03-18-1991
 Union Rep DEES, MARY JO Date Originated 03-18-1991

F1 Help F2 Clear F3 Exit F4 Prompt F5 Disposition List F6 Additional SSNs
 F10 Grievance Detail Screen 2 F11 Grievance Disposition F12 Conference

0000076

F06R07Z

D_ Display Update

Grievance Tracking System
Grievance Detail Screen 2

09-14-1993
13:51:36

System Number 1991NF0399 Grievance Number S910223102 Initial Level 2_
SSN _____ Grievant Name INFINITO, ROSEMARIE_
Company Statement _____

7
8

Proposed Disposition _____

10
11

Company Representative TYO, RON Date 03-27-1991
EEO Charge Filed NLRB _ Lawsuit Filed _ True Intent _
Security Investigation _____
Complaint Keywords APPRAISAL SALES _____

F1 Help F2 Clear F3 Exit F4 Prompt F5 Keyword Table F9 Main Menu
F10 Detail Screen 1 F11 Grievance Disposition F12 Conference Schedule

0000077

F04B07Z

F04A12Z

0000077

Grievance Tracking System
Grievance Disposition

09-14-1993
13:51:48

System Number . 1991NF0399
SSN
Date Entered . . 04-04-1991
Status REJECTED

Grievance Number S910223102
Grievant Name . . INFINITO, ROSEMARIE_
Grievance Level . 3
Status Date . . . 07-23-1991

Proposed Disposition or Settlement

9
10
11
12

Date Proposed . 07-23-1991

Union Rep . . . DIEKMAN, THOMAS
Company Rep . . MOWER, DAVE
Precedent Ind . .

F1 Help F2 Clear F3 Exit F4 Prompt F5 Supp Text F6 Disp List
F7 Prev F8 Next F10 Detail Screen 1 F11 Detail Screen 2 F12 Conference

0000078

F04B07Z

F04A12Z

0000078

D_ Display Update Add DElete

Grievance Tracking System 09-14-1993
Grievance Detail Screen 1 13:52:11

System Number . . 1992NF0018 Grievance Number _____ Initial Level 2_
SSN _____ Grievant Name INFINITO, ROSEMARY__
Date Occurred . . 01-24-1992 Date Entered 03-30-1992
Location DAYTONA BEACH, FL
Area NF Department CU
RC _____ Operations Mgr TYO, RON _____
Title _____
Union Local . . . 3102
Union Statement _____

Contract Date . . 08-06-1989
Article, Paragraph 18 .01
Date Filed . . . 01-28-1992
Union Rep DEES, MARY JO _____ Date Originated 01-28-1992

F1 Help F2 Clear F3 Exit F4 Prompt F5 Disposition List F6 Additional SSNs
F10 Grievance Detail Screen 2 F11 Grievance Disposition F12 Conference

0000079

F04B07Z

F04A12Z

0000079

D_ Display Update

Grievance Tracking System
Grievance Detail Screen 2

09-14-1993
13:52:23

System Number 1992NF0018 Grievance Number _____ Initial Level 2_
SSN _____ Grievant Name INFINITO, ROSEMARY_
Company Statement _____

7
10
12
13

Proposed Disposition _____

Company Representative TYO, RON Date 03-18-1992
EEO Charge Filed NLRB Lawsuit Filed True Intent
Security Investigation
Complaint Keywords APPRAISAL SALES

F1 Help F2 Clear F3 Exit F4 Prompt F5 Keyword Table F9 Main Menu
F10 Detail Screen 1 F11 Grievance Disposition F12 Conference Schedule

0000080

F04B07Z

F04A12Z

0000080

Grievance Tracking System
Grievance Disposition

09-14-1993
13:52:38

System Number . 1992NF0018
SSN
Date Entered . . 03-31-1992
Status REJECTED

Grievance Number _____
Grievant Name . . INFINITO, ROSEMARY
Grievance Level . 3
Status Date . . . 04-23-1992

Proposed Disposition or Settlement

9
10
11
12
Date Proposed . 04-23-1992

Union Rep . . . DIEKMAN, THOMAS
Company Rep . . MOWER, D. M.
Precedent Ind . _

F1 Help F2 Clear F3 Exit F4 Prompt F5 Supp Text F6 Disp List
F7 Prev F8 Next F10 Detail Screen 1 F11 Detail Screen 2 F12 Conference

0000081

F04B07Z

A_ Display Update Add Delete

Grievance Tracking System
Disposition Supplemental Text

09-14-1993
14:01:10

System Number	1992NF0018	Grievance Number	
SSN		Grievant Name	INFINITO, ROSEMARY
Date Entered	03-31-1992	Grievance Level	3
Status	REJECTED	Status Date	04-23-1992

8
9
b

12
13
14
15
16

HRBAN0001 Record Added.

F1 Help F2 Clear F3 Exit F7 Previous F8 Next F9 Main Menu

0000032

F04E07Z

F04A12Z

0000032

Martin, Karlen

NAME - DV Pension

FROM 1-1-88 TO PRESENT

✓

FORM 3117 - WORK HISTORY

✓

FORM 3181-B - PERSONNEL RECORD CURRENT ENTRY SHEET
(DISCIPLINARY ACTION)

✓

PERFORMANCE EVALUATIONS/APPRAISALS

✓

GRIEVANCES/TERMINATION AGREEMENTS

00000003

F04B07Z

F04A12Z

00000003

VC02X01E
FORM HR-3117

SOUTHERN BELL TELEPHONE COMPANY
EMPLOYEES DEPARTMENTAL SERVICE RECORD
311749 0000

PAGE 2
RUN DATE: 05-04-91
AS OF: 04-30-91

MARTIN KAROLYN K D14 02 302
NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER RESPONSIBILITY CODE HOME TEL NUMBER
EEO SEX BIRTHDATE HOME ADDRESS PAYROLL NO# WORK TEL NUMBER
11A13 904-350-5701

FO4A12Z

EFF DATE	PCR SER NO	EXCH AND CO AREA	F L S A	TITLE	SUFFIX	DEPT	PGB OR WSC	MOS OF HG EXP	CL OF EH	RATE OF PAY AMOUNT	NATURE OF CHANGE CODES	JSC	JTC	PDN	JFC
03-01-87	1959	"	"	"	"	"	"	"	"	"	X2	"	"	"	"
06-08-87	0009	"	"	"	"	"	"	"	RF	\$725.00	Y NTIA	"	"	"	"
08-09-87	0006	"	"	"	"	"	"	214	"	\$490.50	W C6 P1	"	"	"	"
03-01-88	0016	"	"	"	"	"	"	"	"	"	X2	"	"	"	"
08-07-88	0006	"	"	"	"	"	"	226	"	\$775.00	Y NTIA	"	"	"	"
02-15-89	0016	"	"	"	"	"	"	"	"	\$501.00	W C6 P1	"	"	"	"
03-16-89	0013	"	"	"	"	CSNF	"	"	"	\$675.00	Y NTIA	"	"	"	"
08-06-89	0006	"	"	"	"	"	"	23	238	\$531.50	W C6 P1	523C	"	"	"
12-01-89	0092	"	"	"	"	"	"	"	"	"	X1	"	"	"	2E70-0-75 2E50-0-25
12-31-89	3117	"	"	"	"	"	"	243	RP	\$276.38	W CX P2 E2 E7	623C	"	"	"
01-22-90	3033	"	"	"	"	"	"	243	"	\$283.47	W CX P1 E1	"	"	"	"
02-15-90	0016	"	"	"	"	"	"	"	"	"	X2	"	"	"	"
08-05-90	0006	"	"	"	"	"	"	250	"	\$750.00	Y NTIA	"	"	"	"
02-15-91	0016	"	"	"	"	"	"	"	"	\$288.80	W C6 P1	"	"	"	"
										\$425.00	Y NTIA	"	"	"	"

5-10-91 Indexed resignation

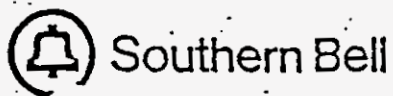
SC E6

0000084

AS PREPARER OF THE RF-3085 WHICH GENERATED THIS 3117, YOU ARE RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE "MOST CURRENT" ENTRY REFLECTED HEREON. IF ERRORS ARE DETECTED IN THE CURRENT DATA, NOTIFY THE PAYROLL OFFICE IMMEDIATELY. OTHER ERRORS DETECTED SHOULD BE CORRECTED USING THE CANCELLATION AND/OR CORRECTION PROCEDURES OUTLINED IN THE PAYROLL CHANGE PREPARATION GUIDE WITH THE ASSISTANCE OF THE PAYROLL OFFICE.

VERIFIED BY: N. Taylor DATE: 5-15-91

FO4B07Z 0000084



Personnel Record
Performance Evaluation

C

Employee's Name KAROLYN MARTIN		Title SERVICE REP	
Department CUSTOMER SERVICE - RES		Location GAINESVILLE	
Seniority Date 1-18-68	Date Evaluation Made 1-8-91	Date Discussed With Employee 1-23-91	<input checked="" type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work) CUSTOMER SERVICE AND SALES

• Quality Of Work

1 How Good? LESS THAN SATISFACTORY

2 On What Basis? FAILED TO MET OFFICE STANDARDS

• Quantity Of Work

1 How Good? SATISFACTORY

2 On What Basis? KAROLYN MET OFFICE STANDARDS

Eva. g Supervisor's Signature Ann Heckard	Title Asst Manager	Date 1-8-91
Concurring Supervisor's Signature Terrie L. Crawford	Title manager	Date 1/17/91

0000083
F04B07Z
0000000000
F01A127



Personnel Record
Performance Evaluation

C

Employee's Name	Kandlyn Martin		Title	Svc. Prep.
Department	Customer Svcs.	Location	GNL.	
Seniority Date	8/26/67	Date Evaluation Made	Jan 10, 1990	Date Discussed With Employee <input checked="" type="checkbox"/>

Job Duties During Period Of Review (Excluding Differential Work) Customer Service,
Sales, Clerical, Collections

Quality Of Work

1 How Good?

Satisfactory

2 On What Basis?

See Attached

Quantity Of Work

1 How Good?

Satisfactory

2 On What Basis?

See Attached

Evaluating Supervisor's Signature	Title	Date
<u>Don C. Smith</u>	<u>Asst. Mgr.</u>	<u>1/10/90</u>
Recurring Supervisor's Signature	Title	Date
<u>Joe Dubose</u>	<u>Manager</u>	<u>1/11/90</u>

- 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
- 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
- 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

0000089

F04B07Z

0000089

F01R127

SR Appraisal Worksheet

Sales/Order Center - Quality Of Work

SR Kardyn Martin | AM Benny Smith

Appraisal Dates: From _____ To _____

Section I: Appraisal Item

A. Incoming Call Quality	Rating	Points
On What Basis: Satisfactory Range <u>96% To 98%</u> Cum. % <u>99.3</u> Comments: _____ _____ _____	Check One: <input checked="" type="checkbox"/> MS/20 <input type="checkbox"/> S/15 <input type="checkbox"/> LS/0	A. <u>20</u>
B. Sales (Per Area Instruction) On What Basis: Satisfactory Range <u>\$ 43.¹⁰ To \$ 53.99</u> Cum. % <u>47.92</u> Comments: _____ _____ _____	Check One: <input type="checkbox"/> MS/20 <input checked="" type="checkbox"/> S/15 <input type="checkbox"/> LS/0	B. <u>15</u>
C. Service Order Accuracy On What Basis: Satisfactory Range <u>93% To 97.9%</u> Cum. % <u>96.8</u> Comments: _____ _____ _____	Check One: <input type="checkbox"/> MS/20 <input checked="" type="checkbox"/> S/15 <input type="checkbox"/> LS/0	C. <u>15</u>

Section II: Conversion Table

Appraisal Items Points Obtained	Weight Factor	Score	Appraisal Score	=	Quality Rating
A + B = <u>35</u>	X .375 =	<u>13.12</u>	18.00 Or More	=	MS
C = <u>15</u>	X .25 =	<u>3.75</u>	<u>13.00 - 17.99</u>	=	<u>S</u>
Appraisal Score		<u>16.87</u>	0.00 - 12.99	=	LS

Round To Nearest Hundredth

0000090 F04807Z 0000090 F04807Z F01.5127

12 Month Performance Summary

0000092

Universal Center

AM *B. Smith*

Section

Service Representative

Kandyn M.

Center

Month	Incoming Call Quality			Service Order Accuracy			Collections			SALES: REVENUE/ACCESS LINES (\$43.00-\$53.99)			
	% "Y's"	# Opp.	% ICO	Total "Y's"	Actual Base	%	Total "Y's"	Actual Base	Collections	ACCESS LINES	REVENUE	RPAL	CUM(YTD) RPAL
<i>Jan</i>	8	8	100	42	43	98	27	27	100	53	2344	43.40	
<i>Feb</i>	8	8	100				27	27	100	42	2205	51.26	
<i>Mar</i>							27	27	100	47	2405	51.16	
1 Month Results	16	16	100	42	43	98	27	27	100	142	6953	48.28	
<i>April</i>	24	24	100				26	27	96.2	52	2263	42.69	
<i>May</i>	8	8	100	50	52	96.1	26	27	96.2	66	3257	49.34	
<i>June</i>	16	16	100				26	27	96.2	39	1987	48.44	
6 Month Results	64	64	100	92	95	96.8				299	14460		
<i>July</i>							26	27	96.2	49	2700	53.99	
<i>Aug.</i>	24	24	100				26	27	96.2	57	2932	50.55	48.76
<i>Sept</i>	IB						26	27	96.2				
9 Month Results	87	88	98.8	92	95	96.8				405	20092	49.60	
<i>Oct</i>	IB						26	27	96.2				
<i>Nov</i>	24	24	100				26	27	96.2	49	1782	36.36	
<i>Dec</i>	40	40	100				26	27	96.2	47	2002	41.72	

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Personnel Record
Performance Evaluation

C

Employee's Name <u>Kardlyn Martin</u>		Title <u>Svc. Rep.</u>	
Department <u>Cust. Svc's.</u>		Location <u>Gainesville</u>	
Seniority Date <u>8/26/67</u>	Date Evaluation Made <u>1/16/89</u>	Date Discussed With Employee <u>1/19/89</u>	<input checked="" type="checkbox"/>

● Job Duties During Period Of Review (Excluding Differential Work) Customer Service,
Sales, Collections, Clerical

● Quality Of Work

1 How Good? Satisfactory

2. On What Basis? See Attached

● Quantity Of Work

1 How Good? Satisfactory

2. On What Basis? See Attached

Evaluating Supervisor's Signature <u>[Signature]</u>	Title <u>Asst. Mgr.</u>	Date <u>1/16/89</u>
Concurring Supervisor's Signature <u>[Signature]</u>	Title <u>Manager</u>	Date <u>1/16/89</u>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/OR Evaluation Of Other Assignments

F04B07Z

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F04B12Z

SR Appraisal Worksheet Universal Center - Quality Of Work

SR Karolyn Martin	AM Betty Smith
Appraisal Dates From Jan 1, 1988	To Dec. 31, 1988

Section I: Appraisal Item

A. Incoming Call Quality	Rating	Points
On What Basis: Satisfactory Range 96.0 To 98.0 Cum. % 99%	Check One: <input checked="" type="checkbox"/> MS/20 <input type="checkbox"/> S/15 <input type="checkbox"/> LS/0	A. 20
Comments:		
B. Sales (Per Area Instruction) On What Basis: Satisfactory Range See to Attached Cum. %	Check One: <input type="checkbox"/> MS/20 <input checked="" type="checkbox"/> S/15 <input type="checkbox"/> LS/0	B. 15
Comments:		
C. Collections On What Basis: Satisfactory Range 93.0 To 98.0 Cum. % 99%	Check One: <input checked="" type="checkbox"/> MS/20 <input type="checkbox"/> S/15 <input type="checkbox"/> LS/0	C. 20
Comments:		
D. Service Order Accuracy On What Basis: Satisfactory Range 93.0 To 97.9 Cum. % 91%	Check One: <input type="checkbox"/> MS/20 <input checked="" type="checkbox"/> S/15 <input type="checkbox"/> LS/0	D. 15
Comments:		

Section II: Conversion Table

Appraisal Items Points Obtained	Weight Factor	Score	Appraisal Score =	Quality Rating
A + B = 35	X .375 =	13.13	18.00 Or More =	MS
C + D = 35	X .125 =	4.38	13.00 - 17.99 =	S
Appraisal Score		17.51	0.00 - 12.99 =	LS

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Personnel Record
Performance Evaluation

C

Employee's Name <u>Kardyn Machin</u>		Title <u>Service Rep.</u>	
Department <u>Customer Services - Res.</u>		Location <u>Camdenville</u>	
Seniority Date <u>8/26/67</u>	Date Evaluation Made <u>1/28/88</u>	Date Discussed With Employee <u>2/1/88</u>	<input checked="" type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work) Customer Service, Sales, Collections, and Clerical

• Quality Of Work
1 How Good? Satisfactory

2. On What Basis? See Attached

• Quantity Of Work
1 How Good? Satisfactory

2. On What Basis? See Attached

Evaluating Supervisor's Signature <u>Bruce C. Smith</u>	Title <u>Asst. Mgr.</u>	Date <u>1/28/88</u>
Concurring Supervisor's Signature <u>Joe Dubose</u>	Title <u>Manager - Cust. Serv.</u>	Date <u>1/28/88</u>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

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12 Month Performance Summary

Southern Bell

Universal Center

AM

BS

Section

4

Service Representative

Karolyn M.

Center

Month	Incoming Call Quality			Service Order Accuracy			Collections		
	Obj			Obj			Obj		
	# "Y's"	# Opp.	% ICO	Total "Y's"	Actual Base	%	Total "Y's"	Actual Base	Collections
Jan	116	116	100	33	34	97			
Feb	8	8	100						
Mar	16	16	100				24	24	100
Month Results	40	40	100	33	34	97	24	24	100
April	24	24	100						
May	116	116	100						
June	8	8	100	48	49	97.9	23	23	100
Month Results	88	88	100	81	83	98	47	47	100
July	8	8	100						
Aug				28	28	100			
Sept	8	8	100				26	26	100
Month Results	104	104	100	109	111	98	73	73	100
Oct				26	28	93			
Nov	23	24	95.8				28	29	97
Dec									
Month Results	127	128	99	135	139	97	101	102	99

Karolyn not here in Dec when I was Available to monitor.

12 Month Performance Summary

RESIDENCE

Southern Bell

Universal Center

AM

BS

Section

H

Service Representative

Kandyn M

Center

Month	SALES																		
	Proj CCS			Proj PSLs			Proj PCS			1. Obj		2. Obj			3. Obj				
	CCS			PSLS			PCS			CCS/PSLS/PCS		RingMaster			Maintenance Plans				
	A	B	C	D	E	F	G	H	I	J		K	L	M		N	O	P	
# ACC LINES	ITEMS	IPAL B+A	# ACC LINES	ITEMS	IPAL E+D	# ACC LINES	ITEMS	IPAL H+G	IPAL C+F+I	RATING	# ACC LINES	ITEMS	IPAL L+K	RATING	# ACC LINES	ITEMS	IPAL O+N	RATING	
Jan	55	56	1.01	51	6	.11	51	0	0	1.13	LTS	38	3	.07	LTS	55	107	1.94	5
Feb	34	60	1.76	33	0	0	33	0	0	1.76		26	8	.30	S	34	71	2.08	
March	35	47	1.34	34	1	.02	34	0	0	1.37	LTS	20	4	.20		35	78	2.22	
Month Results	124	163	1.31	118	7	.05	118	0	0	1.36		84	15	.17		124	256	2.06	
April	33	64	1.94	31	0	0	31	0	0	1.93	1	24	0	.00		33	73	2.21	
May	28	39	1.39	28	0	0	28	0	0	1.39		18	4	.22		28	58	2.07	
June	38	83	2.30	33	0	0	33	0	0	2.30		22	3	.13		35	74	2.11	
Month Results	221	349	1.57	210	7	.03	210	0	0	1.60	LTS	148	22	.14		220	461	2.09	
July	63	145	2.30	60	0	0	60	0	0	2.30		18	1	.05		64	118	1.84	
Aug	77	168	2.18	73	4	.05	73	0	0	2.23		14	5	.35	7	77	170	2.20	
Sept	45	63	1.40	45	0	0	45	0	0	1.40		10	1	.10		47	101	2.14	
Month Results	426	725	1.78	388	11	.02	388	0	0	1.80	Satisf.	190	29	.15	LTS	408	850	2.08	MTS
Oct	55	102	1.85	53	6	.11	53	0	0	1.96		13	2	.15		55	115	2.09	
Nov	46	87	1.89	39	0	0	39	0	0	1.89		14	0	0		46	91	1.98	
Dec	30	39	1.30	27	0	0	27	0	0	1.30		11	0	0		30	53	1.77	
2 Month Results	537	953	1.77	507	17	.03	507	0	0	1.80	S.	228	31	.14	LTS	539	1109	2.06	MTS

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F04A072

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THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED

Record of Grievance between
Communications Workers of America and



Form 3G3A
Front (5-87)

RECEIVED FEB 13 1991

CARD

FINAL DISPOSITION COMMUNICATIONS WORKERS OF AMERICA
Orange Park, Florida

CODES

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

Grievance Number
90-NPC-GMSVL-6
To be assigned by CWA State Office

1. Grievance Occurred	Date	Specific Location & State	Local No.
	11-7-90	903 N. Univ. Ave. Tallahassee, FL	
2. **Grieving Employee Or Work Group Involved	Department	*Title Involved If Applicable	Seniority Date
	Comm. Svcs.	Service Rep.	

2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group		Department
	KAROLYN MARTIN		
2. **Grieving Employee Or Work Group Involved	Address	N.C.S. Date	Seniority Date
	Karolyn Martin	12-12-87	
2. **Grieving Employee Or Work Group Involved	Job Title		
2. **Grieving Employee Or Work Group Involved	Service Rep.		

3. Union's Statement of What Happened

4. Specific Basis of Grievance or Section of Contract Involved

Article 15 and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.

5. Date Grievance Filed 11/30/90

Originated by: Debra Booth

Union Representative Date 1/9/91

6. Company's Statement of What Happened

7. Proposed Disposition - Second Level

Signed: Terie Crawford

Company Representative Date 1/17/91

8. Accepted Rejected Appealed

Signed: Bob Ryan

Union Representative Date 1/24/91

9. True Intent Question Exists: Yes No

True Intent Question Exists: Yes No

Signed: _____ Date _____

Union Representative _____ Company Representative _____

10. Authorization to Inspect Personnel Record

Furnished By: Union Representative	Received By: Company Representative
Date	Date

11. Union First Requested Meeting - Second Level

Date 10/16/90

12. Proposed Disposition - Third Level

Signed: _____

Company Representative Date 4/9/91

13. Accepted Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only]

Rejected Arbitration Requested (See Lines 16 & 17)

Signed: Bob Allen

Union Representative Date 4/12/91

14. Proposed Disposition - Fourth Level

Signed: _____

Company Representative _____ Date _____

15. Accepted Rejected Arbitration Requested

Signed: _____

Union Representative _____ Date _____

PREPARE 5 COPIES

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Grievance Tracking System
Grievance Detail Screen 1

09-14-1993
13:46:24

System Number . . 1991NF0409 Grievance Number 91CG4 Initial Level 2_
 SSN Grievant Name MARTIN, KAROLYN
 Date Occurred . . 01-23-1991 Date Entered 01-23-1991
 Location GAINESVILLE, FL
 Area NF Department CU
 RC Operations Mgr SAWYER, JUDITH M.
 Title SERVICE REP
 Union Local . . . 3105
 Union Statement

Contract Date . . 08-06-1989
 Article, Paragraph 18 .01
 Date Filed . . . 01-23-1991
 Union Rep RYAN, BOB Date Originated 05-10-1991

F1 Help F2 Clear F3 Exit F4 Prompt F5 Disposition List F6 Additional SSNs
 F10 Grievance Detail Screen 2 F11 Grievance Disposition F12 Conference

0000100

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Grievance Tracking System
Grievance Detail Screen 2

09-14-1993
13:46:37

System Number 1991NF0409 Grievance Number 91CG4 Initial Level 2_
SSN _____ Grievant Name MARTIN, KAROLYN _____
Company Statement _____

9007

Proposed Disposition _____

((

Company Representative CRAWFORD, TERRI Date 05-10-1991
EEO Charge Filed NLRB _____ Lawsuit Filed _____ True Intent _____
Security Investigation _____
Complaint Keywords APPRAISAL _____ WARNING _____

F1 Help F2 Clear F3 Exit F4 Prompt F5 Keyword Table F9 Main Menu
F10 Detail Screen 1 F11 Grievance Disposition F12 Conference Schedule

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Grievance Tracking System
Grievance Disposition

09-14-1993
13:47:03

System Number	1991NF0409	Grievance Number	91CG4
SSN		Grievant Name	MARTIN, KAROLYN
Date Entered	01-23-1991	Grievance Level	2
Status	SETTLED	Status Date	05-10-1991

Proposed Disposition or Settlement

9

Date Proposed 05-10-1991

Union Rep RYAN, BOB
Company Rep CRAWFORD, TERRI
Precedent Ind _

F1 Help F2 Clear F3 Exit F4 Prompt F5 Supp Text F6 Disp List
F7 Prev F8 Next F10 Detail Screen 1 F11 Detail Screen 2 F12 Conference

0000102

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Melusky Raymond

NAME

FROM 1-1-88 TO PRESENT

✓
✓
✓
✓

FORM 3117 - WORK HISTORY

FORM 3181-B - PERSONNEL RECORD CURRENT ENTRY SHEET
(DISCIPLINARY ACTION)

PERFORMANCE EVALUATIONS/APPRAISALS

GRIEVANCES/TERMINATION AGREEMENTS

0000103

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F04A12Z

0000103

TELESKY

RAYMOND R

DOF 05 102

NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER RESPONSIBILITY CODE HOME TEL NUMBER

BF8JF20 305-492-3995

SEX BIRTHDATE HOME ADDRESS PAYROLL NUM WORK TEL NUMBER

RATING DATA: PERFORMANCE PROMOTABILITY POTENTIAL

ASSESSMENT DATA: PROG YR | PROG YR | PROG YR | PROG YR | PROG YR | PROG YR | PROG YR | PROG YR |

SERVICE DATES

EDUCATION DATA

EFFECTIVE DATE: NET WAGE: LEVEL OF EDUCATION: COLLEGE NON-GRADUATE

04-16-90 4322 04-16-90 10-15-87 04-16-90 LEVEL OF MAJOR MAJOR YEAR SCHOOL DEGREE COURSE COURSE RECEIVED NAME

PCR EXCH L MDS PGB OF CL RATE OF PAY NATURE OF JOB CODES SER AND S OR HO OF CHANGE

EFF DATE NO CO AREA A TITLE SUFFIX DEPT WSC EXP EM AMOUNT P CODES JSC JTC PDN JFC

04-16-90 4322 S7 FTLD FL C SERVICE REP 23 30 RF \$378.00 W A2 523A 3355 2E50-0-50

08-05-90 0006 " " " " " " 34 " \$384.00 W C6 P1 " " 2E72-0-50

09-30-90 0000 " " " " " " 36 " \$451.50 W C5 P1 " " " "

02-15-91 0016 " " " " " " " " " " X2 " " " "

03-31-91 0000 " " " " " " 42 " \$425.00 Y NTIA " " " "

08-04-91 0006 " " " " " " 46 " \$485.50 W C5 P1 " " " "

09-29-91 0000 " " " " " " 47 " \$497.00 W C6 P1 " " " "

12-31-91 9999 " " " " " " " " " " SV E3 " " " "

01-01-92 0000 S4 " " " " " " " " " " A3 E3 " " " "

01-01-92 0016 " " " " " " CCMK " " " " H3 H4 E3 " " 2E50-0-50

02-15-92 0016 " " " " " " " " " " X2 " " 2E70-0-50

04-16-92 0000 " " " " " " " " " " \$800.00 Y NTIA " " " "

* DATA CHANGED DURING MONTH UNDER REPORT

HR-5117-1789 NOTICE: NOT FOR USE OR DISCLOSURE OUTSIDE BELLSOUTH EXCEPT UNDER WRITTEN AGREEMENT HR-5117-1789

MELESKY RAYMOND R DOB: 05-102

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	RESPONSIBILITY CODE	HOME TEL NUMBER
EEO	SEX	BIRTHDATE	HOME ADDRESS	PAYROLL NUM	WORK TEL NUMBER

BF8JF20 305-492-3995

XX

AS PREPARER OF THE RF-3085 WHICH GENERATED THIS 3117, YOU ARE RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE "MOST CURRENT" ENTRY REFLECTED HEREON. IF ERRORS ARE DETECTED IN THE CURRENT DATA, NOTIFY THE PAYROLL OFFICE IMMEDIATELY. OTHER ERRORS DETECTED SHOULD BE CORRECTED USING THE CANCELLATION AND/OR CORRECTION PROCEDURES OUTLINED IN THE PAYROLL CHANGE PREPARATION GUIDE WITH THE ASSISTANCE OF THE PAYROLL OFFICE.

VERIFIED BY:

Susan Borco

DATE:

6-15-92

* DATA CHANGED DURING MONTH UNDER REPORT



Personnel Record
Performance Evaluation

C

Employee's Name <i>Ray Meleski</i>		Title <i>Service Representative</i>	
Department <i>Customer Services</i>		Location <i>7th Ld</i>	
Seniority Date <i>4-16-90</i>	Date Evaluation Made <i>7-26-91</i>	Date Discussed With Employee <i>7-29-91</i> <input checked="" type="checkbox"/>	

• Job Duties During Period Of Review (Excluding Differential Work) *Customer Service and Sales Jan - June, 1991*

• Quality Of Work

1 How Good? *Satisfactory*

2. On What Basis? *Ray's cumulative results for Jan - June, 1991 reveal that Ray meets the Center's standards in Customer Service with 95% and in sales with \$5,599 average, \$33,596 total revenue and 88% objective.*

• Quantity Of Work

1 How Good? *Satisfactory*

2. On What Basis? *Ray meets the Center's standards for efficiency.*

Evaluating Supervisor's Signature <i>Brenda Hawkins</i>	Title <i>Asst. Mgr</i>	Date <i>7-26-91</i>
Concurring Supervisor's Signature <i>John L. McLean</i>	Title <i>Mgr</i>	Date <i>7-29-91</i>

- Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
- Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
- Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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ENR127



Southern Bell

Form 3181-C
Front (4-81)

Personnel Record
Performance Evaluation

RAY!
GREAT JOB!
THANKS
J.O.A.

C

Employee's Name <i>Melesky, Ray</i>		Title <i>Service Representative</i>	
Department <i>Customer Services</i>		Location <i>Hilli - Broward CSSC</i>	
Seniority Date <i>4-16-90</i>	Date Evaluation Made <i>1-28-91</i>	Date Discussed With Employee <i>2-13-91</i> <input checked="" type="checkbox"/>	

• Job Duties During Period Of Review (Excluding Differential Work) *Customer Services and Sales July - Dec 1990*

• Quality Of Work
1 How Good? *Satisfactory*

2. On What Basis? *Ray's cumulative results for July through December 1990 reveal that Ray meets the Center's Standards in Customer Service with 95% and in Sales with \$4,594 average, \$27,561 total revenue and 118% of objective.*

• Quantity Of Work
1 How Good? *Satisfactory*

2. On What Basis? *Ray meets the center's standards for efficiency.*

Evaluating Supervisor's Signature <i>Robert Jones</i>	Title <i>Assistant Manager</i>	Date <i>1/28/91</i>
Coordinating Supervisor's Signature <i>John S. McNamee</i>	Title <i>Eng</i>	Date <i>2-4-91</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient"
 Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
 Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Completed Form Is Being Discussed.

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720243
FO4B07Z
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Record of Grievance between Communications Workers of America and

THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED _____
CARD _____
FINAL DISPOSITION _____
CODES _____

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

Log #154-331-92

Certified #P 651 152 096

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date <u>7/10/92</u>	Specific Location & State <u>Ft. Lauderdale, Florida</u>	
	Department <u>Customer Services</u>	*Title Involved If Applicable	Local No. <u>3154</u>

2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group <u>Raymond Hestley</u>		Department <u>Customer Services</u>
	Address <u>Raymond Hestley</u>		Seniority Date <u>4/10/80</u>
	Job Title <u>Service Representative</u>	N.C.S. Date <u>4/10/90</u>	

3. Union's Statement of What Happened

4. Specific Basis of Grievance or Section of Contract Involved

ART: 11 & 18

and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.

5. Date Grievance Filed 6/6/92

Originated by: [Signature] Date 8-25-92

Union Representative

6. Company's Statement of What Happened

7. Proposed Disposition - Second Level

Signed: [Signature] Date 9/25/92

Company Representative

8. Accepted Rejected Appealed

Signed: [Signature] Date 10/8/92

Union Representative

9. True Intent Question Exists: Yes No

Signed: _____ Date _____

Union Representative Company Representative

10. Authorization to Inspect Personnel Record	Furnished By: Union Representative	Received By: Company Representative	11. Union First Requested Meeting - Second Level
	Date	Date	

12. Proposed Disposition - Third Level

Signed: [Signature] Date 2/12/93

Company Representative

13. Accepted Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only]

Rejected Arbitration Requested (See Lines 16 & 17)

Signed: [Signature] Date 2/12/93

Union Representative

14. Proposed Disposition - Fourth Level

Signed: _____ Date _____

Company Representative

15. Accepted Rejected Arbitration Requested

Signed: _____ Date _____

Union Representative

PREPARE 5 COPIES

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22

Raymond Melesky
Grievant - Raymond Melesky
Date: 3-5-93

For the Company:

M. J. [Signature] 2-12-93
Operations Manager - Personnel

For the Union:

[Signature]
CWA Representative

0000111

F04B07Z

Patricia Landa

NAME - D.V. Persico
8-8-92

FROM 1-1-88 TO PRESENT

✓

FORM 3117 - WORK HISTORY

✓

FORM 3181-B - PERSONNEL RECORD CURRENT ENTRY SHEET
(DISCIPLINARY ACTION)

✓

PERFORMANCE EVALUATIONS/APPRAISALS

✓

GRIEVANCES/TERMINATION AGREEMENTS

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F04B07Z

F04B12Z

0000112

PPS00200

PENSION PAYMENT CURRENT AMOUNTS

SSN: NAME: PATTON, LINDA J
PHONE: 000 000 0000

ADDR:

BANK

ADDR: P
4

TRANS#: ACCT #:
DD IND: PRENOTE NEEDED:

PLAN: NON-MANGT AREA: FL

PENSION: DEF VESTED
ANNUITANT:
OTHER PAY:

EFF DATE: ⁸⁻⁸⁻⁹²
~~00-00-00~~

BIRTH DATE:
MARITAL STATUS:
PAYEE STATUS: N
PAYEE SEX:
DATE DECEASED: 00-00-00

	AUTHORIZED GROSS	ADJUSTS	CURRENT GROSS	PREVIOUS GROSS	YEAR TO DATE GROSS
PENSION PAY	0.00	0.00	0.00	0.00	0.00
ANNUITANT					
OTHER PAY					
BENEFICIARY					
QDRO PAY					

HILITED = PENSION PAYMENT DATA

PF1==> PRIMARY OPTION MENU PF6 ==> PPDB MENU PF7==> PPDB PREV REGISTER

PF8==> PPDB ALLOTMENTS PF10 ==> OTHER TYPES PF12==> LOGOFF

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VC02X01W
FORM HR-3117

BELLSOUTH TELECOMMUNICATIONS
EMPLOYEES DEPARTMENTAL SERVICE RECORD
051292 0010

PAGE 1
RUN DATE: 05-12-92
AS OF: 04-30-92

PATTON LINDA J DOF 05 108

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	RESPONSIBILITY CODE	HOME TEL NUMBER
EEO	SEX	BIRTHDATE	HOME ADDRESS	PAYROLL NUM	WORK TEL NUMBER

RATING DATA:		EFF DATE		EFF DATE		EFF DATE	
ASSESSMENT DATA:	PERFORMANCE	PROMOTABILITY	POTENTIAL	ASSESSMENT DATA:	PERFORMANCE	PROMOTABILITY	POTENTIAL
PROG	YR	PROG	YR	PROG	YR	PROG	YR

SERVICE DATES						EDUCATION DATA				
EFFECTIVE DATE	PCR	SER NO	BELL SYSTEM	NET CREDITED EXPERIENCE	WAGE SENIORITY TH OF EMP	LEVEL OF EDUCATION: HIGH SCHOOL GRADUATE				
DATE	NO	NO				COLLEGE DEGREE DATA:	1ST	2ND		
						DEGREE	COURSE	MAJOR YEAR	SCHOOL	COURSE RECEIVED NAME
01-06-81		1000		01-06-81	01-06-81					
05-01-86		0017		"	"					
09-18-89		4178		"	03-15-86					
12-16-91		0099		"	07-08-86					

EFF DATE	PCR SER NO	EXCH AND CO AREA	F L S A TITLE	SUFFIX	DEPT	HOS	POB OF OR WSC	CL. RATE OF PAY	NATURE OF CHANGE	JSC	JTC	PDN	JFC
							EXP	EN	P	CODES			
01-06-81	1000	S7	JCVL FL	SERV ORDER TYP		E3	0	RF			5031	3351	453E-0-00
07-05-81	1000	"	"	"		"	6	"			"	"	"
08-09-81	1000	"	"	"		"	7	"			"	"	"
01-03-82	1000	"	"	"		"	12	"			"	"	"
07-04-82	1000	"	"	"		"	18	"			"	"	"
08-08-82	1000	"	"	"		"	19	"			"	"	"
01-02-83	1000	"	"	"		"	24	"			"	"	"
07-03-83	1000	"	"	"		"	30	"			"	"	"
08-28-83	1000	"	"	"		"	32	"			"	"	"
01-01-84	1000	"	"	"		"	36	"			"	"	"
07-01-84	1000	"	"	"		"	42	"			"	"	"
08-05-84	1000	"	"	"		"	43	"			"	"	"
12-30-84	1000	"	"	"		"	48	"			"	"	"
08-04-85	1000	"	"	"		"	55	"			"	"	"
04-30-86	1000	"	"	"		"	"	"			"	"	"
05-01-86	0017	SS	"	C GEN CLERK		"	"	"			"	"	"
08-10-86	0006	"	"	"		"	10	67			5321	1513	453E-A-00
03-01-87	0016	"	"	"		"	"	"			510B	"	"
											"	"	"
											"	"	"
06-27-87	1291	"	"	"		"	"	"			"	"	"
07-02-87	1105	"	"	"		"	"	"			"	"	4558-D-00

* DATA CHANGED DURING MONTH UNDER REPORT
NOTICE: NOT FOR USE OR DISCLOSURE OUTSIDE BELLSOUTH EXCEPT UNDER WRITTEN AGREEMENT
HR-3117 - 1921

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2708403

VC02X01W

BELLSOUTH TELECOMMUNICATIONS

PAGE 2

FORM HR-3117

EMPLOYEES DEPARTMENTAL SERVICE RECORD
051292 0010

RUN DATE: 05-12-92
AS OF: 04-30-92

PATTON

LINDA

DOF: 05-108

NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER RESPONSIBILITY CODE HOME TEL NUMBER

EEO SEX BIRTHDATE HOME ADDRESS PAYROLL NUM WORK TEL NUMBER

BF8JF20 305-492-9865

EFF DATE	PCR SER NO	EXCH AND CO AREA	F L S A TITLE	SUFFIX	DEPT	WSC	EXP	EM	AMOUNT	NATURE OF CHANGE	JSC	JTC	PDN	JFC
08-09-87	0006	" "	" "	" "	"	"	79	"	\$429.00	W C6 P1	"	"	"	"
11-01-87	8000	" "	" "	" "	"	"	"	"	"	X1	"	"	4538-D-00	"
01-17-88	1199	" "	" "	" "	"	"	"	"	"	H3 M4 E2	"	"	453E-D-00	"
03-01-88	0016	" "	" "	" "	"	"	"	"	"	X2	"	"	"	"
08-01-88	1212	" "	" "	" "	"	"	"	"	\$625.00	Y NTIA	"	"	"	"
08-07-88	0006	" "	" "	" "	"	"	91	"	\$436.50	W C6 P1	"	"	"	"
02-15-89	0016	" "	" "	" "	"	"	"	"	"	X2	"	"	"	"
08-06-89	0006	" "	" "	" "	"	"	103	"	\$575.00	Y NTIA	"	"	"	"
09-17-89	1047	" "	" "	" "	"	"	"	"	\$454.00	W C6 P1	"	"	"	"
09-18-89	4178	S7 FTLD FL	" SERVICE REP	"	"	"	23	42	\$477.00	W A1	"	"	523A 3355	2E50-0-50
02-15-90	0016	" "	" "	" "	"	"	"	"	"	X2	"	"	"	2E72-0-50
03-04-90	0000	" "	" "	" "	"	"	48	"	\$650.00	Y NTIA	"	"	"	"
08-05-90	0006	" "	" "	" "	"	"	53	"	\$536.00	W C5 P1	"	"	"	"
02-15-91	0016	" "	" "	" "	"	"	"	"	\$546.00	W C6 P1	"	"	"	"
08-04-91	0006	" "	" "	" "	"	"	65	"	\$775.00	Y NTIA	"	"	"	"
12-31-91	9999	" "	" "	" "	"	"	"	"	\$560.00	W C6 P1	"	"	"	"
01-01-92	0000	S4	" "	" "	"	"	"	"	"	SV E3	"	"	"	"
01-01-92	0016	" "	" "	" "	"	"	"	"	"	A3 E3	"	"	"	"
02-15-92	0016	" "	" "	" "	"	"	"	"	"	H3 M4 E3	"	"	"	2E50-0-50
									"	X2	"	"	"	2E70-0-50
									\$600.00	Y NTIA	"	"	"	"

AS PREPARER OF THE RF-3085 WHICH GENERATED THIS 3117, YOU ARE RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE MOST CURRENT ENTRY REFLECTED HEREON. IF ERRORS ARE DETECTED IN THE CURRENT DATA, NOTIFY THE PAYROLL OFFICE IMMEDIATELY. OTHER ERRORS DETECTED SHOULD BE CORRECTED USING THE CANCELLATION AND/OR CORRECTION PROCEDURES OUTLINED IN THE PAYROLL CHANGE PREPARATION GUIDE WITH THE ASSISTANCE OF THE PAYROLL OFFICE.

VERIFIED BY:

S. Basco

DATE:

6-15-92

HR-3117 - 1922

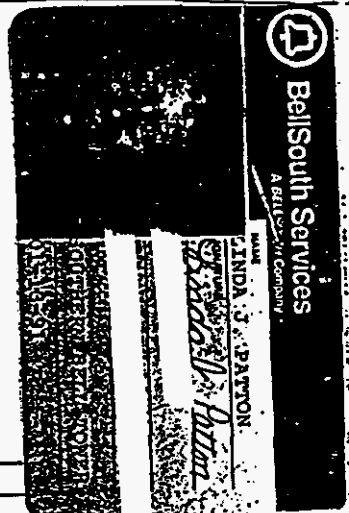
* DATA CHANGED DURING MONTH UNDER REPORT
NOTICE: NOT FOR USE OR DISCLOSURE OUTSIDE BELLSOUTH EXCEPT UNDER WRITTEN AGREEMENT

HR-3117 - 1922

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EMPLOYEE'S SERVICE RECORD

NAME IN FULL		FIRST	SECOND	LAST	SOCIAL SECURITY NUMBER		
LINDA		P. J.	RIHADES	PATTON			
DATE OF BIRTH	PLACE OF BIRTH	MARITAL STATUS					
SEX	EEO CODE	NAB CODE	CITIZEN	LOCAL TELEPHONE SERVICE			
F	3		YES	<input checked="" type="checkbox"/> 60% RATE	<input type="checkbox"/> NO CHARGE		
RESIDENCE ADDRESS (INCLUDE ZIP CODE)				TEL. (A/P)			
EMERGENCY CONTACT				RELATIONSHIP	CONTA	TEL. NO.	
MONTHS WAGE CREDIT ALLOWED WHEN ENGAGED				0	RE-ENGAGED		
ASSESSMENT PROGRAM(S) ATTENDED:				(1) PROGRAM	MO/YR		
(2) PROGRAM	MO/YR	(3) PROGRAM	MO/YR	(4) PROGRAM	MO/YR		
SERVICE DATES							
EFFECTIVE DATE	BELL SYSTEM	NET CREDITED	WAGE EXP OR SALARY DATE	SENIORITY	EXPLANATION FOR CHANGE		
1-6-81	1-5-81	1-6-81	1-6-81	1-6-81	NEW HIRE RFT SOT		
LOST TIME							
FROM	TO	ADJUSTED MO.	ADJUSTED DAYS	REASON	FROM	TO	
JOB ASSIGNMENT RESTRICTIONS:							
LOSSES (FORCE MOVES-RESIGNATIONS-LAY-OFFS-DISCHARGES)							
REASON:	TERMINATION PAID	VACATION PAID	PAID IN LIEU OF VAC.				
	\$	DAYS	DAYS				
LIST OF SCHOOLS AND COLLEGES ATTENDED							
SCHOOL	GRADUATED YES	GRADUATED NO	NO. YEARS	MAJOR	DEGREE RECEIVED	LAST YR. ATTEND.	NAME AND LOCATION OF SCHOOL
HIGH SCHOOL	X		4	BUS	DIP	1972	TRIADDELPHIA H.S. WHEEL W.VA.
HIGH SCHOOL							
COLLEGE		X	1		CLK	NONE	MCKINLEY VOC. TECH. CTR.
COLLEGE							WHEELING W. VA.
OTHER							
PREVIOUS EMPLOYMENT EXPERIENCE							
FORMER WORK	NAME OF EMPLOYER		LOCATION (CITY)		LAST RATE OF PAY		YEARS
					SALARY PER		FROM TO
BIDDING CLK	BELVEDERE CONST. CO.		W.P.B.		130.00 WK		10/77 PRESENT
TRANSCRIBER	BLUE CROSS-B.SHIELD		JACKSONVILLE		150.00 WK		2/75 5/77
PAYROLL CLK	CENTRAL TEL.		TALLAHASSEE				1/73 12/74
MILITARY RECORD							
ARM OF SERVICE	LAST RANK	FROM	TO	ASSIGNMENTS AND DATE OF DISCHARGE			



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Personnel Record
Performance Evaluation

C

Employee's Name <i>Linda Patton</i>		Title <i>Service Representative</i>	
Department <i>Customer Service - Res</i>		Location <i>H. Lauderdale</i>	
Seniority Date <i>1-6-81</i>	Date Evaluation Made <i>1-15-92</i>	Date Discussed With Employee <i>2-5-92</i> <input checked="" type="checkbox"/>	

• Job Duties During Period Of Review (Excluding Differential Work) *Customer Service*
and 2011 sales report from July 1 thru
December 31, 1991.

• Quality Of Work

1 How Good? *Insufficient*

2. On What Basis? *Insufficient Data*

• Quantity Of Work

1 How Good? *Insufficient*

2. On What Basis? *Insufficient Data*

Evaluating Supervisor's Signature <i>Mary Newberry</i>	Title <i>Asst manager</i>	Date <i>1-15-92</i>
Concurring Supervisor's Signature <i>John S. McLean</i>	Title <i>mgr</i>	Date <i>1-28-92</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
 Note 2: Use Reverse Side For Statement And/OR Evaluation Of Relief Assignments.
 Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

F04B07Z 0000122 F04B07Z 0000122 F04B07Z 0000122



Southern Bell

Personnel Record
Performance Evaluation

C

Employee's Name <u>Linda Patton</u>		Title <u>Service Rep</u>
Department <u>Cust Svcs</u>	Location <u>Broward</u>	
Seniority Date <u>1-6-81</u>	Date Evaluation Made <u>7-11-91</u>	Date Discussed With Employee <u>12-20-91</u> <input checked="" type="checkbox"/>

• Job Duties During Period Of Review (Excluding Differential Work) Customer Service
and 2011 sales results.

• Quality Of Work

1 How Good? Less than Satisfactory

2 On What Basis? The cumulative results for Jan-June 1991 show that Linda did not meet the centers' standard in her customer service at 94%. Linda met the centers' standard in her sales at \$19,255.

• Quantity Of Work

1 How Good? Satisfactory

2 On What Basis? Linda met the centers' standard for efficiency.

Evaluating Supervisor's Signature <u>Linda Hall</u>	Title <u>Asst Mgr</u>	Date <u>7-11-91</u>
Concurring Supervisor's Signature <u>John McLean</u>	Title <u>Mgr</u>	Date <u>7-24-91</u>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Personnel Record
Performance Evaluation

C

Employee's Name <i>Linda J. Patton</i>		Title <i>General Clerk</i>	
Department <i>Materials Management</i>		Location <i>Jacksonville - District Office</i>	
Seniority Date <i>01-06-81</i>	Date Evaluation Made <i>07-26-88</i>	Date Discussed With Employee <i>11-18-88</i>	<input checked="" type="checkbox"/> <i>add</i>

- Job Duties During Period Of Review (Excluding Differential Work) *Attendance Record Input, Transportation ^{Bill} Routing, Accident Reports, Typing, Mail, Xeroxing, Quality/Quantity Reports, answering phones and taking messages. Miscellaneous general office duties.*
- Quality Of Work

1 How Good? *More than Satisfactory*
Period Covered: 01-01-88 thru 06-30-88

2. On What Basis? *Linda consistently performed the above job assignments in a neat and accurate manner requiring minimum supervision.*

• Quantity Of Work

1 How Good? *More than Satisfactory*
Period Covered: 01-01-88 thru 06-30-88

2. On What Basis? *Linda consistently performed in an efficient and timely manner. In addition to her normal assignments she was instrumental on the attendance data input averaging 15 complete attendance records a day. Normal assignments were completed well within time frames.*

Evaluating Supervisor's Signature <i>Larry D. Dumont</i>	Title <i>Administrative Asst.</i>	Date <i>11/17/88</i>
Concurring Supervisor's Signature <i>[Signature]</i>	Title <i>Operations Manager</i>	Date <i>11-18-88</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
 Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
 Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Record of Grievance between Communications Workers of America and



Log #124-679-91

Certified #P 247 821 356

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

RECEIVED _____
 CARD _____
 FINAL DISPOSITION _____
 CODES _____

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date 12/20/91	Specific Location & State Ft. Lauderdale, Florida	
	Department Customer Services	*Title Involved If Applicable	Local No. 3104

2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Address Linda J. Patton		Department Customer Services
	Job Title Service Representative	N.C.S. Date 1/6/81	Seniority Date 1/6/81

3. Union's Statement of What Happened

4. Specific Basis of Grievance or Section of Contract Involved

Art: 18 and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.

5. Date Grievance Filed 1/20/92

Originated by: *Linda DeBartolo* Date *1-13-92*
 Union Representative

6. Company's Statement of What Happened

7. Proposed Disposition - Second Level

Signed: *[Signature]* Date *2/17/92*
 Company Representative

8. Accepted Rejected Appealed

Signed: *[Signature]* Date *3/2/92*
 Union Representative

9. True Intent Question Exists: Yes No

Signed: _____ Date _____
 Union Representative

Signed: _____ Date _____
 Company Representative

10. Authorization to Inspect Personnel Record	Furnished By: Union Representative	Received By: Company Representative	11. Union First Requested Meeting - Second Level
	Date	Date	

12. Proposed Disposition - Third Level

In full settlement of this grievance Company agrees to pay \$6,720.00. Employee to resign and sign release.

Signed: *[Signature]* Date *7/20/92*
 Company Representative

13. Accepted Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only]

Rejected Arbitration Requested (See Lines 16 & 17)

Signed: *[Signature]* Date *7/20/92*
 Union Representative

14. Proposed Disposition - Fourth Level

Signed: _____ Date _____
 Company Representative

15. Accepted Rejected Arbitration Requested

Signed: _____ Date _____
 Union Representative

PREPARE 5 COPIES

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21

Linda G. Patton
Grievant

Date: 07-24-92

For the Company:

[Signature]
Operations Manager - Personnel

For the Union:

[Signature]
CWA Representative

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7-21-92

TO whom It May Concern;

3

4

5

Linda G. Patton

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THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED _____
CARD _____
FINAL DISPOSITION _____
CODES _____

Record of Grievance WU Communications Workers of America and



Form 3G3A
Front (5-87)

Log # 106-227-91
Certified #P 247 821 173

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date 05/08/91	Specific Location & State Ft. Lauderdale, Fla.	Local No. 3104
	Department Customer Services	*Title Involved if Applicable	
2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Address Linda J. Patton		Department Customer Services
	Job Title service Representative	N.C.S. Date 1-6-81	Seniority Date 1-6-81
3. Union's Statement of What Happened			
4. Specific Basis of Grievance or Section of Contract Involved	Art: 18		
	and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.		
5. Date Grievance Filed	06/26/91	Originated by: Union Representative <i>Linda DeBattis</i>	Date 7-9-91
6. Company's Statement of What Happened			
7. Proposed Disposition - Second Level			
	Signed: Company Representative <i>[Signature]</i>	7/11/91	Date 7-11-91
8. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Appealed	Signed: Union Representative <i>[Signature]</i>		Date 7/17/91
9. True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No	True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signed: Union Representative	Date	Signed: Company Representative	Date
10. Authorization to Inspect Personnel Record	Furnished By: Union Representative:	Received By: Company Representative	11. Union First Requested Meeting - Second Level
	Date	Date	
12. Proposed Disposition - Third Level			
	Signed: Company Representative <i>[Signature]</i>	3/12/92	Date 3/12/92
13. <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only] <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested (See Lines 16 & 17)	Signed: Union Representative <i>[Signature]</i>		Date 3/12/92
14. Proposed Disposition - Fourth Level			
	Signed: Company Representative	Date	
15. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested	Signed: Union Representative		Date

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PREPARE 5 COPIES

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Southern Bell

Mark D. Butterworth
Operations Manager
Customer Services

Room 206
6451 North Federal Highway
Fort Lauderdale, Florida 33308
305 492-3601

June 3, 1992

Mr. M. D. Ward
Operations Manager - Personnel
Fort Lauderdale, Florida

Re: Warning Entry Grievance (LTS Job Performance)
Linda J. Patton
Service Representative
Customer Services Department
Fort Lauderdale, Florida
Appealed: July 17, 1991

Dear Mr. Ward:

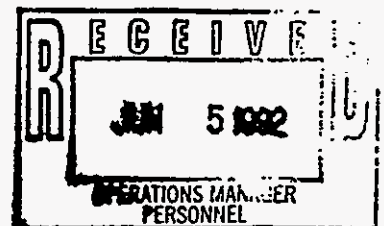
The provisions of the settlement for the above named grievance
have been satisfied.

Yours very truly,

Operations Manager

Attachment

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THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED _____

CARD _____

FINAL DISPOSITION _____

CODES _____

Record of Grievance between Communications Workers of America and

Form 3G3A
Front (5-87)

Log# 100-63-91
Certified #P 248 045 594

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date 2-5-91	Specific Location & State Ft. Lauderdale, Florida	
	Department Customer Services	*Title Involved If Applicable	Local No. 3104
2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Address Linda J. Patton		Department Customer Services
	Job Title Service Rep.	N.C.S. Date 1-6-81	Seniority Date 1-6-81
3. Union's Statement of What Happened			
4. Specific Basis of Grievance or Section of Contract Involved	Art: 18 and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.		
5. Date Grievance Filed	3-22-91	Originated by: Union Representative <i>Linda DeBartolo</i>	Date 4-19-91
6. Company's Statement of What Happened			
7. Proposed Disposition- Second Level	Company sustains position.		
	Signed: Company Representative <i>W. Butler</i>	Date 5/2/91	
8. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Appealed	Signed: Union Representative <i>Linda DeBartolo</i>	Date 5/14/91	
9. True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No	True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signed: Union Representative	Date	Signed: Company Representative	Date
10. Authorization to Inspect Personnel Record	Furnished By: Union Representative	Received By: Company Representative	11. Union First Requested Meeting - Second Level
	Date	Date	Date
12. Proposed Disposition - Third Level	Company sustains position		
	Signed: Company Representative <i>[Signature]</i>	Date 3/12/92	
13. <input type="checkbox"/> Accepted <input type="checkbox"/> Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only] <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested (See Lines 16 & 17)	Signed: Union Representative <i>Linda DeBartolo</i>		Date 3/12/92
14. Proposed Disposition - Fourth Level			
	Signed: Company Representative	Date	
15. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested	Signed: Union Representative		Date

PREPARE 5 COPIES

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THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED _____
CARD _____
FINAL DISPOSITION _____
CODES _____

Record of Grievance between Communications Workers of America and



Form 3G3A
Front (5-87)

Log# 100-57-91

Certified #P 248 045 595

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date Continuous	Specific Location & State Ft. Lauderdale, Florida	
	Department Customer Services	*Title Involved If Applicable	Local No. 3104
2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Linda J. Patton		Department Customer Services
	Address Linda J. Patton	Job Title Service Rep.	N.C.S. Date 1-6-81
			Seniority Date 1-6-81
3. Union's Statement of What Happened			
4. Specific Basis of Grievance or Section of Contract Involved	<u>Page 1</u> and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.		
5. Date Grievance Filed	3-22-91	Originated by: Union Representative <i>Linda DeBatalo</i>	Date 4-19-91
6. Company's Statement of What Happened			
7. Proposed Disposition - Second Level			
	Signed: Company Representative <i>W. B. Butner</i>	Date 5/2/91	
8. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Appealed	Signed: Union Representative <i>Linda DeBatalo</i>	Date 5/14/91	
9. True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No	True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signed: Union Representative	Date	Signed: Company Representative	Date
10. Authorization to Inspect Personnel Record	Furnished By: Union Representative Company sustains	Received By: Company Representative Position.	Date
11. Union First Requested Meeting - Second Level	Date		
12. Proposed Disposition - Third Level			
	Signed: Company Representative <i>[Signature]</i>	Date 3/12/92	
13. <input type="checkbox"/> Accepted <input type="checkbox"/> Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only]	Signed: Union Representative <i>Linda Barros Amf...</i>		
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested (See Lines 16 & 17)	Date 3/12/92		
14. Proposed Disposition - Fourth Level			
	Signed: Company Representative	Date	
15. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested	Signed: Union Representative		
	Date		

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PREPARE 5 COPIES

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THIS SPACE FOR
CWA STAFF OFFICE
USE ONLY.

RECEIVED _____
CARD _____
FINAL DISPOSITION _____
CODES _____

Record of Grievance Communications Workers of America and



Form 3G3A
Front (5-87)

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

Log# 92-498-90

Certified #P 248 044 550

Grievance Number
To be assigned by CWA State Office

1. Grievance Occurred	Date 11-2-90	Specific Location & State Ft. Lauderdale, Florida	
	Department Customer Services	*Title Involved If Applicable	Local No. 3104
2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Linda Patton		Department Customer Services
	Address	Job Title Service Representative	N.C.S. Date 1-6-81
			Seniority Date 1-6-81
3. Union's Statement of What Happened			
4. Specific Basis of Grievance or Section of Contract Involved	Art: 18		
	and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.		
5. Date Grievance Filed	12-24-90	Originated by: Union Representative <i>Linda DeBartolo</i>	Date 1-25-91
6. Company's Statement of What Happened			
7. Proposed Disposition - Second Level	Signed: <i>M. Butler</i> 1/29/91 Date		
	Company Representative		
8. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Appealed	Signed: <i>Linda DeBartolo</i> Date 2-1-91		0000
9. True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signed: _____ Date _____		
Signed: _____ Date _____	Union Representative		
10. Authorization to Inspect Personnel Record	Furnished By: Union Representative	Received By: Company Representative	11. Union First Requested Meeting - Second Level
	Date	Date	
12. Proposed Disposition - Third Level	The Company sustains its position.		
	Signed: <i>[Signature]</i> Date 3-15-91		
13. <input type="checkbox"/> Accepted <input type="checkbox"/> Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only] <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested (See Lines 16 & 17)	Signed: <i>Kenneth Kutt</i> Date 3-15-91		F04B07Z
	Union Representative		
14. Proposed Disposition - Fourth Level	Signed: _____ Date _____		
	Company Representative		
15. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested	Signed: _____ Date _____		
		Union Representative	Date

PREPARE 5 COPIES

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Rodriguez, Helen NAME

FROM 1-1-88 TO PRESENT

✓

FORM 3117 - WORK HISTORY

✓

FORM 3181-B - PERSONNEL RECORD CURRENT ENTRY SHEET
(DISCIPLINARY ACTION)

✓

PERFORMANCE EVALUATIONS/APPRAISALS

✓

GRIEVANCES/TERMINATION AGREEMENTS

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VC02X10W
FORM HR-3117

BELLSOUTH TELECOMMUNICATI
EMPLOYEES DEPARTMENTAL SERVICE RECORD
311769 0000

PAGE 1
RUN DATE: 03-11-93
AS OF: 02-28-93

RODRIGUEZ HELEN R DOF 09 402
NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER RESPONSIBILITY CODE HOME TEL NUMBER
BF7GA04 305-263-5274
LEEO SEX BIRTHDATE HOME ADDRESS PAYROLL NOH WORK TEL NUMBER

RATING DATA: PERFORMANCE EFF DATE PROMOTABILITY EFF DATE POTENTIAL EFF DATE
ASSESSMENT DATA: PROG YR | PROG YR | PROG YR | PROG YR | PROG YR | PROG YR |

SERVICE DATES EDUCATION DATA
EFFECTIVE DATE: 08-12-91
PCR SER NO: 6875
NET WAGE: 08-12-91 02-12-89 08-12-91
LEVEL OF EDUCATION: COLLEGE GRADUATE
COLLEGE DEGREE DATA:
1ST 2ND
LEVEL OF MAJOR MAJOR YEAR SCHOOL
DEGREE COURSE COURSE RECEIVED NAME

EFF DATE	PCR SER NO	EXCH AND CO AREA	L S A TITLE	SUFFIX	DEPT	HOS OR WSC	CL OF EXP	RATE OF PAY AMOUNT	NATURE OF CHANGE CODES	JSC	JTC	PDR	JFC
08-12-91	6875	S7	FL C	SERVICE REP	CSSF	23	30	\$392.50	W A2	523A	3355		2E72-0-50 2E50-0-50
12-31-91	9999	"	"	"	"	"	"	"	SV E3	"	"		"
01-01-92	0000	S4	"	"	"	"	"	"	A3 E3	"	"		"
01-01-92	0016	"	"	"	CCMK	"	"	"	M3 M4 E3	"	"		2E50-0-50 2E70-0-50
02-02-92	0000	"	"	"	"	"	36	\$441.50	W C5 P1	"	"		"
02-15-92	0016	"	"	"	"	"	"	"	X2	"	"		"
08-02-92	0000	"	"	"	"	"	42	\$250.00	Y NTIA	"	"		"
08-09-92	0006	"	"	"	"	"	42	\$497.00	W C5 P1	"	"		"
11-01-92	0018	"	"	"	"	"	"	\$519.00	W C6 P1	"	"		2E70-0-64 2E50-0-35 2E53-0-01 2E70-0-64 2E50-0-35 2E40-0-01
01-01-93	0017	"	"	"	"	"	"	"	X1	"	"		"
01-31-93	0000	"	"	"	"	"	48	\$584.50	W C5 P1	"	"		"
02-15-93	0016	"	"	"	"	"	"	\$1000.00	Y NTIA	"	"		"

HR-3117 - 2422 NOTICE: NOT FOR USE OR DISCLOSURE OUTSIDE BELLSOUTH EXCEPT UNDER WRITTEN AGREEMENT HR-3117 - 2422

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VC02X10W
FORM HR-3117

BELLSOUTH TELECOMMUNICATIONS
EMPLOYEES DEPARTMENTAL SERVICE RECORD
311769 0000

PAGE 2
RUN DATE: 03-11-93
AS OF: 02-28-93

RODRIGUEZ	HELEN	R		DOF 09 402	
NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	RESPONSIBILITY CODE	HOME TEL NUMBER
EEO	SEX	BIRTHDATE	HOME ADDRESS	BF7GA04	305-263-5274
				PAYROLL NUM	WORK TEL NUMBER

AS PREPARER OF THE RF-3085 WHICH GENERATED THIS 3117, YOU ARE RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE "MOST CURRENT" ENTRY REFLECTED HEREON. IF ERRORS ARE DETECTED IN THE CURRENT DATA, NOTIFY THE PAYROLL OFFICE IMMEDIATELY. OTHER ERRORS DETECTED SHOULD BE CORRECTED USING THE CANCELLATION AND/OR CORRECTION PROCEDURES OUTLINED IN THE PAYROLL CHANGE PREPARATION GUIDE WITH THE ASSISTANCE OF THE PAYROLL OFFICE.

VERIFIED BY: _____

DATE: _____

4/6/93

HR-3117 - 2423

* DATA CHANGED DURING MONTH UNDER REPORT
NOTICE: NOT FOR USE OR DISCLOSURE OUTSIDE BELLSOUTH EXCEPT UNDER WRITTEN AGREEMENT

HR-3117 - 2423

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Southern Bell

Personnel Record
Performance Evaluation

C

Employee's Name <i>Helen Rodriguez</i>		Title <i>Service Representative</i>	
Department <i>Customer Service</i>		Location <i>Miami</i>	
Seniority Date <i>08-12-91</i>	Date Evaluation Made <i>01-28-93</i>	Date Discussed With Employee <i>03-15-93</i>	<input checked="" type="checkbox"/> <i>HHH</i>

• Job Duties During Period Of Review (Excluding Differential Work) *Incoming Call Quality, Customer Service and Sales*

• Quality Of Work

1 How Good? *Satisfactory*

2. On What Basis? *Based on Incoming Call Quality 95.26% and Sales 121.10% of Sat range and 96.94% of M. Sat range*

• Quantity Of Work

1 How Good? *Satisfactory*

2. On What Basis? *Helen handles her position in a satisfactory manner.*

Evaluating Supervisor's Signature <i>Shirley Paul</i>	Title <i>Asst. Mgr.</i>	Date <i>2/2/93</i>
Concurring Supervisor's Signature <i>Conner K. Man</i>	Title <i>Manager</i>	Date <i>2/2/93</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/OR Evaluation Of Relief Assignments.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record

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Personnel Record
Performance Evaluation

C

Employee's Name <i>Helen Rodriguez</i>		Title <i>Service Rep.</i>	
Department <i>Customer Service</i>		Location <i>Miami</i>	
Seniority Date <i>8-16-91</i>	Date Evaluation Made <i>01-13-92</i>	Date Discussed With Employee <i>03-09-92</i>	<input checked="" type="checkbox"/> #MM

• Job Duties During Period Of Review (Excluding Differential Work)
Freedom Call
Quality, Customer Service and
Sales.

• Quality Of Work
1 How Good? *Insufficient*
2. On What Basis? *Not enough evaluative*
data to justify an appraisal.

• Quantity Of Work
1 How Good? *Insufficient*
2. On What Basis? *not enough data to*
justify an appraisal.

Evaluating Supervisor's Signature <i>Hayden Dol</i>	Title <i>Asst. Mgr.</i>	Date <i>1-13-92</i>
Concurring Supervisor's Signature <i>Catherine B. Snyder</i>	Title <i>MN6K</i>	Date <i>1-14-92.</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised

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Record of Grievance between Communications Workers of America and

- Bellsouth Advanced Systems
- Bellsouth Advertising and Publishing
- Bellsouth Services
- South Central Bell
- Southern Bell

93-038

Grievance Number <i>B93058-3122</i>
To be assigned by CWA State Office

CEIVED _____
RD _____
IAL DISPOSITION _____
ODES _____

1. Grievance Occurred	Date 4-16-93	Specific Location & State 666 N.W. 79 Ave.		Local No. 3122			
	Department Cust. Svcs.	*Title Involved If Applicable Service Representative					
2. **Grieving Employee Or Work Group Involved	Name of Employee or Work Group Address Helen Rodriguez			Department Cust. Svcs.			
	Job Title Cust. Svcs.	N.C.S. Date -	Seniority Date 8-12-91				
3. Union's Statement of What Happened							
4. Specific Basis of Grievance or Section of Contract Involved	<p style="text-align: center;">Art. 11, 18, and other applicable sections, the true intent and meaning of each; and the failure of the Company to perform its obligations thereunder.</p>						
5. Date Grievance Filed	4-16-93	Originated by: Union Representative	Laura L. Davis	Date 4-19-93			
6. Company's Statement of What Happened							
7. Proposed Disposition - Second Level	<table border="1" style="width: 100%;"> <tr> <td>Signed: <i>[Signature]</i> Company Representative</td> <td style="text-align: center;">Operations Manager</td> <td style="text-align: right;">Date 04-29-93</td> </tr> </table>				Signed: <i>[Signature]</i> Company Representative	Operations Manager	Date 04-29-93
Signed: <i>[Signature]</i> Company Representative	Operations Manager	Date 04-29-93					
8. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Appealed (<i>Active</i>)	<table border="1" style="width: 100%;"> <tr> <td>Signed: <i>[Signature]</i> Union Representative</td> <td style="text-align: right;">Date 4/30/93</td> </tr> </table>				Signed: <i>[Signature]</i> Union Representative	Date 4/30/93	
Signed: <i>[Signature]</i> Union Representative	Date 4/30/93						
9. True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No	True Intent Question Exists: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Signed: _____ Union Representative	Date _____	Signed: _____ Company Representative	Date _____				
10. Authorization to Inspect Personnel Record	Furnished By: Union Representative	Received By: Company Representative	11. Union First Requested Meeting - Second Level Date _____				
	Date _____	Date _____					
12. Proposed Disposition - Third Level							
13. <input type="checkbox"/> Accepted <input type="checkbox"/> Appealed to 4th level (SCB, SB only) [Applicable to contract interpretation only] <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested (See Lines 16 & 17)	<table border="1" style="width: 100%;"> <tr> <td>Signed: _____ Union Representative</td> <td style="text-align: right;">Date _____</td> </tr> </table>				Signed: _____ Union Representative	Date _____	
Signed: _____ Union Representative	Date _____						
14. Proposed Disposition - Fourth Level							
15. <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Arbitration Requested	<table border="1" style="width: 100%;"> <tr> <td>Signed: _____ Union Representative</td> <td style="text-align: right;">Date _____</td> </tr> </table>				Signed: _____ Union Representative	Date _____	
Signed: _____ Union Representative	Date _____						

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San Sing, Robert NAME

FROM 1-1-88 TO PRESENT

✓

FORM 3117 - WORK HISTORY

✓

FORM 3181-B - PERSONNEL RECORD CURRENT ENTRY SHEET
(DISCIPLINARY ACTION)

✓

PERFORMANCE EVALUATIONS/APPRAISALS

✓

GRIEVANCES/TERMINATION AGREEMENTS

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VC02X01W
FORM HR-3117

BELLSOUTH TELECOMMUNICATIONS
EMPLOYEES DEPARTMENTAL SERVICE RECORD
311749 0000

PAGE 1
RUN DATE: 12-05-92
AS OF: 11-30-92

SANSING ROBERT A. DOF 02 603
NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER RESPONSIBILITY CODE HOME TEL NUMBER
BE2FA11 904-436-1174
EEO SEX BIRTHDATE HOME ADDRESS PAYROLL NUM WORK TEL NUMBER

RATING DATA: PERFORMANCE EFF DATE PROMOTABILITY EFF DATE POTENTIAL EFF DATE
ASSESSMENT DATA: PROG YR | PROG YR | PROG YR | PROG YR | PROG YR | PROG YR |

SERVICE DATES

EDUCATION DATA

EFFECTIVE DATE PCR SER NO BELL SYSTEM NET CREDITED EXPERIENCE SENIORITY TH OF EMP
04-09-90 2143 04-09-90 10-09-87 04-09-90

LEVEL OF EDUCATION: COLLEGE GRADUATE
COLLEGE DEGREE DATA:

1ST 2ND
LEVEL OF MAJOR MAJOR YEAR SCHOOL
DEGREE COURSE COURSE RECEIVED NAME

BACHELOR COHEN 1972 AUBURN UNIV(AL)
BACHELOR ARTCH 1975 AUBURN UNIV(AL)

EFF DATE	PCR SER NO	EXCH AND CO AREA	FL C	L S A TITLE	SUFFIX	DEPT	MOS OR WSC	CL OF EXP	RATE OF PAY AMOUNT	NATURE OF CHANGE CODES	JOB CODES				
											JSC	JTC	PDN	JFC	
04-09-90	2143	S7 PRSC	FL C	SERVICE REP		CSNF	23	30 RF	\$375.00 W	A2-	523C	3355			2E70-0-75 2E50-0-25
08-05-90	0006	"	"	"		"	"	34	\$380.50 W	C6 P1	"	"			"
09-30-90	0000	"	"	"		"	"	36	\$428.00 W	C5 P1	"	"			"
02-15-91	0016	"	"	"		"	"	"	"	X2	"	"			"
03-31-91	0000	"	"	"		"	"	42	\$475.00 Y	NTIA	"	"			"
08-04-91	0006	"	"	"		"	"	46	\$481.50 W	C5 P1	"	"			"
09-29-91	0000	"	"	"		"	"	48	\$493.00 W	C6 P1	"	"			"
12-31-91	9999	"	"	"		"	"	"	\$555.50 W	C5 P1	"	"			"
01-01-92	0000	S4	"	"		"	"	"	"	SV E3	"	"			"
01-01-92	0016	"	"	"		CCHK	"	"	"	A3 E3	"	"			"
02-15-92	0016	"	"	"		"	"	"	"	H3 M4 E3	"	"			"
08-09-92	0006	"	"	"		"	"	58	\$800.00 Y	NTIA	"	"			"
11-01-92	* 0018	"	"	"		"	"	"	\$577.50 W	C6 P1	"	"			2E70-0-64 2E50-0-35 2E53-0-01

HR-3117 - 1076

NOTICE: NOT FOR USE OR DISCLOSURE OUTSIDE BELLSOUTH EXCEPT UNDER WRITTEN AGREEMENT

HR-3117 - 1076



Personnel Record
Performance Evaluation

C

Employee's Name <u>Rob Sansing</u>		Title <u>SERVICE REPRESENTATIVE</u>	
Department <u>RESIDENCE SALES AND SERVICE GROUP</u>		Location <u>PENSACOLA - UNIT II</u>	
Seniority Date <u>4-9-90</u>	Date Evaluation Made <u>8-26-92</u>	Date Discussed With Employee <u>8-28-92</u>	<input checked="" type="checkbox"/>

● Job Duties During Period Of Review (Excluding Differential Work) Handles telephone contacts with Public in RSSC and performs the clerical and sales work related to this assignment.

● Quality Of Work

1 How Good? More Than Satisfactory

2 On What Basis? Improving Call Quality - 20
Sales 20
total 20

● Quantity Of Work

1 How Good? Satisfactory

2 On What Basis? Position is kept current & updated under normal conditions.

Evaluating Supervisor's Signature	Title <u>Assistant Manager</u>	Date <u>8/26/92</u>
Concurring Supervisor's Signature <u>Emma K. Jett</u>	Title <u>Manager - Customer Services</u>	Date <u>8-27-92</u>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

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Personnel Record
Performance Evaluation

C

Employee's Name <u>Robert Sansing</u>		Title <u>SERVICE REPRESENTATIVE</u>	
Department <u>RESIDENCE SALES AND SERVICE GROUP</u>		Location <u>PENSACOLA - UNIT II</u>	
Seniority Date <u>4-9-90</u>	Date Evaluation Made <u>1-23-92</u>	Date Discussed With Employee <u>1-25-92</u>	<input checked="" type="checkbox"/> <u>[Signature]</u>

• Job Duties During Period Of Review (Excluding Differential Work) Handles telephone contacts with Public in RSSC and performs the clerical and sales work related to this assignment.

• Quality Of Work

1 How Good? Satisfactory

2 On What Basis? Points of 17.5 based on Call Quality SAT Sales MTS

Range is 13-17.99

• Quantity Of Work

1 How Good? Satisfactory

2 On What Basis? Position is kept current under normal conditions.

Evaluating Supervisor's Signature <u>Diane C. Burke</u>	Title <u>Assistant Manager</u>	Date <u>1-23-92</u>
Concurring Supervisor's Signature <u>Emmie K. Jett</u>	Title <u>Manager - Customer Services</u>	Date <u>01-27-92</u>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/OR Evaluation Of Relief Assignments.

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Southern Bell

Personnel Record
Performance Evaluation

C

Employee's Name <u>Rob Sansing</u>		Title SERVICE REPRESENTATIVE	
Department RESIDENCE SALES AND SERVICE GROUP		Location PENSACOLA - UNIT II	
Seniority Date <u>4-9-90</u>	Date Evaluation Made <u>7-8-91</u>	Date Discussed With Employee <u>7/9/91</u>	<input checked="" type="checkbox"/> <u>[Signature]</u>

• Job Duties During Period Of Review (Excluding Differential Work) Handles telephone contacts with Public in RSSC and performs the clerical and sales work related to this assignment.

• Quality Of Work

1 How Good? Satisfactory

2. On What Basis? Points of 17.5 based on
Call Quality of satisfactory
Sales - more than satisfactory

Range is 13 - 17.99

• Quantity Of Work

1 How Good? Satisfactory

2. On What Basis? Position is kept current under
normal conditions.

Evaluating Supervisor's Signature <u>Diana C. Burke</u>	Title Assistant Manager	Date <u>7-8-91</u>
Concurring Supervisor's Signature <u>Emma K. Jett</u>	Title Manager - Customer Services	Date <u>7-8-91</u>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

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Personnel Record
Performance Evaluation

C

Employee's Name <u>Rob Sansing</u>		Title <u>SERVICE REPRESENTATIVE</u>	
Department <u>RESIDENCE SALES AND SERVICE GROUP</u>		Location <u>PENSACOLA - UNIT II</u>	
Seniority Date <u>4-9-90</u>	Date Evaluation Made <u>1-14-91</u>	Date Discussed With Employee <u>1-17-91</u>	<input checked="" type="checkbox"/> <u>[Signature]</u>

● Job Duties During Period Of Review (Excluding Differential Work) Handles telephone contacts with Public in RSSC and performs the clerical and sales work related to this assignment.

● Quality Of Work

1 How Good? Satisfactory

2 On What Basis? Points of 17.5 based on
Call Quality of satisfactory
Sales - more than satisfactory
Range is 13-17.99

● Quantity Of Work

1 How Good? Satisfactory

2 On What Basis? Position is kept current under
normal conditions.

Evaluating Supervisor's Signature <u>Diane C. Burke</u>	Title <u>Assistant Manager</u>	Date <u>1-14-91</u>
Concurring Supervisor's Signature <u>Emme K. Jett</u>	Title <u>Manager - Customer Services</u>	Date <u>1-14-91</u>

- Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
- Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
- Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Affects That The Employee Has Been Advised

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 0000154
 F04A12Z

Grievance Tracking System 09-14-1993
Grievance Detail Screen 1 13:40:37

System Number . . 1993NF0026 Grievance Number B931013109 Initial Level 2_
SSN
Date Occurred . . 12-10-1992 Grievant Name SANSING III, R. A.____
Date Entered 01-08-1993
Location PENSACOLA, FL
Area NF Department CU
RC Operations Mgr SAWYER, JUDITH____
Title SERIVCE REP_____
Union Local . . . 3109
Union Statement

12
13
14

Contract Date . . 08-09-1992
Article, Paragraph 11 .01
Date Filed 01-08-1993
Union Rep COPP, MARY Date Originated 01-08-1993

F1 Help F2 Clear F3 Exit F4 Prompt F5 Disposition List F6 Additional SSNs
F10 Grievance Detail Screen 2 F11 Grievance Disposition F12 Conference

0000155

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F04B07Z

0000155

Grievance Tracking System 09-14-1993
Grievance Detail Screen 2 13:42:11

System Number 1993NF0026 Grievance Number B931013109 Initial Level 2_
SSN _____ Grievant Name SANSING III, R. A.____
Company Statement _____

7
8
9

Proposed Disposition _____

Company Representative SAWYER, JUDITH M.____ Date 02-25-1993
EEO Charge Filed _____ NLRB _____ Lawsuit Filed _____ True Intent _____
Security Investigation _____
Complaint Keywords MISCONDUCT_____ TERMINATION_____

F1 Help F2 Clear F3 Exit F4 Prompt F5 Keyword Table F9 Main Menu
F10 Detail Screen 1 F11 Grievance Disposition F12 Conference Schedule

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Grievance Tracking System
Grievance Disposition

09-14-1993
13:48:02

System Number	1993NF0026	Grievance Number	B931013109
SSN	_____	Grievant Name	SANSING III, R. A. ___
Date Entered	03-09-1993	Grievance Level	3
Status	REJECTED_____	Status Date,	07-14-1993

Proposed Disposition or Settlement

9
10

Date Proposed 07-14-1993

Union Rep WARREN, PAT _____
 Company Rep MOWER, DAVE _____
 Precedent Ind _

F1 Help F2 Clear F3 Exit F4 Prompt F5 Supp Text F6 Disp List
 F7 Prev F8 Next F10 Detail Screen 1 F11 Detail Screen 2 F12 Conference

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Wbst, Nathan NAME

FROM 1-1-88 TO PRESENT

✓

FORM 3117 - WORK HISTORY

✓

FORM 3181-B - PERSONNEL RECORD CURRENT ENTRY SHEET
(DISCIPLINARY ACTION)

✓

PERFORMANCE EVALUATIONS/APPRAISALS

✓

GRIEVANCES/TERMINATION AGREEMENTS

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VC02X01W

BELLSOUTH TELECOMMUNICATIONS

PAGE 1

FORM HR-3117

EMPLOYEES DEPARTMENTAL SERVICE RECORD

RUN DATE: 05-12-92
AS OF: 04-30-92

051292 0010

WEST NATHAN

ADP 08201

NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER RESPONSIBILITY CODE HOME TEL NUMBER

BF58P12 407-439-9291

SEX BIRTHDATE HOME ADDRESS PAYROLL NUM WORK TEL NUMBER

PERFORMANCE - EFF DATE PROMOTABILITY - EFF DATE POTENTIAL - EFF DATE
ASSESSMENT DATA: PROG YR | PROG YR | PROG YR | PROG YR | PROG YR | PROG YR |

SERVICE DATES

EDUCATION DATA

EFFECTIVE NET WAGE LEVEL OF EDUCATION: COLLEGE NON-GRADUATE
DATE PCR SER NO BELL SYSTEM CREDITED EXPERIENCE SENIORITY YR OF EMP COLLEGE DEGREE DATA

05-14-90 2000 05-14-90 05-14-90 05-14-90

1ST 2ND
LEVEL OF MAJOR MAJOR YEAR SCHOOL
DEGREE COURSE COURSE RECEIVED NAME

EFF DATE	PCR	SER NO	EXCH AND CO AREA	L S A TITLE	SUFFIX	DEPT	WSC	EXP	EM	MOS	PGB OF OR NO	CL	RATE OF PAY	NATURE OF CHANGE	JOB CODES				
															JSC	JTC	PDN	JFC	
05-14-90	2000	S7	GRFN GA	C	OPERATOR			11	0	RF			\$195.00	W A2		511D	2419		2940-0-00
08-05-90	0006	"	"	"	"	"	"	3	"	"	"	"	\$196.50	W C6 P1	"	"	"	"	"
10-28-90	0000	"	"	"	"	"	"	5	"	"	"	"	\$218.50	W C5 P1	"	"	"	"	"
02-15-91	0016	"	"	"	"	"	"	"	"	"	"	"	"	X2	"	"	"	"	"
04-28-91	0000	"	"	"	"	"	"	"	"	"	"	"	\$225.00	Y NTIA	"	"	"	"	"
06-01-91	0013	"	"	"	"	"	"	11	"	"	"	"	\$242.00	W C5 P1	"	"	"	"	"
08-04-91	0006	"	"	"	"	"	"	"	"	"	"	"	"	H3 H4 E3	"	"	"	"	"
10-27-91	0000	"	"	"	"	"	"	15	"	"	"	"	\$246.50	W C6 P1	"	"	"	"	"
12-31-91	9999	"	"	"	"	"	"	17	"	"	"	"	\$274.00	W C5 P1	"	"	"	"	"
01-01-92	0000	S4	"	"	"	"	"	"	"	"	"	"	"	SV E3	"	"	"	"	"
01-01-92	0016	"	"	"	"	"	"	"	"	"	"	"	"	A3 E3	"	"	"	"	"
01-04-92	7802	"	WPBH FL	"	"	OPSV	"	"	"	"	"	"	"	H3 H4 E3	"	"	"	"	"
						CCHK	23	20	"	"	"	"	\$308.00	W H2 C1 P1 E2	53B	3355			2E50-0-50
02-15-92	0016	"	"	"	"	"	"	"	"	"	"	"	"	X2	"	"	"	"	2E70-0-50
04-26-92	0000	"	"	"	"	"	"	23	"	"	"	"	\$400.00	Y NTIA	"	"	"	"	"
						"	"	"	"	"	"	"	\$347.50	W C5 P1	"	"	"	"	"

* DATA CHANGED DURING MONTH UNDER REPORT

HR-3117 - 3187 NOTICE NOT FOR USE OR DISCLOSURE OUTSIDE BELLSOUTH EXCEPT UNDER WRITTEN AGREEMENT HR-3117 - 3187

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Southern Bell

Personnel Record
Performance Evaluation

C

Employee's Name <i>Nathan West</i>		Title <i>Operator</i>	
Department <i>Operator Services</i>		Location <i>Stiffin</i>	
Seniority Date <i>5-14-90</i>	Date Evaluation Made <i>10-7-91</i>	Date Discussed With Employee <i>10-7-91</i> <input checked="" type="checkbox"/>	

● Job Duties During Period Of Review (Excluding Differential Work)

Handling Directors Assistance Customers

● Quality Of Work

1 How Good? *More than Satisfactory*

2 On What Basis? *Based on the Operator Services Quality Evaluation Plan.*

● Quantity Of Work

1 How Good? *Satisfactory*

2 On What Basis? *Employee met the office objective for quantity of work. Referred 230 studies at 99.3% of the office average*

Evaluating Supervisor's Signature <i>Susan H. Love</i>	Title <i>Assistant Manager</i>	Date <i>10-7-91</i>
Concurring Supervisor's Signature <i>Janet Carr</i>	Title <i>M.O.S.</i>	Date <i>10/7/91</i>

Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.

Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.

Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That This Evaluation Form Is Being Placed In His Personnel Record.

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Personnel Record
Performance Evaluation

C

Employee's Name <i>Nathan West</i>		Title <i>Operator</i>	
Department <i>Operator Services</i>		Location <i>W. W.</i>	
Seniority Date <i>5-14-90</i>	Date Evaluation Made <i>12-13-90</i>	Date Discussed With Employee <i>12-22-90</i> <input checked="" type="checkbox"/>	

• Job Duties During Period Of Review (Excluding Differential Work)

Handling Directory Assistance Customers

• Quality Of Work

1 How Good?

Satisfactory

2. On What Basis?

Employee met the office objective for quality of work. Referred 180 calls at 97.2% calls handled correctly.

• Quantity Of Work

1 How Good?

Satisfactory

2. On What Basis?

Employee met the office objective for quantity of work. Referred 124 studies at 94.8% of the office average.

Evaluating Supervisor's Signature <i>Susan N. Love</i>	Title <i>Assistant Manager</i>	Date <i>12-13-90</i>
Concurring Supervisor's Signature <i>Janet Cox</i>	Title <i>m.o.s.</i>	Date <i>12/14/90</i>

- Note 1: If Observations Of Employee Performance Have Been Too Few To Justify An Evaluation At This Time, Write "Insufficient" Under All Items.
- Note 2: Use Reverse Side For Statement And/Or Evaluation Of Relief Assignments.
- Note 3: A Checkmark In The Block Adjacent To "Date Discussed With Employee" Attests That The Employee Has Been Advised That The Completed Form Is Being Placed In His Personnel Record.

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Nathaniel

Grievant

Date: 3-2-93

For the Company:

AD Ward 2-12-92

Operations Manager - Personnel

For the Union:

Paul Barnes
CWA Representative