

GENERAL SERVICES ADMINISTRATION RECORD OF INFRACTION		See INSTRUCTIONS on reverse
NAME OF EMPLOYEE GEORGE A. SHORT	TITLE LEAD POLICE OFFICER	GRADE GS-09
ORGANIZATION GSA, NCR, FPS, ENFORCEMENT SECTION	LOCATION BLDG. 74, S.E. FEDERAL CENTER WASHINGTON DC	
1. SUPERVISOR'S REPORT GEORGE A. SHORT, CORPORAL, WAS ASSIGNED TO THE FEDERAL PROTECTIVE SERVICE POLICE BUREAU FROM JANUARY 1, 2002 TO PRESENT.		
ON JUNE 19, 2002, A DIRECTIVE WAS ISSUED BY ASSTANT CHIEF DON WALDON, INSTRUCTING THAT CANCELLATION OF DAYS OFF FOR JUNE 29, 2002 AND THE PROCEDURE THAT WAS TO IMPLEMENTED FOR JULY 4, 2002. THE DIRECTIVE READ THAT DAYS OFF WERE CANCELED FOR THE FIRST SHIFT OFFICERS AND SUPERVISORS ON JUNE 29, 2002 AND THE DIRECTIVE READ THAT FOR JULY 4, 2002 NO OFFICER WILL BE EXCUSED FROM DUTY ON JULY 4, 2002.		
ON JUNE 17, 2002 YOU SUBMITTED A LEAVE REQUEST FOR JULY 4, 2002 ASKING THAT YOU BE EXCUSED FROM DUTY FOR THAT DAY. YOUR REQUEST WAS DENIED AND YOU WERE INFORMED OF THE DECISION TO NOT EXCUSE YOU FROM DUTY, AS IT WAS YOUR REGULAR DAY OF WORK..		
ON JUNE 28, 2002, YOU SUBMITTED A LEAVE REQUEST FORM TO SGT. BENNIE SHERROD DATE 6/17/02. WHEREAS YOU REQUESTED ANNUAL LEAVE TO ATTEND A WEDDING ON JUNE 29, 2002. YOUR REQUEST FOR LEAVE WAS DENIED BY SGT. SHERROD. ON JUNE 29, 2002. ON JUNE 29, 2002 YOU WERE SCHEDULED FOR DUTY FROM 3PM UNTIL 11PM. YOU DID NOT REPORT FOR DUTY AS SCHEDULED AND YOU CALLED THE		
SUPERVISOR (Signature) REGINALD L. THOMAS	TITLE LIEUTENANT	DATE 07-15-2002
2. EMPLOYEE'S STATEMENT - I HAVE READ THE ABOVE REPORT AND MAKE THE FOLLOWING COMMENT		
no statement at this time		
EMPLOYEE (Signature) <i>George A. Short</i>		DATE 7-18-02
3. PREVIOUS INFRACTIONS (Signature of offense, disciplinary action taken, and date of penalty action)		
NONE		
4. ACTION TAKEN OR RECOMMENDED (Give reasons for any deviations from Penalty Guide)		
5 days suspension		
SUPERVISOR (Signature) Reginald L. Thomas	TITLE Lieutenant	DATE 7/22/02
5. ACTION TAKEN OR RECOMMENDED (Include any appropriate comments)		
I concur with Lt. Thomas,s recommendation.		
SUPERVISOR (Signature) <i>Mark E. D...</i>	TITLE Captain	DATE 7/22/02

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RECORD OF INFRACTION CONTINUATION


GEORGE A. SHORT, LEAD POLICE OFFICER
FEDERAL PROTECTIVE SERVICE DIVISION
POLICE BUREAU, ENFORCEMENT SECTION

Enforcement Section Headquarters and spoke to Lt. Thomas at approximately 4:20 p.m., who was informed by you that you would not be able to report as scheduled because of an emergency and that you were requesting leave for the day. Your request for leave was denied. You did not report for duty until July 2, 2002. On July 3, 2002, you called the Enforcement section Headquarters and reported that you were unable to report for duty for July 3, 2002 because you were ill.

On July 4, 2002 you were scheduled for duty from 3pm until 11 pm. You did not report for duty as scheduled and You did not report for duty until July 6, 2002 whereas you worked from 3pm until 6:30am the second and third shifts. On July 9, 2002, you submitted a doctor's certificate from a local doctor indicating that you were totally incapacitated from July 3, until July 8, 2002.

On July 3, 2002, Lt. Thomas received information from Capt. Richard A. Simms that he talked with you on June 28, 2002 when you were denied leave by Sgt. Bennie C. Sherrod for, June 29, 2002 and that that you stated that you were not going to report for duty on June 29, 2002 and July 4, 2002.

George A. Short by your action on June 29, 2002, and from July 3, 2002 until July 5, 2002 you are charged with being absent without authority as you did not report for duty as scheduled.

		
Reginald L. Thomas	Lieutenant	July 15, 2002
Signature	title	Date

INSTRUCTIONS

The immediate supervisor is normally the one responsible for initiating corrective action when an employee under his supervision violates regulations or GSA Standards of Conduct. This form is for use in reporting violations under Table I of the Penalty Guide, according to the instructions in the GSA Administrative Manual 3-111.

The supervisor should make a thorough and careful inquiry into the facts, interviewing the employee and any witnesses who have firsthand information. He should make every effort to reconcile conflicting statements and to get the whole story before filling out this form and making any judgment.

1. **WHAT TO REPORT** - State the facts simply and in logical order. All persons, places, dates and records referred to should be fully identified. If more space is required attach a sheet of paper to the form.
2. **GETTING THE EMPLOYEE'S STATEMENT** - The supervisor should ask the employee to read the report in block 1 and furnish his comments and signature. The employee may admit, deny, or explain the alleged infraction. If he admits the offense as reported, statement of witnesses need not be obtained. If witnesses' statements are secured, they should be attached to this form.
3. **RECORDING PREVIOUS INFRACTIONS** - The employee's previous record will be used in applying the Penalty Guide and in considering any deviation from the Guide. Only those Table I offenses for which penalty action was imposed within the last three years will be listed. Table II offenses will be listed without regard to the date they occurred.
4. **ACTION BY THE SUPERVISOR** - The supervisor who fills out this block may be the same one who filled out the report in block 1. or may be a supervisor at a higher level. He should consult the Penalty Guide and carefully weigh all the facts revealed by the inquiry, as well as the employee's statement in block 2. If he decides that no penalty action is warranted, he will so advise the employee and destroy this form. If he decides on either a warning notice or an official reprimand and is authorized to take such penalty action, he should note the fact in this block and issue the appropriate notice to the employee. A copy of the notice to the employee, together with the original of this form and any additional statement of comment or explanation received from the employee within 10 days, will be forwarded to the Personnel Division for the employee's official personnel folder. If the supervisor decides on a penalty action which he is not authorized to take, he will make his recommendation in this block and forward the form through channels for action.
5. **ACTION BY HIGHER LEVEL SUPERVISOR** - This block is provided for action by a higher level supervisor, as needed. The instructions in 4, above, also apply here. If an adverse personnel action is believed warranted, i. e., suspension, demotion, or removal, the form will be forwarded to the Personnel Division for action.
6. **NOTIFICATION TO EMPLOYEE** - The employee must be advised of the final decision with respect to any infraction written up on this form.

I George A. Short request 4 days to
Name of PO Number

prepare a reply to the charges presented to me on 7/18/02
date

by Sgt. Russell West
Name of Supervisor

PO's Signature _____

Supervisor's Signature Russell West

REQUEST FOR LEAVE OR APPROVED ABSENCE

1. NAME (Last, First, Middle Initial) <i>Shont E. George A.</i>				2. EMPLOYEE OR SOCIAL SECURITY NUMBER	
3. ORGANIZATION <i>WPSOE</i>					
4. TYPE OF LEAVE/ABSENCE (Check appropriate box(es) below.)	DATE	TIME	TOTAL HOURS	5. FAMILY AND MEDICAL LEAVE	
	From: To:	From: To:			
<input checked="" type="checkbox"/> Accrued Annual Leave	<i>June 27</i>	<i>July 3</i>	<i>3:00 11:00</i>	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: <input type="checkbox"/> I hereby revoke my entitlement to Family and Medical Leave form <input type="checkbox"/> Birth/Adoption/Paper Cost <input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent <input type="checkbox"/> Serious Health Condition of Self Contact your supervisor within your personnel office to obtain additional information about your entitlement and responsibilities under the Family and Medical Leave Act of 1993.	
<input type="checkbox"/> Restored Annual Leave					
<input type="checkbox"/> Advance Annual Leave					
<input type="checkbox"/> Accrued Sick Leave					
<input type="checkbox"/> Advance Sick Leave					
Purpose: <input type="checkbox"/> Medical/Dental/Optical examination of requesting employee <input type="checkbox"/> Other <input type="checkbox"/> Care of family member/bereavement, including medical/Dental/Optical examination of family member					
<input type="checkbox"/> Compensatory Time Off					
<input type="checkbox"/> Other Paid Absence (Specify in Remarks)					
<input type="checkbox"/> Leave Without Pay					
6. REMARKS: <i>wedding (Family)</i>					
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 of information on this form may be grounds for disciplinary action, including removal.					
EMPLOYEE SIGNATURE <i>Shont E. George</i>				DATE <i>6-19-07</i>	
8. OFFICIAL ACTION ON REQUEST: <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> DISAPPROVED (If disapproved, give reason. If annual leave, initiate action to reschedule.)					
SIGNATURE			DATE		
PRIVACY ACT STATEMENT					
Section 552j 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 secure your use of leave. Additional disclosure of the information may be: To the Department of Labor when processing a claim for compensation regarding a job-related injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carrier 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 to the General Services Administration in connection with its responsibilities for records management. When the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9897. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request. 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 these purposes.					
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GENERAL SERVICES ADMINISTRATION PUBLIC BUILDINGS SERVICE							
REPORT OF ABSENCE (Sick or Emergency Annual Leave Only)	TIME AND DATE REPORT RECEIVED <i>1620 6/29/02</i>						
I have indicated above the time and date I received a report from <i>Cpl Short</i> <small>(Name and Position)</small>							
stating that <i>Cpl Short</i> <small>(Name, Employee and Position)</small>							
would not be able to report for duty on <i>6/29/02</i> <small>(Date)</small>							
because of <i>Personal</i>							
The person reporting estimated that this employee would return to duty at _____ on _____ <i>Requested E/A</i> <small>(Time) (Date)</small> <i>Leave denied</i>							
<i>B. R. Sherman</i> <small>(Signature)</small>							
EMPLOYEE'S NOTICE OF INTENT TO RETURN TO DUTY (Use optional version directed by Regional Director, P&S)	TIME AND DATE NOTICE RECEIVED						
Notice was received at the above time and date from _____ <small>(Name, Employee and Position)</small>							
that he would return to duty at _____ on _____ <small>(Time) (Date)</small>							
This employee reported for duty at _____ on _____ <small>(Time) (Date)</small>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">CHARGE</th> </tr> <tr> <td>ANNUAL LEAVE</td> <td>SICK LEAVE</td> </tr> <tr> <td style="text-align: center;">hrs.</td> <td style="text-align: center;">hrs.</td> </tr> </table>	CHARGE		ANNUAL LEAVE	SICK LEAVE	hrs.	hrs.	_____ <small>(Supervisor)</small>
CHARGE							
ANNUAL LEAVE	SICK LEAVE						
hrs.	hrs.						
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July 25, 2002

MEMORANDUM FOR: FRANCINE ANDERSON

FROM:

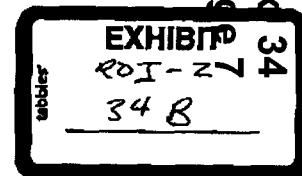
Ronald L. Thomas
Ronald L. Thomas, Lieutenant
Police Bureau, Enforcement Section

SUBJECT:

Cpl. George Short

This is to clear up any misunderstanding on the request of Cpl. George A. Short leave request for July 4, 2002, which was denied by me. Cpl. Short asked to be excused from duty on July 4, 2002 and that request was denied because of the shortage of personnel. It is my understanding that the leave for Cpl. Short was also denied on June 29, 2002 was because of the shortage of personnel. On June 29, 2002 and July 4, 2002 we had to work officers overtime to take care of the obligation of FPSD.

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REQUEST FOR LEAVE OR APPROVED ABSENCE

1. NAME (Last, First, Middle Initial) <i>Short, George A.</i>			2. EMPLOYEE OR SOCIAL SECURITY NUMBER <i>231-571-1004</i>		
3. ORGANIZATION					
4. TYPE OF LEAVE/ABSENCE (Check appropriate boxes) below:	DATE From: To:	DATE From: To:	TOTAL HOURS	5. FAMILY AND MEDICAL LEAVE	
<input checked="" type="checkbox"/> Accrued Annual Leave	<i>5/14/04</i>	<i>5/14/04</i>	<i>3:00</i>	<i>11:00</i>	<i>8</i>
<input type="checkbox"/> Restored Annual Leave	<i>5</i>	<i>5</i>			
<input type="checkbox"/> Advance Annual Leave					
<input type="checkbox"/> Accrued Sick Leave					
<input type="checkbox"/> Advance Sick Leave					
Purpose: <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Other <input type="checkbox"/> Care of family member/bereavement, including medical/dental/optical examination of family member					
<input type="checkbox"/> Compensatory Time Off					
<input type="checkbox"/> Other Paid Absence (Specify in Remarks)					
<input type="checkbox"/> Leave Without Pay					
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 of information on this form may be grounds for disciplinary action, including removal.					
EMPLOYEE SIGNATURE <i>George A. Short</i>				DATE <i>6-4-02</i>	
8. OFFICIAL ACTION ON REQUEST: <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> DISAPPROVED (If disapproved, give reason. If annual leave, initiate action to reschedule.)					
SIGNATURE <i>A. R. Short</i>				DATE <i>6-19-02</i>	
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 offices regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes a ward 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 to the General Services Administration in connection with its responsibilities for records management.					
Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary but failure to do so may result in disapproval of this request.					
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 relating those purposes.					

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