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IBC Manager Note

Who: MTSO BDO (b)(6)
What: Sick leave call in
When: Tuesday May 28, 2013
Where: CHA

On Wednesday May 29, 2013 I had an Interested Based Conversation (IBC) with MTSO BDO (b)(6). I introduced the IBC system to MTSO BDO (b)(6).

The issue I discussed with MTSO BDO (b)(6) unscheduled sick leave pattern. You called out sick in conjunction with 2 RDOs, 1 Annual leave and 1 Holiday leave, which gave you a 5 day weekend.

Uncovered interests: why did you miss work in conjunction with RDOs, annual leave and a holiday? She stated was sick.

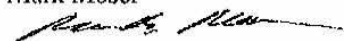
I identified actions to address the situation. This is a considered a leave pattern and I put her on notice that this is unacceptable as a MTSO BDO.

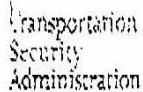
Decided on the solution; you have been on leave restriction two years in a row for a total of 11 months. The next step in progressive discipline is 1-5 day suspension. I went over the CBA table of penalties.

Thanked (b)(6) for her dedication to TSA's mission and her understanding of the seriousness and the importance of reporting to duty.

We planned to meet again next month around June 9, 2013 to discuss the progress of this situation and what is expected from me.

Mark Moser


ETR STSM Acting AM TSM
05/29/2013



* PLEASE understand that on notes book for 070456-452 - 11/64 12/4/72 (SEE MARRIED NOTES)

Calendar Cards should be reviewed with employee on a monthly basis.

QHL
(1-14)

* 1st copy
from [unclear]
[unclear]

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Mark,

I am writing this letter in order to explain my reasons for calling in on August 18 and 19. On August 18, my car wouldn't start. I called in to work sick because I was told in the past that we cannot use annual leave when calling in. Later that morning I went to Auto Zone and bought a battery. I drove the car most of the day to make sure that a dead battery was the problem. That evening I brought the car home and it was still running fine. August 19, I get up and get ready for work and the car wouldn't start. This would explain why I called in less than an hour before my shift starts because I had every intention of coming into work. I tried calling my sister and my oldest son but, neither of them answered. Once again I called the Ops center. I was afraid this was going to happen so I called you later that day to explain what was wrong. I even stated that if I had to I would rent a car. I then called around town looking for a mechanic to fix my car. Maxi Muffler was able to see me that day and look at my car. They tested the alternator and it was fine and recommended I get the new battery and exchange it for another. I did so and the car is now running fine. My car is 20 years old and it's all I got.

As a working single mother I would hope you would be a little flexible with my situation. I enjoy my job and do a good job when I'm here. In my TOPS mid-year review, you rated me at 5 for Honesty/Integrity as well as, rating me with several 4's on topics for my job as a BDO. It seems I am never going to get ahead. I cannot even call in without having a meeting. I'm sorry it was in conjunction with my RDO's, but I did not expect my old car to break down with no warning signs and leave me stranded. It unfortunately set me back \$100, on my already tight budget too. I was doing so well with arranging everyday obstacles and wish to continue doing better. Please be lenient with your decision. Thank you.

(b)(6)

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AutoZone 2072
7630 E BRALNERD RD
CHATTANOOGA, TN
(423) 893-9061

RE	CORE EXCHGE	1- @ 1/12.00	
at	*960082 CORE TRADE-IN		12.00-P
R	#960062 24F-VL		89.99 P
T	24F-VL		
	Valicraft Battery, EA		
	#960062 CORE CHARGE		12.00 P
	#008170 DWD-1		1.99 P
	Duralast		
	Felt Terminal Protectors, 1 PR		
	#249149 BTP-1		0.99 P
	AGS Battery &		
	Cable Terminal Protector, 0.14 OZ		
	SUBTOTAL		92.97
	TOTAL TAX @ 9.250%		8.60
	TOTAL		101.57
	(b)(6)		101.57

(b)(6)

(b)(6)

STORE #2072
DATE 08/19/2013 12:27
OF ITEMS SOLD 3



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Request for Leave or Approved Absence

1. Name (Last, first, middle) (b)(6)		2. Employee or Social Security Number (Enter only the last 4 digits of the Social Security Number (SSN)) 02-116			
3. Organization DHS/TSA					
4. Type of Leave/Absence (Check appropriate box(es) below)		Date From To		Time From To	
☐ Accrued Annual Leave					
☐ Restored Annual Leave					
☐ Advanced Annual Leave					
☒ Accrued Sick Leave		8-18-13 8-19-13		0730 1300	
☐ Advanced Sick Leave					
Purpose: ☒ Illness/injury/incapacitation of requesting employee					
☐ Medical/dental/optical examination of requesting employee					
☐ Care of family member, including medical/dental/optical examination of family member, or bereavement					
☐ Care of family member with a serious health condition					
☐ Other					
☐ Compensatory Time Off					
☐ Other Paid Absence (Specify in Remarks)					
☐ Leave Without Pay					
5. Family and Medical Leave If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: ☐ I hereby invoke my entitlement to Family and Medical Leave for: ☐ Birth/Adoption/Foster Care ☐ Serious health condition of spouse, son, daughter, or parent ☐ Serious health condition of self Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act. Medical certification of a serious health condition may be required by your agency.					
6. Remarks:					
7. Certification: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including removal.					
7a. Employee Signature (b)(6)		7b. Date 8-20-13			
8a. Official Action on Request: ☐ Approved ☒ Disapproved		(If disapproved, give reason. If annual leave, initiate action to reschedule.)			
8b. Reason for Disapproval: DISAPPROVED due to employee request for sick leave (not sick) (DHS/TSA)					
8c. Signature (b)(6)		8d. Date 08/20/2013			
PRIVACY ACT STATEMENT Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to Title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.					

Office of Personnel Management
S CFR 630

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OPM Form 71
Rev. September 2009
Formerly Standard Form (SF) 71
Previous editions usable

Print Form

Clear Form

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Request for Leave or Approved Absence

1. Name (Last, first, middle) (b)(6)		2. Employee or Social Security Number (Enter only the last 4 digits of the Social Security Number (SSN)) 00-110			
3. Organization DHS-TSA-CHA					
4. Type of Leave/Absence (Check appropriate box(es) below)	Date		Time		Total Hours
	From	To	From	To	
☒ Accrued Annual Leave	7-7-13	8-19-13	0430	1300	16
☐ Restored Annual Leave					
☐ Advanced Annual Leave					
☐ Accrued Sick Leave					
☐ Advanced Sick Leave					
Purpose: ☐ Illness/injury/incapacitation of requesting employee ☐ Medical/dental/optical examination of requesting employee ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement ☐ Care of family member with a serious health condition ☒ Other					5. Family and Medical Leave If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: ☐ I hereby invoke my entitlement to Family and Medical Leave for: ☐ Birth/Adoption/Foster Care ☐ Serious health condition of spouse, son, daughter, or parent ☐ Serious health condition of self Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act. Medical certification of a serious health condition may be required by your agency.
☐ Compensatory Time Off					
☐ Other Paid Absence (Specify in Remarks)					
☐ Leave Without Pay					
6. Remarks: (11-2-11) (45C)					
7. Certification: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including removal.					
7a. Employee Signature (b)(6)		7b. Date 8-20-13			
8a. Official Action on Request: ☒ Approved ☐ Disapproved		(If disapproved, give reason. If annual leave, initiate action to reschedule.)			
8b. Reason for Disapproval:					
8c. Supervisor Signature (b)(6)		8d. Date 08/20/2013 @ 11:05 AM			

PRIVACY ACT STATEMENT
Section 5511 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to Title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

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Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act

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Transportation Security Administration

East Tennessee Region Hub and Spokes

Coordination Center

865-474-(b)(6) Desk

(b)(6) Duty Cell

865-983-7057 Fax

TYScoordinationcenter@dhs.gov

Unscheduled Leave Form

Name: (Last, First)

(b)(6)

Date of Absence:

8/18/13

CHA Fax 423-296 (b)(6)

CHA Cell (b)(6)

Type of Absence

Sick

TRI Fax 423-325-6221

Airport

CHA

Return date:

8/19/13

TRI Cell (b)(6)

Shift

Pm

TYS Fax 865-342-1060

TYS Cell (b)(6)

Employee's supervisor:

Mark Moser

Documentation required by supervisor:

No

Coordination Center Officer:

Gina McCurry

Date of call-in: 8/18/2013

Time of call-in: 0329

Comments:

Sick

Employee Signature

Date 8/18/13

Supervisor Signature

(b)(6)

Date 8/20/13

*Coordination Center will fax over this sheet and email the employees supervisor.

ETR-OPS-C 0009-3-21-13

CVN

ETR004223

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East Tennessee Region Hub and Spokes

Coordination Center

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(b)(6) Duty Cell

865-983-7057 Fax

TYScoordinationcenter@dhs.gov

Unscheduled Leave Form

Name: (Last, First)

(b)(6)

Date of Absence:

8/19/13

CHA Fax 423-296 (b)(6)

CHA Cell (b)(6)

Type of Absence

Sick

TRI Fax 423-325-6221

Airport

CHA

Return date:

8/20/13

TRI Cell (b)(6)

Shift Am

TYS Fax 865-342-1060

TYS Cell (b)(6)

Employee's supervisor:

Mark Moser

Documentation required by supervisor:

No

Coordination Center Officer:

Ralph Reyes

Date of call-in: 8/19/2013

Time of call-in: 0346

Comments:

SICK

Employee Signature

Date

Supervisor Signature

Date

*Coordination Center will fax over this sheet and email the employees supervisor.

ETR-OPS-C 2013-25-7

CVN

ETR004224