

[REDACTED]

From: Sam DeLeon
Sent: Monday, August 09, 2010 5:18 PM
To: 'Arthur.Zamarripa@talk.com'
Cc: Sam DeLeon
Subject: RE: Reply By: 8/9/2010 Unemployment Claim on KENNETH W SNYDER, ###-##- [REDACTED]
Inhouse: BU64 Loc: UNKWN
Attachments: DOC (65).PDF

Art:

I trust all is well. Attached you will find the requested information regarding Mr. Kenneth Snyder. I will follow-up with a call. Kind regards.

Samuel N. De Leon
Director Human Resources
Kansas City Board of Public Utilities
Office: 913.573.6915
Mobile: 913.645.1415
Fax: 913.573.6903
E-Mail: deleco@bpu.com

-----Original Message-----

From: Arthur.Zamarripa@talk.com (<mailto:Arthur.Zamarripa@talk.com>)
Sent: Monday, August 09, 2010 4:19 PM
To: Sam DeLeon
Subject: Reply By: 8/9/2010 Unemployment Claim on KENNETH W SNYDER, ###-##- [REDACTED] Inhouse: BU64 Loc: UNKWN

Please send your response to TALX UC eXpress no later than 08/09/2010, 12:00PM (CT) in order to meet the state enforced deadline.

A timely response to this request is critical to controlling your unemployment cost. Should you have any questions or concerns, please feel free to contact your TALX UC eXpress representative.

To: BOARD OF PUBLIC UTILITIES
SAM DELEON

From: Arthur Zamarripa
TALX UC eXpress
Phone: (800) 950-7004 x5916
Fax: (888) 804-6381
Email: Arthur.Zamarripa@talk.com

Claimant: KENNETH W SNYDER SSN: [REDACTED]
Claim State: KS
Claimant Statement:

Claimant Last Date Worked:
Separation Information on file: Other - Not Available

*** NOTICE: Possible penalties may be associated with this claim: ***

Failure to provide timely separation details may result in a loss of rights.

Please enter or verify the employment dates noted below:

First Day Worked?

Last Day Worked?

Please provide his/her current status with your company, including details:

Lack of Work: (Permanent (Temporary - Provide expected return date, if known.

Voluntary: Provide reason, how notice given, length of notice given, and any other details.

Involuntary: Provide reason, policy violation (include policy section), dates and details of prior warnings, and written documentation of the final incident details. Include the name & title of the individual who terminated the claimant.

Still Working: Provide current status (Full-time, Part-time, or on-call). If hours reduced or claimant not available for work, why?

Other: Provide reason & details in the space provided below.

Please use this additional space as needed for a thorough response:

Additional comments:

If he/she received the following pay upon separation, it may be disqualifying:

Vacation, Holiday, Wages In Lieu, Severance, Bonus, Salary Continuation, Pension, Back Pay, Sick Pay, Workers Compensation

Please provide the following for each pay type issued to the claimant:

Type of pay issued:

Amount of pay issued:

Date(s) pay allocated (from/to or start/end):

Date paid to claimant:

Name of person completing form:

Title of person completing form:

Location: UNKNN

Client Location: UNKNN

Inhouse: BU64005

Work State: KS

EYB: 7/18/2010

UCM:

Call reference: 12629071

Employee No:

From: Arthur.Zamarripa@talk.com
Sent: Monday, August 09, 2010 4:19 PM
To: Sam DeLeon
Subject: Reply By: 8/9/2010 Unemployment Claim on KENNETH W SNYDER, ###-##- Inhouse
BU64 Loc: UNK/V/N

Please send your response to TALX UC eXpress no later than 08/09/2010, 12:00PM (CT) in order to meet the state enforced deadline.

A timely response to this request is critical to controlling your unemployment cost. Should you have any questions or concerns, please feel free to contact your TALX UC eXpress representative.

To: BOARD OF PUBLIC UTILITIES
SAM DELEON

From: Arthur Zamarripa
TALX UC eXpress
Phone: (800) 950-7004 x5916
Fax: (888) 804-6381
Email: Arthur.Zamarripa@talk.com

Claimant: KENNETH W SNYDER SSN: [REDACTED]
Claim State: KS
Claimant Statement:

Claimant Last Date Worked:
Separation Information on file: Other - Not Available

*** NOTICE: Possible penalties may be associated with this claim: ***

Failure to provide timely separation details may result in a loss of rights.

Please enter or verify the employment dates noted below:

First Day Worked? 1.21.2010

Last Day Worked? 7.8.2010

Please provide his/her current status with your company, including details:

Lack of Work: Permanent Temporary - Provide expected return date, if known.

Voluntary: Provide reason, how notice given, length of notice given, and any other details. *See attached*

Involuntary: Provide reason, policy violation (include policy section), dates and details of prior warnings, and written documentation of the final incident details. Include the name & title of the individual who terminated the claimant.

Still Working: Provide current status (Full-time, Part-time, or on-call). If hours reduced or claimant not available for work, why?
Performance during probation

Other: Provide reason & details in the space provided below. *See attached*

Please use this additional space as needed for a thorough response:

Additional comments:

If he/she received the following pay upon separation, it may be disqualifying:

Vacation, Holiday, Wages In Lieu, Severance, Bonus, Salary Continuation, Pension, Back Pay, Sick Pay, Workers Compensation

Please provide the following for each pay type issued to the claimant:

Type of pay issued:

Amount of pay issued:

Date(s) pay allocated (from/to or start/end):

Date paid to claimant:

Name of person completing form:

Title of person completing form:

SAM DE LEON
Director HR

Location: USBN

Client Location: UNKNOWN

Inhouse: 8064005

Work State: BS

BYB: 7/18/2010

UCM:

Call reference: 32625071

Employee No:

AGREEMENT
(Working Rules)

between

**THE KANSAS CITY BOARD OF
PUBLIC UTILITIES**



**Kansas City
Board of Public Utilities**

and its employees
represented by

**The International Brotherhood of
Electrical Workers
Local 53**

Carpenters District Council

Painters District Council No 3

Effective July 1, 2003

D. Overtime

Mechanics, Service Person/Refueler

a. East of 47th Street (excluding Quindaro or Kaw Power Stations)

Overtime work will be offered to employees within the needed classification in the following order: Muncie Garage, Quindaro Garage and Service Center Garage. Employees within the needed classification low on the overtime equalization lists shall be asked first. If no employee accepts the overtime, the Company shall force the low man on the overtime equalization list at the Muncie Garage.

b. West of 47th Street (Excluding the Nearman Power Station)

Overtime work will be offered to employees within the needed classification in the following order: Service Center Garage, Muncie Garage, and Quindaro Garage. Employees within the needed classification low on the Overtime Equalization Lists shall be called first. If no employee accepts the overtime the Company shall force the low man on the overtime equalization list at the Service Center Garage.

c. Overtime at Power Plants

Overtime work will be offered to employees within the needed classification in the following order: Quindaro Garage, Muncie Garage, and Service Center Garage. Employees within the needed classification low on the Overtime Equalization Lists shall be called first. If no employee accepts the overtime the Company shall force the low man on the Overtime Equalization List at the Quindaro Garage.

d. When Special Qualifications are Required

If special qualifications are required for the overtime work, the employee having those qualifications and being low on the Overtime Equalization List will be called first.

Section 4 - Traffic Signal Section

Probationary period for newly-appointed Traffic Signal Technician shall be six (6) months.

A. Promotions - Traffic Signal Section

All promotions will follow the line of progression as outlined herein (from bottom to top):

Lead Traffic Signal Technician

Certified Traffic Signal Technician - (Certified by International Municipal Signal Assn.)

Traffic Signal Technician - after 4 years

Traffic Signal Technician - after 3 years

Traffic Signal Technician -

Traffic Signal Technician -

Traffic Signal Technician -

B. Overtime - Traffic Signal Section

When specific qualifications or special qualifications may be required in the absence of a Leadman, Lead Technicians and/or Certified Technicians and/or Certified Technicians on unscheduled overtime, the employee will receive pay as a Technician.

Section 5 - Electrical Relay Section

Probationary period for newly-appointed Electrical Relay Technician shall be six (6) months.

A. Overtime

1. Unless a specified Lead Technician with the lowest classification on the overtime list. If no Lead Technician (Certified) will be called first. If no Lead Technician is available, the low Relay Technician will be called.
2. The Lead Technician or Certified Technician calling the low Technician.
3. This call-out procedure applies to unscheduled overtime.

B. Promotions - Relay Section

All promotions will follow the line of progression as outlined herein (from bottom to top):
Lead Electrical Relay Technician
Certified Electrical Relay Technician
Electrical Relay Technician
Electrical Relay Technician -
Electrical Relay Technician -
Electrical Relay Technician -
Electrical Relay Technician -

Traffic Signal Technician - after 2 years

Traffic Signal Technician - after 1 year

Traffic Signal Technician - Start

(Low Power Stations)

within the needed classification in
Quindaro Garage and Service Center
classification low on the overtime
employee accepts the overtime, the
overtime equalization list at the Muncie

(Power Station)

within the needed classification in
e, Muncie Garage, and Quindaro
classification low on the Overtime
employee accepts the overtime the
overtime equalization list at the Service

within the needed classification in
Muncie Garage, and Service Center
classification low on the Overtime
employee accepts the overtime the
Overtime Equalization List at the

overtime work, the employee having
Overtime Equalization List will be

Signal Technician shall be six (6)

s outlined herein (from bottom to

International Municipal Signal Assn.)

B. Overtime - Traffic Signal Section

When specific qualifications are required for overtime work, the employee with such special qualifications may be called, regardless of his position on the overtime list. In the absence of a Leadman, when any combination of two (2) or more Traffic Signal Technicians and/or Certified Traffic Signal Technicians are working either scheduled or unscheduled overtime, the senior Extra Lead Traffic Signal Technician working that overtime will receive pay at the appropriate overtime rate for Lead Traffic Signal Technician.

Section 5 - Electrical Relay Technicians Section

Probationary period for newly-appointed Electrical Relay Technicians shall be six (6) months.

A. Overtime

1. Unless a specified Lead Relay Technician is requested by supervision, the Lead Relay Technician with the least amount of overtime will be called first, then proceed down the overtime list. If none of these are available, the low Extra Lead Technician (Certified) will be called, then proceed down the overtime list. If none of these are available, the low Relay Technician will be called, then proceed down the overtime list.
2. The Lead Technician or Technician will make up their crew from the overtime list by calling the low Technician first, then proceed down the overtime list.
3. This call-out procedure for the Relay Technicians will be used for both scheduled and unscheduled overtime.

B. Promotions - Relay Section

All promotions will follow the line of progression as outlined herein (from bottom to top):

Lead Electrical Relay Technician

Certified Electrical Relay Technician - (Certified by the Company)

Electrical Relay Technician - after 4 years

Electrical Relay Technician - after 3 years

Electrical Relay Technician - after 2 years

Electrical Relay Technician - after 1 year

Electrical Relay Technician - Start

SEE INSTRUCTION ON SECOND PAGE OF PDF
ER. LOYEE PERFORMANCE EVALUATION

NON-EXEMPT

NAME <i>Kew Snyder</i>		POSITION TITLE <i>TRAFFIC SIGNAL TECH</i>		DATE <i>4-27-2010</i>
LOCATION <i>Service Center-55th & Riverview</i>		DEPARTMENT	DIVISION <i>Electric Operations</i>	
EVALUATING OFFICER <i>GREG DELGROEVE</i>		REVIEWING SUPERVISOR	DATE PRESENT POSITION <i>1-21-2010</i>	DATE LAST REVIEW <i>3-26-2010</i>
CHECK ONE	PROBATION <input checked="" type="checkbox"/>	SEMI-ANNUAL <input type="checkbox"/>	ANNUAL <input type="checkbox"/>	OTHER (EXPLAIN) <input type="checkbox"/>
A PERFORMANCE CHARACTERISTIC:			CHECK APPLICABLE BOX	
KNOWLEDGE OF JOB - A CLEAR UNDERSTANDING OF THE FACTS OR FACTORS PERTINENT TO JOB COMMENTS:			U F G E O	
			[] [X] [] [] []	
QUALITY OF WORK - THOROUGHNESS, ACCURACY AND NEATNESS OF WORK COMMENTS:				
			[] [] [X] [] []	
PRODUCTIVITY - DEMONSTRATED ACCOMPLISHMENTS, VOLUME OF WORK COMMENTS:				
<i>HAS improved</i>			[] [X] [] [] []	
DEPENDABILITY - CONSCIENTIOUS, RESPONSIBLE, RELIABLE WITH RESPECT TO ATTENDANCE, WORK COMPLETION COMMENTS:				
<i>HAS improved</i>			[] [X] [] [] []	
COOPERATION - ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS AND OTHERS COMMENTS:				
<i>ASKS if Help needed ON TASKS</i>			[] [X] [] [] []	
SAFETY PRACTICE - PRACTICES GOOD SAFETY HABITS COMMENTS:				
			[] [X] [] [] []	
OVERALL RATING BASED ON ABOVE	* DOCUMENTATION REQUIRED			
	<input type="checkbox"/> UNSATISFACTORY	<input checked="" type="checkbox"/> FAIR	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
				<input type="checkbox"/> OUTSTANDING
B. DEVELOPMENT PLAN FOR IMPROVEMENT (IF APPROPRIATE)				
RECEIVED				
MAY 03 2010				
HUMAN RESOURCES				
SIGNATURES		EMPLOYEE SIGNATURE	DATE	
		<i>[Signature]</i>	<i>4/27/10</i>	
EVALUATING OFFICER SIGNATURE	DATE	REVIEWING SUPERVISOR SIGNATURE	DATE	
<i>[Signature]</i>	<i>4-27-2010</i>	<i>[Signature]</i>	<i>4/27/10</i>	

SEE INSTRUCTION ON SECOND PAGE OF FOR.)
EMPLOYEE PERFORMANCE EVALUATION

NON-EXEMPT

NAME Ken Snyder		POSITION TITLE TRAFFIC Signal Tech		DATE 3-26-2010
LOCATION Service Center-65th & Riverview		DEPARTMENT	DIVISION Electric Operators	
EVALUATING OFFICER GREG DeGRAVE		REVIEWING SUPERVISOR	DATE PRESENT POSITION 1-21-2010	DATE LAST REVIEW
CHECK ONE	PROBATION <input checked="" type="checkbox"/>	SEMI-ANNUAL <input type="checkbox"/>	ANNUAL <input type="checkbox"/>	OTHER (EXPLAIN) <input type="checkbox"/>
				CHECK APPLICABLE BOX
A. PERFORMANCE CHARACTERISTICS:				U F G E O
KNOWLEDGE OF JOB- A CLEAR UNDERSTANDING OF THE FACTS OR FACTORS PERTAINING TO JOB COMMENTS:				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
QUALITY OF WORK- THOROUGHNESS, ACCURACY AND NEATNESS OF WORK COMMENTS:				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PRODUCTIVITY- DEMONSTRATED ACCOMPLISHMENTS, VOLUME OF WORK COMMENTS: MUST BE ASKED TO GET INVOLVED WITH TASKS				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DEPENDABILITY- CONSCIENTIOUS, RESPONSIBLE, RELIABLE WITH RESPECT TO ATTENDANCE, WORK COMPLETION COMMENTS: SAME AS ABOVE				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COOPERATION- ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS AND OTHERS COMMENTS: Needs TO PAY ATTENTION TO INSTRUCTIONS SAME AS ABOVE				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SAFETY PRACTICE- PRACTICES GOOD SAFETY HABITS COMMENTS:				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OVERALL RATING BASED ON ABOVE	DOCUMENTATION REQUIRED <input checked="" type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT <input type="checkbox"/> OUTSTANDING			
B. DEVELOPMENT PLAN FOR IMPROVEMENT (IF APPROPRIATE)				<p style="text-align: center;">RECEIVED MAY 03 2010 HUMAN RESOURCES</p>
C. EMPLOYEE COMMENTS:				
SIGNATURES		EMPLOYEE SIGNATURE		DATE
EVALUATING OFFICER SIGNATURE GREG DeGRAVE		[Signature]		2/26/10
DATE	REVIEWING SUPERVISOR SIGNATURE		DATE	
3-26-2010	[Signature]		3/27/10	