



### NOTICE TO BASE PERIOD EMPLOYER

Wages reported for the employer account number listed below have been used to establish the claimant's total base period wages. Please complete and return this form via fax to (501) 682-1599. If you do not have access to a fax machine, you may mail your response to the address shown below.

ARKANSAS DEPT OF HUMAN SERVICE  
P O BOX 1437 (SLOT WG1)  
P O BOX 1437 (SLOT WG1)  
LITTLE ROCK AR 72203

**FAX 501-682-1599**  
Department of Workforce Services  
Employer Charge Unit  
P. O. Box 8011  
Little Rock, AR 72203-8011

#### THE INDIVIDUAL LISTED BELOW HAS FILED A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

EMPLOYER NUMBER	CLAIMANT'S NAME	SOCIAL SECURITY NO.	DATE CLAIM FILED	BENEFIT YEAR/QTR	CWC
000041760	LESLIE RUTLEDGE	[REDACTED]	01/04/09	20091	Y

BASE PERIOD WAGES REPORTED	BASE PERIOD BEGINS	10/01/07	ENDS	09/30/08
POTENTIAL CHARGE AMOUNT	BENEFIT YEAR BEGINS		ENDS	

As a base period employer your account has the potential to be charged if benefits are paid. The decision as to whether your account will be charged is based on your timely response to this notice and the specific reason provided as to why the individual was separated from your employment.

~~Do Not Separate~~-----~~Do Not Separate~~-----~~Do Not Separate~~

**INDIVIDUAL CHARGE DETERMINATIONS ARE NOT ISSUED.** If benefits paid to this individual are charged to your account, those charges will be reflected on the Quarterly Statement of Paid Benefits Charged to your Account. If you disagree with any of the first time charges on the quarterly statement you will have the right to protest those charges at that time.

No reply is necessary if the reason for the separation was due to lack of work. However, if you have information that the claimant is currently employed or self-employed or is not able to work or not available for work, please inform us in detail.

#### EMPLOYER RESPONSE

REPLY MUST BE FAXED OR POSTMARKED WITHIN FIFTEEN (15) DAYS FROM THE MAILING DATE OF 01/09/09

QUIT  DISCHARGE

Last Day Worked 12/4/07

Reason for Separation (Explain Below)

Gross Misconduct

Signature: Tara Barnes Title: Document Examiner II Date Signed: 1/13/09  
 Name of Business: Dept. of Human Services E-mail address: tara.barnes@arkansas.gov  
 Phone: (501)682-9640 Fax: (501)682-6553

PLEASE KEEP A COPY FOR YOUR RECORDS

**Arkansas  
Department of Human Services  
NOTICE OF DISCIPLINARY ACTION**

DBS ONLY	
Employee and Labor Relations Package	
Violation Type	_____
Description Type by Offense Number	_____
Race	Sex
_____	_____

Employee's Name Leslie Rutledge AASIS Personnel # \_\_\_\_\_  
(Please type or print)

Division/Office OCC Section \_\_\_\_\_ Cost Center \_\_\_\_\_

PTS.	TYPE OF DISCIPLINE	LEVEL OF DISCIPLINE
3	Written Warning	WW will be a permanent part of the employee's record and will be counted for progressive disciplinary purposes for 24 months.
6	Suspension	S will be a permanent part of the employee's record and will be counted for progressive disciplinary purposes for 48 months.
8	Demotion	D will be a permanent part of the employee's record and will be counted for progressive disciplinary purposes for 48 months.
	Discharge	Permanently remains in employee's personnel file.
Number of Points accumulated prior to this violation		<u>0</u>
Level of discipline and points assigned for this violation		<u>3</u>
Number of Points accumulated with this violation		<u>3</u>

(Refer to Policy 1084, Pg. 1 of 3)

- Policy and Standard violated: 1085.1.1(12) and 1085.1.2
- Cause for disciplinary action (Be specific as to nature of offense, date and time): ██████████ a social worker with Arkansas Childrens Hospital received a subpoena to testify in a child welfare hearing on October 29, 2007. This subpoena was signed and sent by OCC attorney Leslie Rutledge. The social worker attempted to call Leslie on October 25 and 26<sup>th</sup> neither call was returned. ██████████ appeared at court and was told
- Number of and date(s) of prior violation(s) utilized for point accumulation and/or progressive discipline: Counseling statement concerning case preparation issued May 1, 2007
- Disciplinary Action taken for this violation: Written warning issued.
- Employee conduct expected in future: Leslie will prepare fully for each case which will include personal contact with witnesses prior to the court hearing. Leslie will make a list of witnesses and make sure that they are contacted at the court house prior to the hearing so that they will know what time to come into the court room. Leslie will follow the protocol for subpoenaing ACH staff.
- Consequences upon next breach of violated standards: Further progressive discipline

\_\_\_\_\_  
Supervisor's Signature Date

I have read and received a copy of the above statements and have knowledge of the DHS Uniform Internal Grievance Procedure. My signature below denotes only knowledge of actions taken and does not necessarily imply agreement.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature Date

cc: Employee  
Originating Supervisor's Personnel File  
ORIGINAL TO: Human Resources

Arkansas Department of Human Services  
COUNSELING STATEMENT

INSTRUCTIONS: This form is to be used to document counseling provided to an employee when an Employee Conduct Standard has not been violated and the employee is not being disciplined. The original copy of this form is to be filed in the supervisor's file on the employee. The Counseling Statement will be destroyed at the end of the performance cycle in which the statement was issued, or at the end of six months, whichever is later. Provide the employee with one copy of the completed counseling statement.

Employee's Name Leslie Rutledge  
(please type or print)

Date of Counseling May 1, 2007

Describe the activity observed. (Be specific as to nature of the activity, date and time): There are four issues that need to be dealt with: First on April 24, 2007 You did not calendar a court date and after you were advised of the date you were not able to get the court to go forward with the hearing. At one point I was informed that the guardian did not want to go through with the matter due to long travel for no hearing. Second Even though a former foster child was returned to foster care custody of DHHS in February there was no order of custody done as of April 29, 2007. Third case AAL reported that there was no preparation done on this case and that this resulted in some information vital to the court not being presented. Fourth motion to transfer was done in incorrect court and there was no open case in juvenile court for which the transfer could be made. *until 10/7*

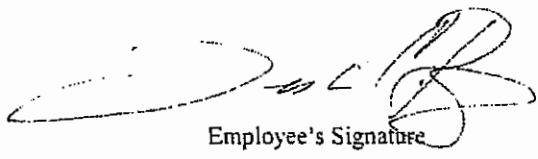
*Leslie appeared in court 15 minutes after the hearing but judge took case off the time sheet KLF*

Employee conduct/performance expected in the future: Preparation of not only the caseworker but the OCC attorney is vital to job performance and accounts for approximately 40-50% of performance evaluation. Leslie will read each case prior to the hearing and prepare the caseworker in person or on the phone for each hearing PRIOR TO THE DATE of court. Missing a court date is an ethical violation and thus a serious matter. Leslie will not miss a court date and if an emergency arises have a back up plan for coverage.

Consequences if activity observed is repeated: Future omissions will result in a higher level of progressive discipline. Attorney supervisor will monitor preparation through court observation and interviews with workers concerning preparation by Leslie.

Supervisor's Signature Kayla Ferris Date 5-2-07

I have read and received a copy of the above statement. I do  do not  wish to submit written comments of my own about this matter.

  
Employee's Signature

5-2-07  
Date

*addendum  
(1) letter of apology to Judge McLawson*

**ARKANSAS DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Career Ladder Incentive Program (CLIP)**  
**Eligibility and Rating Form**

Position 22131897 Division/Institution OCC-DHHS  
 Name Leslie Rutledge Supervisor Kay West Forrest  
 AASIS Personnel Number \_\_\_\_\_ AASIS Personnel Number \_\_\_\_\_  
 Job Title/Class Attorney Work Phone 870-856-1053  
 Rating Period From 10-2-06 Through 03-31-07

CRITERIA	APPLICABLE TO POSITION	GENERAL CRITERIA	FINAL RESULT
1. Experience	REQUIRED	a. Meets MQ Experience for Higher Position (CLIP I Only) and/or One Year Experience in Position (Bonus) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N b. Applied to Performance <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
2. Job Performance	REQUIRED	Satisfactory (S) for Promotion - Exceeds Standards (E) or Above Average (A) for Bonus	<input type="checkbox"/> E <input type="checkbox"/> A <input checked="" type="checkbox"/> S <input type="checkbox"/> U
3. Employee Conduct	REQUIRED	Satisfactory Conduct During the CLIP Rating Period	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Job Related Training	REQUIRED	Completed Training Plan Successfully <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA Transferred Learning Into Improved Job Performance <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
5. Project Participation	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Front End Approval and Confirmation of Success	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
6. Special Certification	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Successful Completion	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
7. Management Evaluation	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Criteria Tasks (MANAGERS/SUPERVISORS ONLY)	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
a. PPES		Completed PPES's For All Employees Timely and Effectively <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
b. 86-1 and 93-01		Current in Attendance of State Mandated Training <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
c. Employee Development		* As assessed by Supervisor: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
d. Work Unit Effectiveness		* As assessed by Supervisor: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

\* Assess task competency using the following scale: 3 = always meets performance expectations  
 5 = always meets, and frequently exceeds performance expectations 2 = occasionally fails to meet performance expectations  
 4 = always meets, and occasionally exceeds performance expectations 1 = frequently fails to meet performance expectations

These criteria were established in consultation with the employee named above.

Supervisor's Signature Kay West Forrest Date 3/30/07  
 I have reviewed these criteria and agree that they are appropriate for the position.

Reviewing Official's Signature Leslie Rutledge Date \_\_\_\_\_  
 I have reviewed these criteria and understand that PPES, CLIP I and/or CLIP II decisions will be based on them.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* This section is to be completed at the end of the Rating Period. \*\* Attach narrative documents for decision(s) of "Not Recommend."

RECOMMEND:  For Bonus E  For Bonus A  For Promotion  Not Eligible (Performance Only)

Kay West Forrest 4-1-07  Recommend  Not Recommend  
 Supervisor's Signature Date

Leslie Rutledge 4-4-07  Recommend  Not Recommend  
 Reviewing Official's Signature\*\* Date

Recommend  Not Recommend

Oversight Committee Chairperson's Signature\*\* Date

Approve pending availability of funds  Disapprove

Division Director/Designee's Signature (if applicable) Date

I have reviewed the content of this CLIP/PPES with my supervisor and I agree with it.  I do not agree with it

Employee's Signature Date  I wish to appeal I understand that I must provide to my supervisor the written reasons for my appeal with supporting documentation within five (5) working days from today's date.

## INSTRUCTIONS

### Purpose

The purpose of the Eligibility and Rating Form is to document the competency criteria chosen as applicable to the employee and to document the employee's final rating for CLIP and PPES.

### Completion

#### At The Beginning of the CLIP/PPES Rating Year:

1. Complete the biographical data section. For DHS the Rating Period will be April 1 – March 31.
2. Select competency criteria. Policy requires that all eligible employees be evaluated on the first three criteria and these are automatically indicated on the form.
3. The Job Related Training criterion will be a criterion but is selected only after the supervisor and employee have determined training needed based on the completion of the Baseline Assessment Of Job Task Competency column of DHS-1974.
4. The Project Participation criterion will rarely be applicable and is therefore marked "No", in the column "Applicable To Position." Your Division must submit projects for approval from the DHS Director and Chief Fiscal Officer of the State before they can be used as a criterion.
5. The Specialized Certification criterion is applicable only when the Office of Personnel Management minimum qualifications require a certification.
6. The Management Evaluation criterion is a required criterion for all managers and supervisors.
7. Complete the first signature section and give the employee a copy and retain a copy in the supervisor's employee files.

#### At The End Of The CLIP/PPES Rating Year:

1. Complete the "Final Results" column by reviewing all the monitoring and documentation notes made during the CLIP year. By filling out this section, you are attesting that each criterion has been evaluated by monitoring and accumulated documentation, and that the Final Results are a valid appraisal of the employee.
  - a. Experience: For CLIP promotions, an employee may meet this criterion before the end of the CLIP rating year. For a bonus or promotion, the employee must have one year of experience in his/her current job.
  - b. Job Performance: The employee's PPES score must be an S, A or an E to be eligible for a promotion and must be an E or A to be eligible for a bonus payment.
  - c. Employee Conduct: Eligibility is based on no points assessed during the CLIP Rating Year.
  - d. Job Related Training: Two sub-criteria must be met. Did the employee successfully complete the planned training? Has the employee integrated the learning experience into his/her work resulting in improved job performance?
  - e. Project Participation: Results based on documentation and signoff of DHS-1975.
  - f. Specialized Certification: Official documentation of successful completion.
  - g. Management Evaluation: All four criteria must be "Yes" or a 3 or above for the manager/supervisor to be eligible for a CLIP promotion or bonus payment.
2. Based on the Final Results, complete the second signature section indicating the decision regarding the employee and then begin the process of review and signoff.
  - a. Before the final results are shared with the employee, review with and get the signature of the Reviewing Official, Oversight Committee Chairperson, and the Division Director/Designee (if applicable).
  - b. Any decision that is in opposition to the supervisor's recommendation, requires an explanation. See **\*\*Attach narrative documents for decision(s) on "Not Recommend."** On the DHS-1973.
  - c. Share the results with the employee and route to Personnel.
  - d. Appeal and Oversight Committee procedures are described in the procedure.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES**  
**Career Ladder Incentive Program (CLIP)**  
**Job Task Competency and Job Related Training Plan and Evaluation**

I. Employee's Name Leslie Rutledge

Supervisor's Name Kay West Forrest

II. Employee's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

DUTY AREAS AND JOB TASKS	*BASELINE ASSESSMENT OF JOB TASKS	MID-POINT PERFORMANCE EVALUATION (PPES)	JOB TASKS TO ENHANCE OR TO IMPROVE THROUGH TRAINING	TRAINING PLAN AND METHOD(S) TO VERIFY TRANSFER OF LEARNING	YEAR END ASSESSMENT OF JOB TASKS
Pre-Trial: Prep Witnesses		3			3
Review and approve affidavits		3			3
Prepare and file petition to order (if file petition, deemed to have reviewed affidavit) Proper Service (w.o.)		3			3
Issue subpoenas to ensure needed witnesses testify		3			3
File necessary motions (20 day petitions, petition to terminate, adoption)		3			3
Attend staffings, if needed		3			3
Prepare the case		3			3
Comply with OCC Policy and Procedure Manual		3			3
<b>Court:</b> Be there on time		3			3
Make timely objections		3			3
Professional Appearance		3			3
Make record		3			3
Courteous: to clients, to Court, other side		3			3
Zealously represent your client		3			3
Responds to opponents objections		3			3
Comply with OCC Policy and Procedure Manual		3			3

DUTY AREAS AND JOB TASKS	*BASELINE ASSESSMENT OF JOB TASKS	MID-POINT PERFORMANCE EVALUATION (PPES)	JOB TASKS TO ENHANCE OR TO IMPROVE THROUGH TRAINING	TRAINING PLAN AND METHOD(S) TO VERIFY TRANSFER OF LEARNING	YEAR END ASSESSMENT OF JOB TASKS
<b>Post Court:</b> Draft and file orders with necessary language within 30 days of hearings		3			3
Distribute Orders		3			3
Staff w/clients when appropriate		3			3
Evaluate rulings and determine if adverse		3			3
Notify managing attorney immediately of any adverse decisions		3			3
Case Management; Review Dates, Notice of Hearing		3			3
If required, 6 month review all out-of-home, 12 month review Permanency Planning		3			3
Complete monthly report and itinerary		3			3
Complete narrative, comply with the Court Rules and OCC's on appeals		3			3
Comply with OCC's Policy and Procedure Manual		3			3
<b>Technical Assistance:</b> Working knowledge of: Juvenile Court, Child Maltreatment Act, APS Law, FOIA, APA, Civil Procedures, Evidence		3			3
Courteous to client		3			3
Timely response		3			3
Attend CLE, Attend CFS Meetings as needed		3			3
Train Clients		N/A			3
					N/A

DUTY AREAS AND JOB TASKS	*BASELINE ASSESSMENT OF JOB TASKS	MID-POINT PERFORMANCE EVALUATION (PPES)	JOB TASKS TO ENHANCE OR TO IMPROVE THROUGH TRAINING	TRAINING PLAN AND METHOD(S) TO VERIFY TRANSFER OF LEARNING	YEAR END ASSESSMENT OF JOB TASKS
Staff Supervision:					
Approve leave for secretary		3			3
Pre-approve travel expenses and review TR-1 before submission to Managing Attorney		3			3
Complete CLIP review Standards ahead of time, evaluate and process timely		N/A			N/A
Coordinate with secretary for accurate CHRIS legal screen entries		3			3
Review case file		3			3
USE ADDITIONAL WORKSHEETS AS NEEDED					
AVERAGE TARGETED TRAINING TASK SCORE	3				3
AVERAGE SCORE	3				3

\*Assess task competency using the CLIP scale:

CLIP SCALE

- 5 = always meets, and frequently exceeds performance expectations
- 4 = always meets, and occasionally exceeds performance expectations
- 3 = always meets performance expectations
- 2 = occasionally fails to meet performance expectations
- 1 = frequently fails to meet performance expectations

(Use whole numbers only when rating tasks.)

\*\*Assess performance using the PPES scale:

PPES SCALE

- 4.5 - 5 = Exceed Standards
- 4 - 4.49 = Above Average
- 3 - 3.99 = Satisfactory
- 1 - 2.99 = Unsatisfactory

(See Reverse for Instructions)