

# PERSONNEL ACTION FORM

☒ JTA ☐ JTM

Effective Date 10/1/2014

**REASON FOR SUBMITTAL:** ☐ New Hire ☐ Promotion ☐ Reclassification ☐ Termination ☐ Resignation  
☒ Performance Appraisal ☐ Lump Sum ☐ Address Change  
☐ Name Change ☐ Transfer ☐ Other \_\_\_\_\_  
☐ Retirement

Name (last, first, middle) <u>Frangues, Robert</u>		Social Security Number	Telephone Number
Street Address		City	State
Date of Birth		<input type="checkbox"/> Married <input type="checkbox"/> Single	Employee Number <u>8153</u>
Ethnic Code <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian		Other	EEO Code

	CURRENT	NEW
Job Title	<u>Design/Constn. Project Manager II</u>	<u>Design/Constn. Project Manager II</u>
Grade		
Increase/Lump Sum		<u>2.05%</u>
Hourly Rate		
Annual Rate	<u>\$ 95,208.26</u>	<u>\$ 97,160.03</u>
Division/Dept.		
Supervisor		
Employment Status	<input type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salary <input type="checkbox"/> Hourly	<input type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salary <input type="checkbox"/> Hourly

## Termination Pay Out

\_\_\_\_\_ Last Day Worked \_\_\_\_\_ Vacation Hours \_\_\_\_\_ Other/Extra Hrs. \_\_\_\_\_  
 \_\_\_\_\_ Sick Hours (retirement only) \_\_\_\_\_ Personal Holiday \_\_\_\_\_ Total Hours to be Paid

## Deductions:

\_\_\_\_\_ Insurance End Date \_\_\_\_\_ Premiums Due \$

**Comments:** increase based upon FY2014 performance evaluation

Hiring Manager \_\_\_\_\_ Date \_\_\_\_\_  
 Vice President B. L. H. \_\_\_\_\_ Date 12/14/14  
 EEO Officer K. M. H. \_\_\_\_\_ Date 12/15/14  
 Human Resources Manager Kern Budge \_\_\_\_\_ Date 12/21/14

Next Evaluation Date \_\_\_\_\_ Anniversary Date \_\_\_\_\_

# PERSONNEL ACTION FORM

☒ JTA ☐ JTM

Effective Date 11/1/2014

REASON FOR SUBMITTAL: ☐ New Hire ☐ Promotion ☐ Reclassification ☐ Termination ☐ Resignation  
☒ Performance Appraisal ☐ Lump Sum ☐ Address Change  
☐ Name Change ☐ Transfer ☐ Other \_\_\_\_\_  
☐ Retirement

Name (last, first, middle)	Social Security Number		Telephone Number
Street Address	City	State	Zip Code
Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	Employee Number
Ethnic Code <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian	Other	EEO Code	

	CURRENT	NEW
Job Title	<u>Design/Construct Project Manager II</u>	<u>Design/Construct Project Manager II</u>
Grade		
Increase/Lump Sum		<u>2.05%</u>
Hourly Rate		
Annual Rate	<u>\$ 95,303.26</u>	<u>\$ 97,160.03</u>
Division/Dept.		
Supervisor		
Employment Status	<input type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salary <input type="checkbox"/> Hourly	<input type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salary <input type="checkbox"/> Hourly

## Termination Pay Out

\_\_\_\_\_ Last Day Worked \_\_\_\_\_ Vacation Hours \_\_\_\_\_ Other/Extra Hrs. \_\_\_\_\_  
 \_\_\_\_\_ Sick Hours (retirement only) \_\_\_\_\_ Personal Holiday \_\_\_\_\_ Total Hours to be Paid \_\_\_\_\_

## Deductions:

\_\_\_\_\_ Insurance End Date \_\_\_\_\_ Premiums Due \$

Comments: INCREASE based upon FY2014 performance evaluation

Hiring Manager \_\_\_\_\_ Date \_\_\_\_\_  
 Vice President 13/1/14 Date 12/14/14  
 EEO Officer [Signature] Date 12/15/14  
 Human Resources Manager [Signature] Date 12/2/14

Next Evaluation Date \_\_\_\_\_ Anniversary Date \_\_\_\_\_

# PERSONNEL ACTION FORM

☒ JTA ☐ JTM

Effective Date

7/30/09

REASON FOR SUBMITTAL: ☐ New Hire ☐ Promotion ☐ Reclassification ☐ Termination ☐ Resignation  
☒ Performance Appraisal ☐ Lump sum ☐ Address Change  
☐ Name Change ☐ Transfer ☐ Other \_\_\_\_\_  
☐ Retirement

Name (last, first, middle) Francisco Robert	Social Security Number	Telephone Number
Street Address	City	State Zip Code
Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female Employee Number
Ethnic Code <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian	Other _____	EEO Code _____

	CURRENT	NEW
Job Title	Design Project Manager	same
Grade		
Increase/Lump Sum		170
Hourly Rate		
Annual Rate	\$91,520	\$92,435.20
Division/Dept.	Engineering	same
Supervisor	H. T. Johnson	same
Employment Status	<input type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salary <input type="checkbox"/> Hourly	<input type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salary <input type="checkbox"/> Hourly

## Termination Pay Out

\_\_\_\_\_ Last day worked \_\_\_\_\_ Vacation Hours \_\_\_\_\_ Other/Extra Hrs. \_\_\_\_\_  
 \_\_\_\_\_ Sick Hours (retirement only) \_\_\_\_\_ Personal Holiday \_\_\_\_\_ total hours to be paid

## Deductions:

\_\_\_\_\_ Insurance End Date \_\_\_\_\_ Premiums Due \$

Comments: \* Reho 7/30/09

Human Resources Manager

Date

EEO Officer

Date

Executive Director

Date

Next Evaluation Date

Anniversary Date

# PERSONNEL ACTION FORM

☒ JTA ☐ JTM

Effective Date 12/13/13

**REASON FOR SUBMITTAL:** ☐ New Hire ☐ Promotion ☐ Reclassification ☐ Termination ☐ Resignation  
☐ Performance Appraisal ☐ Lump Sum ☐ Address Change  
☐ Name Change ☐ Transfer ☐ Other \_\_\_\_\_  
☐ Retirement

Name (last, first, middle) <u>Longmire Robert</u>		Social Security Number		Telephone Number
Street Address		City	State	Zip Code
Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	Employee Number	
Ethnic Code	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian	Other	EEO Code	

	CURRENT	NEW
Job Title	<u>Director of Public Safety</u>	<u>same</u>
Grade		
Increase/Lump Sum		<u>3%</u>
Hourly Rate		
Annual Rate	<u>92,400</u>	<u>95,208.26</u>
Division/Dept.	<u>Longmire, Perry</u>	<u>same</u>
Supervisor	<u>Donna Longmire</u>	<u>same</u>
Employment Status	<input checked="" type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Hourly	<input checked="" type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Hourly

## Termination Pay Out

\_\_\_\_\_ Last Day Worked \_\_\_\_\_ Vacation Hours \_\_\_\_\_ Other/Extra Hrs. \_\_\_\_\_  
 \_\_\_\_\_ Sick Hours (retirement only) \_\_\_\_\_ Personal Holiday \_\_\_\_\_ Total Hours to be Paid \_\_\_\_\_

## Deductions:

\_\_\_\_\_ Insurance End Date \_\_\_\_\_ Premiums Due \$

**Comments:** Last increase was effective as of 7/30/09. Current  
pay is \$95,208.26 effective 12/13/13.

Hiring Manager [Signature] Date \_\_\_\_\_  
 Vice President [Signature] Date \_\_\_\_\_  
 EEO Officer [Signature] Date 12/13/13  
 Human Resources Manager [Signature] Date 12/13/13

Next Evaluation Date \_\_\_\_\_ Anniversary Date \_\_\_\_\_



# Jacksonville Transportation Authority

## Employee Performance Appraisal

### Management & Professional Employees

(Probationary – six months)

Performance Record For Robert Franques

For Period Beginning: 05/01/13 Ending: ~~10/31/13~~ 12/15/13

Position Title: Design/Construction Project Manager II

Department: Long Range Planning

Prepared By: Neil Nance

Date: 12/01/13

### Part 1. Competency Evaluation

Assess each employee on each of the competencies listed in this section by placing the appropriate rating (1 through 5) in the "Rating" column. While comments are only required for competencies evaluated as Outstanding or Unsatisfactory, managers are encouraged to substantiate all ratings by commenting on each competency.

<b>5 = Outstanding</b>	Performance clearly distinguished above all others, regularly exceeds expected results, significantly contributes to the organization.
<b>4 = Exceeds Expectations</b>	Completely meets and sometimes exceeds expectations of the position.
<b>3 = Successful</b>	Performance is completely satisfactory, meeting the expectations of the position.
<b>2 = Developing</b>	Performance approaches the job requirements, some expectations not achieved, further development needed.
<b>1 = Unsatisfactory</b>	Performance is below acceptable standards, immediate attention is required.



## Competency

**Company Advocacy/Adaptability:** Demonstrates loyalty and support for company services, policies and philosophies. Accepts responsibility for self/staff compliance with established company and/or legal policies, rules, and regulations. Willingness to adjust to change and in handling new requirements/assignments.

Rate
4.00

**Comments:**

Mr. Franques supports the Authority's rules and policies. He has embraced the increased involvement in the Bus Rapid Transit Program.

**Equal Opportunity:** Promotes equal opportunity policies and ensures open access in a non-discriminatory environment for all employees and outside contacts. Promotes DBE/SBE program initiatives.

Rate
3.25

**Comments:**

**Customer Focus/External and Internal Relations:** Conveys a professional image while representing the organization to external and internal parties. Dedicated to meeting the needs of external and internal customers. Speaks and acts with customers in mind, understanding their needs and considering how actions or plans will affect them. Communicates effectively at all levels and resolves conflict effectively, using tact, flexibility, open-mindedness and diplomacy. Promotes trust and respect.

Rate
3.25

**Comments:**

**Teamwork:** Emphasizes inter/intra – departmental teamwork. Displays ability to cooperate, compromise and negotiate, using open and honest communication. Demonstrates trustworthiness, respect and consideration for other's opinions. Participates in team-oriented projects as assigned, sharing knowledge and experience with others. Represents the needs and interests of the team stressing corporate goals to obtain support and cooperation.

Rate
3.25

**Comments:**

**Professional Accountability:** Behaves in a manner consistent with the organization's expressed values and ethical principles. Follows through on commitments and fulfills obligations. Leads by example; personally models the organization's core values through actions and behaviors for coworkers and employees.

Rate
4.00

**Comments:**

Mr. Franques meets the Authority's expressed values and ethical principles. He understands that successful project managers focus on scope, budget and schedule.

**Leadership/Delegation & Staff Development:** Effectively accepts and/or delegates responsibility and authority. Motivates, stimulates and positively influences others. Identifies and addresses staff training and development needs. Exercises effective coaching skills for improving performance and resolving personnel issues. Fosters an environment of trust and mutual respect.

Rate
4.00

**Comments:**

Mr. Franques has accepted an increase role in the BRT Program. He will have an opportunity to coach and motivate team members during the execution of the program.

**Competency** (Continued)

**Cost/Profit Consciousness:** Effectively manages and utilizes available financial resources (cost controls, purchasing, etc.) using sound business judgment. Exercises cost control through expense monitoring and attention to detail.

Rate
3.25

**Comments:**

Mr. Franques manages projects very well.

**Goal Setting/Achievement:** Assists in establishing accurate and reasonable short and long-term goals that support company objectives. Monitors performance towards goals and makes adjustments, if necessary, to facilitate goal attainment.

Rate
3.25

**Comments:**

**Organization/Time Management:** Achieves desired results by establishing effective work priorities, methods, and project flow for self/others. Utilizes time effectively for maximum performance.

Rate
3.25

**Comments:**

Mr. Franques has met the published schedule for the Southside Blvd. Visioning Project. Project scheduling for the BRT Program will be critical for future implementation.

**Job Knowledge:** Expresses and utilizes knowledge of the position through technical, administrative, professional and/or supervisory work habits and skills. Anticipates and prepares for future developments. Stays current on job-related information.

Rate
4.00

**Comments:**

Mr. Franques has increased his knowledge in the acquisition of right-of-way. He exercises sound engineering judgement.

**Problem Solving/Decision Making:** Provides consistent and accurate identification, analysis and resolution of problems. Displays resourcefulness and innovation in decision making/problem solving.

Rate
3.25

**Comments:**

**Part 1 – Competency Evaluation Performance Rating**

(Total /11)

Rate
3.52

## Part 2. Evaluation of Key Accountabilities

Assess each employee on each of five to seven key accountabilities. Key accountabilities can be found in the employee's job description or they can be accountabilities agreed upon in advance by the employee and supervisor. Place the appropriate rating (1 through 5) in the "Rating" column.

	Key Accountability	Comments	Rating
1	Increase and enhance communications with internal/external customers and respond to inquiries expeditiously.	Mr. Franques must continue to build relationships both internally and externally.	3.25
2	Keep project status reports and budget sheets current. Adhere to the Project Development Process in the development of construction	Mr. Franques does a nice job keeping project reporting up-to-date.	4.00
3	Ensure projects are coordinated for integration of needed transit improvements	Mr. Franques coordinates with other Authority Departments as required.	3.25
4	Implement earned value analysis for tracking cost. Adhere to established standards for monitoring and controlling budget and	Mr. Franques ensures consultants include earned value analysis with each invoice.	4.00
5	Effectively evaluate consultant performance and select consultant design services.	Mr. Franques has been included in several successful evaluation committees.	3.25
6	Work to enhance public awareness and enhance understanding of JTA mission and goals.	Mr. Franques continues to spread JTA's message to both internal and external stakeholders.	3.25
7			
<b>Part 2 – Key Accountabilities Performance Rating</b> (Total of the ratings divided by the number of key accountabilities)			<b>3.50</b>

**Appraiser's Comments:** The appraiser should provide any additional comments that s/he believes are important for describing the employee's performance and contributions, including any factors that may have positively or adversely impacted performance:

### Comments:

Mr. Franques is a valuable team member in the Project Development and Construction Department. He is a proven project manager with many successful projects. His willingness to engage other team members with his knowledge and experience will be important in the success of the Team.

## Overall Performance Rating

### Rate

Part 1. Competency ..... 3.52

Part 2. Key Accountabilities ..... 3.50

Overall Performance Rating (Total / 2) **Total** 3.51



### Part 3. Goal Setting and Annual Performance Planning for Next Performance Review:

This section should be completed jointly and agreed upon by the appraiser and employee. Indicate specific goals and objectives to be accomplished during the forthcoming year. Individual performance goals should align with and support the Authority's strategic goals. This section will lay the groundwork for the evaluation of the Results Achieved section of the employee's annual performance evaluation.

Corporate Strategic Goal	Individual Performance Goal(s)	Action Steps (include involvement of others, possible barriers to success, etc.)	Target Date Of Completion
<b>Customer Focus:</b> Strengthen focus on internal and external customer service. Provide a superior and reliable customer experience	Engage in mentoring and supporting PDC Team	Assist in the review of PDC Team Members projects. Provide constructive input.	12/31/14
<b>Efficiency and Effectiveness:</b> Deliver effective multimodal transportation services and facilities in an efficient manner.	BRT Program	North BRT - Complete Final Design and Bid Package ready to advertise  Southeast BRT - Complete Preliminary Engineering	12/31/14
<b>Financial Stability:</b> Implement business practices that control expenses and seek opportunities for increased funding.	Local Option Gas Tax (LOGT)	Assist in the completion of the potential projects to be included in the LOGT extension list	12/31/14
<b>Integrated Mobility Solutions:</b> Develop transportation solutions that promote mobility and economic prosperity.	Integrate advanced systems for transit into BRT project	Work with IT and other agency partners and internal stakeholders to introduce advanced transit technologies into the BRT project.	12/31/14
<b>Safety and Security:</b> Ensure safety and security throughout the transportation system and in the agency work environment.	Incorporate best management practices in safety and security for BRT program	Complete TVA and PHA for North and Southeast BRT projects.  Complete certifiable S&S elements for North BRT project	12/31/14
<b>Employee Development:</b> Attract, motivate and retain a diverse team of highly skilled associates. Strengthen teamwork and morale.	Work on the procurement of well qualified consultants and sub consultants.	Assist and/or get directly involved in the development of RFPs.  Meet with Consultants to discuss future opportunities with the JTA.	12/31/14

### Part 4. Personal Development Plan

This section should be completed through mutual discussion and agreement of the appraiser and employee during the appraisal discussion. Both the supervisor and employee are responsible for monitoring and communicating progress against this plan. This plan should include specific training targets, development of professional skills, and any other areas agreed upon.

Areas for Development	Action Steps	Target Date
1 Roadway and Drainage Design	FDOT Training	12/31/14
2 Transit Systems	FTA sponsored training and web based training opportunities	12/31/14
3		

**Employee Comments:**

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**Salary Change Information:**

Current Salary \$ 92,435.00 New Salary \$ 92,435.00  
Increase Percentage 0.00% % Dollar Amount \$ 0.00

**Signatures:**

The employee should sign below to acknowledge having received this appraisal and having the opportunity to discuss its contents with the supervisor. Signing does not indicate agreement with the contents of this appraisal, and the employee may comment above as appropriate. The employee also has the right to appeal.

  
Employee Signature

12/31/13  
Date

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

  
Division Manager

12/31/13  
Date

  
Department Director

12/31/13  
Date

  
Human Resources

12-20-13  
Date

\_\_\_\_\_  
Executive Director ( required for increases over 5 % )

\_\_\_\_\_  
Date

# PERSONNEL ACTION FORM

☒ JTA ☐ JTM

Effective Date 5-1-2013

**REASON FOR SUBMITTAL:** ☐ New Hire ☐ Promotion ☐ Reclassification ☐ Termination ☐ Resignation  
☐ Performance Appraisal ☐ Lump Sum ☐ Address Change  
☐ Name Change ☐ Transfer ☐ Other Reassignment  
☐ Retirement

Name (last, first, middle) <u>Frangias, Robert</u>	Social Security Number	Telephone Number
Street Address	City	State
Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Code <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian	Other	EEO Code

	CURRENT	NEW
Job Title	<u>Project Manager</u>	<u>Design/Construction Project Manager II</u>
Grade		<u>1-1</u>
Increase/Lump Sum		
Hourly Rate		
Annual Rate	<u>92,175.00</u>	<u>Same</u>
Division/Dept.		<u>Long Range Manning</u>
Supervisor		<u>Bradford Thiburn</u>
Employment Status	<input checked="" type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input checked="" type="checkbox"/> Full Time <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Hourly	<input type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Hourly

## Termination Pay Out

\_\_\_\_\_ Last Day Worked \_\_\_\_\_ Vacation Hours \_\_\_\_\_ Other/Extra Hrs: \_\_\_\_\_  
 \_\_\_\_\_ Sick Hours (retirement only) \_\_\_\_\_ Personal Holiday \_\_\_\_\_ Total Hours to be Paid

## Deductions:

\_\_\_\_\_ Insurance End Date \_\_\_\_\_ Premiums Due \$

## Comments:

Hiring Manager [Signature] Date 5-22-13  
 Vice President [Signature] Date 5-22-13  
 EEO Officer [Signature] Date 5/24/13  
 Human Resources Manager [Signature] Date 5-22-13  
 Chief Executive Officer [Signature] Date 5-22-13  
 Next Evaluation Date \_\_\_\_\_ Anniversary Date \_\_\_\_\_

# PERSONNEL ACTION FORM

☒ JTA ☐ JTM

Effective Date 7/30/01

REASON FOR SUBMITTAL: ☐ New Hire ☐ Promotion ☐ Reclassification ☐ Termination ☐ Resignation  
☒ Performance Appraisal ☐ Lump sum ☐ Address Change  
☐ Name Change ☐ Transfer ☐ Other \_\_\_\_\_  
☐ Retirement

Name (last, first, middle) <u>James Robert</u>	Social Security Number	Telephone Number
Street Address	City	State Zip Code
Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female Employee Number
Ethnic Code <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian	Other _____	EEO Code _____

	CURRENT	NEW
Job Title	<u>Duty Manager</u>	
Grade		
Increase/Lump Sum		<u>12</u>
Hourly Rate		
Annual Rate	<u>41,520</u>	<u>42,425</u>
Division/Dept.	<u>Engineering</u>	
Supervisor	<u>Mr. [unclear]</u>	
Employment Status	<input checked="" type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salary <input type="checkbox"/> Hourly	<input checked="" type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salary <input type="checkbox"/> Hourly

## Termination Pay Out

\_\_\_\_\_ Last day worked \_\_\_\_\_ Vacation Hours \_\_\_\_\_ Other/Extra Hrs. \_\_\_\_\_  
 \_\_\_\_\_ Sick Hours (retirement only) \_\_\_\_\_ Personal Holiday \_\_\_\_\_ total hours to be paid

## Deductions:

\_\_\_\_\_ Insurance End Date \_\_\_\_\_ Premiums Due \$

Comments: Added 7/30/01

Human Resources Manager [Signature] Date 8/1/01  
 EEO Officer [Signature] Date 8/1/01  
 Executive Director [Signature] Date 8/1/01

Next Evaluation Date \_\_\_\_\_ Anniversary Date \_\_\_\_\_



# PERSONNEL ACTION FORM

☒ JTA ☐ JTM

Effective Date 7/30/07

REASON FOR SUBMITTAL: ☐ New Hire ☐ Promotion ☐ Reclassification ☐ Termination ☐ Resignation  
☐ Performance Appraisal ☐ Lump sum ☐ Address Change  
☐ Name Change ☐ Transfer ☐ Other \_\_\_\_\_  
☐ Retirement

Name (last, first, middle)	Social Security Number	Telephone Number
Street Address	City	State
Date of Birth	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Code <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian	Other _____	EEO Code _____

	CURRENT	NEW
Job Title	Project Manager	
Grade	14	
Increase/Lump Sum		
Hourly Rate	42.31	
Annual Rate	\$88,000	
Division/Dept.	Engineering / Design	
Supervisor	Hamid	
Employment Status	<input checked="" type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input checked="" type="checkbox"/> Full Time <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salary <input type="checkbox"/> Hourly	<input type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input type="checkbox"/> Salary <input type="checkbox"/> Hourly

## Termination Pay Out

\_\_\_\_\_ Last day worked \_\_\_\_\_ Vacation Hours \_\_\_\_\_ Other/Extra Hrs. \_\_\_\_\_  
 \_\_\_\_\_ Sick Hours (retirement only) \_\_\_\_\_ Personal Holiday \_\_\_\_\_ total hours to be paid

## Deductions:

\_\_\_\_\_ Insurance End Date \_\_\_\_\_ Premiums Due \$ \_\_\_\_\_

## Comments:

Human Resources Manager [Signature] Date 8/6/07  
 Executive Director [Signature] Date 8/23/07  
 Next Evaluation Date 10/30/07 Anniversary Date 7/30/08

# PERSONNEL ACTION FORM

☒ JTA ☐ JTM

Effective Date 7-30-08

REASON FOR SUBMITTAL: ☐ New Hire ☐ Promotion ☐ Reclassification ☐ Termination ☐ Resignation  
☐ Performance Appraisal ☐ Lump sum ☐ Address Change  
☐ Name Change ☐ Transfer ☐ Other \_\_\_\_\_  
☐ Retirement

Name (last, first, middle) <u>Robert J. Campbell</u>	Social Security Number	Telephone Number	
Street Address <u>1000 1st St</u>	City	State	Zip Code
Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	Employee Number
Ethnic Code <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian	Other _____		EEO Code _____

	CURRENT	NEW
Job Title	<u>Director of ITM</u>	<u>same</u>
Grade		
Increase/Lump Sum		<u>7%</u>
Hourly Rate		
Annual Rate	<u>78,000</u>	<u>83,520</u>
Division/Dept.	<u>Information Technology</u>	<u>same</u>
Supervisor	<u>IT Unit Director</u>	<u>same</u>
Employment Status	<input checked="" type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Hourly	<input type="checkbox"/> JTA <input type="checkbox"/> JTM (Check one) <input type="checkbox"/> Full Time <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary how long _____ <input type="checkbox"/> Intern <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Hourly

## Termination Pay Out

\_\_\_\_\_ Last day worked \_\_\_\_\_ Vacation Hours \_\_\_\_\_ Other/Extra Hrs. \_\_\_\_\_  
\_\_\_\_\_ Sick Hours (retirement only) \_\_\_\_\_ Personal Holiday \_\_\_\_\_ total hours to be paid

## Deductions:

\_\_\_\_\_ Insurance End Date \_\_\_\_\_ Premiums Due \$

## Comments:

Relief 7-30-08

Human Resources Manager \_\_\_\_\_ Date 7/30/08  
Executive Director \_\_\_\_\_ Date 7/30/08

Next Evaluation Date \_\_\_\_\_ Anniversary Date \_\_\_\_\_





# Certificate of Training

Awarded To

***Robert Franques***

For Successfully Completing

**Disadvantaged Business Enterprise**

Version:

**10/26/2015**

***Kevin Woodall***

---

Instructor



# Certificate of Training

Awarded To

***Robert Franques***

For Successfully Completing

**Team Building for Long Range Planning**

Version: Rev 1

**10/16/2015**

***Leigh Ann Flanigan***

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Instructor



# Certificate of Training

Awarded To

***Robert Franques***

For Successfully Completing

**Team Success**

Version: Rev 1

**9/11/2015**

***Leigh Ann Flanigan***

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Instructor

# MEMO

**TO:** Robert Franques, Design and Construction Project Manager II

**FROM:** Jack Gabriel, Sr. Manager, Project Development and Construction  
Neil Nance, Asst. Vice President of Engineering and Capital Programs

**DATE:** March 31, 2015

**SUBJECT:** Disciplinary Action

---

This memo serves as documentation of my concerns regarding areas of your performance:

On March 17 and March 19, 2015, we met to discuss behavioral concerns that were in need of improvement. We have had prior discussions regarding "customer service" and teamwork approaches. However, these concerns have arisen again.

The action plan developed during our March 19<sup>th</sup> meeting outlined areas that need immediate improvement and require your focused attention. These improvement goals were also incorporated into your performance goals. The action plan included the following:

- **Avoiding confrontation and argument with client.** Redirect interrogative and leading questions from outside clients back to management so as to avoid appearance of being 'argumentative'. Address questions and inquiries from Clients/Customers in concise and straightforward manner without verbose explanations. If in doubt, reach out/defer to other team members or the program planning manager for further response when and if needed.
- **Go through proper channels.** Redirect tasks requested from outside the group back to immediate supervisor for appropriate handling. This will help prevent misinterpretations, and a belief that you are not trying to be helpful. Keep the Sr. Manager of Project Development and Construction well informed of any and all projects issues and requests made by third parties, internally or externally at any level of authority.
- **Adhere to organization chain of command communication structure.** If a request is from senior management outside of the Project Development and Construction department then the Senior Manager must be informed and the request vetted. Provide timely responses to requests for information made by your Senior Manager.
- **Letting it be their idea.** Avoid answering direct questions from upper management or outside funding sources with pointed answers but instead ask rhetorically for clarification to allow the other party to be the one to develop or help develop the answer. This may be a better approach and help to diffuse any notion of dismissiveness or aloofness.
- **Accepting and Adhering to Sr. Management Direction.** Be willing to cooperate and coordinate work with other team members when and if the Sr. Manager Project Development and Construction assigns a team member to work on your direct project responsibilities.

Since the creation of the action plan, your behavior appears as not being acceptably professional and collaborative during the following incidents:

1. Pre-proposal meeting for the St. Johns River Ferry
2. ERM meeting for JTAMobilityWorks
3. Conflict with Project Development & Construction co-worker

These numerous incidents and the resulting negative feedback are not aligned with the above outlined action plan. Your immediate and sustained improvement is expected. Unsatisfactory performance in the above goals or any of your other job responsibilities may lead to further disciplinary action, up to and including termination.

Employee Acknowledgment:

Date:



4-1-15

# Memo

**To:** Cami Haynes, AVP/Chief of Safety and Compliance Officer

**From:** M. Kevin Woodall, DBE/Diversity Specialist

**CC:** Ken Middleton, Kevin Badge

**Date:** July 21, 2015

**Subject:** Notice of EEO Counseling; Franques, Robert

---

This memorandum serves as a Notice of EEO Counseling for Mr. Robert Franques, Design/Construction Project Manager II. On July 9, 2015 an Jacksonville Transportation Authority (JTA) employee who desires to remain anonymous filed a concern with the Diversity and Equity Program regarding a conversation and language heard used in the headquarter's break room (2<sup>nd</sup> floor). On July 8, 2015 a series of statements were made openly and the Complainant was offended.

Comment I: Franques stated "You know, since the people up in South Carolina are so concerned about losing their Rebel flag, I ought to go up there and help stitch their old ones up and maybe it can be considered volunteer time".

Comment II: Franques stated "I ought to go to the receptionist desk and get some of that newspaper and shit on it, since everyone thinks that I need to be pottie trained". This comment is in reference to the fact that Mr. Franques was determined to and subsequently admonished for using the Dames Point conference room/bathroom as his place of personal preference.

Comment III: Franques stated "So Jennifer, I hear that you have a new pussy". This comment was in reference to the discovery that when Ms. Jennifer Lott came back from vacation, she found that a stray cat had taken up shelter on her front porch.

M. Kevin Woodall, DBE/Diversity Specialist spoke with Mr. Franques in private regarding the above comments. Franques admitted to having stated each of the comments precisely as presented; he stated that these statements should have been considered privileged considering he was having lunch with friends and he did not believe that anyone else was around that would have or could have heard the comments unless they ease dropping. Franques was counseled and it was recommended that he refrain from making such provocative statements.

Whereas the Complainant to these comments elected to remain anonymous and thus, did not want to file a formal complaint, the Diversity and Equity Program is asking that this Notice of Counseling be placed in Mr. Franques' employee file for the record and for use in support of actions towards any similar behavior that may arise in the future. However, this notice should not be used punitively for disciplinary action against him at this time.





# Certificate of Training

Awarded To

***Robert Franques***

For Successfully Completing

**Title VI**

**Version: Rev 1**

**7/8/2015**

***Ken Middleton***

---

Instructor



# Certificate of Training

Awarded To

***Robert Franques***

For Successfully Completing

**Harassment Prevention for Transit Employees**

Version:

**6/12/2015**

***Leigh Ann Flanigan***

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Instructor



# Certificate of Training

Awarded To

***Robert Franques***

For Successfully Completing

**Ethics 2015**

Version: Rev 1

**6/23/2015**

***Leigh Ann Flanigan***

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Instructor



## **Memorandum**

To: Robert Franques

From: Brad Thoburn  
Vice President, Long Range Planning and System Development  
Neil Nance  
Senior Manager, Project Development & Construction

cc: Kevin Badge  
Sr. Manager, Human Resources and Organizational Development

Date: December 19, 2013

Re: Leave Review

---

After a review of all Long Range Planning and System Development employee leave time from the past year, we have concerns about your use of sick leave. The trend observed is that your level of absenteeism is excessive. The record indicates that:

- Within the past year, 10 excused full day absences and 14 excused partial sick days have been taken. According to the JTA Employee Handbook, 6 excused absences or 8 occurrences of excused lateness within 12 months is considered excessive.
- Accrued leave remains at a steady level indicating leave is being taken as it is accumulated.
- Despite working for the JTA for nearly seven years, accrued leave remains low, below 100 hours.

If there are extenuating circumstances causing these absences and lateness, please provide those to you supervisor.

Immediate corrective action to improve in this area is needed. If absenteeism continues to be at this excessive level further disciplinary action will be taken, up to and including termination.

## Accrual Debit Activity Summary

Data Up to Date: 12/23/2013 4:41:58 PM  
Executed on: 12/23/2013 4:41:59 PM  
Printed for: 8083

Time Period: 1/01/2013 - 12/23/2013  
Query: Previously Selected Employee(s)

FRANQUES, ROBERT T

ID: 8153

Accrual Code	Day of Week	Effective Date	Amount	Pay Code that Affected Accrual
Personal Holiday				
	Monday	2/18/2013	8.00	S-M personal holiday
Sick				
	Friday	1/11/2013	8.00	SM - Sick with pay
	Friday	1/18/2013	8.00	SM - Sick with pay
	Tuesday	3/19/2013	4.00	SM - Sick with pay
	Tuesday	3/26/2013	8.00	SM - Sick with pay
	Monday	5/20/2013	2.00	SM - Sick with pay
	Tuesday	5/21/2013	2.50	SM - Sick with pay
	Monday	6/3/2013	2.00	SM - Sick with pay
	Wednesday	6/19/2013	2.50	SM - Sick with pay
	Friday	6/21/2013	8.00	SM - Sick with pay
	Tuesday	6/25/2013	8.00	SM - Sick with pay
	Friday	7/12/2013	1.00	SM - Sick with pay
	Thursday	7/18/2013	8.00	SM - Sick with pay
	Wednesday	7/31/2013	8.00	SM - Sick with pay
	Monday	8/26/2013	2.00	SM - Sick with pay
	Tuesday	8/27/2013	5.00	SM - Sick with pay
	Wednesday	8/28/2013	3.00	SM - Sick with pay
	Monday	9/30/2013	1.50	SM - Sick with pay
	Monday	10/14/2013	8.00	SM - Sick with pay
	Wednesday	10/23/2013	1.50	SM - Sick with pay
	Wednesday	11/13/2013	4.00	SM - Sick with pay
	Monday	12/2/2013	8.00	SM - Sick with pay
	Monday	12/9/2013	8.00	SM - Sick with pay
	Monday	12/16/2013	1.00	SM - Sick with pay
	Thursday	12/19/2013	1.00	SM - Sick with pay
Vacation				
	Friday	3/1/2013	1.00	S-M Vacation
	Monday	3/25/2013	8.00	S-M Vacation
	Thursday	5/2/2013	8.00	S-M Vacation
	Wednesday	5/22/2013	2.50	S-M Vacation
	Monday	7/1/2013	8.00	S-M Vacation
	Tuesday	7/2/2013	8.00	S-M Vacation
	Wednesday	7/3/2013	8.00	S-M Vacation
	Friday	7/5/2013	8.00	S-M Vacation
	Friday	7/26/2013	8.00	S-M Vacation
	Friday	9/13/2013	3.00	S-M Vacation
	Tuesday	10/22/2013	2.00	S-M Vacation
	Friday	11/22/2013	8.00	S-M Vacation
	Monday	11/25/2013	8.00	S-M Vacation
	Tuesday	11/26/2013	8.00	S-M Vacation
	Thursday	12/5/2013	8.00	S-M Vacation
	Tuesday	12/10/2013	2.00	S-M Vacation

## Accrual Debit Activity Summary

Data Up to Date: 12/23/2013 4:41:58 PM  
Executed on: 12/23/2013 4:41:59 PM  
Printed for: 8083

Time Period: 1/01/2013 - 12/23/2013  
Query: Previously Selected Employee(s)

FRANQUES, ROBERT T

ID: 8153

Accrual Code	Day of Week	Effective Date	Amount	Pay Code that Affected Accrual
	Friday	12/20/2013	1.00	S-M Vacation
	Monday	12/23/2013	8.00	S-M Vacation

Number of Accrual Debits Taken on:

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
0	13	9	7	4	10	0

Grand Totals:

Total Number of Employees: 1

Total Number of Accrual Debits: 43





# Certificate of Training

Awarded To

***Robert Franques***

For Successfully Completing

**Building Great Teams**

Version: Rev 1

**3/4/2015**

*Leigh Ann Flanigan*

---

Instructor



# Certificate of Training

Awarded To

***Robert Franques***  
For Successfully Completing

**Drug and Alcohol Awareness Training**  
**4/23/2014**

*James Murphy*

---

Instructor

**1. PARTICIPANT INFORMATION**

Please print clearly

SS#: \_\_\_\_\_

Name (first, middle, last): Robert T. Frangues

**2. PRIMARY BENEFICIARY DESIGNATION**

- The total of the percentages (a) + (b) + (c) must equal 100%. Use only whole increments of 1% (no fractions) to total 100%.
- Section 5 must also be completed if you are a participant in a plan covered by ERISA or requiring spousal consent and you are naming someone other than your spouse as your primary beneficiary.
- VALIC Retirement Services Company will only pay claims to a beneficiary who is a minor through a custodian or an alternative guardianship arrangement. If any beneficiary you name below is a minor, please complete section 4.

I, the undersigned Participant, hereby direct that upon my death, my vested account in the Plan will be paid to the Primary Beneficiary or Beneficiaries listed below. I further understand that if more than one Primary Beneficiary is designated, the Plan distribution will be divided as described below among the Primary Beneficiaries who survive me. If any Primary Beneficiary does not survive me, that Beneficiary's portion will be divided equally among the surviving Primary Beneficiaries unless otherwise indicated in the designation below.

**Primary Beneficiary 1**

SS#: \_\_\_\_\_

Name (first, middle, last): Melissa R. Frangues

Date of Birth (MMDDYYYY): \_\_\_\_\_

Relationship: Spouse

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Percentage:(a) 100 %

**Primary Beneficiary 2**

SS#: \_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_

Date of Birth (MMDDYYYY): \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Percentage:(b) \_\_\_\_\_ %

**Primary Beneficiary 3**

SS#: \_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_

Date of Birth (MMDDYYYY): \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Percentage:(c) \_\_\_\_\_ %

**3. CONTINGENT BENEFICIARY DESIGNATION**

- The total of the percentages (a) + (b) + (c) must equal 100%. Use only whole increments of 1% (no fractions) to total 100%.
- VALIC Retirement Services Company will only pay claims to a beneficiary who is a minor through a custodian or an alternative guardianship arrangement. If any beneficiary you name below is a minor, please complete section 4.

If none of the named Primary Beneficiaries survives me, my vested account in the Plan will be paid to the Contingent Beneficiary or Beneficiaries listed below. I further understand that if more than one Contingent Beneficiary is designated, the Plan distribution will be divided as described below among the Contingent Beneficiaries who survive me. If any Contingent Beneficiary does not survive me, that Beneficiary's portion will be divided equally among the surviving Contingent Beneficiaries. If no Contingent Beneficiary survives me, the Plan distribution will be paid to my estate unless the Plan document provides otherwise.

**Contingent Beneficiary 1**

SS#: \_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_

Date of Birth (MMDDYYYY): \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Percentage:(a) \_\_\_\_\_ %

**Contingent Beneficiary 2**

SS#: \_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_

Date of Birth (MMDDYYYY): \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Percentage:(b) \_\_\_\_\_ %

**Contingent Beneficiary 3**

SS#: \_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_

Date of Birth (MMDDYYYY): \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Percentage:(c) \_\_\_\_\_ %

**4. MINOR AS BENEFICIARY**

VALIC Retirement Services will only pay claims to a beneficiary who is a minor through a custodian or an alternative guardianship arrangement. If you have named a minor as your beneficiary, please designate a custodian under your states' Uniform Transfers (Gifts) & Minors Act or contact a local attorney regarding other

AIG VALIC is the marketing name for the group of companies comprising VALIC Financial Advisors, Inc.; VALIC Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a member company of American International Group, Inc.

Social Security #: \_\_\_\_\_

**4. MINOR AS BENEFICIARY (continued)**  
alternatives to guardianship requirements.

\_\_\_\_\_ as Custodian  
(Name of Custodian)  
for \_\_\_\_\_  
(Name of Minor Beneficiary)

under the \_\_\_\_\_ Uniform Transfers (Gifts) & Minors  
Act. (State)

☐ Check here if you have named custodians for additional minors  
who are beneficiaries on a separate sheet, signed, dated and  
attached to this form.

**5. SPOUSAL CONSENT (Where required by employer's plan. Not  
required for 457 Deferred Compensation plans.)** If you are not  
married, check here in verification that there is no spouse:

☐ Not Married ☐ Missing Spouse  
☐ Legally Separated (attach court order, not petition)

Otherwise, your spouse must complete the following:

I, \_\_\_\_\_  
(Print Spouse's Name)  
am aware of my rights to have benefits paid to me as the surviving  
spouse in the event of the Participant's death, and I understand that my  
consent to a Primary Beneficiary other than myself is strictly voluntary. I  
hereby consent to the Beneficiary Designation(s) listed on this form.  
(Note: If the Participant is under age 35 at the time of death, at least  
50% of the vested account balance will be paid to the surviving spouse,  
regardless of any Beneficiary designation to the contrary.)

Your spouse's signature must be witnessed by the Plan Administrator  
or a Notary Public.

\_\_\_\_\_  
Signature of Spouse Date

Witnessed by Plan Administrator

\_\_\_\_\_  
Signature of Plan Administrator Date

Witnessed by Notary Public

STATE OF \_\_\_\_\_ {  
COUNTY OF \_\_\_\_\_ { ss.

BEFORE ME, the undersigned, a Notary Public, personally appeared  
who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS THEREOF, I have signed my name and affixed my official  
notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

**6. PARTICIPANT SIGNATURE**

I authorize the Beneficiary designations indicated on this form and  
attest to the accuracy of the information contained therein.

\_\_\_\_\_  
Participant Signature Date 8-21-07

**BENEFICIARY DESIGNATION:**

In the event that no Beneficiary is designated, the Plan distribution will  
be paid to your estate unless the Plan document provides otherwise.

Upon the Participant's death, payment shall be made to the Primary  
Beneficiary(ies) if living, otherwise to the Contingent Beneficiary(ies) if  
living. If there is no Beneficiary living when the Participant dies,  
payment shall be made to the Participant's estate unless the Plan  
document provides otherwise.

Only lawful children, born to or legally adopted by the Participant, shall  
be included as a class if the children of the Participant are named as  
Beneficiaries.

The plan sponsor may rely on an affidavit by any Beneficiary relating to  
the date of birth, death, marriage or remarriage, names, addresses and  
other facts concerning all Beneficiaries. The plan sponsor shall incur  
no liability in relying and acting on such affidavit.

**CHANGE OF BENEFICIARY DESIGNATION:**

The Participant has the right to change the Beneficiary Designation by  
written request in form satisfactory to the plan sponsor signed while  
the Participant is alive. When the written request has been recorded,  
the change shall be effective as of the date the request was signed,  
even though the Participant may have since died.

A change of Beneficiary Designation will have no effect on any action  
taken by the company before the change is recorded. A change of  
Beneficiary Designation shall revoke any prior Beneficiary Designation.

**WHEN TO COMPLETE FORM:**

Complete this form to designate a Beneficiary(ies) for your Retirement  
Plan account.

Please return this form to your employer.

Questions about this form may be directed to 1-888-568-2542,  
Monday through Friday, 7 a.m. to 8 p.m. Central Time.

AIG VALIC is the marketing name for the group of companies comprising VALIC Financial Advisors, Inc.; VALIC Retirement Services Company;  
and The Variable Annuity Life Insurance Company (VALIC); each of which is a member company of American International Group, Inc.

## 1. AGREEMENT

**The parties agree to and acknowledge the following:**

- a. The Participant agrees to defer compensation pursuant to the Employer's Deferred Compensation Plan (Plan), which is an eligible deferred compensation plan pursuant to Section 457(b) of the Internal Revenue Code (Code), and hereby accepts all of the terms, provisions, and conditions of the Plan, all of which are hereby incorporated into this Agreement.
- b. Commencing (date): 9-1-07, the Participant agrees to defer the right to receive compensation to the extent of \$ 2.00 or      % of compensation (per pay period in return for the benefits specified in the Plan, and this Agreement authorizes the Employer to so reduce his or her compensation. The Participant agrees that if the date specified in the preceding sentence is earlier than the first day of the month following the date of this Agreement, such date will be the first day of the month after the date of this Agreement. The Participant understands and agrees that amounts deferred under this Agreement, taken together with amounts deferred under a prior or later agreement with respect to the same calendar year, shall not exceed the applicable deferred compensation Code and Plan limitations.
- c. The Participant's benefits under the Plan shall be based upon the amounts credited to the Participant's Account, which shall reflect the Employer's investment of the Participant's Deferred Compensation. For this purpose, the Participant requests that the Employer invest the Participant's Deferred Compensation under a group annuity contract issued by The Variable Annuity Life Insurance Company or other investment alternatives made available under the Plan.
- d. For private or not-for-profit employer plans: The Participant elects the following date for the commencement of benefits after separation from service:                     .  
The date selected may be (i) no earlier than the 61st day following the Participant's Separation from Service with the Employer, and (ii) no later than April 1 of the year following the year in which the Participant attains age 70½ or separates from service with the Employer, whichever is later. The Participant may change this election at any time up until 60 days following Separation from Service. The election shall become irrevocable at that time unless the Employer has elected under the Plan to allow an additional one-time election to defer the commencement of benefits to a later date. The Participant's benefit shall be paid under a payment option available under the Plan that is selected by the Participant at least 30 days before the benefit commencement date.
- e. Investment Allocation(s) and Beneficiary Designation(s) may be made according to the Plan document and the Plan investment alternative selected.

## 2. EMPLOYER/PARTICIPANT INFORMATION

Participant Signature: \_\_\_\_\_

page 1 of 1

This Enrollment Form should be used for initial enrollment and contribution allocation only. Future investment election changes may be made by calling VALIC Retirement Services Company at 1-888-568-2542 or by going online at [www.aigvalic.com](http://www.aigvalic.com). Investment election changes via paper forms will not be accepted.

**1. PARTICIPANT INFORMATION**

Please print clearly and complete each of the items below.

SS#: \_\_\_\_\_

Name: Robert T. Franaves

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: 5

Phone Numbers: (1) 1  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: 7-30-07

Marital Status: ☒ Married ☐ Not Married

**2. INVESTMENT ELECTIONS**

Indicate investment elections below for all future contributions to the Plan. Use whole increments of 1% (no fractions) to total 100%.

- ☐ % AIM Cap Development A (ACDAX)
  - ☐ % AllianceBer Intl Val A (ABIA)<sup>1</sup>
  - ☐ % Allianz OCC Value A (PDLAX)
  - ☐ % AmCent Equity Income Adv (TWEAX)
  - ☐ % AmCent Govt MM (BGAXX)
  - ☐ % AmCent Real Estate Adv (AREEX)
  - ☐ % AmCent Strat Alc:Agg Inv (TWSAX)
  - ☐ % AmCent Strat Alc:Con Inv (TWSGX)
  - ☐ % AmCent Strat Alc:Mod Inv (TWSMX)
  - ☐ % Amer Funds Amer Bal R3 (RLBCX)
  - ☐ % Amer Funds Bond Fund R4 (RBFEX)
  - ☐ % Amer Funds EuroPac R3 (RERCX)<sup>1</sup>
  - ☐ % Amer Funds Grth Fund R3 (RGACX)
  - ☐ % American Beacon SmCVI Svc (AASSX)
  - ☐ % Baron Small Cap (BSCFX)
  - ☐ % Calvert Soc Inv Equity A (CSIEY)
  - ☐ % Dreyfus MidCap Index (PESPX)
  - ☐ % Dreyfus Sm Cap Stk Indx (DISSX)
  - ☐ % Fidelity Adv Tech A (FADTX)
  - ☐ % JP Morgan Mid Cap Val A (JAMCX)
  - ☐ % JP Morgan Sm Cap Eq A (VSEAX)
  - ☐ % Janus Growth & Income (JAGIX)
  - ☐ % Loomis Sayles Bond Ret (LSBRX)
  - ☐ % Munder Small-Cap Value A (MNVAX)
  - ☐ % Oppenheimer Glob A (OPPAX)<sup>1</sup>
  - ☐ % Oppenheimer Main Opp A (OMSOX)
  - ☐ % PIMCO High-Yield Admin (PHYAX)
  - ☐ % PIMCO Total Ret Admin (PTRAX)
  - ☐ % Schwab PCRA (08880263)
  - ☐ % T. Rowe Price BICHPGr Adv (PABGX)
  - ☐ % T. Rowe Price Mid Gr Adv (PAMCX)
  - ☐ % T. Rowe Price Rt 2020 Ad (PARBX)
  - ☐ % T. Rowe Price Rtm 2030 Ad (PARCX)
  - ☐ % T. Rowe Price Rtm 2040 Ad (PARDX)
  - ☐ % T. Rowe Price Rtm 2010 A (PARAX)
  - ☐ % T. Rowe Price Rtm Inc Ad (PARIX)
  - 100 % VALIC Fixed-Interest Option (FIXED)
  - ☐ % Vanguard 500 Index (VFINX)
  - ☐ % Wells Fargo Advantage Government Sec Inv (STVSX)
- 100% Total

**3. DISTRIBUTION DATE (Private Not-for-Profit Employers Only)**

Date to begin payment of Plan benefits: 62nd Day after separation

Note: The date selected must meet the following criteria:

- No earlier than the 61st day after separation from service, and
- Before April 1st of the year after the calendar year in which you separate from service or attain age 70½, whichever is later.

Changes to the distribution date can be made up to 60 days after separation from service. Your distribution date will then be final, unless the Plan allows you to later choose a one-time deferral of such date.

**4. PARTICIPANT SIGNATURE**

I agree that my Employer may reduce my salary by the amount that I have elected to contribute to the Deferred Compensation Plan. I understand that my Employer may limit my contributions to comply with federal law and the Plan document and that any contribution over such limits may be returned to me. I understand that transfers from the Fixed-Interest Option may be restricted. I understand that I may only contribute amounts that have not already been paid or made available to me. I affirm that the information on this form is accurate and complete, to the best of my knowledge.

[Signature] 8-21-07  
Participant Signature Date

Upon completion of this form, a Salary Reduction and Deferred Compensation Agreement (except 401(a)) and a Beneficiary Designation Form must be submitted.

**5. FINANCIAL ADVISOR INFORMATION**

(To be completed by AIG VALIC financial advisor ONLY.)

Financial Advisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Agent Number: \_\_\_\_\_

District Number: \_\_\_\_\_ Region Number: \_\_\_\_\_

Questions about this form may be directed to 1-888-568-2542, Monday through Friday, 7 a.m. to 8 p.m. Central Time.

Please fax this form and any documentation to 1-877-202-0187 or mail to:

**AIG VALIC Document Control**

P.O. Box 15648  
Amarillo, TX 79105-5648

Overnight delivery:

**VALIC Retirement Services Company, Inc.**

2261 S.E. 27th Avenue  
Amarillo, TX 79103

<sup>1</sup>International fund unit value and returns will fluctuate with market conditions, currencies, and the economic and political climate where investments are made.

AIG VALIC is the marketing name for the group of companies comprising VALIC Financial Advisors, Inc.; VALIC Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a member company of American International Group, Inc.



**Worker Details**

Employee name	Franques, Robert T
Assignment Number	8153
Manager	Nance, Neil W
Department	Project Development/Construction - 0330
Job	Design/Construction Project Manager II

**Appraisal Details**

Appraisal Template	Admin (non-Manager) Appraisal Template
Appraisal Purpose	
Period Start Date	2015-09-14
Period End Date	2015-11-20
Initiator	Gabriel, Jack
Main Appraiser	Gabriel, Jack
Appraisal Date	2015-09-23
Next Appraisal Date	

**Competency Details****Company Advocacy/Adaptability**

Name	Type	Performance Rating	Comments
Gabriel, Jack J	Main Appraiser	30-Successful 3.00	Adapt to and accept responsibility to accommodate the needs of the Department success and accomplishment of project deliveries.

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**Customer Focus/External and Internal Relations**

Name	Type	Performance Rating	Comments
Gabriel, Jack J	Main Appraiser	30-Successful 3.00	Need to achieve better control in manner of communicating with internal customers to alleviate contentious issues in an amicable atmosphere to avoid conflicts. Use tact in dealing with team members .

**Communication and Collaboration**

Name	Type	Performance Rating	Comments
Gabriel, Jack J	Main Appraiser	30-Successful 3.00	More effort needed to share information accurately with the immediate supervisor and keep the communication line open on current projects progress. Disseminate critical decision making information promptly for timely decisions

**Innovation**

## Appraisal For Franques, Robert T

Name	Type	Performance Rating	Comments
Gabriel, Jack J	Main Appraiser	30-Successful 3.00	Participate in the Department discussion to contribute better practices in the project management and delivery.

### Professional Accountability

Name	Type	Performance Rating	Comments
Gabriel, Jack J	Main Appraiser	35-Successful 3.50	Takes responsibility and ownership of projects in achieving results for the success of the projects assigned.

### Quality of Work

Name	Type	Performance Rating	Comments
Gabriel, Jack J	Main Appraiser	30-Successful 3.00	Need better handle on establishing priorities to meet deadlines for project delivery. Sense of urgency in completing assignments or obligations on project related milestones.

### Problem Solving/Decision Making

Name	Type	Performance	Comments
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