

[REDACTED]

From: Arthur.Zamarripa@talx.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: 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@talx.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. *Performance during probation*

() 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. *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: UNKWN
Client Location: UNKWN
Inhouse: BU64005
Work State: KS
BYB: 7/18/2010
UCM:
Call reference: 32629071
Employee No:

To: BOARD OF PUBLIC UTILITIES
SAM DELEON

From: Arthur Samartip
TALK UC Express
Phone: (800) 950-7004 x2916
Fax: (888) 804-8381
Email: Arthur.Samartip@talk.com

Claimant: KENNETH W SNYDER
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? 1.1.2010
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?

() 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:



**Kansas City,
Board of Public Utilities**

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

July 13, 2010

Kenneth Wayne Snyder

[REDACTED]
Kansas City, KS [REDACTED]

Dear Mr. Snyder:

The Board of Public Utilities has determined that you have violated the Collective Bargaining Agreement and rules of the Employee Handbook.

Accordingly, your employment with the Board of Public Utilities is being terminated effective on the date of July 8, 2010.

Your medical and dental coverage will terminate on August 1, 2010. You will receive a letter from the Benefits Specialist informing you of your rights for continued health care coverage under COBRA.

Please contact the Pension Administrator at your convenience at 913-573-6938 to discuss your pension contribution options.

Sincerely,

Samuel W. DeLeon

Samuel W. DeLeon
Director of Human Resources

SWD: nd

c: James Epp
Teresa Strick
Jessica Leiker
Cindy Nill
Pension Administrator
File

c: Carl A. Gallagher
Robert J. Wonnell

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



4-27-2003

RETURN RECEIPT REQUESTED

July 13, 2010

Kenneth Wayne Snyder
2102 North 40th Street
Kansas City, KS 66104

Dear Mr. Snyder:

The Board of Public Utilities has determined that you have violated the Collective Bargaining Agreement and rules of the employees Handbook with the Board of Public Utilities terminated effective on the date of July 8, 2010.

Your medical and dental coverage will terminate on the date of July 8, 2010. The benefits specialist informing you of your rights for continued health care coverage under COBRA.

Please contact the Pension Administrator at your convenience at 913-273-4938 to discuss your pension contribution options.

Sincerely,

Samuel W. DeLeon

Samuel W. DeLeon
Director of Human Resources

RECEIVED

James Epp
Teresa Strick
Nathan Barker

SECTION 511
Pension Administrator

File
Date

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 list 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 List 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 List 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 - after 2 years

Traffic Signal Technician - after 1 year

Traffic Signal Technician - Start

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 FORM
EMPLOYEE PERFORMANCE EVALUATION

☐ NON-EXEMPT

NAME Ken Snyder		POSITION TITLE TRAFFIC Signal Tech		DATE 4-27-2010	
LOCATION Service Center-65th & Riverview		DEPARTMENT		DIVISION Electric Operations	
EVALUATING OFFICER GREG DeGRAEVE		REVIEWING SUPERVISOR		DATE PRESENT POSITION 1-21-2010	
				DATE LAST REVIEW 3-26-2010	
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 PERTINENT 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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PRODUCTIVITY- DEMONSTRATED ACCOMPLISHMENTS, VOLUME OF WORK COMMENTS: HAS improved					<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DEPENDABILITY- CONSCIENTIOUS, RESPONSIBLE, RELIABLE WITH RESPECT TO ATTENDANCE, WORK COMPLETION COMMENTS: HAS improved					<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COOPERATION- ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS AND OTHERS COMMENTS: ASKS if Help needed ON TASKS					<input type="checkbox"/> <input checked="" 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 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)					
<div style="text-align: right;"> RECEIVED MAY 03 2010 HUMAN RESOURCES </div>					
C. EMPLOYEE COMMENTS:					
SIGNATURES		EMPLOYEE SIGNATURE <i>[Signature]</i>		DATE 4/27/10	
EVALUATING OFFICER SIGNATURE <i>[Signature]</i>		REVIEWING SUPERVISOR SIGNATURE <i>[Signature]</i>		DATE 4/27/10	

SEE INSTRUCTION ON SECOND PAGE OF FORM
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 Operations
EVALUATING OFFICER GREG DeGRAEVE		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"/>
A. PERFORMANCE CHARACTERISTICS:				CHECK APPLICABLE BOX
KNOWLEDGE OF JOB- A CLEAR UNDERSTANDING OF THE FACTS OR FACTORS PERTINENT TO JOB COMMENTS				U F G E O
QUALITY OF WORK- THOROUGHNESS, ACCURACY AND NEATNESS OF WORK COMMENTS				
PRODUCTIVITY- DEMONSTRATED ACCOMPLISHMENTS, VOLUME OF WORK COMMENTS MUST BE ASKED TO GET involved with TASKS				
DEPENDABILITY- CONSCIENTIOUS, RESPONSIBLE, RELIABLE WITH RESPECT TO ATTENDANCE, WORK COMPLETION. COMMENTS SAME as above				
COOPERATION- ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS AND OTHERS COMMENTS needs TO PAY ATTENTION TO INSTRUCTIONS SAME as ABOVE				
SAFETY PRACTICE- PRACTICES GOOD SAFETY HABITS COMMENTS				
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)				
C. EMPLOYEE COMMENTS:				
HUMAN RESOURCES				
SIGNATURES		EMPLOYEE SIGNATURE		DATE
EVALUATING OFFICER SIGNATURE GREG DeGRAEVE		REVIEWING SUPERVISOR SIGNATURE [Signature]		2/26/10
DATE 3-26-2010		DATE 3/2/10		

EMPLOYEE PERFORMANCE EVALUATION

Three weeks into employment had a talk with Ken about stepping up and not being afraid to ask questions, and being more involved with the work being performed.

While working with a senior technician and the line crew Ken volunteered to watch the signals while they were being flashed out. He was on the phone when he was to be letting the crew know which signals were flashing. The senior tech had to take over.

DATE: 3-26-16		NON-EXEMPT <input type="checkbox"/>	
<p>While working with a senior technician and the line crew Ken volunteered to watch the signals while they were being flashed out. He was on the phone when he was to be letting the crew know which signals were flashing. The senior tech had to take over.</p>			
CHECK APPLICABLE BOX		A PERFORMANCE CHARACTERISTIC:	
U <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> O <input type="checkbox"/>		KNOWLEDGE OF JOB - A CLEAR UNDERSTANDING OF THE FACTS OR FACTORS PERTAINING TO THE POSITION	
<p>QUALITY OF WORK - THOROUGHNESS, ACCURACY AND NEATNESS OF WORK</p>		<p>PRODUCTIVITY - DESIGNATED ACCOMPLISHMENTS, VOLUME OF WORK</p> <p>MUST BE ASKED TO GET INVOLVED WITH TASKS</p>	
<p>DEPENDABILITY - CONSISTENT RESPONSIBILITY, RELIABLE WITH RESPECT TO ATTENDANCE</p> <p>COOPERATION - ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS AND OTHERS</p> <p>SAFETY PRACTICE - PRACTICES GOOD SAFETY HABITS</p>		<p>SAFETY PRACTICE - PRACTICES GOOD SAFETY HABITS</p> <p>COOPERATION - ABILITY AND WILLINGNESS TO WORK WITH ASSOCIATES, SUPERVISORS AND OTHERS</p> <p>DEPENDABILITY - CONSISTENT RESPONSIBILITY, RELIABLE WITH RESPECT TO ATTENDANCE</p>	
<p>OVERALL RATING: <input checked="" type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT <input type="checkbox"/> OUTSTANDING</p>		<p>DEVELOPMENT PLAN FOR IMPROVEMENT OF APPROPRIATELY NOTED DEFICIENCIES</p>	
<p>EMPLOYEE COMMENTS:</p>		<p>REVIEWING SUPERVISOR'S SIGNATURE: [Signature]</p>	
<p>DATE: 3-26-16</p>		<p>DATE: 3-26-16</p>	