## CITY OF NORTH MIA PERSONN . ACTION 00197 **FLORIDA** EMPLOYEE # | **EMPLOYEE INFORMATION** NAME LAST **FIRST** MIDDLE ORIGINATING DATE September 21, 2015 **JURIGA** Laurence R. HOME PHONE **ADDRESS** DATE OF HIRE DATE OF BIRTH April 10, 1994 SOCIAL SECURITY NUMBER **EFFECTIVE DATE** September 21, 2015 DEPARTMENT INFORMATION PRESENT JOB TITLE PRESENT RANGE & STEP AMT PER HR. Assistant 39-9 \$58.88 Police 423 - POLICE Chief (Chief's Office) **NEW RANGE & STEP NEW JOB TITLE** AMT PER HR. UNCL. \$61.77 TYPE OF ACTION

OTHER CHANGE **EXTENSION OF MERIT** 

EXTENSION OF PROBATION

RETURN FROM SUSPENSION

LEAVE WITHOUT PAY

RETURN FROM LEAVE

**FMLA LEAVE** 

SUSPENSION

RISK

OTHER (SPECIFY)

TRANSFER START PENSION

**PAY CHANGE** 

**END SPECIAL DUTY PAY** 

ASSIGNMENT PAY

LONGEVITY PAY

MERIT INCREASE

PAY ADJUSTMENT

SPECIAL DUTY PAY

OTHER (SPECIFY)

(Note: See the attached memo for Payment of EEOC-Matter - Charge No. 510-2015-03504)

■ BUDGET

DATE

DATE

DEPARTMENT HEADS MUST RETURN FORM TO PERSONNEL ADMINISTRATION. ONE COPY WILL BE RETURNED TO DEPARTMENT PENSION

Pay adjustment in accordance with approval from the City Manager dated

**APPOINTMENT** 

REGULAR CIVIL SERVICE

PROBATIONARY CIVIL SERVICE

**FULL TIME** 

PART TIME

**PROMOTIONAL** 

**PROVISIONAL** 

SUBSTITUTE

**TEMPORARY** 

REMARKS:

**SIGNATURES** 

DEPARTMENT HEAD **APPROVED** DISAPPROVED PERSONNEL DIRECTOR APPROVED DISAPPROVED CITY MANAGER

> APPROVED DISAPPROVED

☐ PERSONNEL

□ PAYROLL/FINANCE

UNCLASSIFIED

OTHER (SPECIFY)

September 18, 2015.

**SEPARATION** 

END TEMP. ASSIGNMENT

DECEASED

DISMISSAL

LAY-OFF

PAY FOR:

VACATION HRS.

TOTAL HOURS:

□ DEPARTMENT

☐ EMPLOYEE

COMMENTS:

☐ INSURANCE

SICK LEAVE HRS.

hrs)

**REMOVAL** 

RESIGNATION

RETIREMENT

OTHER (SPECIFY)





To:

Aleem Ghany, City Manager

From: Karen Muir, Risk Manager

Date: September 18, 2015

RE:

Approval for Payment of EEOC-Matter - Charge No. 510-2015-03504

I recommend that approval be granted to settle R/M Case #: POL-15-W-40-PD as follows:

Payee: Laurence Juriga

Designated Payment: Will be the net sum after factoring income taxes, FICA/MICA, on the sum of

\$24,990 as approved by the EEOC.

If you concur with payment of the net sum (after applying all applicable taxes to \$24,990) please indicate below.

I have reviewed the case file and recommendation. I concur with the recommendation and request that you proceed with payment.

City Manager

Date

## Laurence Juriga's Health Insurance Benefits

Monthly Premium:

Family Coverage: \$1,756.27

City Pays: \$788.77

Employee Pays: \$967.50