

AO 88A (Rev. 12/20) Subpoena to Testify at a Deposition in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Georgia



GERALD LYNN BOSTOCK

Plaintiff

v.

CLAYTON COUNTY

Defendant

Civil Action No. 1:16-CV-01460-ELR-WEJ

SUBPOENA TO TESTIFY AT A DEPOSITION IN A CIVIL ACTION

To:

Shelly Hicks Johnson

(Name of person to whom this subpoena is directed)

Testimony: YOU ARE COMMANDED to appear at the time, date, and place set forth below to testify at a deposition to be taken in this civil action. If you are an organization, you must promptly confer in good faith with the party serving this subpoena about the following matters, or those set forth in an attachment, and you must designate one or more officers, directors, or managing agents, or designate other persons who consent to testify on your behalf about these matters:

Table with 2 columns: Place (Buckley Beal, LLP, 600 Peachtree Street, NE, Suite 3900, Atlanta, GA 30308) and Date and Time (04/01/2021 at 9:00 a.m.)

The deposition will be recorded by this method: Stenography and video recording

Production: You, or your representatives, must also bring with you to the deposition the following documents, electronically stored information, or objects, and must permit inspection, copying, testing, or sampling of the material:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 03/24/2021

CLERK OF COURT

OR

Handwritten signature of attorney

Signature of Clerk or Deputy Clerk

Attorney's signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party) Plaintiff

Gerald Lynn Bostock

Thomas J. Mew, IV; Buckley Beal, LLP, 600 Peachtree St., NE, Suite 3900, Atlanta, GA 30308; tmew@buckleybeal.com; (404) 781-1100

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

AO 88A (Rev. 12/20) Subpoena to Testify at a Deposition in a Civil Action (Page 2)

Civil Action No. 1:16-CV-01460-ELR-WEJ

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)

I received this subpoena for *(name of individual and title, if any)* _____
on *(date)* _____.

I served the subpoena by delivering a copy to the named individual as follows: _____

_____ on *(date)* _____; or

I returned the subpoena unexecuted because: _____

Unless the subpoena was issued on behalf of the United States, or one of its officers or agents, I have also
tendered to the witness the fees for one day's attendance, and the mileage allowed by law, in the amount of
\$ _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc.:

Federal Rule of Civil Procedure 45 (c), (d), (e), and (g) (Effective 12/1/13)**(c) Place of Compliance.**

(1) For a Trial, Hearing, or Deposition. A subpoena may command a person to attend a trial, hearing, or deposition only as follows:

- (A) within 100 miles of where the person resides, is employed, or regularly transacts business in person; or
- (B) within the state where the person resides, is employed, or regularly transacts business in person, if the person
 - (i) is a party or a party's officer; or
 - (ii) is commanded to attend a trial and would not incur substantial expense.

(2) For Other Discovery. A subpoena may command:

- (A) production of documents, electronically stored information, or tangible things at a place within 100 miles of where the person resides, is employed, or regularly transacts business in person; and
- (B) inspection of premises at the premises to be inspected.

(d) Protecting a Person Subject to a Subpoena; Enforcement.

(1) Avoiding Undue Burden or Expense; Sanctions. A party or attorney responsible for issuing and serving a subpoena must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. The court for the district where compliance is required must enforce this duty and impose an appropriate sanction—which may include lost earnings and reasonable attorney's fees—on a party or attorney who fails to comply.

(2) Command to Produce Materials or Permit Inspection.

(A) Appearance Not Required. A person commanded to produce documents, electronically stored information, or tangible things, or to permit the inspection of premises, need not appear in person at the place of production or inspection unless also commanded to appear for a deposition, hearing, or trial.

(B) Objections. A person commanded to produce documents or tangible things or to permit inspection may serve on the party or attorney designated in the subpoena a written objection to inspecting, copying, testing, or sampling any or all of the materials or to inspecting the premises—or to producing electronically stored information in the form or forms requested. The objection must be served before the earlier of the time specified for compliance or 14 days after the subpoena is served. If an objection is made, the following rules apply:

- (i) At any time, on notice to the commanded person, the serving party may move the court for the district where compliance is required for an order compelling production or inspection.
- (ii) These acts may be required only as directed in the order, and the order must protect a person who is neither a party nor a party's officer from significant expense resulting from compliance.

(3) Quashing or Modifying a Subpoena.

(A) When Required. On timely motion, the court for the district where compliance is required must quash or modify a subpoena that:

- (i) fails to allow a reasonable time to comply;
- (ii) requires a person to comply beyond the geographical limits specified in Rule 45(c);
- (iii) requires disclosure of privileged or other protected matter, if no exception or waiver applies; or
- (iv) subjects a person to undue burden.

(B) When Permitted. To protect a person subject to or affected by a subpoena, the court for the district where compliance is required may, on motion, quash or modify the subpoena if it requires:

(i) disclosing a trade secret or other confidential research, development, or commercial information; or

(ii) disclosing an unretained expert's opinion or information that does not describe specific occurrences in dispute and results from the expert's study that was not requested by a party.

(C) Specifying Conditions as an Alternative. In the circumstances described in Rule 45(d)(3)(B), the court may, instead of quashing or modifying a subpoena, order appearance or production under specified conditions if the serving party:

- (i) shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship; and
- (ii) ensures that the subpoenaed person will be reasonably compensated.

(e) Duties in Responding to a Subpoena.

(1) Producing Documents or Electronically Stored Information. These procedures apply to producing documents or electronically stored information:

(A) Documents. A person responding to a subpoena to produce documents must produce them as they are kept in the ordinary course of business or must organize and label them to correspond to the categories in the demand.

(B) Form for Producing Electronically Stored Information Not Specified. If a subpoena does not specify a form for producing electronically stored information, the person responding must produce it in a form or forms in which it is ordinarily maintained or in a reasonably usable form or forms.

(C) Electronically Stored Information Produced in Only One Form. The person responding need not produce the same electronically stored information in more than one form.

(D) Inaccessible Electronically Stored Information. The person responding need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or for a protective order, the person responding must show that the information is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) Claiming Privilege or Protection.

(A) Information Withheld. A person withholding subpoenaed information under a claim that it is privileged or subject to protection as trial-preparation material must:

- (i) expressly make the claim; and
- (ii) describe the nature of the withheld documents, communications, or tangible things in a manner that, without revealing information itself privileged or protected, will enable the parties to assess the claim.

(B) Information Produced. If information produced in response to a subpoena is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has; must not use or disclose the information until the claim is resolved; must take reasonable steps to retrieve the information if the party disclosed it before being notified; and may promptly present the information under seal to the court for the district where compliance is required for a determination of the claim. The person who produced the information must preserve the information until the claim is resolved.

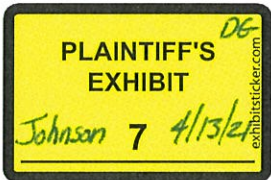
(g) Contempt.

The court for the district where compliance is required—and also, after a motion is transferred, the issuing court—may hold in contempt a person who, having been served, fails without adequate excuse to obey the subpoena or an order related to it.

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Place: Buckley Beal, LLP 600 Peachtree St., NE, Suite 3900 Atlanta, GA 30308	Date and Time: April 13, 2021 at 11:00 a.m.
--	--

The deposition will be recorded by this method: Stenography and video recording

Production: You, or your representatives, must also bring with you to the deposition the following documents, electronically stored information, or objects, and must permit inspection, copying, testing, or sampling of the material:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 04/05/2021

CLERK OF COURT

OR

Signature of Clerk or Deputy Clerk

Attorney's signature

The name, address, e-mail address, and telephone number of the attorney representing *(name of party)* Plaintiff

Gerald Lynn Bostock

, who issues or requests this subpoena, are:
Thomas J. Mew, IV; Buckley Beal, LLP, 600 Peachtree St., NE, Suite 3900, Atlanta, GA 30308; tmew@buckleybeal.com; (404) 781-1100

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tendered to the witness the fees for one day's attendance, and the mileage allowed by law, in the amount of
\$ _____ .

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00 _____ .

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Server's signature

Printed name and title

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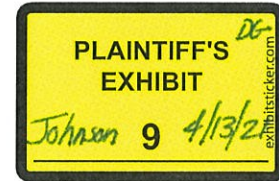
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(g) Contempt.

The court for the district where compliance is required—and also, after a motion is transferred, the issuing court—may hold in contempt a person who, having been served, fails without adequate excuse to obey the subpoena or an order related to it.

CLAYTON COUNTY HUMAN RESOURCES



PERSONNEL FILE

Shelley M Johnson

CLAYTON COUNTY PERSONNEL FILE CONFIGURATION GUIDE

Section I Miscellaneous and Separation Documentation

- *Authorization to Release Information*
- *Employment Separation Notice*
- *Exit Interview*
- *Resignation Letter*
- *Unemployment Claim Challenges*
- *Any other Agreement, Acknowledgment, and/or Request*

*** If the above documentation is received, place in this Section ***



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name Shelley M. Johnson 2. SSN [REDACTED]

a. State any other name(s) under which employee worked. _____

3. Period of Last Employment: From 02/07/11 To 06/06/14

4. REASON FOR SEPARATION:

a. LACK OF WORK

b. If for other than lack of work, state fully and clearly the circumstances of the separation: _____

Employee voluntarily submitted resignation.

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
(DO NOT include vacation pay or earned wages)

_____ In the amount of \$ _____ for period from _____ to _____
(type of payment)

Date above payment(s) was/will be issued to employee _____

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

_____ per month _____ % of contributions paid by employer

6. Did this employee earn at least \$3,500.00 in your employ? YES NO If NO, how much? \$ _____

Average Weekly Wage _____

Employer's Name Clayton County Board of Commissioners (Human Resources)

Address 120 Smith Street
(Street or RFD)

City Jonesboro State GA | 30236
ZIP Code

Employer's Telephone No. 770 477-3239
(Area Code) (Number)

Ga. D. O. L. Account Number 120 123-35
(Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

[Signature]
Signature of Official, Employee of the Employer or authorized agent for the employer

Director of Juvenile Court Services
Title of Person Signing

May 6, 2014
Date Completed and Released to Employee

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.

NOTICE TO EMPLOYEE

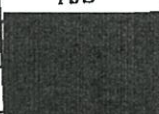
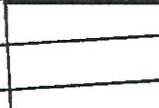
OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR CAREER CENTER IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

RECEIVED
DOL-800 (R-8/05)
MAY 07 2014
CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

EMP. # 21983

D.O.H. 2-7-11

EMPLOYMENT RECORD ACTION	EFF. DATE	POSITION	G/S	A/S	DEPT.
<u>Employed</u>	<u>2-7-11</u>	<u>CASA Support Svc. Super.</u>	<u>19-1</u>		<u>Juvenile Court</u>
<u>Status Chg / ^{Intra Dept} Transfer</u>	<u>10-1-12</u>	<u>" " " "</u>	<u>"</u>		<u>" "</u>
<u>Termination</u>	<u>6-6-14</u>	<u>Resignation</u>			

NAME
Johnson, Shelley M.



MEMORANDUM

DATE: May 6, 2014

TO: Carol Gossett
Child Welfare Service Coordinator

FROM: Shelley M. Johnson
CASA Support Services Supervisor

RE: Resignation

After much deliberation and with regret, I inform you that I am submitting my resignation effective close of business June 6, 2014. I have been challenged and stimulated by my work and have appreciated the encouragement, support and opportunity to have worked with wonderful people at Clayton County Juvenile Court who care about children. I have enjoyed being a part of the team; however, it is time for me to pursue other endeavors.

Respectfully submitted,

Cc: Judge Stephen C. Teske
Mr. John Johnson
Mr. Colin Slay

Child Welfare Services
770-477-3271

RECEIVED
MAY 07 2014
CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT
CLAYTON_002718

2013 POLICY REVIEW

ESSENTIAL POLICIES PACKAGE ACKNOWLEDGMENT FORM

MANDATORY POLICY REVIEW, SEXUAL HARASSMENT POLICY, RACIAL DISCRIMINATION RULES,
SUBSTANCE ABUSE POLICY & COUNTY PRIVACY RULES, GENERAL PROVISIONS,
FAMILY & MEDICAL LEAVE ACT INFORMATION, AND RULES REGARDING INMATES

I, Shelley M. Johnson, acknowledge that I have reviewed a copy
(Please print name as reflected in Personnel Records)
and understand the mandatory "Essential Policy Package" rules of Clayton
County: Special Review Board Policy (Resolution 2001-22), Sexual Harassment
Policy (Resolution 90-64), the Racial Discrimination Rules (Civil Service Rules 3.113
and 3.114), Substance Abuse Policy (Resolution 91-103), Clayton County Privacy
Rule/HIPAA Poster (CCPERSPOST2903), the General Provisions, Family & Medical
Leave Act, and Rules Regarding Inmates as instituted by Clayton County Board of
Commissioners. I also acknowledge that these provisions do not represent all
rules and regulations as set forth by the County. I understand that it is my
responsibility to comply, and as a willing employee of Clayton County, agree to
adhere to these rules. Should I have a need for further explanation, I will discuss
this with my Supervisor/Department Director/Elected Official or the Human
Resources Director or representative.

10/31/13
Date

21983
Employee No.

Shelley M. Johnson
Employee Signature

Juvvenile Court
Department

RECEIVED

NOV 07 2013

CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

HR AD BF 1233-ACK (10CT2013)



Triennial Training 2012
Clayton County Government
Acknowledgement Form

I, Shelley Johnson, hereby certify that I attended 2012 Triennial Training. The topics of the workshop included: *Inmate Rules, the Health Insurance Portability & Accountability Act, Clayton County's General Provisions, Maintaining a Safe Workplace, Sexual Harassment Prevention, Diversity Management, Appeal/Grievance Procedures, and Clayton County's Employee Assistance Program.*

The workshop focused on legal compliance, strength and unity, and growth and teamwork. We identified negative workplace behaviors that could lead to personal and organizational liability. We discussed the consequences of engaging in such behavior and Clayton County Government's reporting procedure. I understand that as an employee of Clayton County Government, I am expected to abide by these policies at all times.

Shelley Johnson
Employee Signature

8/7/12
Date

Juvenile Court
Department

Respect and professionalism keep our ship gliding through calm waters ~Pam Ambles

RECEIVED

SEP 07 2012

CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT
CLAYTON_002720

ESSENTIAL POLICIES PACKAGE ACKNOWLEDGMENT FORM

MANDATORY POLICY REVIEW, SPECIAL REVIEW BOARD POLICY, SEXUAL HARASSMENT POLICY,
RACIAL DISCRIMINATION RULES, SUBSTANCE ABUSE POLICY & COUNTY PRIVACY RULES, GENERAL
PROVISIONS, FAMILY & MEDICAL LEAVE ACT INFORMATION, AND RULES REGARDING INMATES

I, Shelley Johnson, acknowledge that I have reviewed a copy
(Please print name as reflected in Personnel Records)

and understand the mandatory "Essential Policy Package" rules of Clayton County:
Special Review Board Policy (Resolution 2001-22), Sexual Harassment Policy
(Resolution 90-64), the Racial Discrimination Rules (Civil Service Rules 3.113 and
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responsibility to comply, and as a willing employee of Clayton County, agree to
adhere to these rules. Should I have a need for further explanation, I will discuss this
with my Supervisor/Department Director/Elected Official or the Human Resources
Director or representative.

7/11/11
Date

Shelley Johnson
Employee Signature

Juvenile Court
Department

RECEIVED

PERS AD BF 1233-ACK (2AUG2009)

11/13/2011
CLAYTON COUNTY

**Health Insurance Portability &
Accountability Act (HIPAA) Plan &
Security Up-date Training
Acknowledgment Form**

I, Shelley Marie Johnson hereby certify that I have received
(Please Print Full Name)
instruction in my duties and responsibilities with respect to individually
identifiable health information protected by HIPAA privacy rules. I also
acknowledge that I have reviewed and received training material. I can also obtain
a copy of the training scenarios related to HIPAA law for the departmental
personnel representative, the Human Resources – Professional Development, or
access the county's intranet (CNET) site through any county network computer. I
also acknowledge that I understand who I may contact with questions regarding the
material and/or circumstances that I may encounter. I further understand that it is
my responsibility to comply, and as a willing employee of Clayton County, agree
to adhere to the privacy rule.

Shelley Marie Johnson
Employee Signature

3/4/11
Date

Juvenile Court
Department

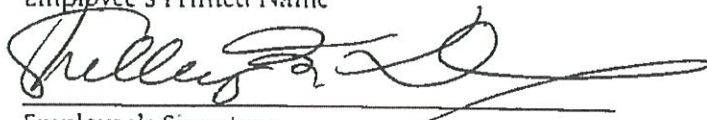
CLAYTON COUNTY BOARD OF COMMISSIONERS
NEW EMPLOYEE ORIENTATION
ACKNOWLEDGMENT FORM

The Employee Orientation Booklet describes important information about Clayton County. Topics of discussion include HIPAA training, the Substance Abuse Policy, Cultural Diversity training, and Sexual Harassment policy. I understand that I should consult the Human Resources Department regarding any questions not answered in the orientation booklet. I have entered into my employment relationship with Clayton County voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or Clayton County can terminate our employment relationship after the probationary period, but in accordance with Clayton County Civil Service Rules and Regulations.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the orientation booklet may occur. I understand that revised information may supersede, modify, or eliminate existing policies. The Clayton County Board of Commissioners may adopt any revisions to the policies in the orientation booklet.

I acknowledge that this booklet is neither a contract of employment nor a legal document. I have received the orientation course and booklet which contains only an excerpt of the rules and regulations of the Clayton County Civil Service System and that I must comply with all rules and regulations as well as any amendments thereto. Furthermore, I understand that it is my responsibility to read and comply with the policies of the department which I work for. If departmental policies and Civil Service Rules and Regulations are not made available within my individual department, then I may contact the Human Resources Department to review a copy and for further inquiries and/or assistance.

Shelley M. Johnson
Employee's Printed Name


Employee's Signature

12/8/10
Date

Juvenile Court
Department

ESSENTIAL POLICIES PACKAGE ACKNOWLEDGMENT FORM

MANDATORY POLICY REVIEW, SPECIAL REVIEW BOARD POLICY, SEXUAL HARASSMENT POLICY,
RACIAL DISCRIMINATION RULES, SUBSTANCE ABUSE POLICY & COUNTY PRIVACY RULES, GENERAL
PROVISIONS, FAMILY & MEDICAL LEAVE ACT INFORMATION, AND RULES REGARDING INMATES

I, Shelley M. Johnson, acknowledge that I have reviewed a copy
(Please print name as reflected in Personnel Records)

and understand the mandatory "Essential Policy Package" rules of Clayton County:
Special Review Board Policy (Resolution 2001-22), Sexual Harassment Policy
(Resolution 90-64), the Racial Discrimination Rules (Civil Service Rules 3.113 and
3.114), Substance Abuse Policy (Resolution 91-103), Clayton County Privacy
Rule/HIPAA Poster (CCPERSPOST2903), the General Provisions, Family &
Medical Leave Act, and Rules Regarding Inmates as instituted by Clayton County
Board of Commissioners. I also acknowledge that these provisions do not represent
all rules and regulations as set forth by the County. I understand that it is my
responsibility to comply, and as a willing employee of Clayton County, agree to
adhere to these rules. Should I have a need for further explanation, I will discuss this
with my Supervisor/Department Director/Elected Official or the Human Resources
Director or representative.

10/4/10
Date

Shelley M. Johnson
Employee Signature

JUVENILE COURT
Department

CLAYTON COUNTY PERSONNEL FILE CONFIGURATION GUIDE

Section II Employee Status Change Documentation

- *Cost of Living Form (COLA)*
- *Employee Salary Change File Notice*
- *Leave Action Form*
- *Pay and Class Study Change Form*
- *Request for Personnel Action Form*
- *Request for Personnel Action Form - Reclassification*
- *Salary Change - other than Personnel Action Form*

***** If the above documentation is received, place in this Section *****

CLAYTON COUNTY GOVERNMENT
PERSONNEL ACTION FORM

Main F5 F7 F8 F10
 F11 EV MV CV
 LS PA V F18

DATE 5/6/14

RECEIVED

- Regular (1) Appointed (A)
 Part-Time (2) Elected (B)
 Temporary (3) State Supplement (S)
 Fire - 108 (F) Unclassified
 Seasonal (2) Grant (9)
 Instructor (5)

EFFECTIVE DATE 6/6/14 cob

MAY 07 2014

LOCATION 0009

CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

NAME Johnson

(last) Johnson (first) Shelley (middle) M. SS# [REDACTED]

ADDRESS [REDACTED]
 (#) (street) (apt) (city) (state) (zip code) (county)

MAILING ADDRESS (leave blank if same as above)

ORGANIZATION Juvenile Court 101 2201
 (department name) (fund) (org) (project) (source)

DATE OF EMPLOYMENT 02/07/11 REHIRE DATE _____ DATE OF BIRTH [REDACTED] PHONE# [REDACTED]

Check box for change of
 Name/Address/Zip Code
 Telephone/Location
 Organization
 Previous _____
 Previous _____

Appointment
 Rehire
 POSITION TITLE _____ GRADE/STEP _____
 ANNUAL & HOURLY PAY RATE _____ PREVIOUSLY EMPLOYED YES NO

Rate Change Norm Change
 Fund Change Title Change
 Transfer Intra-Dept Transfer
 Promotion Demotion
 Progression Certification
 TAD End TAD
 Admin Appt/Assignment
 End Admin Appt/Assignment
 PT/Temp to Full-Time
 ORG NO. & DEPARTMENT NAME from _____ to _____
 POSITION TITLE from _____ to _____
 GRADE & STEP from _____ to _____
 NORM UNIT (FIRE) from _____ to _____
 ANNUAL & HOURLY PAY RATE from _____ to _____
 EXPLANATION _____
 Releasing Dept Signature (Transfers Only) _____
 (FORWARD TO RECEIVING DEPARTMENT FOR APPROVAL BELOW)

Resignation
 Termination
 Deceased
 Retiree
 POSITION TITLE CASA Support Services Super. PENSION VESTED YES NO
 ANNUAL & HOURLY PAY RATE [REDACTED] AL DUE 8 COMP DUE 1.32
 REASON Employee voluntarily resigned
 DID EMPLOYEE GIVE NOTICE? YES NO How much notice? Four weeks
 WOULD YOU REHIRE? YES NO If no, explain? _____

Date Deleted 6-16-14
 DAL 525
 On Lieu CSL Resv

FOR HUMAN RESOURCES/PAYROLL USE ONLY:
 EMPLOYEE # 21983 IH PENSION DATE _____
 INCUMBENT _____ REVIEW DATE 2/7/15 John P. Johnson
 IN LIEU OF _____ EEOC FUNCTION 01 (Department Head)
 CLASS CODE # JC190 EEOC CATEGORY E RB 5/8/14
 OVERTIME Y INSURANCE NOTIFIED _____ (Human Resources Director)
 PROBATION YES NO PENSION NOTIFIED _____ Armon Collins 5-14-14
 LEAVE BENEFITS YES NO OTHER RETIREMENT _____ FICA/MEDICARE _____ (Finance Director)
 _____ (Chairperson or Designee)

CLAYTON COUNTY GOVERNMENT
LEAVE ACTION FORM
RECEIVED

Main F5 F7 F8 F10
F11 EV MV CF
LS PA V F18

DATE 05/28/12
EFFECTIVE DATE 04/05/13
LOCATION 0009

MAY 29 2013
CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

- Regular (1)
- Part-Time (2)
- Temporary (3)
- Fire - 108 (F)
- Seasonal (2)
- Instructor (5)
- Appointed (A)
- Elected (B)
- State Supplement (S)
- Unclassified
- Grant (9)

NAME Johnson Shelley M. SS# [REDACTED]

ADDRESS [REDACTED]

MAILING ADDRESS (leave blank if same as above)

ORGANIZATION Juvenile Court 101 2201

DATE OF EMPLOYMENT 02/07/11 REHIRE DATE _____ DATE OF BIRTH [REDACTED] PHONE# [REDACTED]

FROM	TO	FROM	TO	FROM	TO
PDY <u>X</u>	FMLA <u>X</u>	FMLA <u>X</u>	PDY <u>X</u>	FMLA _____	MAL _____
PDY _____	FMLA(I) _____	FMLA(I) _____	PDY _____	FMLA(I) _____	FMLA(I) _____
PDY _____	LWOP _____	LWOP _____	PDY _____	FMLA(I) _____	MAL _____
PDY _____	SWOP _____	SWOP _____	PDY _____	MAL _____	LWOP _____
PDY _____	ADMINL PD _____	ADMINL PD _____	PDY _____	MAL _____	PDY _____
PDY _____	ADMINL UP _____	ADMINL UP _____	PDY _____		
PDY _____	*ML _____	*ML _____	PDY _____		

*MILITARY - IN COUNTRY or OUT OF COUNTRY

FMLA REASONS: Self X Parent _____ Child _____ Birth _____ Spouse _____ Other _____

FROM 04/05/13 TO 04/29/13 DAYS/HOURS _____ (Suspensions Only)

REMARKS: Begin / End FMLA - RTW 4-29-13

PDY - Present For Duty
LWOP - Leave Without Pay
MAL - Medical Accommodation Leave
FMLA - Family & Medical Leave
SWOP - Suspension Without Pay
ML - Military Leave
FMLA(I) - Intermittent Family & Medical Leave
ADMINL PD - Administrative Leave Paid
ADMINL UP - Administrative Leave Unpaid

FOR HUMAN RESOURCES/PAYROLL USE ONLY:

EMPLOYEE # 21983 IH PENSION DATE _____
INCUMBENT _____ REVIEW DATE 2/7/14 (Department Head) John P. Johnson III
IN LIEU OF _____ EEOC FUNCTION 01 (Human Resources Director) RB
CLASS CODE # JC190 EEOC CATEGORY E (Finance Director) [Signature]
OVERTIME Y INSURANCE NOTIFIED 6/3/13 (Supervisor or Designee) [Signature]
PROBATION YES NO PENSION NOTIFIED _____
LEAVE BENEFITS YES NO OTHER RETIREMENT _____ FICA/MEDICARE _____

CLAYTON COUNTY GOVERNMENT
PERSONNEL ACTION FORM

Main F5 F7 F8 F10
 F11 EVD MYD CFD
 LS PA V F18

DATE 09/21/12
 EFFECTIVE DATE 10/01/12
 LOCATION 0009

Regular (1) Appointed (A)
 Part-Time (2) Elected (B)
 Temporary (3) State Supplement (S)
 Fire - 108 (F) Unclassified
 Seasonal (2) Grant (9)
 Instructor (5)

NAME Johnson Shelley M W SS# [REDACTED]
(last) (first) (middle)

ADDRESS [REDACTED]
(#) (street) (apt) (city) (state) (zip code) (county)

MAILING ADDRESS _____
(leave blank if same as above)

ORGANIZATION Juvenile Court 101 2201
(department name) (fund) (org) (project) (source)

DATE OF EMPLOYMENT 02/07/11 REHIRE DATE _____ DATE OF BIRTH [REDACTED] PHONE# [REDACTED]

RECEIVED
 SEP 24 2012

Check box for change of
 Name/Address/Zip Code
 Telephone/Location
 Organization

Previous _____
 Previous _____

Appointment
 Rehire

POSITION TITLE CLAYTON COUNTY GRADE/STEP _____
HUMAN RESOURCES DEPARTMENT
 ANNUAL & HOURLY PAY RATE _____ PREVIOUSLY EMPLOYED YES NO

Rate Change Norm Change
 STATUS CHANGE
 Fund Change Title Change
 Transfer Intra-Dept Transfer
 Promotion Demotion
 Progression Certification
 TAD End TAD
 Admin Appt/Assignment
 End Admin Appt/Assignment
 PT/Temp to Full-Time

ORG NO. & DEPARTMENT NAME from 2210 - Juv. Court to 2201 Juvenile Court
 POSITION TITLE from CASA Support Services Super. to SAME
 GRADE & STEP from 019-01 to SAME
 NORM UNIT (FIRE) from _____ to _____
 ANNUAL & HOURLY PAY RATE from [REDACTED] to SAME
 EXPLANATION Grant funding to County funding.
 Releasing Dept Signature (Transfer Only) Appd by BOC on 9/18/2012 W
(FORWARD TO RECEIVING DEPARTMENT FOR APPROVAL BELOW)

Resignation
 Termination
 Deceased
 Retirement

POSITION TITLE _____ PENSION VESTED YES NO
 ANNUAL & HOURLY PAY RATE _____ AL DUE _____ COMP DUE _____
 REASON _____
 DID EMPLOYEE GIVE NOTICE? YES NO How much notice? _____
 WOULD YOU REHIRE? YES NO If no, explain? _____

FOR HUMAN RESOURCES/PAYROLL USE ONLY:

EMPLOYEE # 21983 H PENSION DATE _____
 INCUMBENT _____ REVIEW DATE 2-7-13
 IN LIEU OF _____ EEOC FUNCTION 01
 CLASS CODE # JC190 EEOC CATEGORY E
 OVERTIME Y INSURANCE NOTIFIED _____
 PROBATION YES NO PENSION NOTIFIED _____
 LEAVE BENEFITS YES NO OTHER RETIREMENT _____ FICA/MEDICARE _____

John P. Johnson
(Department Head)
RHS
(Human Resources Director)
AS
(Finance Director)
[Signature]
(Chairperson or Designee)



Shelley M. Johnson

MEMORANDUM

• Juvenile Court of Clayton County • 9163 Tara Boulevard • Jonesboro, GA 30236 • 770-477-3270 •

DATE: September 13, 2012

TO: Renee Bright
Director of Human Resources

FROM: John P. Johnson, III 
Director of Juvenile Court Services

SUBJECT: Juvenile Court relocation to new address

Per instructions from Wanda Willis, this memorandum is to advise Human Resources that the relocation of Juvenile Court to our new building at 9163 Tara Boulevard, Jonesboro, GA is now complete.

All employees previously at location 0003 (Courthouse Annex 3, 121 McDonough Street, Jonesboro) 0001 (Juvenile Court Services, 259 Arrowhead Boulevard, #C2, Jonesboro) and 9999 (non-owned buildings such as the Regional Youth Detention Center) are now permanently assigned to location 0009 (9163 Tara Boulevard, Jonesboro).

Please use this memorandum as our request to change the location numbers in the permanent file of each Juvenile Court employee to 0009. A complete list of employees is attached. Should you need additional information, please do not hesitate to contact me. As always, thank you for your assistance.

cc: Wanda Willis

Attachment

JPJ/jw

RECEIVED

SEP 14 2012



CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

CLAYTON COUNTY GOVERNMENT
REQUEST FOR PERSONNEL ACTION

Maine F5 F7 F8 F10
F11 EV MV F18
CF LS PA TL VP

DATE 09/23/10
EFFECTIVE DATE 10/04/10
LOCATION 0003

Regular (1) Appointed (A)
 Part-Time (2) Elected (B)
 Temporary (3) State Supplement (S)
 Fire - 108 (F) Unclassified
 Seasonal (2) Grant (9)

NAME Johnson Shelley Marie SS# [REDACTED]
(last) (first) (middle)

ADDRESS [REDACTED]
(#) (street) (apt) (city) (state) (zip code) (county)

MAILING ADDRESS (leave blank if same as above)

ORGANIZATION Juvenile Court 289 2210 10,000 1JU30
(department name) (fund) (org) (project) (source)

DATE OF EMPLOYMENT 10/04/10 REHIRE DATE _____ DATE OF BIRTH [REDACTED] PHONE# [REDACTED]

Check here for change of
 Name/Address/Zip Code
 Telephone/Location
Previous _____
Previous _____

Appointment Rehire
POSITION TITLE CASA Volunteer Training supv. GRADE/STEP 219-01
ANNUAL & HOURLY PAY RATE [REDACTED] PREVIOUSLY EMPLOYED YES NO

Rate Change Norm Change
 Transfer Intra-Dept Transfer
 Promotion Demotion
 Admin Appt/Assignment
 End Admin Appt/Assignment
 Progression Certification
 TAD End TAD
 PT/Temp to Full-Time
ORGANIZATION & NUMBER from _____ to _____
POSITION TITLE from _____ to _____
GRADE & STEP from _____ to _____
NORM UNIT (FIRE) from _____ to _____
ANNUAL & HOURLY PAY RATE from _____ to _____
EXPLANATION _____
Releasing Dept Signature (Transfers Only) _____
(FORWARD TO RECEIVING DEPARTMENT FOR APPROVAL BELOW)

RECEIVED
SEP 28 2010
CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

Resignation
 Termination
 Deceased
 Retirement
POSITION TITLE _____ PENSION VESTED YES NO
ANNUAL & HOURLY PAY RATE _____ AL DUE _____ COMP DUE _____
REASON _____
DID EMPLOYEE GIVE NOTICE? YES or NO How much notice? _____
WOULD YOU REHIRE? YES or NO If no, explain _____

FOR PERSONNEL/PAYROLL USE ONLY:

EMPLOYEE# 21983 / H INSURANCE NOTIFIED _____
INCUMBENT Annel Maricela REVIEW DATE _____
IN LIEU OF _____ PENSION DATE _____
CLASS CODE # 00564 OTHER RETIREMENT _____
OVERTIME Y EEOC FUNCTION 01
FICA/MEDICARE _____ EEOC CATEGORY E
PROBATION YES OR NO LEAVE BENEFITS YES OR NO

John L. Johnson
(Department Head)
R. [Signature]
(Personnel Director)
AJ
(Finance Director)
[Signature]
(Chairperson or Designee)

CLAYTON COUNTY GOVERNMENT
PERSONNEL ACTION FORM

Main F5 F7 F8 F10
 F11 EV MV F18
 CF LS PA TL V

DATE 01/21/11
 EFFECTIVE DATE 02/07/11
 LOCATION 0003

- Regular (1) Appointed (A)
 Part-Time (2) Elected (B)
 Temporary (3) State Supplement (S)
 Fire - 108 (F) Unclassified
 Seasonal (2) Grant (9)
 Instructor (5)

NAME Johnson Shelley Marie SS# [REDACTED]
(last) (first) (middle)

ADDRESS [REDACTED]
(#) (street) (apt) (city) (state) (zip code) (county)

MAILING ADDRESS [REDACTED]
(leave blank if same as above)

ORGANIZATION Juvenile Court 289 189 2210 10,000 1HR01
(department name) (fund) (org) (project) (source)

DATE OF EMPLOYMENT 02/07/11 REHIRE DATE _____ DATE OF BIRTH [REDACTED] PHONE# [REDACTED]

Check box for change of
 Name/Address/Zip Code
 Telephone/Location
 Organization
 Previous _____
 Previous _____

Appointment
 Rehire
 POSITION TITLE _____ GRADE/STEP _____
 ANNUAL & HOURLY PAY RATE _____ PREVIOUSLY EMPLOYED YES NO

Rate Change Norm Change
 Fund Change Title Change
 Transfer Intra-Dept Transfer
 Promotion Demotion
 Progression Certification
 TAD End TAD
 Admin App/Assignment
 End Admin App/Assignment
 PT/Temp to Full-Time
 ORG NO. & DEPARTMENT NAME from 2210 Juv. Ct. to SAME
 POSITION TITLE from CASA Volunteer Train Supe p/t to CASA Support Services Supervisor
 GRADE & STEP from 219-01 to 019-01
 NORM UNIT (FIRE) from _____ to _____
 ANNUAL & HOURLY PAY RATE from [REDACTED] to [REDACTED]
 EXPLANATION Selected to fill full time position
 Releasing Dept Signature (Transfers Only) _____
 (FORWARD TO RECEIVING DEPARTMENT FOR APPROVAL BELOW)

Resignation
 Termination
 Deceased
 Retirement
 POSITION TITLE _____ PENSION VESTED YES NO
 ANNUAL & HOURLY PAY RATE _____ AL DUE _____
 REASON _____
 DID EMPLOYEE GIVE NOTICE? YES NO How much notice? _____
 WOULD YOU REHIRE? YES NO If no, explain? _____

FOR HUMAN RESOURCES/PAYROLL USE ONLY:

EMPLOYEE # 21983 H PENSION DATE 2-7-11
 INCUMBENT HAWA Minor REVIEW DATE 2-7-12
 IN LIEU OF _____ EEOC FUNCTION 01
 CLASS CODE # JC190 EEOC CATEGORY E
 OVERTIME Y INSURANCE NOTIFIED _____
 PROBATION YES NO PENSION NOTIFIED _____
 LEAVE BENEFITS YES NO OTHER RETIREMENT _____ FICA/MEDICARE _____
2/6/12
 (Department Head) [Signature]
 (Human Resources Director) [Signature]
 (Finance Director) [Signature]
 (Chairperson or Designee) [Signature]

CLAYTON COUNTY PERSONNEL FILE CONFIGURATION GUIDE

Section III Performance Documentation

- *Achievement Letter*
- *Appreciation Letter*
- *Commendations*
- *Disciplinary Action Form*
- *Employee Performance Review (PEP)*
- *End of Probationary Form*
- *General Counseling Form*
- *Probationary Period Extension Letter/Form*
- *Reprimand Letter*
- *Vehicle Accident Review*

*** If the above documentation is received, place in this Section ***



**CLAYTON COUNTY
HUMAN RESOURCES**

INTER - OFFICE MEMORANDUM

DATE: April 9, 2014

TO: Finance
Payroll Division

TD

FROM: Tamara Duggans
Human Resources Manager

SUBJECT: Review Date Change

Please change the review date for employee, **Shelley M. Johnson**, #21983 of **Juvenile Court (2201)** to **February 7, 2015**. The review date must be changed although the Board of Commissioners did not approve merit increases for the fiscal year.


As always, we appreciate your assistance with our request and if you have any questions, please call Jennifer Dutcher at 770-477-3243.

rd/jd

cc: Employee File
Department

Review Date Change-1

**CLAYTON COUNTY BOARD OF COMMISSIONERS
PERFORMANCE EVALUATION PROGRAM
EMPLOYEE RECORD INFORMATION**

Name	 Shelley Johnson		
Employee I.D.#	021983		
ORGN #	2210		
Department	Juvenile Court		
Job Title	CASA Support Services Supervisor		
Supervisor	Carol E. Gossett		
Employee Status	Appointed/Unclassified <input type="checkbox"/> Classified X Probationary <input type="checkbox"/>		
Appraisal Period	Feb.7, 2013-Feb.6, 2014	Appraisal Date	2-25-14
Appraisal Type	Probationary <input type="checkbox"/> AnnualX Other <input type="checkbox"/>		

NR 2.7.15

Note: Non-exempt employees will only be evaluated on the first ten performance elements. Supervisory/exempt employees will not be evaluated on "Attendance". Attendance for exempt/supervisory employees will be evaluated under "Rule Conformance".

RECEIVED
 APR 09 2014
 CLAYTON COUNTY
 HUMAN RESOURCES DEPARTMENT

NAME: Shelley Johnson 021983

PERFORMANCE EVALUATION REPORT

Record performance ratings by placing an "X" in the corresponding box below. Place the numeric equivalent of the rating into the score box. Total all of the scores.

APPRAISAL ELEMENT	1	2	3	4	5	SCORE
Attendance			3			
Communication Skills (Written and Oral)				4		
Decision Making/ Problem Solving				4		
Interpersonal Relations				4		
Job Skills/Knowledge				4		
Productivity/Quantity of Work				4		
Public Relations				4		
Quality of Work				4		
Rule Conformance		2				
Safety/Loss Control				4		
Supervisory/Management Ability						
TOTAL SCORE						37

TOTAL SCORES

- 10 - 19 Unsatisfactory
- 20 - 29 Below Average
- 30 - 39 Average
- 40 - 49 Above Average
- 50 Outstanding

RATINGS

- (1) Unsatisfactory Performance - Improvement is Mandatory
- (2) Below Acceptable Performance - Needs Improvement
- (3) Average Performance - Meets Acceptable Standards
- (4) Above Average Performance - Exceeds Acceptable Standards
- (5) Outstanding Performance

**FYE 06/30/2012
NO INCREASE APPROVED
BY BOARD OF COMMISSIONERS**

I do hereby certify that the "Performance Appraisal Report" has been completed and formally reviewed.

Employee Signature _____ Date _____
 Supervisor Signature Carol E. Gossel Date 2/25/14
 Department Head Signature Steve Jerke Date 2/3/14

(If any signature is missing, complete the "Reason for Rejection Form".)

CLAYTON COUNTY
HUMAN RESOURCE DEPARTMENT
(REV. 07/07/2011)

RECEIVED
APR 09 2014

M.
 NAME: Shelley Johnson 021983

EXCEPTIONAL PERFORMANCE RECORD/GOAL & OBJECTIVES

List any exceptional skills or performance that attributed to the employee's "above average" rating in the specified element.

		DATE
Attendance		
Communication Skills (Written and Oral)	Ms. Johnson is able to write and speak with clarity and confidence. She communicates effectively with her clients as well as other Child Welfare professionals.	
Decision Making/ Problem Solving	Ms. Johnson's decision and problem solving abilities are clear and concise. Ms. Johnson is able to make sound decisions quickly and foresee potential problems	
Interpersonal Relations	Ms. Johnson is courteous and has a good working relationship with her coworkers. Her demeanor is professional and this image is an asset to the court.	
Job Skills/Knowledge	Ms. Johnson has a thorough understanding of her duties and responsibilities. She is quick to recall details and is proficient in the use of resources.	
Productivity/ Quantity of Work	Ms. Johnson's work is time sensitive with the court. She normally completes her assignments in a timely manner. Ms. Johnson possesses a good work ethic and is not known to waste time while at work.	
Public Relations	Ms. Johnson demonstrates a genuine concern for helping others. She consistently relays pertinent information to her clients in a timely manner and follows up with clients' requests. Feedback from Clients is usually positive.	
Quality of Work	Ms. Johnson makes very few errors in the submission of her court reports. Her reports are neat and submitted in a timely manner	
Rule Conformance		
Safety/Loss Control	Ms. Johnson conforms to safety rules and reports accidents in a timely manner. Ms. Johnson has not had any at-fault accidents during this rating period.	
Supervisory/ Management Ability		

REMARKS:

APR 09 2014

RECEIVED

NAME: Shelley Johnson 071983

PERFORMANCE IMPROVEMENT GOALS & OBJECTIVES

List any goals and/or objectives that may assist the employee to improve upon specific elements and over-all performance. Following the specified period, the supervisor should review the employee's progress.

		DATE
Attendance	Ms. Johnson adheres to her work schedule. Ms. Johnson experienced an injury during this evaluation period but those hours were not figured in the 165.25 sick leave hours used for the evaluation period. Ms. Johnson also used 160 hours of annual leave and an additional 32 hours of Comp time during this period. Although Ms. Johnson could not prevent her injury, there were still several hours of absences that the staff was responsible for covering her duties. Attentiveness to the number of hours being used will alleviate this situation for the next evaluation period.	
Communication Skills (Written and Oral)		
Decision Making/ Problem Solving		
Interpersonal Relations		
Job Skills/Knowledge		
Productivity/ Quantity of Work		
Public Relations		
Quality of Work		
Rule Conformance	Ms. Johnson received a verbal and written directive during this review period concerning clocking out to attend doctor appointments and to not group her doctor's appointments with scheduled interviews or lunch periods. Ms. Johnson has corrected this situation and this will certainly increase her rating in her next review.	
Safety/Loss Control		
Supervisory/ Management Ability		

REMARKS:

RECEIVED
 APR 09 2014
 CLAYTON COUNTY
 HUMAN RESOURCES DEPARTMENT

M.
NAME: Shelley Johnson 121983

REASON FOR REJECTION FORM

I am compelled to submit the reason for rejection form because I feel the areas of concern on my performance evaluation are unwarranted.

1. Attendance – “3 rating”. As a result of my worker’s compensation injury and FMLA, 165.25 hours should not be reflected on the evaluation. Pamela Ambles of Human Resources stated during a FMLA training on 8/15/11 that, “FMLA protects the employee, the time does not count against attendance and is not part of the performance evaluation rating”. Therefore the second sentence in the attendance area should be removed and my rating should be adjusted accordingly.
2. Rule Conformance – “2 Rating”. Ms. Gossett stated I received a verbal and written warning concerning clocking out to attend workers’ compensation doctor appointments and grouping interviews and lunch periods. Ms. Gossett is in error. I never received a verbal warning. She insisted Mr. Slay gave me a verbal warning. Mr. Slay explained workers’ compensation policy to the both of us, at no time was verbal warning mentioned. In fact, I did forget to clock out for the doctor appointment, went to DFCS and to lunch on July 16, 2013. While at DFCS I called Ms. Gossett to inform her I was getting documents for a case and was running late for lunch. She asked if I had clocked out, I informed her I had forgotten. Upon my returned to the office she presented a written warning that I refused to sign stating I had not received a verbal warning. I would like to make it clear that I live by and obey rules. Once rules are brought to my attention and explained, I conform. I feel my rating in this area should be adjusted accordingly.

RECEIVED
APR 09 2014
CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

Employee’s Signature

Date:

8/26/14



**CLAYTON COUNTY
HUMAN RESOURCES**

INTER - OFFICE MEMORANDUM

DATE: February 5, 2013

TO: Finance
Payroll Division

WJW

FROM: Wanda J. Willis
HR Officer/Comp & Class

SUBJECT: Review Date Change

Please change the review date for employee, **Shelley M. Johnson**, #21983, of **Juvenile Court (2201)** to **February 7, 2014**. The review date is to be changed even though the Board of Commissioners did not approve merit increases for the fiscal year.

As always, we appreciate your assistance with our request and if you have any questions, please call Julia Souder at 770-477-3243.

wjw/js

cc: Employee File
Department

Review Date Change-1

**CLAYTON COUNTY BOARD OF COMMISSIONERS
PERFORMANCE EVALUATION PROGRAM
EMPLOYEE RECORD INFORMATION**

Name	Shelley M. Johnson		
Employee I.D.#	021983		
ORGN #	2210 2201		
Department	Juvenile Court		
Job Title	CASA Support Services Supervisor		RECEIVED FEB 05 2013 CLAYTON COUNTY HUMAN RESOURCES DEPARTMENT
Supervisor	Gerald Bostock		
Employee Status	Appointed/Unclassified <input type="checkbox"/> Classified x <input checked="" type="checkbox"/> Probationary <input type="checkbox"/>		
Appraisal Period	02/07/11 – 02/06/13	Appraisal Date	01/31/13
Appraisal Type	Probationary <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

NB 2/17/14

Note: Non-exempt employees will only be evaluated on the first ten performance elements. Supervisory/exempt employees will not be evaluated on "Attendance". Attendance for exempt/supervisory employees will be evaluated under "Rule Conformance".

NAME: Shelley Johnson 021983

PERFORMANCE EVALUATION REPORT

Record performance ratings by placing an "X" in the corresponding box below. Place the numeric equivalent of the rating into the score box. Total all of the scores.

APPRAISAL ELEMENT	1	2	3	4	5	SCORE
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Communication Skills (Written and Oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Decision Making/ Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Interpersonal Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Job Skills/Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Productivity/Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Public Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Rule Conformance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Safety/Loss Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Supervisory/Management Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL SCORE						50 ✓

TOTAL SCORES
 10 - 19 Unsatisfactory
 20 - 29 Below Average
 30 - 39 Average
 40 - 49 Above Average
 50 Outstanding

RATINGS
 (1) Unsatisfactory Performance - Improvement is Mandatory
 (2) Below Acceptable Performance - Needs Improvement
 (3) Average Performance - Meets Acceptable Standards
 (4) Above Average Performance - Exceeds Acceptable Standards
 (5) Outstanding Performance

FYE 06/30/2011
 NO INCREASE APPROVED
 BY BOARD OF COMMISSIONERS

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 FEB 05 2013
 CLAYTON COUNTY
 HUMAN RESOURCES DEPARTMENT

I do hereby certify that the "Performance Appraisal Report" has been completed and formally reviewed.

Employee Signature Shelley Johnson
 Supervisor Signature [Signature]
 Department Head Signature [Signature]

Date 2/1/13
 Date 1/31/13
 Date 1/31/13

(If any signature is missing, complete the "Reason for Rejection Form".)

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FEB 05 2013

NAME: Shelley M. Johnson 021983

EXCEPTIONAL PERFORMANCE RECORD/GOAL & OBJECTIVES CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

List any exceptional skills or performance that attributed to the employee's "above average" rating in the specified element.

		DATE
Attendance	This category addresses whether an employee is present and available for work, reports to work on time, calls in when sick or absent, and looks at the number of unexcused absences and tardies during the rating period. Ms. Johnson excels in this area, as she reports to work on time, uses her time off appropriately, and gladly attends program events and activities, even when they are scheduled outside the normal hours of the court. Her times sheets are submitted timely and accurately.	
Communication Skills (Written and Oral)	This category pertains to the ability to express ideas, information and/or instructions clearly and concisely, both orally and in writing. Ms. Johnson is able to clearly communicate both verbally and in writing. This is evident in the large number of timely and concise court reports she submits on a monthly basis. Her testimony in court is clear, specific, factual, and professional.	
Decision Making/ Problem Solving	This category reviews the ability of an employee to analyze information, and use logic and good judgment to find solutions to problems. Ms. Johnson has proven ability to make appropriate decisions and resolve problems. In fact, much of her time is spent out in the field, and frequently has to rely on this skill to produce the high quality court reports that are submitted monthly. She seeks supervisory assistance when and where appropriate.	
Interpersonal Relations	This category looks at the manner in which an employee interacts with the public, supervisors and other employees. Ms. Johnson also excels in this area. She continues to relate well with coworkers, volunteers, Advisory Board members, other social service agencies, and the general public. She has built a solid reputation of being fair, honest, and trustworthy.	
Job Skills/Knowledge	This category addresses what an employee knows, and understands and properly applies information and knowledge to satisfactorily perform job duties. Ms. Johnson has a wealth of knowledge pertaining to child welfare, and eagerly seeks opportunities to further her skill set and knowledge. She produces accurate, well thought out court reports providing valuable information to the judges of this court in home evaluation and three year review cases. She works well independently out in the field, but has a great team spirit about her!	
Productivity/ Quantity of Work	This category factors in the amount of work accomplished by the employee and whether tasks and assignments are completed timely. She has been responsible for 78 Home Eval cases during this period (impacting 119 children) and 77 Three Year Reviews (impacting 121 children) during this review period. On average, she has supervised 14 volunteers assigned to her caseload that have assisted in producing the above numbers.	
Public Relations	This category looks at the manner in which the employee communicates, negotiates and provides information and services for the clientele of the Court as well as interdepartmental employees. As stated above, Ms. Johnson excels in this area. Her reputation of being fair, accurate, honest, and dependable is recognized in and out of the courtroom. She is to be commended for her active involvement in the Duck Derby during this review period.	
Quality of Work	This category factors in the accuracy, thoroughness and neatness of work performed as well as the reliability in producing the expected results. Ms Johnson makes very few errors and work seldom has to be resubmitted. She displays a true desire to do a good job and has a strong work ethic.	
Rule Conformance	This category addresses whether the employee follows civil service and departmental policies and procedures. No issues with this category.	

CLAYTON_002742

NAME:	Shelley M. Johnson 021983
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Safety/Loss Control	This category reviews whether an employee follows proper safety/loss control rules and procedures while performing job duties. There have been no incidents of loss or safety concerns for Ms. Johnson during this review period.	
Supervisory/ Management Ability		

REMARKS:

Ms. Johnson will have a 4 month performance review in June 2013.
--

[P3 REV:08/04/2009]

Page 3

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CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

NAME: Shelley Johnson 021983

EMPLOYEE SELF-EVALUATION

Employee should use the Performance Evaluation Handbook (Evaluation Elements and Factors) to complete the following sections. Place an "X" in the box most representative of your performance for the specific element and write the numerical value in the score box to the right. Total all of the scores. Place the total numeric value in the appropriate box and complete the information at the bottom.

APPRAISAL ELEMENT	1	2	3	4	5	SCORE
Attendance						5
Communication Skills (Written and Oral)						5
Decision Making/ Problem Solving						5
Interpersonal Relations						5
Job Skills/Knowledge						5
Productivity/Quantity of Work						5
Public Relations						5
Quality of Work						5
Rule Conformance						5
Safety						5
TOTAL SCORE						50

- (1) Unsatisfactory Performance – Improvement is Mandatory
- (2) Below Acceptable Performance – Needs Improvement
- (3) Average Performance – Meets Acceptable Standards
- (4) Above Average Performance – Exceeds Acceptable Standards
- (5) Outstanding Performance

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FEB 05 2013

CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

GOALS TO IMPROVE PERFORMANCE:

AREAS OF EXCEPTIONAL PERFORMANCE:

Shelley Johnson Page 5



**CLAYTON COUNTY
HUMAN RESOURCES**

INTER - OFFICE MEMORANDUM

DATE: February 9, 2012

TO: Finance
Payroll Division

WJW

FROM: Wanda J. Willis
HR Officer/Comp & Class

SUBJECT: Probation Status and Review Date Changes

Shelley M. Johnson, employee #21983, of Juvenile Court (2210), has completed their probationary period effective *February 6, 2012*. Please change their probation status to *No* and their review date to *February 7, 2013*. The review date is to be changed even though the Board of Commissioners did not approve merit increases for the Fiscal Year.

As always, we appreciate your assistance with our request and if you have any questions, please call Julia Souder at 770-477-3243.

wjw/js

cc: *Employee File
Department*

Probation Status & Review Date Changes

CLAYTON_002745

TO: *Elected Official/Department Director* DATE: *December 14, 2011*

FROM: *Human Resources*

DEPARTMENT: *#2210 - Juvenile Court/Grant*

NO. & NAME: *#21983 - Shelley M. Johnson* POSITION: *Casa Support Services Supervisor*

SUBJECT: *Probationary Employee*

DATE OF EMPLOYMENT: *02/07/2011* END PROBATION: *02/06/2012*

The above named classified employee will soon complete his/her probationary period. The employee's probationary period expires 12 months (18 months for Fire Department) from date of appointment and probationary status changes to regular status. *If a probation period extension is warranted, request must be received in the Human Resources Department no later than 5:00 p.m. on 01/22/2012.* If you find his/her work unsatisfactory, he/she should be released ***BEFORE*** the expiration of the probationary period. *Please complete Section A or Section B and return this form to the Human Resources Department together with a Performance Evaluation (if applicable) on the employee.*

I. ***RECOMMENDATION OF EMPLOYEE STATUS*** (ANSWER A OR B)

(A) I have found the employee's service satisfactory and desire to have his/her status made regular on the date of the probationary period's expiration.

12/21/11
(DATE)

John P. Johnson III
(DEPARTMENT HEAD SIGNATURE)

(B) I do not wish to retain the employee because of the following reason(s):

_____ (DATE)

_____ (DEPARTMENT HEAD SIGNATURE)

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CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

II: ***SELECTION PROCESS***

Do you have any suggestions to improve the selection process?

Notice - This form must be returned with a completed PEP!

**CLAYTON COUNTY BOARD OF COMMISSIONERS
PERFORMANCE EVALUATION PROGRAM
EMPLOYEE RECORD INFORMATION**

Name	Shelley ^{M.} Johnson		
Employee I.D.#	021983		
ORGN #	2210		
Department	Juvenile Court / Grant		
Job Title	CASA Support Services Supervisor		
Supervisor	Gerald Bostock		
Employee Status	Appointed/Unclassified <input type="checkbox"/> Classified <input checked="" type="checkbox"/> Probationary <input type="checkbox"/>		
Appraisal Period	7 2/8/2011 - 2/7/2012	Appraisal Date	1/25/2012
Appraisal Type	Probationary <input checked="" type="checkbox"/> Annual <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

NR 2/7/13

Note: Non-exempt employees will only be evaluated on the first ten performance elements. Supervisory/exempt employees will not be evaluated on "Attendance". Attendance for exempt/supervisory employees will be evaluated under "Rule Conformance".

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FEB 07 2012

CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

NAME: M. Shelley Johnson 021983

PERFORMANCE EVALUATION REPORT

Record performance ratings by placing an "X" in the corresponding box below. Place the numeric equivalent of the rating into the score box. Total all of the scores.

APPRAISAL ELEMENT	1	2	3	4	5	SCORE
Attendance					X	5
Communication Skills (Written and Oral)					X	5
Decision Making/ Problem Solving					X	5
Interpersonal Relations					X	5
Job Skills/Knowledge					X	5
Productivity/Quantity of Work					X	5
Public Relations					X	5
Quality of Work					X	5
Rule Conformance					X	5
Safety/Loss Control					X	5
Supervisory/Management Ability						
TOTAL SCORE						50 ✓

TOTAL SCORES

- 10 – 19 Unsatisfactory
- 20 – 29 Below Average
- 30 – 39 Average
- 40 – 49 Above Average
- 50 Outstanding

RATINGS

- (1) Unsatisfactory Performance – Improvement is Mandatory
- (2) Below Acceptable Performance – Needs Improvement
- (3) Average Performance – Meets Acceptable Standards
- (4) Above Average Performance – Exceeds Acceptable Standards
- (5) Outstanding Performance

FYE 06/30/2011
**NO INCREASE APPROVED
 BY BOARD OF COMMISSIONERS**

I do hereby certify that the "Performance Appraisal Report" has been completed and formally reviewed.

Employee Signature Shelley Johnson Date 2/6/12
 Supervisor Signature [Signature] Date 2/2/12
 Department Head Signature John P. Johnson Date 1/30/12

(If any signature is missing, complete the "Reason for Rejection Form".)

[P2 REV: 07/24/2009]

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FEB 07 2012 ✓

CLAYTON COUNTY
 HUMAN RESOURCES DEPARTMENT 002748

NAME: Shelley Johnson 021963

EXCEPTIONAL PERFORMANCE RECORD/GOAL & OBJECTIVES

List any exceptional skills or performance that attributed to the employee's "above average" rating in the specified element.

		DATE
Attendance	This category addresses whether an employee is present and available for work, reports to work on time, calls in when sick or absent, and looks at the number of unexcused absences and tardies during the rating period. Ms. Johnson continues to use annual and sick leave appropriately and adheres to her regular work schedule.. Timesheets and leave forms are submitted timely. Ms. Johnson attended training sessions throughout the review period, as well as other program related meetings and events. It is noted that she attends these functions with a positive attitude, whether or not they occur during the normal operating hours of the Court. She also willingly volunteers to cover for coworkers when they are out of the office.	
Communication Skills (Written and Oral)	This category pertains to the ability to express ideas, information and/or instructions clearly and concisely, both orally and in writing. Ms. Johnson possesses excellent written and oral communication skills and conducts herself in a professional manner when communicating with Court personnel, volunteers, social service organizations, and the families served by the Court. She is tasked with the responsibility of communicating with children, family members, volunteers, and social service agency personnel while conducting home evaluations and three year reviews for the Court. Ms. Johnson submits her monthly inquiry/activity reports timely and accurately. .	
Decision Making/ Problem Solving	This category reviews the ability of an employee to analyze information, and use logic and good judgment to find solutions to problems. Ms. Johnson is able to apply her skill-set to effectively manage her assigned cases and volunteers. She is fully capable of identifying concerns or red flags, and is able to make sound decisions and resolve problems on her own. Ms. Johnson seeks supervisory assistance appropriately when necessary.	
Interpersonal Relations	This category looks at the manner in which an employee interacts with the public, supervisors and other employees. Ms. Johnson continues to relate well with coworkers, volunteers, Advisory Board members, social service agencies, and the general public. It is also noted that Ms. Johnson has assisted her supervisor with the supervision of interns during this review period.	
Job Skills/Knowledge	This category addresses what an employee knows, and understands and properly applies information and knowledge to satisfactorily perform job duties. Ms. Johnson has a thorough understanding of the role of CASA, and she remains current on child welfare issues and uses this knowledge while managing her assigned cases and volunteers. She continues to assist in the PSSF grant reporting process.	
Productivity/ Quantity of Work	This category factors in the amount of work accomplished by the employee and whether tasks and assignments are completed timely. Ms. Johnson continues to complete assignments in a timely manner and with a positive attitude. Assignments primarily include monthly inquiry/activity reports, serving as GAL when needed, attending Court hearings, managing a caseload of children needing home evaluations and/or three year reviews, and the CASA volunteers assigned to those children. Her strength in this area is evident by the large number of home evaluations and three year reviews completed during this review period. Additionally, she has assisted the Court in catching up with unidentified three year reviews on more than 100 children during the months of November and December.	
Public Relations	This category looks at the manner in which the employee communicates, negotiates and provides information and services for the clientele of the Court as well as interdepartmental employees. Ms. Johnson excels in this area and has continued to strengthen and broaden her network of resources for the clientele of the Court.	RECEIVED FEB 07 2012 CLAYTON COUNTY HUMAN RESOURCES DEPARTMENT

NAME:	Shelley Johnson 021983
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Quality of Work	This category factors in the accuracy, thoroughness and neatness of work performed as well as the reliability in producing the expected results. Ms. Johnson excels in this area as well, as noted above. She displays a strong work ethic, and a true desire to help children obtain a safe, permanent home as quickly as possible.	
Rule Conformance	This category addresses whether the employee follows civil service and departmental policies and procedures. There have been no issues with this category during this review period.	
Safety/Loss Control	This category reviews whether an employee follows proper safety/loss control rules and procedures while performing job duties. There have been no incidents of loss or safety concerns for Ms. Johnson during this review period.	
Supervisory/ Management Ability		

REMARKS:

Ms. Johnson will have a three month performance review in May 2012.

[P3 REV:08/04/2009]

Page 3

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CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

NAME: Shelley M. Johnson 21987

EMPLOYEE SELF-EVALUATION

Employee should use the Performance Evaluation Handbook (Evaluation Elements and Factors) to complete the following sections. Place an "X" in the box most representative of your performance for the specific element and write the numerical value in the score box to the right. Total all of the scores. Place the total numeric value in the appropriate box and complete the information at the bottom.

APPRAISAL ELEMENT	1	2	3	4	5	SCORE
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Communication Skills (Written & Oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Decision Making/ Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Interpersonal Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Job Skills/Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Productivity/Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Public Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Rule Conformance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Safety/Loss Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
Supervisory/Management Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL SCORE						49 ✓

- (1) Unsatisfactory Performance - Improvement is Mandatory
- (2) Below Acceptable Performance - Needs Improvement
- (3) Average Performance - Meets Acceptable Standards
- (4) Above Average Performance - Exceeds Acceptable Standards
- (5) Outstanding Performance

GOALS TO IMPROVE PERFORMANCE:

AREAS OF EXCEPTIONAL PERFORMANCE:

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CLAYTON COUNTY PERSONNEL FILE CONFIGURATION GUIDE

Section IV Employee Development Documentation

- *Employee Mini-Orientation Form*
- *Insurance Schedule Form*
- *Training Certificates*
- *Training History Report*

*** If the above documentation is received, place in this Section ***

HUMAN RESOURCES DEPARTMENT - PROFESSIONAL DEVELOPMENT SECTION

Training History Report

Name: SHELLEY JOHNSON

Employee Number: 021983

Department: 2201 JUVENILE COURT

Title: CASA SUPPORT SERVICES SUPVR

Professional Development Status: E

Date Printed: 6/18/2014

General Training Courses		Manager Development Courses		Director Development Courses	
12/08/2010	New Employee Orientation		The Supervisor's Job		
	DOT-CDL Alch/Drug Prev Course		Effective Leaders		Executive Orientation
	DOT-CDL Alch/Drug Prev Crs Sup		Interviewing & Hiring*		
	Human Resources Conference		Exit Interviews*		Mission Possible
			Effective Communication		
			Delegating & Monitoring		
			Disciplining Employees*		
			Performance Evaluation Prog*		
			Building High Performance Team		
			Motivating Employees		
			Conflict Resolution		
			Problem Solving		
			Managing Time		
			Managing Meetings		
			Diversity Management*		
			Sexual Harassment Prev*		
			Workers' Comp/ADA*		
			Family & Medical Leave Act*		
			Drug Awareness*		
			Workplace Violence Prev*		
			Customer Service Outside Prov		
			*Manager Basic Skills Certificate Received		
			Management Professional Development Certificate		Director Professional Development Certificate

CLAYTON 062753

File
copy

DATE: February 23, 2012

TO: Shelley Johnson, CASA Support Services Supervisor
Juvenile Court

FROM: Pamela Ambles, HR Trainer *PA*
Human Resources Department

RE: Completion of Training Program

First, I would like to say *Congratulations!* You did it! It has not gone unnoticed that you have completed forty (40) hours of training in the Employee Professional Development Program. You have actively participated in group discussions and exercises and shared both thought-provoking and insightful information in these sixteen (16) workshops. It is always a pleasure to work with those who strive for job performance improvements, and who have invested their valuable time in becoming an essential part of Clayton County's future.

Please inform your supervisor that there will be a ceremonial recognition of your accomplishments at the next Civil Service Board Meeting on March 7, 2012 at 9:00 a.m. The meeting will start promptly. It will be held in the Commissioners Board Room at 112 Smith Street. Guests are welcomed.

Email or call me at 770-603-4891 to inform me of your intentions on attending. Again, *Congratulations!* Please try to come; I look forward to seeing you there.

cc: John P. Johnson III, Juvenile Court Director
Renee Bright, Human Resources Director

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APR 27 2012

CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT



Making our World Safer®

Control No.

Drivers License Number: [REDACTED]

Course Completion Date: 05/23/2018

Security Control No.

309340

Name Shelley Johnson

Address [REDACTED]

Address [REDACTED]

City, State, Zip [REDACTED]

Training Center:

Instructor Name: Clayton County Board of Commissioners

Instructor Number: Angelo Daniel

932602

Defensive Driving Course CERTIFICATE OF COMPLETION

This certifies that the person named above has successfully completed the National Safety Council Defensive Driving Course

6 hour 8 hour

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MAR 21 2011

CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

THIS DOCUMENT IS VOID IF REPRODUCED



Making our World Safer®

Founded in 1913, the National Safety Council is a non-governmental, not-for-profit international public service organization devoted to protecting life and promoting health.

Our mission:

To educate and influence people to prevent accidental injury and death

Remember to use your safety belt.
Keep children buckled, in the back seat.



Control No.

Shelley Johnson

has completed a National Safety Council's Defensive Driving Course 6-hour 8-hour

Drivers License Number: [REDACTED]

Course Completion Date:

05/23/2018

Instructional Hours: 16.00

Janet Froetscher

President & CEO
Clayton County Board of Commissioners

TRAINING CENTER

Angelo Daniel

932602

Instructor Name

Instructor Number

CLAYTON 002756
Security Control No.

309340



DEFENSIVE DRIVING COURSE-6

Captain Angelo Daniel Instructor #932602

Inspector Rick Ditroia Instructor # 1019047

Inspector William Russaw Instructor # 1023155

Date: 3/17/11

NAME: Shelley M. Johnson 21983

ADDRESS: [REDACTED]

CITY, STATE, ZIP: [REDACTED]

*DRIVER'S LICENSE # [REDACTED] Expiration Date: [REDACTED]

DEPARTMENT: Child Welfare Sus Juvenile ct Dept No. _____

ASSIGNED VEHICLE NUMBER (if applicable) _____

*Required to receive certificate

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MAR 21 2011
CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT



Memorandum

From the Desk of Pam Ambles *PA*

Date: February 21, 2011

To: Shelley Johnson, CASA Volunteer Training Supervisor
Juvenile Court

Subject: Mandatory HIPAA Training

The Health Insurance Portability & Accountability Act (HIPAA) of 1996 was designed to provide civil rights to individuals concerning personal health and medical matters. This Federal Law requires the County to make certain changes in the way in which we conduct business with regards to the handling of private health and medical information.

There are a number of positions that have been identified as HIPAA sensitive due to the nature of their work. *You have been identified to attend the classroom training concerning HIPAA. The workshop will be held on Friday, March 4th from 9:00 a.m. to 10:00 a.m.*

The meeting will be held at our *Parks & Recreation VIP Complex (2nd floor) located at 2300 Hwy 138 SE, Jonesboro, GA.* If you have any questions, please call Pam Ambles at 770-603-4891; otherwise, I'll see you there!

pra



**CLAYTON COUNTY MINI-ORIENTATION
FOR NEW FULL TIME EMPLOYEES**



NAME SHELLEY M. JOHNSON **DEPARTMENT** JUVENILE COURT
EMPLOYMENT DATE 2/7/11 **POSITION** CASA SUPPORT SERVICES SUPV.

1. Tax Forms Social Security Card I-9 Form Direct Deposit(optional) Retirement Beneficiary Form
2. **INSURANCE** - Clayton County offers a choice of two (2) insurance policies: **HMO or Traditional. ENROLLMENT FORMS MUST BE RECEIVED IN INSURANCE NO LATER THAN 2/21/11**. Insurance becomes effective three (3) months from your date of employment. The Insurance Office is located at 134 Spring Street, Jonesboro, Phone # 770-477-3590.
3. **PAY PERIOD AND PAY DAY** - Pay day is every two (2) weeks. Four (4) hours of annual leave and four (4) hours sick leave will be accrued each pay period provided you have worked a minimum of forty (40) hours during the two-week period. You will be eligible to take annual and/or sick leave three (3) months from your date of employment. **ANY TIME TAKEN OFF PRIOR TO 5/7/11 WILL BE LEAVE WITHOUT PAY.**
4. **PROBATIONARY PERIOD** - A probationary period of one (1) year will be served (*18 months for Firefighter I*). After satisfactorily completing your probationary period, you will become a "regular" status employee with all rights to the Clayton County Civil Service System. **YOUR PROBATION WILL END 2/6/12**. *You should receive a performance evaluation each year. Merit increases are also given on an annual basis when approved in the budget by the Board of Commissioners.*
5. **HOLIDAYS** - *New Year's Day - January 1; Martin Luther King, Jr. Day - 3rd Monday in January; National Memorial Day - Last Monday in May; Independence Day - July 4; Labor Day - 1st Monday in September; Thanksgiving Day - 4th Thursday in November; Friday after Thanksgiving; Christmas Day - December 25th, either workday before or day after Christmas; and a Personal Holiday (one day to be used by June 30). [All actual dates are determined by the Board of Commissioners with exception of Personal Holiday]*
6. **CREDIT UNION** - SOUTHERN FEDERAL CREDIT UNION: offers services to Clayton County employees with the convenience of banks. There are many branch locations as well as ATM locations. There is a minimum balance of \$25.00 to open an account. Membership is open to immediate family members including spouse, siblings, parents, children, grandchildren, and grandparents who are related by blood or marriage. **For more information, please call 770-719-1111 or visit www.southernonline.org.**
7. **RETIREMENT** - Clayton County has a contributory retirement system. Employees contribution is 5.5% of salary.
8. **ESSENTIAL POLICIES PACKAGE** - "*Big Five*" (*Special Review Board Policy, Sexual Harassment Policy, Racial Discrimination Rules, Substance Abuse Policy & County Privacy Rules*), *General Provisions, Family & Medical Leave Act Information, and Rules Regarding Inmates.*

I have been explained the above information, completed necessary forms for employment, and understand that if I have any questions, I may contact the Human Resources Department at 770-477-3243.

You may be notified to attend a New Employee Orientation class to be held at a later date. If so, notice will be by inter-office mail giving the date, time, and location. It is very important that you attend this class.

Shelley M. Johnson 1/31/11 Becky Walker 1-31-11
 Employee's Signature Date Human Resources Representative Date



BENEFITS/INSURANCE INFORMATIONAL MEETING SCHEDULE FORM

Name: SHELLEY M. JOHNSON

Start Date: 2/7/11

Salary: [REDACTED]

As a full-time employee of Clayton County, you are responsible for scheduling your Informational Meeting with the Benefits/Insurance Section of Human Resources. To process your enrollment forms in a timely manner, the Informational Meeting must be completed within two (2) weeks of your hire date. Insurance benefits and all other voluntary plans the County offers will be explained to you at this meeting. Please call (770) 477-3590 to be placed on the meeting schedule.

Benefits/Insurance Informational Meetings are offered:

Every Wednesday @ 10:00 AM

Location:

Clayton County Human Resources-Benefits/Insurance Section
134 Spring Street, Jonesboro, Georgia
(near the corner of Lee and Spring Streets, next to the Salvation Army)

Scheduling must be done in advance so we can accommodate for class size. You will be responsible for attending the meeting you have scheduled, no reminders will be sent. If you fail to attend the Benefits/Insurance Informational Meeting and do not complete your benefits enrollment within one (1) month of your hire date, you will not be eligible to enroll in coverage until the next Open Enrollment period (April, with a June 1 effective date).

NOTE: Please bring this form to your scheduled Benefits/Insurance Informational Meeting.

I understand that I am responsible for contacting the Benefits/Insurance Section to schedule attendance for a Benefits/Insurance Informational Meeting. I also understand that should I fail to attend this meeting or return enrollment forms within the specified period, insurance benefits will not be offered to me until the next Open Enrollment period.

Shelley M. Johnson
Employee Signature

1/31/11
Date

TO BE COMPLETED BY BENEFITS/INSURANCE REPRESENTATIVE ONLY	
The above employee was explained the insurance benefits on _____ day of _____, 2011.	
_____ Human Resources Representative	
Return completed form to Human Resources/Comp & Class Division.	



BENEFITS/INSURANCE INFORMATIONAL MEETING SCHEDULE FORM

Name: SHELLEY M. JOHNSON
 Start Date: 2/7/11 Salary: [REDACTED]

As a full-time employee of Clayton County, you are responsible for scheduling your Informational Meeting with the Benefits/Insurance Section of Human Resources. To process your enrollment forms in a timely manner, the Informational Meeting must be completed within two (2) weeks of your hire date. Insurance benefits and all other voluntary plans the County offers will be explained to you at this meeting. Please call (770) 477-3590 to be placed on the meeting schedule.

Benefits/Insurance Informational Meetings are offered:

Every Wednesday @ 10:00 AM

Location:

Clayton County Human Resources-Benefits/Insurance Section
 134 Spring Street, Jonesboro, Georgia
 (near the corner of Lee and Spring Streets, next to the Salvation Army)

RECEIVED
 FEB 10 2011
 CLAYTON COUNTY
 HUMAN RESOURCES DEPARTMENT

Scheduling must be done in advance so we can accommodate for class size. You will be responsible for attending the meeting you have scheduled, no reminders will be sent. If you fail to attend the Benefits/Insurance Informational Meeting and do not complete your benefits enrollment within one (1) month of your hire date, you will not be eligible to enroll in coverage until the next Open Enrollment period (April, with a June 1 effective date).

NOTE: Please bring this form to your scheduled Benefits/Insurance Informational Meeting.

I understand that I am responsible for contacting the Benefits/Insurance Section to schedule attendance for a Benefits/Insurance Informational Meeting. I also understand that should I fail to attend this meeting or return enrollment forms within the specified period, insurance benefits will not be offered to me until the next Open Enrollment period.

Shelley M. Johnson
 Employee Signature

1/31/11
 Date

TO BE COMPLETED BY BENEFITS/INSURANCE REPRESENTATIVE ONLY
The above employee was explained the insurance benefits on <u>9</u> day of <u>FEBRUARY</u> 2011.
<u><i>K. Boland</i></u> Human Resources Representative
<i>Return completed form to Human Resources/Comp & Class Division.</i>

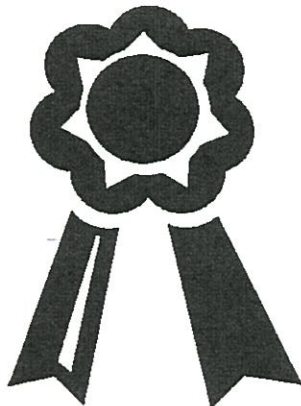
Certificate of Attendance

Shelley M. Johnson

The above employee has attended and successfully completed the requirements of both instruction and materials to include HIPAA Exposure Training, Substance Abuse Policy Highlights, Sexual Harassment Policy Highlights, and Cultural Diversity Training in the Clayton County Human Resources Department course:

NEW EMPLOYEE ORIENTATION

and, in testimony thereof, is awarded this certificate on the
08TH day of DECEMBER year 2010



Pamela Ambles

Pamela Ambles, Trainer
Human Resources Department

CLAYTON COUNTY HUMAN RESOURCES

P. RENEE BRIGHT
DIRECTOR

Employment
Administration
Professional Development
Compensation & Classification



THEODIS R. LOCKE
ASSISTANT DIRECTOR

Risk Management
Property & Casualty
Worker's Compensation
Employee Insurance & Benefits
Safety Awareness & Investigation

SHELLEY M JOHNSON

November 23, 2010

Dear Shelley:

Congratulations on your newly appointed position and welcome to the Clayton County Board of Commissioners! As a new employee you have been scheduled to attend the New Employee Orientation which includes review of the Substance Abuse Policy, Sexual Harassment Policy, Diversity and Health Insurance Portability & Accountability (HIPAA) training on *Wednesday, December 8, 2010*. This course covers the mandatory policy review as outlined by the Board of Commissioners.

Orientation begins promptly at 8:30 a.m. and ends at 4:30 p.m. You will be released for an hour break for lunch at 12:00 noon. This training will be conducted in the *Parks & Recreation VIP Complex Room (2nd floor) located at 2300 Hwy 138 SE, Jonesboro, GA.*

Directions: When leaving the Human Resources Department (120 Smith Street), turn left on Smith Street. Go to the stop sign and take a right on Main Street. Go to the traffic light and turn left on Mill Street. Go approximately one (1) block and turn right on Stockbridge Road (Hwy 138). Continue on Stockbridge Road for approximately 1 1/2 miles. Pass Fielder Road and look for the sign that says Clayton County Interantional Park (there will be a traffic light with two large stone gates), turn right. Continue to follow the road until you reach the second stop sign. Turn right. Follow the signs to the VIP Complex. The classroom is located on the 2nd floor.

Please note that your department director has been notified of your scheduled date and time of the above class. *If there is a conflict with the scheduled date, please contact Pam Ambles at 770-603-4891 to reschedule.*

I look forward to seeing you at Orientation. Again, congratulations!

Sincerely,

A handwritten signature in black ink that reads "Pamela Ray Ambles".

Pamela Ray Ambles
Human Resources Trainer
Human Resources Department



CLAYTON COUNTY MINI-ORIENTATION FOR NEW PART TIME EMPLOYEES



NAME Shelley Johnson **DEPARTMENT** Juvenile Court

EMPLOYMENT DATE 10/4/10 **POSITION** CASA Volunteer Training Supervisor

1. Tax Forms Social Security Card I-9 Form Direct Deposit (optional)
2. **PAY PERIOD AND PAY DAY** - Pay day is every two (2) weeks which equates to 26 pay periods a year.
3. **CREDIT UNION - SOUTHERN FEDERAL CREDIT UNION:** offers services to Clayton County employees with the convenience of banks. There are many branch locations as well as ATM locations. There is a minimum balance of \$25.00 to open an account. Membership is open to immediate family members including spouse, siblings, parents, children, grandchildren, and grandparents who are related by blood or marriage. **For more information, please call 770-719-1111 or visit www.southernonline.org.**
4. **ESSENTIAL POLICIES PACKAGE - "Big Five"** (*Special Review Board Policy, Sexual Harassment Policy, Racial Discrimination Rules, Substance Abuse Policy & County Privacy Rules*), *General Provisions, Family & Medical Leave Act Information, and Rules Regarding Inmates.*

I have been explained the above information, completed necessary forms for employment, and understand that if I have any questions, I may contact the **Human Resources Department** at 770-477-3243.

Shelley Johnson 10/4/10 [Signature] 10-4-10
Employee's Signature Date Human Resources Representative Date

CLAYTON COUNTY PERSONNEL FILE CONFIGURATION GUIDE

Section V Employment Selection Process Documentation

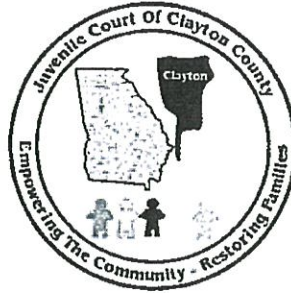
- *Application for Employment*
- *Authorization to Release Information- Hiring Process*
- *Background Checks*
- *College Transcripts*
- *Interview Evaluation Form*
- *Offer/Acceptance Letter*
- *Pre-employment Reference Check*
- *Reference Letter*
- *Resume*
- *Skills Test Results*
- *Verification of Employment*

*** If the above documentation is received, place in this Section ***

K. VAN BANKE
PRESIDING JUDGE

STEVEN C. TESKE
JUDGE

DEITRA BURNEY-BUTLER
JUDGE



JOHN P. JOHNSON, III
DIRECTOR OF JUVENILE COURT SERVICES

A. COLIN SLAY
CHIEF OF STAFF

ROBIN AUSTIN
CLERK OF COURT

JUVENILE COURT OF CLAYTON COUNTY

September 23, 2010

RECEIVED

SEP 28 2010

CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

Shelley Marie Johnson
[REDACTED]

Dear Ms. Johnson,

I am pleased to offer you the position of CASA Volunteer Training Supervisor (part-time) for the Clayton County Board of Commissioners, Juvenile Court Department, effective Monday, October 4, 2010. The starting salary for the position is [REDACTED] per hour and the number of hours will be 32 per week. Part time employees are not eligible for group health insurance benefits.

As was discussed during the interview process, this offer is contingent upon a favorable reference check, background check, psychological examination and drug screen. The above reference check, background check, psychological examination and drug screen are at the expense of the county.

Our offer is based on confidence that your employment with Clayton County will be a mutually rewarding and enriching experience, but this offer does not constitute a contract of employment, nor does it guarantee a lifetime security. The position is funded by the Recovery Act Edward Byrne Memorial Justice Assistance Grant, effective through December 31, 2012. Please be advised that funding to support this position may not be available as of January 1, 2013.

We look forward to you joining our team and hope that you find your employment with us enjoyable and professionally rewarding. If you have any questions, please contact me at 770-477-3244.

Sincerely,


John P. Johnson, III
Director of Juvenile Court Services

JPJ:jw



Clayton County Government
Human Resources Department
 120 SMITH STREET, JONESBORO, GA. 30236

JC195

PERSONNEL USE ONLY

1. A-8/26/10

2. _____

3. _____

4. _____

5. _____

GENERAL INFORMATION - Please read carefully!

Read the Job Announcement carefully. Information must be complete so that all applications can be given equitable consideration. All qualified applications will receive consideration for employment regardless of race, color, religion, sex, age, national origin, or disability. Clayton County will only hire authorized workers regardless of national origin. This application must be typed or hand printed. **YOU MUST SIGN AND DATE YOUR APPLICATION IN INK.** Please complete **ONE APPLICATION FOR EACH POSITION** for which you apply. **APPLICATIONS will ONLY be ACCEPTED FOR POSTED POSITIONS.**

PERSONAL DATA				
DESIRED POSITION CASA Volunteer Supervisor		POSTED SALARY [REDACTED]	TODAY'S DATE August 25, 2010	
LAST NAME Johnson		FIRST NAME Shelley	MIDDLE NAME Marie	
STREET ADDRESS [REDACTED]		APT.#	CITY [REDACTED]	STATE [REDACTED]
HOME TELEPHONE AREA CODE [REDACTED]		BUSINESS TELEPHONE AREA CODE ()	OTHER Cell AREA CODE [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]
<p>Will you accept the posted salary for the position for which you are applying? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you accept Shift work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Weekend work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Holiday work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you over 18 years old (21 years old for Law enforcement positions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you legally eligible to work in the U.S. ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Note: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.)</p> <p>Are you currently employed by Clayton County Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you ever been employed by Clayton County Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, when and where? _____</p> <p>Do you have any relatives who are employed by Clayton County Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, give name, relationship, and department in which relative is employed: _____</p> <p>How did you hear about the job that you're applying for?</p> <p> <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper <input type="checkbox"/> Clayton County's Website <input checked="" type="checkbox"/> Word of Mouth <input type="checkbox"/> Clayton County's Job-Line <input type="checkbox"/> Job Fair <input type="checkbox"/> Highway Sign <input type="checkbox"/> Employee Referral <input type="checkbox"/> DOL Career Center <input type="checkbox"/> Technical/College/University <input type="checkbox"/> Other Internet Source <input type="checkbox"/> Other: _____ </p>				
EQUAL OPPORTUNITY EMPLOYER				

NAME: Johnson Shelley POSITION APPLYING FOR: CASA Volunteer Super or DATE: August 25, 2010

GENERAL EDUCATION HISTORY	
High School Information	
<i>Name of School Attended</i> Hartford Public High School	Did you receive a high school diploma or GED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i> 55 Forest Street, Hartford, CT 06105	If No, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
Relevant College Information [You may be required to provide a certified copy of college transcripts.]	
<i>Name of School Attended</i> Springfield College	Did you receive a degree? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i> Alden Street, Springfield, MA	If so, what type? BS Major: Health Services
Please indicate total number of years and months of <u>all</u> colleges attended: Years <u>8</u> Months <u>0</u>	
List major course(s) of study completed: Health Services, Liberal Arts, Military Services, Court Reporting	
Relevant Graduate School Information [You may be required to provide a certified copy of college transcripts.]	
<i>Name of School Attended</i> Springfield College	Did you receive a degree? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i> Alden Street, Springfield, MA	If so, what type? MS
Please indicate total number of years and months of <u>all</u> graduate colleges attended: Years <u>8</u> Months <u>0</u>	
List major course(s) of study completed: Health Services, Liberal Arts, Military Services, Court Reporting	
Relevant Doctorate/Law School Information [You may be required to provide a certified copy of college transcripts.]	
<i>Name of School Attended</i> N/A	Did you receive a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i>	If so, what type?
Please indicate total number of years and months of <u>all</u> doctorate/law colleges attended: Years _____ Months _____	
List major course(s) of study completed:	
VOCATIONAL/TECHNICAL EDUCATION HISTORY	
Relevant Vocational/Technical Courses [You may be required to provide a certified copy of college transcripts.]	
<i>Name of School Attended</i> N/A	Did you receive a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i>	If so, what type?
Please indicate total number of years and months of <u>all</u> vocational/technical credits received: Years _____ Months _____	
List major course(s) of study completed:	
LICENSES/SPECIAL QUALIFICATIONS/SKILLS	
List <u>all</u> licenses/special qualifications or skills including language, typing, and business equipment or machine operating skills that relates to the job for which you are applying: CASA Volunteer, Supervisor, Case Management, Computer Skills, Trainer, Communication, Family Development, Mentor, Volunteer	

NAME: Johnson Shelley POSITION APPLYING FOR: CASA Volunteer Supervisor DATE: August 25, 2010

WORK HISTORY

RESUMES ARE NOT ACCEPTED in lieu of completing this work history. *Begin with your current or most recent job.* This application may be disqualified if not fully completed. Additional sheets may be attached. Please print or type information. Include addresses with zip codes and phone numbers.

NAME OF ORGANIZATION/FIRM: Hartford Public Schools	FROM: MONTH YEAR September ████████
ADDRESS: AREA CODE & PHONE NO.: 950 Main Street 8606958000	TO: MONTH YEAR June ████████
CITY: STATE: ZIP CODE: Hartford CT 06103	TOTAL TIME EMPLOYED: YEAR(S) MONTH(S) ████████
OFFICIAL JOB TITLE: SUPERVISOR'S NAME: Community Liaison MaryBeth DelGaudio	HOURS WORKED PER WEEK: 35+
DESCRIPTION OF JOB DUTIES: Coordinator/Trainer/Consultant of Prevention Curriculum for school district. Maintained fidelity and sustainability of the Girls and Boys Town Well Managed Classroom Program in 16 schools, observation of teachers using model, one on one with teachers to give positive and areas of improvement feedback, provided global report to administrator. Provided district wide social skill development training and support. Presenter of Program at national conferences, trainer of parenting classes. Program planning, implementation, management, and assessment of prevention programs. Mentor to students. Supervised five parent educators.	SALARY FIRST: SALARY LAST: ██████████
	SPECIFIC REASON FOR LEAVING: Laid off

NAME OF ORGANIZATION/FIRM: Department of Family and Children Queen Esther Adoption and Foster Care	FROM: MONTH YEAR June ████████
ADDRESS: AREA CODE & PHONE NO.: 505 Hudson Street 8605506350	TO: MONTH YEAR July ████████
CITY: STATE: ZIP CODE: Hartford CT 06106	TOTAL TIME EMPLOYED: YEAR(S) MONTH(S) 1 1
OFFICIAL JOB TITLE: SUPERVISOR'S NAME: Ministry Liaison Gretchen Closs	HOURS WORKED PER WEEK: 20
DESCRIPTION OF JOB DUTIES: Supervised four ministry Directors. Provided direction, suggestion and problem solved with staff. Conducted weekly contact with staff to discuss case load, activities provided and outreach efforts. Chaired monthly staff meetings, maintained budget and provided reports to Ministry Administrator.	SALARY FIRST: SALARY LAST: ██████████
	SPECIFIC REASON FOR LEAVING: Program ended

NAME OF ORGANIZATION/FIRM:	FROM: MONTH YEAR
ADDRESS: AREA CODE & PHONE NO.:	TO: MONTH YEAR
CITY: STATE: ZIP CODE:	TOTAL TIME EMPLOYED: YEAR(S) MONTH(S)
OFFICIAL JOB TITLE: SUPERVISOR'S NAME:	HOURS WORKED PER WEEK:
DESCRIPTION OF JOB DUTIES:	SALARY FIRST: SALARY LAST:
	SPECIFIC REASON FOR LEAVING:

NAME: Johnson Shelley POSITION APPLYING FOR: CASA Volunteer Supervisor DATE: August 25, 2010

Do you have a valid Driver's License? Yes No License # Class C State GA
 (Note: Possession of a valid driver's license is not an essential function of all employment offered by the County. Answering "No" to this question does not necessarily disqualify your application.)

Have you had any traffic violations in the past 3 years? Yes No
 If YES, please indicate type of offense and dates:

Have you ever been charged with a felony or misdemeanor where disposition was a conviction, a plea of nolo contendere (no contest), or first offender treatment? Yes No
 If YES, describe circumstances:

(Note: A criminal conviction will not necessarily disqualify your application, except that a felony conviction will bar employment in a law enforcement job; the disclosure of a misdemeanor conviction will not automatically result in disqualification. Criminal histories will be submitted to the National Crime Information Center (NCIC) for verification. Failure to disclose a conviction may be considered grounds for disqualification. Applicants should be careful to disclose all criminal convictions in the space above.)

Have you ever been dismissed or asked to resign from any job? Yes No
 If YES, explain in detail:

NOTICE

Your application regarding this position will be sent to the respective department upon certification, providing that you have met the minimum qualifications. If your application for employment is considered by the department and they wish to set up an interview, you will be notified by a county representative within 45 days. *If you have not been notified within 45 days, please consider the following:*

- The position as indicated in this application has been filled;
- the department has elected to continue their search for a candidate whose qualifications are closer to the needs and requirements of this position; or
- the department has withdrawn the position.

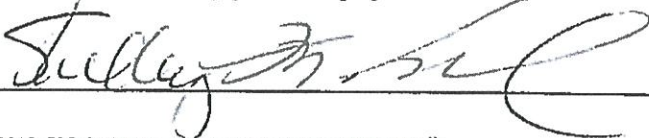
We appreciate your interest in employment with our county and wish you success with your employment endeavors.

APPLICANT'S CERTIFICATION AND AGREEMENT

The signature below indicates that the facts set forth in this application for employment are true and complete to the best of your knowledge. Furthermore, if you are employed by Clayton County, any false statements written on this application shall be considered a sufficient cause for dismissal.

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I have made application for employment with Clayton County Board of Commissioners (the County). The County is hereby authorized to make any investigation of my prior Motor Vehicle Records, Credit, Education, Work, and Criminal histories. I also authorize my employer and/or former employers and schools to release information regarding my employment, transcripts, and/or any information they have regarding me, whether or not it is in their records. I hereby release them from any damage whatsoever for issuing such information. I authorize/ do not authorize the County to contact my present employer.

DATE: 8/25/10 SIGNATURE: 

(WE MUST HAVE ORIGINAL SIGNATURE, PREFERABLY IN BLUE INK!)

Shelley Johnson

OBJECTIVE

To secure a position where applied skills, experience, and dedication will lead to advancement.

WORK HISTORY

██████████ *Enumerator*, US Census Bureau, Atlanta, GA

- Worked independently verifying addresses and other living quarters for 2010 Census. Attended daily staff meeting. Verified and ensured worked was correct before transmission of data.

██████████ *Community Liaison*, Hartford Board of Education, Hartford, CT

- Coordinator/Trainer/Consultant of Prevention Curriculum for school district. Maintained the fidelity and sustainability of the Girls and Boys Town Well Managed Classroom Program which sets guidelines to maintaining a positive school climate that is conducive to teaching and learning. Conducted training in the model to all school staff. Provided district wide social skill development training and support. Provided support to the schools by conducting classroom observations of the model, feedback to teachers and submitted a global report to administration. Program planning, implementation, management and assessment of prevention programs, i.e. Character Education, Violence Prevention, Anti-Bullying, Sexual Harassment. Comprehensive Student Intervention Centers
- Worked cooperative with community groups, administrative staff, teachers, and parents in the development, implementation and directing of school substance abuse and violence prevention programs.
- Assisted in the administrative coordination of health services and education programs of the department including; planning, implementation, staff communication and program/activity monitoring.
- Supervised five Parent Educators who worked with teen parents in the Parent as Teachers Program.
- Conducted training and facilitated of various prevention workshops to administrators, school staff, and community based organizations.

██████████, *Ministry Liaison*, Queen Esther Adoption and Foster Care Ministry, Hartford, CT

- Supervised four Ministry Directors. Provided direction, suggestions and problem solved with staff. Conducted weekly contact with staff to discuss caseload, activities provided and outreach efforts. Chaired monthly staff meetings, maintained budget and provided reports to Ministry Administrator.

██████████, *Steward Board Chairperson*, Phillips Metropolitan CME Church, Hartford, CT

- Chaired the governing board of the church, provided church budget, maintained bank accounts, conducted weekly reconciliation of membership tithes and offerings, conducted monthly meeting of board members, and provided support to the pastor.
- Data entry of membership tithes and offerings provided quarterly statements to membership.

EDUCATION

██████████ **Masters – Community Psychology**, Springfield College, Springfield, MA
Bachelor of Science – Human Services, Springfield College, Springfield, MA.

Certifications

Boys Town Certified Trainer of:

The Well Managed Classroom Trainer of Trainer Consultation
Administrative Intervention Common Sense Parenting

Committee For Children Trainer of:

Second Step Violence Prevention Curriculum

SKILLS

Family Development Communication	Customer Service Analytical skills	Case Management Microsoft Software
-------------------------------------	---------------------------------------	---------------------------------------

K. VAN BANKE
PRESIDING JUDGE

STEVEN C. TESKE
JUDGE

DEITRA BURNEY-BUTLER
JUDGE



JOHN P. JOHNSON, III
DIRECTOR OF JUVENILE COURT SERVICES

A. COLIN SLAY
CHIEF OF STAFF

ROBIN AUSTIN
CLERK OF COURT

JUVENILE COURT OF CLAYTON COUNTY

September 16, 2010

Shelley Marie Johnson
[REDACTED]

Dear Ms. Johnson,

We would like to thank you for interviewing with us for the position of CASA Volunteer Training Supervisor. We found the selection process to be a difficult one due to the large number of qualified applicants. While your qualifications are impressive, we feel another applicant possessed the knowledge, skills, and abilities that would best meet the needs of the Juvenile Court.

Unfortunately, we will not be able to offer you the position at this time. Your application will be returned to the Personnel Department and will be reviewed if a similar position becomes available in the future.

Again, thank you for your interest and we wish you success with your employment endeavors.

Sincerely,


Gerald Bostock
Child Welfare Services Coordinator

GB: jw

Shelley - per our conversation today, we want you to continue w/ the process for a part-time CASA volunteer. Sincerely - HB

K. VAN BANKE
PRESIDING JUDGE

STEVEN C. TESKE
JUDGE

DEITRA BURNEY-BUTLER
JUDGE



JOHN P. JOHNSON, III
DIRECTOR OF JUVENILE COURT SERVICES

A. COLIN SLAY
CHIEF OF STAFF

ROBIN AUSTIN
CLERK OF COURT

JUVENILE COURT OF CLAYTON COUNTY

January 21, 2009

RECEIVED
JAN 24 2011
CLAYTON COUNTY
HUMAN RESOURCES DEPARTMENT

Shelley Marie Johnson
[REDACTED]

Dear Ms. Johnson:

I am pleased to offer you the position of CASA Support Services Supervisor for the Clayton County Board of Commissioners, Juvenile Court Department, effective February 7, 2011. The starting salary for the position is [REDACTED] per pay period. Because Clayton County has 26 pay periods per year, this is equivalent to [REDACTED] annually.

As was discussed during the interview process, this offer is contingent upon a favorable reference check, background check, psychological examination, employment physical examination and drug screen. The above reference check, background check, psychological examination, physical examination and drug screen are at the expense of the county.

Clayton County offers employees and their eligible dependents a variety of group health insurance benefits. Coverage under these programs commences 90 days from date of hire. Information about these programs and other benefits are contained in our employee handbook. A copy of this handbook is issued during orientation.

Our offer is based on confidence that your employment with Clayton County Civil Service System will be a mutually rewarding and enriching experience, but this offer does not constitute a contract of employment, nor does it guarantee a lifetime security. Your first year of employment will be a work test orientation period. During this period, employment at the Clayton County Civil Service System is employment-at-will.

We look forward to you joining our team and hope that you find your employment with us enjoyable and professionally rewarding. If you have any questions, please contact me at 770-477-3244.

Sincerely,


John P. Johnson, III
Director of Juvenile Court Services

JPJ:jw

121 South McDonough Street • Courthouse Annex 3 • Jonesboro, Georgia 30236
Telephone: (770) 477-3270 • Intake and Probation: (770) 473-5977 • Fax: (770) 477-3255



Clayton County Government
Human Resources Department
 120 SMITH STREET, JONESBORO, GA. 30236

SC198

PERSONNEL USE ONLY	
1.	A 12/29/10
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5.	

GENERAL INFORMATION - Please read carefully!

Read the Job Announcement carefully. Information must be complete so that all applications can be given equitable consideration. All qualified applications will receive consideration for employment regardless of race, color, religion, sex, age, national origin, or disability. Clayton County will only hire authorized workers regardless of national origin. This application must be typed or hand printed. **YOU MUST SIGN AND DATE YOUR APPLICATION IN INK.** Please complete **ONE APPLICATION FOR EACH POSITION** for which you apply. **APPLICATIONS will ONLY be ACCEPTED FOR POSTED POSITIONS.**

PERSONAL DATA				
DESIRED POSITION CASA Support Services Supervisor		POSTED SALARY [REDACTED]	TODAY'S DATE December 20, 2010	
LAST NAME Johnson	FIRST NAME Shelley	MIDDLE NAME Marie		
STREET ADDRESS [REDACTED]	APT.# [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
HOME TELEPHONE AREA CODE [REDACTED]	BUSINESS TELEPHONE AREA CODE [REDACTED]	OTHER Cell AREA CODE [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]	
<p>Will you accept the posted salary for the position for which you are applying? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you accept Shift work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Weekend work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Holiday work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you over 18 years old (21 years old for Law enforcement positions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you legally eligible to work in the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Note: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.)</p> <p>Are you currently employed by Clayton County Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been employed by Clayton County Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, when and where? <u>October 3, 2010 At Clayton County Juvenile Court as P/T CASA Volunteer Superv</u></p> <p>Do you have any relatives who are employed by Clayton County Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, give name, relationship, and department in which relative is employed: _____</p> <p>How did you hear about the job that you're applying for?</p> <p> <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper <input type="checkbox"/> Clayton County's Website <input checked="" type="checkbox"/> Word of Mouth <input type="checkbox"/> Clayton County's Job-Line <input type="checkbox"/> Job Fair <input type="checkbox"/> Highway Sign <input type="checkbox"/> Employee Referral <input type="checkbox"/> DOL Career Center <input type="checkbox"/> Technical/College/University <input type="checkbox"/> Other Internet Source <input type="checkbox"/> Other: _____ </p>				
EQUAL OPPORTUNITY EMPLOYER				

NAME: Johnson Shelley POSITION APPLYING FOR: CASA Support Service. DATE: December 20, 2016

GENERAL EDUCATION HISTORY

High School Information

<i>Name of School Attended</i> Hartford Public Schools	Did you receive a high school diploma or GED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i> 55 Forest Street, Hartford, CT 06105	If No, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 <input checked="" type="checkbox"/>

Relevant College Information [You may be required to provide a certified copy of college transcripts.]

<i>Name of School Attended</i> Springfield College	Did you receive a degree? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i> 121 Alden Street, Springfield, MA	If so, what type? BS Major: Human Services

Please indicate total number of years and months of all colleges attended: Years 8 Months 0

List major course(s) of study completed: Human Services, Liberal Arts, Military Sciences, Court Reporting

Relevant Graduate School Information [You may be required to provide a certified copy of college transcripts.]

<i>Name of School Attended</i> Springfield College	Did you receive a degree? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i> 121 Alden Street, Springfield, MA	If so, what type? MS

Please indicate total number of years and months of all graduate colleges attended: Years 8 Months 0

List major course(s) of study completed: Human Services, Liberal Arts, Military Sciences, Court Reporting

Relevant Doctorate/Law School Information [You may be required to provide a certified copy of college transcripts.]

<i>Name of School Attended</i>	Did you receive a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i>	If so, what type?

Please indicate total number of years and months of all doctorate/law colleges attended: Years _____ Months _____

List major course(s) of study completed:

VOCATIONAL/TECHNICAL EDUCATION HISTORY

Relevant Vocational/Technical Courses [You may be required to provide a certified copy of college transcripts.]

<i>Name of School Attended</i>	Did you receive a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location</i>	If so, what type?

Please indicate total number of years and months of all vocational/technical credits received: Years _____ Months _____

List major course(s) of study completed:

LICENSES/SPECIAL QUALIFICATIONS/SKILLS

List all licenses/special qualifications or skills including language, typing, and business equipment or machine operating skills that relates to the job for which you are applying:

CASA Volunteer Supervisor, CASA Volunteer, Supervisor, Case Management, Computer Skills, Trainer, Communication, Family Development, Mentor, Volunteer

NAME: Johnson Shelley POSITION APPLYING FOR: CASA Support Service DATE: December 20, 2016

WORK HISTORY

RESUMES ARE NOT ACCEPTED in lieu of completing this work history. *Begin with your current or most recent job.* This application may be disqualified if not fully completed. Additional sheets may be attached. Please print or type information. Include addresses with zip codes and phone numbers.

NAME OF ORGANIZATION/FIRM: Clayton County Juvenile Court	FROM: MONTH YEAR October ████████
ADDRESS: AREA CODE & PHONE NO.: 121 So. McDonough St 7704773271	TO: MONTH YEAR _____ _____
CITY: STATE: ZIP CODE: Jonesboro GA 30236	TOTAL TIME EMPLOYED: YEAR(S) MONTH(S) _____ _____ 1
OFFICIAL JOB TITLE: SUPERVISOR'S NAME: CASA Volunteer Supervisor Gerald Bostock	HOURS WORKED PER WEEK: 32
DESCRIPTION OF JOB DUTIES: Conducts and provide reports of Three Year Reviews and Home Evaluations by interviewing caregivers of children placed by the court; conducts home assessments; conducts criminal record checks. Assists Coordinator with annual evaluation and update of the CASA Volunteer Training Curriculum, Training Manual, and materials to ensure that all components of training are current and effective; prepares and distributes volunteer assignment documentation; attends court hearings and tracks court dates; collects data from CASA program and generates reports; maintains appropriate program and volunteer files.	SALARY FIRST: SALARY LAST: ██████████ ██████████
	SPECIFIC REASON FOR LEAVING: Still Employed
NAME OF ORGANIZATION/FIRM: Hartford Public Schools	FROM: MONTH YEAR September ████████
ADDRESS: AREA CODE & PHONE NO.: 950 Main Street 8606958000	TO: MONTH YEAR June ████████
CITY: STATE: ZIP CODE: Hartford CT 06103	TOTAL TIME EMPLOYED: YEAR(S) MONTH(S) _____ _____ _____
OFFICIAL JOB TITLE: SUPERVISOR'S NAME: Community Liaison MaryBeth DelGaudio	HOURS WORKED PER WEEK: 35+
DESCRIPTION OF JOB DUTIES: Coordinator/Trainer/Consultant of Prevention Curriculum for school district. Maintained fidelity and sustainability of the Girls and Boys Town Well Managed Classroom Program in 16 schools, observation of teachers using model, one on one with teachers to give positive and areas of improvement feedback, provided global report to administrator. Provided district wide social skill development training and support. Presenter of program at national conferences, trainer of parent classes. Program planning, implementation, management, and assessment of prevention programs. Mentor to students. Supervised five parent educators.	SALARY FIRST: SALARY LAST: ██████████ ██████████
	SPECIFIC REASON FOR LEAVING: Laid Off
NAME OF ORGANIZATION/FIRM: Department of Family and Children Queen Esther Adoption and Foster Care	FROM: MONTH YEAR June ████████
ADDRESS: AREA CODE & PHONE NO.: 505 Hudson Street 8605506350	TO: MONTH YEAR July ████████
CITY: STATE: ZIP CODE: Hartford CT 06106	TOTAL TIME EMPLOYED: YEAR(S) MONTH(S) _____ _____ _____
OFFICIAL JOB TITLE: SUPERVISOR'S NAME: Ministry Liaison Gretchen Closs	HOURS WORKED PER WEEK: 20
DESCRIPTION OF JOB DUTIES: Supervised four Ministry Directors. Provided direction, suggestions and problem solved with staff. Conducted weekly contact with staff to discuss case load, activities provided, and outreach efforts. Chaired monthly staff meetings, maintained budget and provided reports of Ministry Administrator.	SALARY FIRST: SALARY LAST: ██████████ ██████████
	SPECIFIC REASON FOR LEAVING: Program Ended

NAME: Johnson Shelley POSITION APPLYING FOR: CASA Support Services Supervisor DATE: December 20, 2016

Do you have a valid Driver's License? Yes No License # Class C State GA
 (Note: Possession of a valid driver's license is not an essential function of all employment offered by the County. Answering "No" to this question does not necessarily disqualify your application.)

Have you had any traffic violations in the past 3 years? Yes No
 If YES, please indicate type of offense and dates:

Have you ever been charged with a felony or misdemeanor where disposition was a conviction, a plea of nolo contendere (no contest), or first offender treatment? Yes No
 If YES, describe circumstances:

(Note: A criminal conviction will not necessarily disqualify your application, except that a felony conviction will bar employment in a law enforcement job; the disclosure of a misdemeanor conviction will not automatically result in disqualification. Criminal histories will be submitted to the National Crime Information Center (NCIC) for verification. Failure to disclose a conviction may be considered grounds for disqualification. Applicants should be careful to disclose all criminal convictions in the space above.)

Have you ever been dismissed or asked to resign from any job? Yes No
 If YES, explain in detail:

NOTICE

Your application regarding this position will be sent to the respective department upon certification, providing that you have met the minimum qualifications. If your application for employment is considered by the department and they wish to set up an interview, you will be notified by a county representative within 45 days. *If you have not been notified within 45 days, please consider the following:*

- The position as indicated in this application has been filled;
- the department has elected to continue their search for a candidate whose qualifications are closer to the needs and requirements of this position; or
- the department has withdrawn the position.

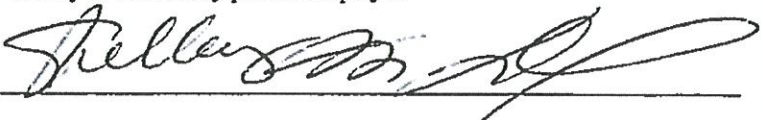
We appreciate your interest in employment with our county and wish you success with your employment endeavors.

APPLICANT'S CERTIFICATION AND AGREEMENT

The signature below indicates that the facts set forth in this application for employment are true and complete to the best of your knowledge. Furthermore, if you are employed by Clayton County, any false statements written on this application shall be considered a sufficient cause for dismissal.

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I have made application for employment with Clayton County Board of Commissioners (the County). The County is hereby authorized to make any investigation of my prior Motor Vehicle Records, Credit, Education, Work, and Criminal histories. I also authorize my employer and/or former employers and schools to release information regarding my employment, transcripts, and/or any information they have regarding me, whether or not it is in their records. I hereby release them from any damage whatsoever for issuing such information. I authorize/ do not authorize the County to contact my present employer.

DATE: 12/20/16 SIGNATURE: 

(WE MUST HAVE ORIGINAL SIGNATURE, PREFERABLY IN BLUE INK!)

Shelley Johnson

OBJECTIVE

To secure a position where applied skills, experience, and dedication will lead to advancement.

WORK HISTORY

10/10-Present, *CASA Volunteer Supervisor*, Clayton County Juvenile Court

- Conducts and provide reports of Three Year Reviews and Home Evaluations to the courts. Conducts home assessments, criminal record checks. Prepares and distributes volunteer assignment documentation; attend court hearings and tracks court dates; collects data from CASA Program and generate reports; maintained program and volunteer files ensuring their confidentiality and protection; attends relevant conferences/seminars/meetings as requested.

██████████ *Enumerator*, US Census Bureau, Atlanta, GA

- Worked independently verifying addresses and other living quarters for 2010 Census. Attended daily staff meeting. Verified and ensured worked was correct before transmission of data.

██████████ *Community Liaison*, Hartford Board of Education, Hartford, CT

- Coordinator/Trainer/Consultant of Prevention Curriculum for school district. Maintained the fidelity and sustainability of the Girls and Boys Town Well Managed Classroom Program which sets guidelines to maintaining a positive school climate that is conducive to teaching and learning. Conducted training in the model to all school staff. Provided district wide social skill development training and support. Provided support to the schools by conducting classroom observations of the model, feedback to teachers and submitted a global report to administration. Program planning, implementation, management and assessment of prevention programs, i.e. Character Education, Violence Prevention, Anti-Bullying, Sexual Harassment. Comprehensive Student Intervention Centers
- Worked cooperative with community groups, administrative staff, teachers, and parents in the development, implementation and directing of school substance abuse and violence prevention programs.

- Assisted in the administrative coordination of health services and education programs of the department including; planning, implementation, staff communication and program/activity monitoring.
- Supervised five Parent Educators who worked with teen parents in the Parent as Teachers Program.
- Conducted training and facilitated of various prevention workshops to administrators, school staff, and community based organizations.

██████████ *Ministry Liaison*, Queen Esther Adoption and Foster Care Ministry, Hartford, CT

- Supervised four Ministry Directors. Provided direction, suggestions and problem solved with staff. Conducted weekly contact with staff to discuss caseload, activities provided and outreach efforts. Chaired monthly staff meetings, maintained budget and provided reports to Ministry Administrator.

██████████ *Steward Board Chairperson*, Phillips Metropolitan CME Church, Hartford, CT

- Chaired the governing board of the church, provided church budget, maintained bank accounts, conducted weekly reconciliation of membership tithe and offering, conducted monthly meeting of board members, and provided support to the pastor.
- Data entry of membership tithe and offering provided quarterly statements to membership.

EDUCATION

██████████ Masters – Community Psychology, Springfield College, Springfield, MA
 Bachelor of Science – Human Services, Springfield College, Springfield, MA.

Certifications

Boys Town Certified Trainer of:

The Well Managed Classroom Trainer of Trainer Consultation
 Administrative Intervention Common Sense Parenting

Committee For Children Trainer of:

Second Step Violence Prevention Curriculum

SKILLS

Family Development Communication	Customer Service Analytical skills	Case Management Microsoft Software
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