



Department of Public Safety and Correctional Services
**PERSONNEL FILE SUMMARY for Non-Competitive Promotion,
 Retention / Attendance Bonuses and Hiring Bonus**

Probationary Employee **Current Employee**

Last Name:	First Name:	M.I.	W Number:
Facility:	Current Classification:		
PIN Number:	Requested Classification:	Date candidate became eligible for the requested classification:	

Probationary Employee

If applicable, was the probation successfully completed: YES NO Date:

Current Employee

Is the existing employee eligible for the Retention and Attendance Bonus Program YES NO If yes date:

Disciplinary Actions:

Did the current employee, within the reckoning period, receive or been subjected to any disciplinary action(s)? YES NO

Check all that apply:

Written Reprimand Level 1 Level 2 Suspension Number of days <input style="width:50px;" type="text"/> Final Order (for COBR employees) Notice of Disciplinary Action (MS-4A for NON-COBR employees) Termination paperwork Settlement agreements Paperwork regarding administrative/criminal investigation/charge(s)	<p>Attach a summary listing all disciplinary actions taken against the employee. Documentation must be signed by the employee in order for it to be included in the file summary.</p> <p>The summary should include the following information:</p> <ul style="list-style-type: none"> Date the employee was disciplined Type of disciplinary action taken Summary/reason for the disciplinary action taken
---	--

Has the current employee been subjected to an IID investigation/adjudication during the reckoning period? YES NO

If yes, provide information relating to the case(s).

Attendance record for the last 12 months of employment:

Sick Leave Usage # of occurrences <input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/>	# of hours/days for each occurrence
<small>(all FMLA approved occurrences should be counted as (1) one occurrence)</small>	<input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/>	# of hours/days for each occurrence

Attendance record for the calendar quarter of employment:

Number of unscheduled absences during calendar quarter? <input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/>	# of hours/days for each occurrence
Number of undocumented callouts during calendar quarter? <input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/>	# of hours/days for each occurrence
Number of unscheduled callouts during calendar quarter? <input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/>	# of hours/days for each occurrence

Within the last 12 months, was the employee placed on a one day sick slip notice?	YES	NO	Date Issued:
---	-----	----	--------------

Performance Evaluation Program (PEP) for the last year of employment:

	Mid-Cycle	End-Cycle
--	-----------	-----------

O = Outstanding S = Satisfactory U = Unsatisfactory

I certify that this information is true and accurate to the best of my knowledge and belief and was taken directly from the personnel and medical files on the above referenced employee.

Supervisor's Name Printed	Signature	Title & Facility	Date
Appointing Authority's Name Printed	Signature	Title & Facility	Date