



CITY OF NORTH MIAMI BEACH PERSONNEL TRANSACTION FORM

NAME: Phillip Ford

EMPLOYEE ID #: 102070 **POS. #:** 20030

(A) INITIAL APPOINTMENT – TYPE OF HIRE						EFFECTIVE DATE	01/06/2022
New Hire <input checked="" type="checkbox"/>		Rehire <input type="checkbox"/>	Recall <input type="checkbox"/>	Full-Time <input type="checkbox"/>	Part-time: <input type="checkbox"/> Regular <input type="checkbox"/> Seasonal <input type="checkbox"/> Temp. <input type="checkbox"/>		
Job Title/#: Chief Procurement Officer		Pos. # 20030		Fund # 010	Div. # 215	Rate of Pay \$ 128,579	
PENSION (to be completed by HR)		General <input type="checkbox"/>	Police <input type="checkbox"/>	Management <input checked="" type="checkbox"/>	Effective Date: 01/06/2022		

(B) SEPARATION/RETIREMENT/STAFFING TABLE						EFFECTIVE DATE	
Resignation <input type="checkbox"/>		Termination: Probationary <input type="checkbox"/> Disciplinary <input type="checkbox"/>		Lay-off: Permanent <input type="checkbox"/> Temp. <input type="checkbox"/>		Deceased <input type="checkbox"/>	
Separation w/vested rights: Yes <input type="checkbox"/> No <input type="checkbox"/>				Eligible for Rehire: Yes <input type="checkbox"/> No <input type="checkbox"/>			
RETIREMENT:		Normal <input type="checkbox"/>	D.R.O.P <input type="checkbox"/>	Disability <input type="checkbox"/> Service Connected: Yes <input type="checkbox"/> No <input type="checkbox"/>			
STAFFING TABLE:		Retain Vacancy Yes <input type="checkbox"/> No <input type="checkbox"/>	FILL VACANCY: Yes <input type="checkbox"/> (Employment Requisition Required) No <input type="checkbox"/>				

(C) PAYOUTS (TO BE COMPLETED BY HR)					
Annual Hours:	Amount \$	Comp. Hours:	Amount \$		
Sick Hours:	Amount \$	Longevity Hours:	Amount \$		
Amount of Tuition Reimbursement to Recover \$			Total Payout \$		

(D) EMPLOYMENT STATUS						EFFECTIVE DATE	
Promotion Increase	%	<input type="checkbox"/> Demotion Decrease	%	<input type="checkbox"/> Merit Increase or Maxed Out			
<input type="checkbox"/> Reclasp of Position		<input type="checkbox"/> Allocation of Position		<input type="checkbox"/> Lateral Position Transfer (CSB) Approval		<input type="checkbox"/> Dept./Division Transfer	
<input type="checkbox"/> P-T Regular/Seasonal to F-T		<input type="checkbox"/> F-T to P-T Regular/Seasonal		<input type="checkbox"/> P-T Seasonal to P-T Regular		<input type="checkbox"/> P-T Regular To P-Seasonal	
Current Job Title/#:		Pos. #	Fund #	Div. #	Rate of Pay \$		
New Job Title/#:		Pos. #	Fund #	Div. #	Rate of Pay \$		

(E) PREMIUMS						EFFECTIVE DATE	01/06/2022
SLDF	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$	Cell Phone (attach form)	Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/>	Amount \$	12.50	
Auto Allow.	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$	Executive Allow	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$		
CTO	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$	Detective	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$		
FTO	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$	Honor Guard	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$		
Hostage	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$	K-9	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$		
Motor Unit	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$	STR	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$		
Auto Allow	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$	Take Home Car (attach form)	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$		
Traffic Hom	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$	PICR (attach memo)	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$		
Shift Diff	Add <input type="checkbox"/> Remove <input type="checkbox"/>	Amount \$	Shift Change From:	Hours	To:	Hours	

(F) COMMENTS	

(G) APPROVALS (SIGNATURE)			
1) Department Director		Date:	1/14/22
2) Finance Director		Date:	1/14/22
3) Human Resources Director		Date:	1/5/22
4) Deputy /Assistant City Manager		Date:	
5) City Manager/Designee		Date:	1/7/22



401a Money Purchase Plan Employee Enrollment Form — Page 1

1. REQUIRED PERSONAL INFORMATION

Employer Plan Number: 109088 Employer Plan Name: CITY OF NORTH MIAMI BEACH

Social Security Number (for tax-reporting purposes): 119.071(5)(a) - Social Security Numbers in General

Full Name of Participant: Ford Phillip M.I.

Mailing Address/Street: 1372 SW Ingrassia Avenue

City: Port Saint Lucie State: FL Zip Code: 34953

Date of Birth: 06/20/1968 (mm/dd/yyyy) Date Employed/Rehired: 01/06/2022 (mm/dd/yyyy)

Email Address: 2202ford@gmail.com

Job Title: Chief Procurement Officer

Preferred Phone Number: 561358-6103 Area Code Gender: Male Female Marital Status: Married Single

EMPLOYER USE ONLY Complete this portion if the participant is rehired. Rehire? Check if yes

Date of Initial Employment ___/___/___ Date of Termination ___/___/___ Vesting Percentage _____ % Previous Months of Service _____

2. CONTRIBUTION AMOUNT

I authorize my employer to deduct: (check all that apply)

Mandatory pre-tax deferrals of 5 % or \$ _____ from my pay each pay period.

Voluntary after-tax deferrals of _____ % or \$ _____ from my pay each pay period.

For employer use: The employer will contribute _____ % or \$ _____. The employee will contribute _____ % or \$ _____.

3. BENEFICIARY DESIGNATION

- Update and designate additional beneficiaries at any time via Account Access at www.icmarc.org.
- Failure to indicate any percentage or failure to use whole percentages (e.g., enter 33%, not 33.33% or 33 1/3 %) that total 100% for your "Primary" beneficiary(ies) and 100% for your "Contingent" beneficiary(ies) may invalidate your beneficiary designation.
- Check one "Beneficiary Type" and one "Relationship" for each beneficiary. Failure to do so may result in your designation being invalid.
- Married Participants - Some 401 plans require that you obtain consent from your spouse if you do not designate him/her as the primary beneficiary for 100% of your account. If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must obtain consent from your spouse to designate a nonspouse beneficiary for greater than 50% of the account. Use the Beneficiary Designation Form, available online at www.icmarc.org/forms, if spousal consent is required.**

Beneficiary Type: Primary Relationship (Check One): Spouse Non-Spouse Trust* Charity

Name	Date of Birth	Social Security Number	% of Benefit
119.071(5)(j) - Emergency Contact Information provided to an Agency		119.071(5)(a) - Social Security Numbers in	100%
			(whole % only)

Beneficiary Type (Check One): Primary Contingent Relationship (Check One): Spouse Non-Spouse Trust* Charity

Name	Date of Birth	Social Security Number	% of Benefit
			(whole % only)

Beneficiary Type (Check One): Primary Contingent Relationship (Check One): Spouse Non-Spouse Trust* Charity

Name	Date of Birth	Social Security Number	% of Benefit
			(whole % only)

Public Records Exemptions

Enclosed please find a copy of the response documents for your public records request. The following information is provided to explain the process employed to review and produce the response documents.

Reason	Description	Pages
119.071(5)(a) - Social Security Numbers in General	Social Security Numbers in General	2-3
119.071(5)(j) - Emergency Contact Information provided to an Agency	Emergency Contact Information provided to an Agency	2