
Agency Information

AGENCY : HSCA
RECORD NUMBER : 180-10080-10035

RECORD SERIES : NUMBERED FILES

AGENCY FILE NUMBER : 008546

Document Information

ORIGINATOR : SPACE DIVISON, CHRYSLER CORPORATION
FROM : ONDRUS, W.T.
TO : BURAS ROBERT C.

TITLE : PERSONAL RECORDS OF DANTE MAROCHINI

DATE : 05/01/1978
PAGES : 55

SUBJECTS :
MAROCHINI, DANTE; EMPLOYMENT

DOCUMENT TYPE : LETTER
CLASSIFICATION : Unclassified
RESTRICTIONS : Open in Full
CURRENT STATUS : Redact
DATE OF LAST REVIEW : 07/24/1993

OPENING CRITERIA :

COMMENTS : Employment records enclosed. Box 156.



May 1, 1978

008546

Mr. Robert C. Buras, Jr.
Staff Investigator
Select Committee on Assassinations
U. S. House of Representatives
Washington, D.C. 20515

Re: Summons dated 4-26-78 -
W. T. Ondrus, Personnel Director,
Chrysler Michoud Defense-Space
Division, New Orleans, LA.
Re: Personnel Records of Dante
Marochini (former employee)

Dear Sir:

This letter is to confirm our conversation of 4-28-78, at the time you served the above captioned summons, wherein you advised me that notwithstanding the order of the summons, the only necessary action on my part, on behalf of Chrysler Corporation, would be to provide you with copies of the personnel records of Dante Marochini, including notes, memoranda, payroll slips, credit checks, references and all materials concerning Dante Marochini.

Attached to this letter please find a package of eighty-four (84) Xerox pages, which are copies of every and all personnel documents, notes, memoranda, payroll information, employment reference checks, and all materials concerning Mr. Dante Marochini's employment with Chrysler Corporation.

It is my understanding that it will not be necessary to appear before the Subcommittee on the Assassination of John F. Kennedy of the Select Committee on Assassinations in Washington, D.C. on May 12, 1978. Please confirm this understanding.

If there are any questions concerning this matter, please feel free to contact me at any time. Telephone number (504) 255-2362 or (504) 255-2360.

Sincerely,

W. T. Ondrus
Personnel Director

WTO:gmf

Attachment

cc: T. J. LaRose
File

COPY

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES OF THE CONGRESS OF THE
UNITED STATES OF AMERICA

To G. Robert Blakey, or an assistant designated by him:

You are hereby commanded to summon William T. Ondrus,
Personnel Director, Chrysler Michoud Defense Space Division,
Michoud, Louisiana

Subcommittee on the Assassination of John F. Kennedy
to be and appear before the of the Select Committee on Assassinations

Committee of the House of Representatives of the United States, of which the Hon. Richardson
Preyer is chairman, and to bring with

you the records of Dante Marachini (Maraccini) in your possession
or control for his employment with the Chrysler Michoud Defense
Space Division, including but not limited to, all personnel
records, notes, memoranda, payroll slips, credit checks, references,
and any and all materials concerning Dante Marachini (Maraccini)

in their chamber in the city of Washington, on May 12, 1978

at the hour of 10:00 a.m.

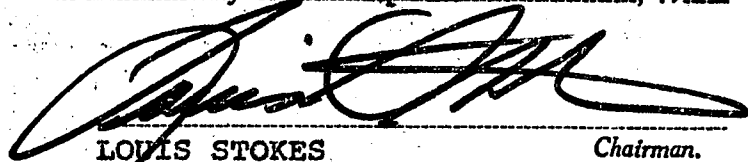
then and there to testify touching matters of inquiry committed to said Committee; and he is
not to depart without leave of said Committee.

Herein fail not, and make return of this summons.

Witness my hand and the seal of the House of Representatives

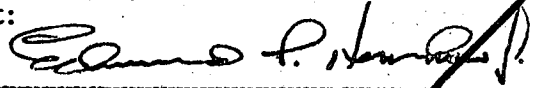
of the United States, at the city of Washington, this

26th day of April, 1978



LOUIS STOKES Chairman.
Select Committee on Assassinations

Attest:



Clerk.

288

1. 3-1-68 Last Day Worked 2. DANTE A. MAROCHINI Worker's Name 3. 067-26-5592 Social Security Number

4. REASON FOR SEPARATION. State fully and clearly.

Previously separated as Permanent Layoff - No Work Available, effective 3-1-68.

Change to Permanent Separation - Lost Corporate Service while on Layoff, effective 9-5-72.

I certify that the above worker whose name and number are entered above has been separated from work and that the information entered above is true and correct. I further certify that the worker whose name and number appear above has been handed or mailed a copy of this report.

R. E. BRENNAN Signature
Personnel Procurement Manager
 Title

CHRYSLER CORPORATION
SPACE DIVISION
 EMPLOYEE BENEFITS
 P. O. BOX 29200
 NEW ORLEANS, LA. 70129
 Address

9-20-72
 Date

FILL OUT IN TRIPLICATE: Mail the Original copy to the Administrator, Department of Employment Security, Baton Rouge, Louisiana 70804, within 72 hours after separation. Give the duplicate copy to the worker within 72 hours and retain the triplicate copy for your files. (Read carefully instruction on reverse of the triplicate copy.)

FAILURE TO SUBMIT THIS REPORT WITHIN THE SPECIFIED TIME LIMITS MAY FORFEIT YOUR RIGHT TO APPEAL. IT MUST BE SUBMITTED WITHIN 72 HOURS AFTER THE WORKER'S SEPARATION.

SEPARATION NOTICE ALLEGING DISQUALIFICATION
 DEPARTMENT OF EMPLOYMENT SECURITY, BATON ROUGE, LOUISIANA 70804 6-11

CURRENT DATA	SHEET	TRAN. CODE	NAME	SEX	DEPT. NO.	SOCIAL SECURITY NO.	DATE ISSUED	DATE EFFECTIVE					
	48		DANTE A. MAROCHINI	M	2831	067-26-5592	9-22-72	9-5-72					
	MAILING ADDRESS OF EMPLOYEE 4951 Music St., New Orleans, La. 70122												
TYPE OF SEPARATION AND REASON	LOC. CODE	LOCATION	P.O.X. CODE	CORP. SERV. DATE	PLANT SEN. DATE								
	7802	Michoud Operations	PQ	8-26-63									
	CLASSIFICATION NAME Planning Specifications Man			CLASS NO.	SALARY GRADE	BASE RATE	Mo. Wk. Hr.	Acct. No.	E.G.	UNION AFFIL.	LOCAL NO.		
PREVIOUSLY SEPARATED		Previously sep. on Trans. Code 30, eff. 3-1-68. Change to Permanent Separation - Lost Corporate Service While on Layoff.											
EMPLOYEE'S RATING	HOURLY AND GENERAL SALARY				MANAGEMENT								
	Excel.	Good	Fair	Poor	RATE QUALITIES	PERFORMANCE APPRAISAL			RECOMMENDED RE-EMPLOYMENT IN				
					ABILITY	<input type="checkbox"/> OUTSTANDING	APPRaisal DATE			<input type="checkbox"/> PRESENT MANAGEMENT CAPACITY			
					CONDUCT	<input type="checkbox"/> MORE THAN ACCEPTABLE	CLASS			<input type="checkbox"/> LESSER MANAGEMENT CAPACITY			
				PERFORMANCE	<input type="checkbox"/> ACCEPTABLE				<input type="checkbox"/> NON-MANAGEMENT CAPACITY				
				ATTENDANCE	<input type="checkbox"/> LESS THAN ACCEPTABLE				<input type="checkbox"/> DO NOT RECOMMEND REHIRE				
					<input type="checkbox"/> UNSATISFACTORY								
SEVERANCE OR TERMINATION ALLOWANCE	DATE OF BIRTH	CORP. SERVICE DATE	TOTAL SERVICE	TOTAL ALLOW. APPLIC.	LESS PREV. ALLOW.	NET ALLOWANCE							
	LAST DAY WORKED	PAY THROUGH DATE	SPEC. DISAB. PAYTS. TO CEASE	PAY VACATION DAYS LAST YR.	0	ALLOW. TO COVER PERIOD FROM							
SUPERVISOR		PERSONNEL DEPT.	ACCOUNTS RECEIVABLE	APPROVAL		APPROVAL							
APPROVAL		APPROVAL	APPROVAL	APPROVAL		APPROVAL							

105.42
102.79
2.63

111.61
105.42
6.19

SPACE SERVICE DATE:
DATE OF BIRTH:
EDUCATION:
CURRENT RATE RANGE:
PROPOSED RATE RANGE:

PERSONNEL CHANGE PROPOSAL
(PERSONNEL REINSTATEMENT OR CHANGE NOTICE)

- EMPLOYEE GROUP - E.G.:
 1. HOURLY UNION NON-SKILLED
 2. HOURLY UNION SKILLED (SENIORITY ON THE CLASSIFICATION)
 3. HOURLY UNION SKILLED (TEMPORARY EMPLOYEES)
 4. HOURLY NON-UNION NON SKILLED
 5. HOURLY NON-UNION SKILLED (SENIORITY ON THE CLASSIFICATION)
 6. HOURLY NON-UNION SKILLED (TEMPORARY EMPLOYEE)
 7. SALARY UNION
 8. SALARY NON-UNION- GENERAL SALARY
 9. MANAGEMENT
 X. EXECUTIVE

IMPORTANT: Use typewriter when completing this form. If this is not possible, use ballpoint pen.

CURRENT DATA	TRANS. CODE	NAME LAST	FIRST	M. I.	SOC. SEC. NO.	SEX & MAR. STA.	ACCT. NO.	DATE ISSUED	DATE EFFECTIVE			
	87	MAROCCHINI	DANTE	A	067-26-5592	M <input type="checkbox"/> SING. <input type="checkbox"/> F <input type="checkbox"/> MAR. <input type="checkbox"/>	3113	7/17/64	7/20/64			
CLASSIFICATION NAME	LOC. CODE	LOCATION NAME	DEPT. NO.	SHIFT	UNION AFFIL.	LOCAL NO.	E. G.	P. C.	CORP. SERV. DATE	PLANT SEN DATE	P.Q.X.	
	7802	MICHOD OPERATIONS	2833	1			8		8/24/63		7.0	
STATUS CHANGE	LAST RATE CHANGE				PROPOSED RATE CHANGE				RELATION TO RANGE			
	TYPE		%	AMT.	TYPE		%	AMT.	1. <input type="checkbox"/> BELOW MINIMUM		6. <input type="checkbox"/> 3rd QUARTILE	
CLASS	<input type="checkbox"/> MERIT		2.6	2.63	<input type="checkbox"/> MERIT		5.9	6.19	<input type="checkbox"/> MINIMUM		7. <input type="checkbox"/> 4th QUARTILE	
	<input type="checkbox"/> PROMOTION				<input checked="" type="checkbox"/> PROMOTION				<input type="checkbox"/> 1st QUARTILE		8. <input type="checkbox"/> MAXIMUM	
RATE	<input type="checkbox"/> PROGRESSION			DATE	<input type="checkbox"/> PROGRESSION				<input type="checkbox"/> 2nd QUARTILE		9. <input type="checkbox"/> OVER MAXIMUM	
	<input type="checkbox"/> INC. TO MIN.			3/2/64	<input type="checkbox"/> INC. TO MIN.				<input type="checkbox"/> MID POINT			
RECORDS	CLASSIFICATION NAME				CLASS. NO.	SALARY GRADE	BASE RATE	MO.	WK.	HR.	SKILLED TRADES CODE	
	PLANNING SPECIFICATIONS MAN				224-401	8	111-61				X	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07
TRANS.	LOC. CODE	LOCATION NAME	DEPT. NO.	SHIFT	UNION AFFIL.	LOCAL NO.	E. G.	P. C.	ACCT. NO.	DEDUCTION THRIFT STOCK PLAN		
			2831	1			8			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS OR OTHER CHANGE												
LAST		FIRST		M. I.	STREET		CITY		ZONE	STATE		EMPLOYEE SIGNATURE
REINSTATEMENT	LEFT SERVICE CODE	LAST DAY WORKED	LOCATION CODE	DEPT. NO.	PREVIOUS CLASS NO.	SALARY GRADE AND RATE AT TIME OF LA OFF			MO.	WK.	HR.	

REMARKS: TO BE COMPLETED BY SALARY ADMINISTRATION

SALARY HISTORY:	DATE	RATE	CLASS	ACTION	%	AMOUNT	DATE	RATE	CLASS	ACTION	%	AMOUNT
1.												
2.												

SUPERVISOR	PERSONNEL DEPT.	APPROVAL
	R. Taylor	
APPROVAL	APPROVAL	APPROVAL

PERSONNEL REINSTATEMENT OR CHANGE NOTICE

IN THE SPACE BELOW DESCRIBE THE REASONS FOR THIS PERSONNEL CHANGE. SUPPORT REASONS WITH EXAMPLES AND ILLUSTRATIONS WHEREVER POSSIBLE:

Good + Attendance record (16.0 w/p + 1.5 w/p)

Marochini has had 4 years exp in mfg. prod. control before coming with Chrysler in 8/63. He states that duties he is now performing in Branch Dept are of the Sr 8 level & he feels that he has been discriminated against. This promo will accomplish the following: (1) relieve a employee relations problem cause (2) remove Marochini from a position for which a grade level has not been established & thereby solve a problem should the grade be lower than Sr 5 (3) the promo retains him in Material Department under Dawson & therefore this exp is utilized to the advantage of Chrysler Corp.

Mr. Marochini has a degree in languages & appears to be a very serious person. His new supervisor O'Neil is aware of this & will direct this ambition to the best advantage of his Dept.

Mr. Marochini is worthy of this promotion.

CHRYSLER CORPORATION SPACE DIVISION
REQUEST FOR PERSONNEL

ACCOUNT NUMBER REQUISITION NUMBER

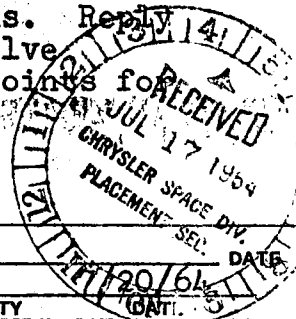
3112

2831X345

CLASSIFICATION PLANNING SPECIFICATIONS MAN		CODE 224-401	GRADE 8	DATE PREPARED 7/8/64
DEPT. NO. 2831	SHIFT 1st	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	DATE REQUIRED 7/15/64
EDUCATION REQUIRED		EXPERIENCE REQUIRED		
<input checked="" type="checkbox"/> High School <input type="checkbox"/> Tech. School <input type="checkbox"/> College Courses <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other Degree		Fields <u>Production Control</u> No. of Yrs. 2-3 <u>Blueprint Reading</u> 1-2 <u>Material Control</u> 2-3 <u>Government Procedures</u> 2-3		
College Major _____		UNION REPRESENTED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Comments on Educational Requirements		Comments on Experience Requirements		

Description of Work

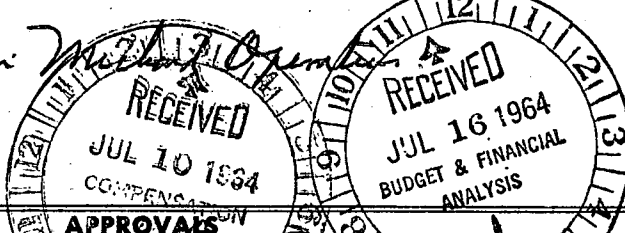
Originate and then compile the necessary information onto Specification Cards such as part number, drawing number, drawing size, next assembly, etc.. Post Engineering Drawing Changes to Specification Cards. Prepare Engineering Change Bulletins. Advise sub-contractors of cancellations and Engineering Drawing Changes. Prepare Purchase Requisitions. Reply to sub-contractors letters. Contact other departments to resolve differences between department records. Establish effective points incorporating Engineering Change Orders.



Addition Replacement For Milton R. Riviere Terminated
 NAME ACTIVITY Transferred To 2621

Reason For Addition

To be filled from within



IMMEDIATE SUPERVISOR <u>J.L.O'Neil</u>	TELEPHONE EXT. 2296	DEPARTMENT HEAD <u>J.P. Dawson</u>	OTHER <u>J.D. Snyder</u>
MGR./ADMINISTRATION	SALARY ADMINISTRATION		

FOR PERSONNEL USE ONLY

NAME Dante A. Marochini (067-26-5592)	() HIRE (X) TRANSFER - FROM Dept. 2833
CLASS CODE 224-401	() REINSTATE () PICKUP - LAYOFF - FROM
CLASS TITLE Planning Specifications Man	GRADE 8
OFFER DATE 7-20-64	SHIFT 1
REPORTING DATE 7-20-64	RATE 111.61
CREDIT SERVICE DATE 8-26-63	INTERVIEWED BY R.H.Taylor/J.L.O'Neill
	REFERENCE CHECKED BY

APPROVALS

EMPLOYMENT/PLACEMENT J. E. Martin	SALARY ADMINISTRATION
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PERSONNEL COPY

CURRENT DATA

TRANS. CODE 61	LOC. CODE 7802	DEPT. NO. 2831	SOC. SEC. NO. 067-26-5592	E.G. 8	DATE ISSUED	NAME (LAST) MAROCHINI,	(FIRST) Dante	(M.I.) A.	EFFECTIVE DATE 1-1-68	
CLASSIFICATION NAME (SALARY ONLY)			CLASS NO.	SALARY GRADE 08	BASE RATE 156.15	MO. WK. HR. X	REL. TO RANGE CODE	CORP. SERV. DATE	ACCT. NO. 3110	
PLANT SEN. DATE	P. Q. X.	SEX & MAR. STA.	<input type="checkbox"/> 1 MALE SING. <input type="checkbox"/> 2 FEM. SING.	<input type="checkbox"/> 3 MALE MAR. <input type="checkbox"/> 4 FEM. MAR.	SKILL TRADE CODE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	<input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07	UNION AFFIL.	LOCAL NO.	ORIG. CODE

PREVIOUS EMPLOYMENT DATA — REINSTATEMENTS ONLY

LEFT SERVICE CODE	LAST DAY WORKED	LOC. CODE	DEPT. NO.	CLASS NO.	SALARY GRADE	BASE RATE	MO. WK. HR.	ORIG. CODE
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STATUS CHANGES CLASS RATE TRANS. RECORD

LOC. CODE	DEPT. NO.	SOC. SEC. NO.	NAME (LAST)	(FIRST)	(M.I.)	SEX & MAR. STA.	<input type="checkbox"/> 1 MALE SING. <input type="checkbox"/> 2 FEM. SING.	<input type="checkbox"/> 3 MALE MAR. <input type="checkbox"/> 4 FEM. MAR.	CLASS NO.	SALARY GRADE
CLASSIFICATION NAME (SALARY ONLY)			BASE RATE 159.85	MO. WK. HR. X	E.G.	PLANT SEN. DATE	ACCT. NO.	SKILLED TRADE CODE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	<input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07
UNION AFFIL.	LOCAL NO.	ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	EMPLOYEE SIGNATURE				

LAST RATE CHANGE				PROPOSED RATE CHANGE				RELATION TO RANGE		
TYPE		%	AMT.	TYPE		%	AMT.			
1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT			1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT			1 <input type="checkbox"/> BELOW MIN.	5 <input type="checkbox"/> MID POINT	9 <input type="checkbox"/> OVER MAX.
2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE			2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE			2 <input type="checkbox"/> MINIMUM	6 <input type="checkbox"/> 3rd QUARTILE	
3 <input type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL			3 <input checked="" type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL		3.40	3 <input type="checkbox"/> 1st QUARTILE	7 <input type="checkbox"/> 4th QUARTILE	
4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>			4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>			4 <input type="checkbox"/> 2nd QUARTILE	8 <input type="checkbox"/> MAXIMUM	

REMARKS:
Gen. Inc. & COLA Included

SUPERVISOR: _____ PERSONNEL: *[Signature]* APPROVAL: _____ APPROVAL: _____

84-750-9221 (6-65) **PERSONNEL REINSTATEMENT OR CHANGE NOTICE** **3**

TRANS. CODE 61	NAME LAST Marochini FIRST Dante M.I. A.	SOC. SEC. NO. 067-26-5592	SEX & MAR. STA. M <input type="checkbox"/> SING. <input type="checkbox"/> F <input type="checkbox"/> MAR. <input type="checkbox"/>	ACCT. NO. 3110	DATE ISSUED 2-26-64	DATE EFFECTIVE 3-2-64			
LOC. CODE 7802	LOCATION NAME Michoud Opns.	DEPT. NO. 2833	SHIFT 1	UNION AFFIL.	LOCAL NO.	E. G. P. C. 8	CORP. SERV. DATE 8-26-63	PLANT SEN. DATE	P. Q. X. F2
CLASSIFICATION NAME Clerk-Sr. I		CLASS NO. 113-000	SALARY GRADE 5	BASE RATE 102.79	MO. WK. HR. 4	SKILLED TRADES CODE	REL. TO RANGE CODE	(REFER TO FORM)	

LAST RATE CHANGE				PROPOSED RATE CHANGE				RELATION TO RANGE		
TYPE		%	AMT.	TYPE		%	AMT.			
1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT			1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT			1 <input type="checkbox"/> BELOW MINIMUM	6 <input type="checkbox"/> 3rd QUARTILE	
2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE			2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE		2.63	2 <input type="checkbox"/> MINIMUM	7 <input type="checkbox"/> 4th QUARTILE	
3 <input type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL			3 <input checked="" type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL			3 <input type="checkbox"/> 1st QUARTILE	8 <input type="checkbox"/> MAXIMUM	
4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>			4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>			4 <input type="checkbox"/> 2nd QUARTILE	9 <input type="checkbox"/> OVER MAXIMUM	

RECORDS TRANS.

CLASSIFICATION NAME: **Clerk-Sr. I** DATE: **8-26-63**

LOC. CODE: **7802** LOCATION NAME: **Michoud Opns.** DEPT. NO.: **2833** SHIFT: **1** UNION AFFIL.: **8** LOCAL NO.: **8** E. G. P. C.: **8** CORP. SERV. DATE: **8-26-63** PLANT SEN. DATE: **8-26-63** P. Q. X.: **F2**

NAME: _____ ADDRESS OR OTHER CHANGE: _____

LAST: _____ FIRST: _____ M. I.: _____ STREET: _____ CITY: _____ ZONE: _____ STATE: _____ EMPLOYEE SIGNATURE: _____

REINSTATEMENT: LEFT SERVICE CODE: _____ LAST DAY WORKED: _____ LOCATION CODE: _____ DEPT. NO.: _____ PREVIOUS CLASS NO.: _____ SALARY GRADE AND RATE AT TIME OF LAYOFF: _____ MO. WK. HR.: _____

REMARKS:

FOR PAYROLL USE ONLY							
CODE	FED. EXEMP.	ACCT.	CITY TAX	STATE TAX	INSURANCE	HOSPITAL	BONDS
AMOUNT							
CODE	THRIFT STOCK	UNION DUES	CREDIT UNION	CHARITY	LAUNDRY	RETIREMENT	WORK STATE
AMOUNT							
CODE							

SUPERVISOR: _____ PERSONNEL: *[Signature]* APPROVAL: _____ APPROVAL: _____

PERSONNEL REINSTATEMENT OR CHANGE NOTICE **3**

TRANS. CODE 61	LOC. CODE 7802	DEPT. NO. 2831	SOC. SEC. NO. 067-26-5592	E. G. 8	DATE ISSUED	NAME (LAST) Marochini,	(FIRST) Dante	(M.I.) A.	EFFECTIVE DATE 7-4-66
CLASSIFICATION NAME (SALARY ONLY)			CLASS NO.	SALARY GRADE 08	BASE RATE 125.39	MO./WK., HR. x	REL. TO RANGE CODE	CORP. SERV. DATE	ACCT. NO. 3113
PLANT SEN. DATE	P. Q. X.	SEX & MAR. STA.	<input type="checkbox"/> 1 MALE SING. <input type="checkbox"/> 2 FEM. SING.	<input type="checkbox"/> 3 MALE MAR. <input type="checkbox"/> 4 FEM. MAR.	SKILL TRADE CODE <input type="checkbox"/> 01 <input type="checkbox"/> 05	<input type="checkbox"/> 02 <input type="checkbox"/> 06	<input type="checkbox"/> 03 <input type="checkbox"/> 07	<input type="checkbox"/> 04	UNION AFFIL. LOCAL NO.

PREVIOUS EMPLOYMENT DATA - REINSTATEMENTS ONLY

LEFT SERVICE CODE	LAST DAY WORKED	LOC. CODE	DEPT. NO.	CLASS NO.	SALARY GRADE	BASE RATE	MO. WK. HR.	PR.
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STATUS CHANGES CLASS RATE TRANS. RECORD

LOC. CODE	DEPT. NO.	SOC. SEC. NO.	NAME (LAST) (FIRST) (M.I.)	SEX & MAR. STA.	<input type="checkbox"/> 1 MALE SING. <input type="checkbox"/> 2 FEM. SING.	<input type="checkbox"/> 3 MALE MAR. <input type="checkbox"/> 4 FEM. MAR.	CLASS NO.	SALARY GRADE		
CLASSIFICATION NAME (SALARY ONLY)			BASE RATE 129.33	MO./WK., HR., E.G. x	PLANT SEN. DATE	ACCT. NO.	SKILLED TRADE CODE <input type="checkbox"/> 01 <input type="checkbox"/> 05	<input type="checkbox"/> 02 <input type="checkbox"/> 06	<input type="checkbox"/> 03 <input type="checkbox"/> 07	<input type="checkbox"/> 04
UNION AFFIL.	LOCAL NO.	ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	EMPLOYEE SIGNATURE				

LAST RATE CHANGE

PROPOSED RATE CHANGE

TYPE		%	TYPE		%	RELATION TO RANGE		
1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT	AMT.	1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT	AMT.	1 <input type="checkbox"/> BELOW MIN.	5 <input type="checkbox"/> MID POINT	9 <input type="checkbox"/> OVER MAX
2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE	DATE	2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE	DATE	2 <input type="checkbox"/> MINIMUM	6 <input type="checkbox"/> 3rd QUARTILE	
3 <input type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL		3 <input checked="" type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL		3 <input type="checkbox"/> 1st QUARTILE	7 <input type="checkbox"/> 4th QUARTILE	
4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>		4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>		4 <input type="checkbox"/> 2nd QUARTILE	8 <input type="checkbox"/> MAXIMUM	

REMARKS:

SUPERVISOR	PERSONNEL <i>[Signature]</i>	APPROVAL	APPROVAL
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84-750-9221 (6-65)

PERSONNEL REINSTATEMENT OR CHANGE NOTICE

3

CURRENT DATA

TRANS. CODE 61	LOC. CODE 7802	DEPT. NO. 2831	SOC. SEC. NO. 067-26-5592	E. G. 8	DATE ISSUED	NAME (LAST) Marochini,	(FIRST) Dante	(M.I.) A.	EFFECTIVE DATE 1-2-67
CLASSIFICATION NAME (SALARY ONLY)			CLASS NO.	SALARY GRADE 08	BASE RATE 132.95	MO./WK., HR. x	REL. TO RANGE CODE	CORP. SERV. DATE	ACCT. NO. 3113
PLANT SEN. DATE	P. Q. X.	SEX & MAR. STA.	<input type="checkbox"/> 1 MALE SING. <input type="checkbox"/> 2 FEM. SING.	<input type="checkbox"/> 3 MALE MAR. <input type="checkbox"/> 4 FEM. MAR.	SKILL TRADE CODE <input type="checkbox"/> 01 <input type="checkbox"/> 05	<input type="checkbox"/> 02 <input type="checkbox"/> 06	<input type="checkbox"/> 03 <input type="checkbox"/> 07	<input type="checkbox"/> 04	UNION AFFIL. LOCAL NO.

PREVIOUS EMPLOYMENT DATA - REINSTATEMENTS ONLY

LEFT SERVICE CODE	LAST DAY WORKED	LOC. CODE	DEPT. NO.	CLASS NO.	SALARY GRADE	BASE RATE	MO. WK. HR.	PR.
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STATUS CHANGES CLASS RATE TRANS. RECORD

LOC. CODE	DEPT. NO.	SOC. SEC. NO.	NAME (LAST) (FIRST) (M.I.)	SEX & MAR. STA.	<input type="checkbox"/> 1 MALE SING. <input type="checkbox"/> 2 FEM. SING.	<input type="checkbox"/> 3 MALE MAR. <input type="checkbox"/> 4 FEM. MAR.	CLASS NO.	SALARY GRADE		
CLASSIFICATION NAME (SALARY ONLY)			BASE RATE 136.07	MO./WK., HR., E.G. x	PLANT SEN. DATE	ACCT. NO.	SKILLED TRADE CODE <input type="checkbox"/> 01 <input type="checkbox"/> 05	<input type="checkbox"/> 02 <input type="checkbox"/> 06	<input type="checkbox"/> 03 <input type="checkbox"/> 07	<input type="checkbox"/> 04
UNION AFFIL.	LOCAL NO.	ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	EMPLOYEE SIGNATURE				

LAST RATE CHANGE

PROPOSED RATE CHANGE

TYPE		%	TYPE		%	RELATION TO RANGE		
1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT	AMT.	1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT	AMT.	1 <input type="checkbox"/> BELOW MIN.	5 <input type="checkbox"/> MID POINT	9 <input type="checkbox"/> OVER MAX
2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE	DATE	2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE	DATE	2 <input type="checkbox"/> MINIMUM	6 <input type="checkbox"/> 3rd QUARTILE	
3 <input type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL		3 <input checked="" type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL		3 <input type="checkbox"/> 1st QUARTILE	7 <input type="checkbox"/> 4th QUARTILE	
4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>		4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>		4 <input type="checkbox"/> 2nd QUARTILE	8 <input type="checkbox"/> MAXIMUM	

REMARKS:

SUPERVISOR	PERSONNEL <i>[Signature]</i>	APPROVAL	APPROVAL
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84-750-9221 (6-65)

PERSONNEL REINSTATEMENT OR CHANGE NOTICE

3

TRANS. CODE 61	LOC. CODE 7802	DEPT. NO. 2831	SOC. SEC. NO. 067-26-5592	E.G. 8	DATE ISSUED	NAME (LAST) Marochini,	(FIRST) Dante	(M.I.) A.	EFFECTIVE DATE 7-3-67
CLASSIFICATION NAME (SALARY ONLY)			CLASS NO.	SALARY GRADE 08	BASE RATE 136.07	MO. WK. HR. X	REL. TO RANGE CODE	CORP. SERV. DATE	ACCT. NO. 3113
PLANT SEN. DATE	P. Q. X.	SEX & MAR. STA.	1 MALE SING. 2 FEM. SING.	3 MALE MAR. 4 FEM. MAR.	SKILL TRADE CODE 01 02 03 04 05 06 07	UNION AFFIL.		LOCAL NO.	ORIG. CODE

PREVIOUS EMPLOYMENT DATA — REINSTATEMENTS ONLY

LEFT SERVICE CODE	LAST DAY WORKED	LOC. CODE	DEPT. NO.	CLASS NO.	SALARY GRADE	BASE RATE	MO.	WK.	HR.	ORIG. CODE
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STATUS CHANGES

CLASS RATE TRANS. RECORD

LOC. CODE	DEPT. NO.	SOC. SEC. NO.	NAME (LAST)	(FIRST)	(M.I.)	SEX & MAR. STA.	1 MALE SING. 2 FEM. SING.	3 MALE MAR. 4 FEM. MAR.	CLASS NO.	SALARY GRADE
CLASSIFICATION NAME (SALARY ONLY)			BASE RATE 139.25	MO. WK. HR. X	PLANT SEN. DATE	ACCT. NO.	SKILLED TRADE CODE 01 02 03 04 05 06 07		UNION AFFIL. LOCAL NO. ADDRESS (STREET) (CITY) (STATE) (ZIP CODE) EMPLOYEE SIGNATURE	

LAST RATE CHANGE				PROPOSED RATE CHANGE					
TYPE		%	AMT.	TYPE		%	AMT. 3.18		
1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT			1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT			RELATION TO RANGE	
2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE			2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE			1 <input type="checkbox"/> BELOW MIN.	5 <input type="checkbox"/> MID POINT
3 <input type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL		3 <input checked="" type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL		2 <input type="checkbox"/> MINIMUM	6 <input type="checkbox"/> 3rd QUARTILE		
4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>		4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>		3 <input type="checkbox"/> 1st QUARTILE	7 <input type="checkbox"/> 4th QUARTILE		
		DATE			DATE	4 <input type="checkbox"/> 2nd QUARTILE	8 <input type="checkbox"/> MAXIMUM		

REMARKS:

SUPERVISOR: PERSONNEL *R. Radcliff* APPROVAL: APPROVAL

84-750-9221 (6-65) **PERSONNEL REINSTATEMENT OR CHANGE NOTICE** **3**

TRANS. CODE 61	NAME (LAST) Marochini	(FIRST) Dante	(M.I.) A.	SOC. SEC. NO. 067-26-5592	SEX & MAR. STA. M <input type="checkbox"/> SING. <input type="checkbox"/> F <input type="checkbox"/> MAR. <input type="checkbox"/>	ACCT. NO. 3113	DATE ISSUED	DATE EFFECTIVE 1-3-66			
LOC. CODE 7802	LOCATION NAME	DEPT. NO. 2831	SHIFT	UNION AFFIL.	LOCAL NO.	E. G.	P. C.	CORP. SERV. DATE	PLANT SEN. DATE	P. Q. X.	
CLASSIFICATION NAME			CLASS NO.	SALARY GRADE 08	BASE RATE 123.52	MO. WK. HR. X	SKILLED TRADES CODE 01 02 03 04 05 06 07		REL. TO RANGE CODE	(REFER BELOW)	
LAST RATE CHANGE				PROPOSED RATE CHANGE							
TYPE		%	AMT.	TYPE		%	AMT. 2.87	RELATION TO RANGE			
1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT			1 <input type="checkbox"/> MERIT	5 <input type="checkbox"/> ADJUSTMENT			1 <input type="checkbox"/> BELOW MINIMUM	6 <input type="checkbox"/> 3rd QUARTILE		
2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE			2 <input type="checkbox"/> PROMOTION	6 <input type="checkbox"/> DECREASE			2 <input type="checkbox"/> MINIMUM	7 <input type="checkbox"/> 4th QUARTILE		
3 <input type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL		3 <input checked="" type="checkbox"/> PROGRESSION	7 <input type="checkbox"/> GENERAL		3 <input type="checkbox"/> 1st QUARTILE	8 <input type="checkbox"/> MAXIMUM				
4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>		4 <input type="checkbox"/> INC. TO MIN.	8 <input type="checkbox"/>		4 <input type="checkbox"/> 2nd QUARTILE	9 <input type="checkbox"/> OVER MAXIMUM				
		DATE			DATE	5 <input type="checkbox"/> MID POINT					
CLASSIFICATION NAME			CLASS NO.	SALARY GRADE 126.39	BASE RATE	MO. WK. HR. X	SKILLED TRADES CODE 01 02 03 04 05 06 07				
LOC. CODE	LOCATION NAME	DEPT. NO.	SHIFT	UNION AFFIL.	LOCAL NO.	E. G.	P. C.	ACCT. NO.	DEDUCTION THRIFT STOCK PLAN U.S. BONDS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME LAST FIRST M. I.			ADDRESS OR OTHER CHANGE STREET CITY ZONE STATE EMPLOYEE SIGNATURE								
REINSTATEMENT CODE	LEFT SERVICE CODE	LAST DAY WORKED	LOCATION CODE	DEPT. NO.	PREVIOUS CLASS NO.	SALARY GRADE AND RATE AT TIME OF LAYOFF			MO.	WK.	HR.

REMARKS:

FOR PAYROLL USE ONLY

CODE	FED. EXEMP.	ACCT.	CITY TAX	STATE TAX	INSURANCE	HOSPITAL	BONC.
AMOUNT							
CODE	THRIFT STOCK	UNION DUES	CREDIT UNION	CHARITY	LAUNDRY	RETIREMENT	WORK STATE
AMOUNT							
CODE							
AMOUNT							

SUPERVISOR: PERSONNEL *R. Radcliff* APPROVAL: APPROVAL

AI LAST **Marocini, Dante A.** M. I. **0072-0024** M. I. **0072-0024** F. MAR. **4-20-65**

CURRENT DATA: LOC. CODE **7802** LOCATION NAME **Michoud Ops.** DEPT. NO. **2831** SHIFT **8** UNION AFFIL. LOCAL NO. **8** E. G. P. C. **8** CORP. SERV. DATE **8-26-63** PLANT SEN. DATE **PQ** P.Q.X.

CLASSIFICATION NAME: **Planning Specifications Man** CLASS. NO. **224-401** SALARY GRADE **8** BASE RATE **117.77** MO. WK. HR. **X** SKILLED TRADES CODE 01 02 03 04 05 06 07 REL. TO RANGE CODE (REFER BELOW)

STATUS CHANGE

LAST RATE CHANGE			PROPOSED RATE CHANGE			RELATION TO RANGE		
TYPE	AMT.	DATE	TYPE	AMT.	DATE			
1. <input type="checkbox"/> MERIT			1. <input type="checkbox"/> MERIT			1. <input type="checkbox"/> BELOW MINIMUM	6. <input type="checkbox"/> 3rd QUARTILE	
2. <input type="checkbox"/> PROMOTION			2. <input type="checkbox"/> PROMOTION			2. <input type="checkbox"/> MINIMUM	7. <input type="checkbox"/> 4th QUARTILE	
3. <input checked="" type="checkbox"/> PROGRESSION	2.67	1-4-65	3. <input checked="" type="checkbox"/> PROGRESSION	2.74		3. <input type="checkbox"/> 1st QUARTILE	8. <input type="checkbox"/> MAXIMUM	
4. <input type="checkbox"/> INC. TO MIN.			4. <input type="checkbox"/> INC. TO MIN.			4. <input type="checkbox"/> 2nd QUARTILE	9. <input type="checkbox"/> OVER MAXIMUM	
5. <input type="checkbox"/> ADJUSTMENT			5. <input type="checkbox"/> ADJUSTMENT			5. <input type="checkbox"/> MID POINT		
6. <input type="checkbox"/> DECREASE			6. <input type="checkbox"/> DECREASE					
7. <input type="checkbox"/> GENERAL			7. <input type="checkbox"/> GENERAL					
8. <input type="checkbox"/>			8. <input type="checkbox"/>					

REINSTATEMENT: LEFT SERVICE CODE, LAST DAY WORKED, LOCATION CODE, DEPT. NO., PREVIOUS CLASS NO., SALARY GRADE AND RATE AT TIME OF LAYOFF, MO. WK. HR.

REMARKS: **To change account number to 3113**

SUPERVISOR: **R.B. Branstetter** PERSONNEL APPROVAL

PERSONNEL REINSTATEMENT OR CHANGE NOTICE

3

TRANS CODE **61** NAME **Marochini, Dante A.** LAST FIRST M. I. **067-26-5592** SOC. SEC. NO. **067-26-5592** SEX & MAR. STA. **M** SING. F MAR. ACCT. NO. **B113** DATE ISSUED **6-17-65** DATE EFFECTIVE **7-5-65**

CURRENT DATA: LOC. CODE **7802** LOCATION NAME **Michoud Ops.** DEPT. NO. **2831** SHIFT **8** UNION AFFIL. LOCAL NO. **8** E. G. P. C. **8** CORP. SERV. DATE **8-26-63** PLANT SEN. DATE **PQ** P.Q.X.

CLASSIFICATION NAME: **Planning Specifications Man** CLASS. NO. **224-401** SALARY GRADE **8** BASE RATE **117.77** MO. WK. HR. **X** SKILLED TRADES CODE 01 02 03 04 05 06 07 REL. TO RANGE CODE (REFER BELOW)

STATUS CHANGE

LAST RATE CHANGE			PROPOSED RATE CHANGE			RELATION TO RANGE		
TYPE	AMT.	DATE	TYPE	AMT.	DATE			
1. <input type="checkbox"/> MERIT			1. <input type="checkbox"/> MERIT			1. <input type="checkbox"/> BELOW MINIMUM	6. <input type="checkbox"/> 3rd QUARTILE	
2. <input type="checkbox"/> PROMOTION			2. <input type="checkbox"/> PROMOTION			2. <input type="checkbox"/> MINIMUM	7. <input type="checkbox"/> 4th QUARTILE	
3. <input checked="" type="checkbox"/> PROGRESSION	2.67	1-4-65	3. <input checked="" type="checkbox"/> PROGRESSION	2.74		3. <input type="checkbox"/> 1st QUARTILE	8. <input type="checkbox"/> MAXIMUM	
4. <input type="checkbox"/> INC. TO MIN.			4. <input type="checkbox"/> INC. TO MIN.			4. <input type="checkbox"/> 2nd QUARTILE	9. <input type="checkbox"/> OVER MAXIMUM	
5. <input type="checkbox"/> ADJUSTMENT			5. <input type="checkbox"/> ADJUSTMENT			5. <input type="checkbox"/> MID POINT		
6. <input type="checkbox"/> DECREASE			6. <input type="checkbox"/> DECREASE					
7. <input type="checkbox"/> GENERAL			7. <input type="checkbox"/> GENERAL					
8. <input type="checkbox"/>			8. <input type="checkbox"/>					

REINSTATEMENT: LEFT SERVICE CODE, LAST DAY WORKED, LOCATION CODE, DEPT. NO., PREVIOUS CLASS NO., SALARY GRADE AND RATE AT TIME OF LAYOFF, MO. WK. HR.

REMARKS:

SUPERVISOR: **R.B. Branstetter** PERSONNEL APPROVAL

PERSONNEL REINSTATEMENT OR CHANGE NOTICE

3

TRANS. CODE	61	NAME	Marochini Dante A.	SOC. SEC. NO.	067-5592	SEX	M	MAR. STA.	SING.	PLANT SEN. DATE	1-1-65	DATE EFFECTIVE			
LOC. CODE	7802	LOCATION NAME	Michoud Opns.	DEPT. NO.	2831	SHIFT		UNION AFFIL.	8	CORP. SERV. DATE	8-25-63	P.O.X.	PQ		
CLASSIFICATION NAME	Plng. Spec. Man			CLASS. NO.	224-401	SALARY GRADE	8	BASE RATE	115.10	MO. WK. HR.	X	SKILLED TRADES CODE			
STATUS CHANGE	LAST RATE CHANGE			PROPOSED RATE CHANGE			RELATION TO RANGE								
CLASS	TYPE <input type="checkbox"/> MERIT <input checked="" type="checkbox"/> PROMOTION <input type="checkbox"/> PROGRESSION <input type="checkbox"/> INC. TO MIN.			TYPE <input type="checkbox"/> MERIT <input type="checkbox"/> PROMOTION <input checked="" type="checkbox"/> PROGRESSION <input type="checkbox"/> INC. TO MIN.			TYPE <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> DECREASE <input type="checkbox"/> GENERAL <input type="checkbox"/>			TYPE <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> DECREASE <input type="checkbox"/> GENERAL <input type="checkbox"/>			RELATION TO RANGE <input type="checkbox"/> BELOW MINIMUM <input type="checkbox"/> MINIMUM <input type="checkbox"/> 1st QUARTILE <input type="checkbox"/> 2nd QUARTILE <input type="checkbox"/> MID POINT <input type="checkbox"/> 3rd QUARTILE <input type="checkbox"/> 4th QUARTILE <input type="checkbox"/> MAXIMUM <input type="checkbox"/> OVER MAXIMUM		
RECORDS	CLASSIFICATION NAME			CLASS. NO.	SALARY GRADE	BASE RATE	MO. WK. HR.	SKILLED TRADES CODE							
TRANS.	LOC. CODE	LOCATION NAME	DEPT. NO.	SHIFT	UNION AFFIL.	LOCAL NO.	E. G. P. C.	ACCT. NO.	DEDUCTION	THRIFT STOCK PLAN	U.S. BONDS				
REINSTATEMENT	LEFT SERVICE CODE	LAST DAY WORKED	LOCATION CODE	DEPT. NO.	PREVIOUS CLASS NO.	SALARY GRADE AND RATE AT TIME OF LAYOFF			MO. WK. HR.						

PERSONNEL REINSTATEMENT OR CHANGE NOTICE

3

TRANS. CODE	AE	NAME	Marochini, Dante A.	SOC. SEC. NO.	067-26-5592	SEX	M	MAR. STA.	SING.	ACCT. NO.	DATE ISSUED	DATE EFFECTIVE			
LOC. CODE	7802	LOCATION NAME	Michoud Plant	DEPT. NO.	2831	SHIFT		UNION AFFIL.	8	CORP. SERV. DATE		P.O.X.			
CLASSIFICATION NAME				CLASS. NO.	SALARY GRADE	BASE RATE	MO. WK. HR.	SKILLED TRADES CODE							
STATUS CHANGE	LAST RATE CHANGE			PROPOSED RATE CHANGE			RELATION TO RANGE								
CLASS	TYPE <input type="checkbox"/> MERIT <input type="checkbox"/> PROMOTION <input type="checkbox"/> PROGRESSION <input type="checkbox"/> INC. TO MIN.			TYPE <input type="checkbox"/> MERIT <input type="checkbox"/> PROMOTION <input type="checkbox"/> PROGRESSION <input type="checkbox"/> INC. TO MIN.			TYPE <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> DECREASE <input type="checkbox"/> GENERAL			TYPE <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> DECREASE <input type="checkbox"/> GENERAL			RELATION TO RANGE <input type="checkbox"/> BELOW MINIMUM <input type="checkbox"/> MINIMUM <input type="checkbox"/> 1st QUARTILE <input type="checkbox"/> 2nd QUARTILE <input type="checkbox"/> MID POINT <input type="checkbox"/> 3rd QUARTILE <input type="checkbox"/> 4th QUARTILE <input type="checkbox"/> MAXIMUM <input type="checkbox"/> OVER MAXIMUM		
RECORDS	CLASSIFICATION NAME			CLASS. NO.	SALARY GRADE	BASE RATE	MO. WK. HR.	SKILLED TRADES CODE							
TRANS.	LOC. CODE	LOCATION NAME	DEPT. NO.	SHIFT	UNION AFFIL.	LOCAL NO.	E. G. P. C.	ACCT. NO.	DEDUCTION	THRIFT STOCK PLAN	U.S. BONDS				
REINSTATEMENT	LEFT SERVICE CODE	LAST DAY WORKED	LOCATION CODE	DEPT. NO.	PREVIOUS CLASS NO.	SALARY GRADE AND RATE AT TIME OF LAYOFF			MO. WK. HR.						

282-6193

PERSONNEL REINSTATEMENT OR CHANGE NOTICE

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PERSONNEL CHANGE PROPOSAL

(PERSONNEL REINSTATEMENT OR CHANGE NOTICE)

SPACE SERVICE DATE:
DATE OF BIRTH;
EDUCATION:
CURRENT RATE RANGE:
PROPOSED RATE RANGE:

EMPLOYEE GROUP - E.G.:

- 1. HOURLY UNION NON-SKILLED
- 6. HOURLY NON-UNION SKILLED (TEMPORARY EMPLOYEE)
- 2. HOURLY UNION SKILLED (SENIORITY ON THE CLASSIFICATION)
- 7. SALARY UNION
- 3. HOURLY UNION SKILLED (TEMPORARY EMPLOYEES)
- 8. SALARY NON-UNION- GENERAL SALARY
- 4. HOURLY NON-UNION NON SKILLED
- 9. MANAGEMENT
- 5. HOURLY NON-UNION SKILLED (SENIORITY ON THE CLASSIFICATION)
- X. EXECUTIVE

IMPORTANT: Use typewriter when completing this form. If this is not possible, use ballpoint pen.

CURRENT DATA	TRANS. CODE NAME				SOC. SEC. NO.					SEX & MAR. STA. M <input type="checkbox"/> SING. <input type="checkbox"/> F <input type="checkbox"/> MAR. <input type="checkbox"/>			ACCT. NO. DATE ISSUED		DATE EFFECTIVE			
STATUS CHANGE	LAST RATE CHANGE		PROPOSED RATE CHANGE															
	TYPE		%		TYPE		%		RELATION TO RANGE									
CLASS	1. <input type="checkbox"/> MERIT		5. <input type="checkbox"/> ADJUSTMENT		1. <input type="checkbox"/> MERIT		5. <input type="checkbox"/> ADJUSTMENT		1. <input type="checkbox"/> BELOW MINIMUM				6. <input type="checkbox"/> 3rd QUARTILE					
	2. <input type="checkbox"/> PROMOTION		6. <input type="checkbox"/> DECREASE		2. <input type="checkbox"/> PROMOTION		6. <input type="checkbox"/> DECREASE		2. <input type="checkbox"/> MINIMUM				7. <input type="checkbox"/> 4th QUARTILE					
RATE	3. <input type="checkbox"/> PROGRESSION		7. <input type="checkbox"/> GENERAL		3. <input type="checkbox"/> PROGRESSION		7. <input type="checkbox"/> GENERAL		3. <input type="checkbox"/> 1st QUARTILE				8. <input type="checkbox"/> MAXIMUM					
	4. <input type="checkbox"/> INC. TO MIN.		8. <input type="checkbox"/>		4. <input type="checkbox"/> INC. TO MIN.		8. <input type="checkbox"/>		4. <input type="checkbox"/> 2nd QUARTILE				9. <input type="checkbox"/> OVER MAXIMUM					
RECORDS	CLASSIFICATION NAME				CLASS. NO.		SALARY GRADE		BASE RATE		MO. WK. HR.		SKILLED TRADES CODE <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07					
	LOC. CODE LOCATION NAME				DEPT. NO.		SHIFT		UNION AFFIL.		LOCAL NO. E. G. P. C.		ACCT. NO. DEDUCTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
TRANS.	7802		CCSD, Michoud		2831		1		No.		None		8		<input checked="" type="checkbox"/> U.S. BONDS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
REINSTATEMENT	NAME MAROCHINI, Dante A.				ADDRESS OR OTHER CHANGE 4951 Music St., New Orleans, La.				282-6193		70122		<i>Dante A. Marochini</i> EMPLOYEE SIGNATURE					
	LEFT SERVICE CODE		LAST DAY WORKED		LOCATION CODE		DEPT. NO.		PREVIOUS CLASS NO.		SALARY GRADE AND RATE AT TIME OF LAYOFF				MO. WK. HR.			

REMARKS: TO BE COMPLETED BY SALARY ADMINISTRATION

SALARY HISTORY: 1.	DATE	RATE	CLASS	ACTION	%	AMOUNT	DATE	RATE	CLASS	ACTION	%	AMOUNT
2.												

SUPERVISOR <i>John L. O'Neill</i>	PERSONNEL DEPT.	APPROVAL
APPROVAL	APPROVAL	APPROVAL

PERSONNEL REINSTATEMENT OR CHANGE NOTICE

IN THE SPACE BELOW DESCRIBE THE REASONS FOR THIS PERSONNEL CHANGE. SUPPORT REASONS WITH EXAMPLES AND ILLUSTRATIONS WHEREVER POSSIBLE:

