

IN THE COURT OF APPEALS OF THE STATE OF NEVADA

FILED

DEC 18 2017

CARA O'KEEFE, AN INDIVIDUAL,

Appellant,

vs.

THE STATE OF NEVADA  
DEPARTMENT OF MOTOR  
VEHICLES,

Respondent.

Case No.: 68460

District Court Case No. 14 OC 00103 1 B

ELIZABETH A. BROWN  
CLERK OF SUPREME COURT

BY S. Young  
DEPUTY CLERK

FILED

JUL 14 2016

TRACIE K. LINDEMAN  
CLERK OF SUPREME COURT

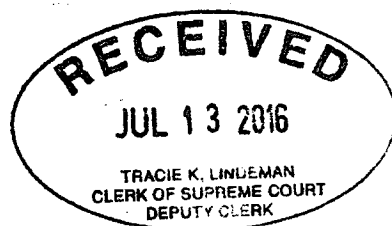
BY [Signature]  
DEPUTY CLERK

APPENDIX TO APPELLANT'S SUPPLEMENTAL OPENING BRIEF

In Conjunction With Legal Aid Center of Southern Nevada

Malani L. Kotchka  
Nevada Bar No. 283  
HEJMANOWSKI & McCREA LLC  
520 South Fourth Street, Suite 320  
Las Vegas, NV 89101  
(702) 834-8777

*Attorneys for Appellant  
Cara O'Keefe*



17 - 43651

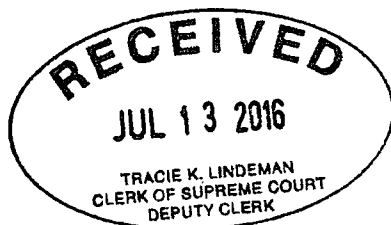
~~16-900817~~

## CHRONOLOGICAL INDEX

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## ALPHABETICAL INDEX

### DOCUMENT DESCRIPTION

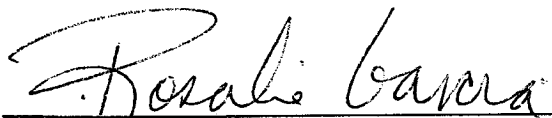
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**CERTIFICATE OF SERVICE**

I hereby certify pursuant to NRAP 25(c), that on the 11th day of July, 2016,  
I caused service of a true and correct copy of the above and foregoing **APPENDIX  
TO APPELLANT'S SUPPLEMENTAL OPENING BRIEF** by U.S. first class  
mail, postage prepaid, to the following:

Dominika J. Batten, Esq.  
Brandon R. Price, Esq.  
Office of the Attorney General  
5420 Kietzke Lane, Suite 202  
Reno, NV 89511  
*Attorneys for Respondent*

  
\_\_\_\_\_  
An Employee of Hejmanowski & McCrea LLC



Agency Use Only		Personnel Use Only	
 2011 FFD - 1 P 2 <b>DEPARTMENT OF PERSONNEL</b> <b>EMPLOYEE APPRAISAL &amp; DEVELOPMENT REPORT</b>			
1. Employee Name: Last O'Keefe		First Cara Initial L.	
2. Class Title: Revenue Officer II		3. Employee ID #: 25693	
4. Dept/Div/Section: DMV/Motor Carrier Division/Revenue Unit		5. Date Evaluation Due: 12/11/10	
6. Agency # (3 digits): 810 Home Org # (4 digits): 4717 Position Control #: CC4034		7. Date Next Evaluation Due: 12/11/11	
8. Probationary/Trial Period (check one): 6 month Probation/Trial: <input type="checkbox"/> 2 <sup>nd</sup> month <input type="checkbox"/> 5 <sup>th</sup> month <input type="checkbox"/> Other 12 month Probation/Trial: <input type="checkbox"/> 3 <sup>rd</sup> month <input type="checkbox"/> 7 <sup>th</sup> month <input type="checkbox"/> 11 <sup>th</sup> month <input type="checkbox"/> Other			
OR Permanent (check one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other			
9. Work Performance Standards: <input checked="" type="checkbox"/> are an accurate reflection of the position <input type="checkbox"/> will be revised to reflect changes			
10. Overall Rating from Page 2, Number 14 (check one): <input type="checkbox"/> Does Not Meet Standards <input type="checkbox"/> Meets Standards <input checked="" type="checkbox"/> Exceeds Standards  If a rating of "Does Not Meet Standards" is given, another evaluation must be completed within 90 days. The rating may affect adjustments in salary based on merit (NAC 284.194) and longevity pay (NAC 284.270).			
Rater's Signature & Title: <i>[Signature]</i>		Date: 01/21/11 (mm/dd/yy)	
11. Additional Supervisory Review (optional): <input type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
Signature and Title: _____ Date: _____ (mm/dd/yy)			
12. Employee Comments: (NAC 284.470 requires that you complete this section and sign the report on performance within 10 working days after discussion with your supervisor. If you disagree with the report and request a review, you must specify the points of disagreement.) <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Request Review			
Employee Signature: <i>[Signature]</i> Date: 1/21/11			
13. Appointing Authority Review: <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
Appointing Authority Signature & Title: <i>[Signature]</i> Date: 1/21/11 (mm/dd/yy)			

\* Note - Reviewing Officer uses form NPD-15R to respond to employee's request for review as outlined in NAC 284.470

FEB 03 2011

# Employee Evaluation & Development Report - Page 2

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>Job Element #1: Process Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the processing of delinquent Motor Carrier accounts to determine the applicable fees, taxes, penalties, interest, and/or administrative fines due by the licensee. <p><u>Description of Delinquent Account Processing</u></p> <ol style="list-style-type: none"> <li>1. Processing Delinquent Licensing Documents</li> <li>2. Processing Delinquent Tax Returns</li> <li>3. Preparing Notification Letters</li> <li>4. Compliance Violations and Delinquent Account Lists</li> <li>5. Referrals</li> <li>6. Clearing Account Stops</li> <li>7. Administrative and Show Cause</li> </ol> <p>Delinquent accounts are to be processed using the established guidelines and procedures. <u>See Revenue Officer Desk Procedures for specific details on each task.</u></p> <p>During the probationary period, steady progression must be noted as follows.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer must be able to post delinquent licensing documents and tax returns, prepare 1<sup>st</sup> and 2<sup>nd</sup> instance letters, deposit funds, and clear account stops, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must also be able to prepare 3<sup>rd</sup> - 4<sup>th</sup> instance letters, with general assistance.</p> <p>By the end of the 11<sup>th</sup> month, the Revenue Officer must be able to perform all aspects of delinquent account processing with general assistance.</p>	3.00	40%	1.20
<b>Job Element #2: Collection/Referral - Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the collection and referral of delinquent Motor Carrier accounts. <p><u>Description of Collection and Referral Delinquent Accounts</u></p> <ol style="list-style-type: none"> <li>1. Stipulated Payment Agreements</li> <li>2. Bad Debt Collections</li> <li>3. Liens/Title Stops/Bond Claims</li> <li>4. Bankruptcy Proof of Claims</li> <li>5. Referral to Collection Agency (Alliance One)</li> <li>6. Lien Release</li> <li>7. Administrative and Show Cause Hearings</li> </ol> <p>The collection and referral process for delinquent accounts are to be followed using the established guidelines and procedures. <u>See Revenue Officer Desk Procedures for specific details on each task.</u></p> <p>During the probationary period, steady progression must be noted.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer should be able to process a bad debt payment, file a lien or title stop, and enter into a stipulated payment agreement, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must be able to file a proof of claim, refer an account to the collection agency (Alliance One), and assist with Administrative and Show Cause Hearings, with general assistance.</p>	3.00	20%	.60

# Employee Evaluation & Development Report - Page 3

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25893					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
By the end of the 11 <sup>th</sup> month, the Revenue Officer must be able to perform all aspects of collection and referral processing with general assistance.			
For job elements #1 and #2: Any uncorrected errors that carry over to the reports used to prepare the monthly stats are deemed an error against the Revenue Officer responsible for the transaction.			
<b>Job Element #3: Statistical Reports and Corresponding Logs</b> Revenue Officers are required to prepare, review, verify, and evaluate all statistical documents for accuracy and completeness.  Information is gathered by extracting data from a variety of sources, such as paradox database files, letter and check logs, spreadsheets, system reports, and other similar documents.  Records used to prepare statistical reports must support the findings submitted. Supporting documents must be attached to report.  Unless otherwise notified, Revenue Officers must reconcile their check log each week by 5:00 pm on Wednesday to allow the timely completion of the weekly stats. The final weekly reconciliation (needed to complete the monthly stats) must be completed by noon, on the first business day of the month.  Any uncorrected errors that carry over in the reports used to prepare the monthly stats are deemed an error against the Revenue Officer responsible for the transaction.  Unless otherwise notified, weekly statistics are due by 10:00 am on Thursday. Monthly statistics are due by noon on the second business day after the close of the month, unless otherwise advised.	3.00	10%	.30
<b>Job Element #4: Training</b> As directed by the Revenue Supervisor, ensure bi-weekly goals established for training meet the requirements of the WPS. (B) When applicable, ensure review periods with the Revenue Supervisor are held on a bi-weekly basis to determine effectiveness of training. IE: If special training has been held or is being requested during the period. (C) Complete Division Evaluation Form and discuss with trainer and Revenue Supervisor if additional training is necessary. (D) Provide training to the newer Revenue Officers as requested.  The Revenue Supervisor will meet with the trainer at least once per month, as applicable, to discuss the training of any new or probationary employees and ensure the Divisional goals are being met. The new employee must ensure training coincides with WPS requirements when guidelines for completing specific assignments are noted in the WPS. The new employee should discuss any applicable training that is lacking or concerns regarding training with their Supervisor, as soon as concerns arise.	2.00	5%	.10
<b>Job Element #5: Other Duties as Assigned</b> A. Special projects as assigned by the Revenue Supervisor. B. Assist other sections of the Motor Carrier Division as requested. C. Preparation and submission of DARS, timesheets, phone logs, letter review*, and other routine Administrative tasks assigned.	3.00	5%	.15

\*Errors are counted if letter went out with uncorrected errors and is not discovered until after being sent to the carrier.



**Employee Evaluation & Development Report - Page 4**

<b>Employee Name: (Last)</b>	O'Keefe	<b>(First)</b>	Cara	<b>(Initial)</b>	L.
<b>Employee ID #: 25693</b>					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>Job Element #6: Related Factors</b> <b>Work Adjustment, Adaptability, and Cooperation:</b> Demonstrates ability to accept work assignments and adapt to change in routine or other process. Demonstrates ability to willingly accept authority, instruction and constructive criticism. Maintain harmonious work relationship and self-control and is not unduly influenced by co-workers opinions or attitudes.  <b>Judgment:</b> Demonstrates ability to consider all facts leading to a logical conclusion. Does not make rash decisions leading to negative consequences.  <b>Initiative:</b> Demonstrates willingness to take on added responsibility and originates or develops new and better ways of doing things.  <b>Attendance:</b> Faithfulness in coming to work on-time and conforming to established attendance guidelines. Call-ins must be made to a Supervisor at least 15 minutes prior to the start of your scheduled shift.  Habitual use of sick leave in conjunction with scheduled days off and/or holidays, abuse of break/lunch privileges, tardiness, and excessive distractions such as personal telephone calls and conversations outside of break/lunch periods are not acceptable. See MCD 02.01 for attendance guidelines.	3.00	20%	.60
<b>Job Element #7: Work Place Safety</b> Ensure adherence to established Department safety guidelines.	Not Rated	N/A	N/A
<b>Overall Rating (Scale: 1 to 1.50 = DMS; 1.51 to 2.50 = MS; 2.51 to 3 = ES)</b> 1.4 "Does not meet standards" rating may affect adjustments based on merit (NAC 284.194) and longevity pay (NAC 284.270). Another evaluation must be completed within 90 days (NRS 284.340).	2.84		2.95

Employee Evaluation & Development Report - Page 5

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<p>15. Rater's Comments: (A "does not meet standards" rating for any job element must include a detailed explanation of the deficiencies.)</p> <p><b>Job Element #1 - You earned an "Exceeds Standards" in Processing Delinquent Accounts.</b>            Since your last appraisal review you completed a total of 1,463 letters for an overall average of 121.92 letters per month. This represents 44% of the entire unit's letter production. During this appraisal period you processed the unit's deposits at least 28.34% of the time and were the unit's assigned primary phone responder 28.34% of the time. In the last 12 months you assessed 503 Administrative Fines for \$207,500. Of those assessed in the last 12 months you collected 396 (79% units) and \$156,388 (76% amount). However, you collected a total of 482 Administrative fines for \$189,562.39 in the past 12 months, some of which were assessed in a prior period. You continue to follow policy and procedure and use all collection methods available to you including filing liens, revoking registration credentials and stopping titles.</p> <p><b>Job Element #2 - You earned an "Exceeds Standards" in Collection/Referral - Delinquent Accounts.</b>            During this review period you've processed twenty one (21) NSF/Bad Debt collection transactions. You prepared files for and submitted referrals on fifteen (15) Administrative Hearings. You've scheduled forty seven (47) Show Cause Hearings and filed fifty eight (58) Liens and placed numerous Title Stops. You consistently follow on your accounts and once you have exhausted all collection efforts afforded the Department then you refer the accounts to the collection agency pursuant to our policy and procedures. You are empathetic to Carrier's experiencing financial difficulties yet are firm with collecting the State's receivables. Your Payment Plans are structured pursuant to Division Policy and Procedure and you maintain consistent follow-up on your payment plans. You proceed to late stage collection efforts and revocation of operating credentials when necessary and in accordance to policy and procedure.</p> <p><b>Job Element #3 - You earned an "Exceeds Standards" in Statistical Reports and Corresponding Logs.</b>            You performed the weekly reconciliation of the team's individual statistical logs for most of this review period and have now trained an additional Revenue Officer to do this weekly task. This greatly reduces the time the supervisor must spend on the month end statistical report.</p> <p><b>Job Element #4 - You earned a "Meets Standards" in Training.</b>            You are willing to learn new tasks and attend training when offered. You offer to assist other Revenue Officers and Division staff when they need help learning new assignments and tasks.</p> <p><b>Job Element #5 - You earned an "Exceeds Standards" in Other Duties as Assigned.</b>            You have prepared the Supervisors weekly statistical report on several occasions during this review period while she was on vacation. You are aware of the Division's critical deadlines such as IFTA Fuel Tax reporting deadlines and have posted tax returns to help out the Fuel User Team. You are self motivated in helping out other teams and individuals within your own team. You assisted the Revenue Unit's Administrative Assistant during this past review period in prepping hundreds of files for an imaging project. You did this project while keeping up on your own assigned accounts and while the Revenue Unit was short an employee for five of the twelve months during this review period. Thank you for your willingness to assist others to work towards a common goal.</p> <p><b>Job Element #6 - You earned an "Exceeds Standards" in Related Factors: Work Adjustment, Judgment, Initiative, and Attendance.</b>            You accept new challenges, new assignments and are eager to learn more about the other Teams in the Division. You are able to focus on your work even when our work environment has been changed a lot this past year as demonstrated by the high volume of work you consistently produce. You use good judgment when working with the debtors and take time to review upcoming deadlines with the customers in an effort to help them avoid additional fines, penalties and interest. We appreciate the time you spend helping the customers during a time when many of them are experiencing financial difficulties. You try to work out payment arrangements with the debtor that will help them retire their debt and get their accounts back in an active status. Your attendance is compliant with Policies and Procedures.</p> <p><b>Job Element #7 - Work Place Safety:</b> This job element is not rated. There are no compliance issues.</p>			

**Employee Evaluation & Development Report -- Page 6**

<b>Employee Name: (Last)</b>	O'Keefe	<b>(First)</b>	Cara	<b>(Initial)</b>	L.
<b>Employee ID #: 25693</b>					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>16. Development Plan &amp; Suggestions:</b> <i>(The supervisor addresses how the employee can enhance performance and achieve standards, indicates recommendation for further development and training. This section should be discussed with the employee.)</i>  In your last Employee Appraisal we listed working on aged receivables including referring them to the collection agency if all late stage collection efforts are exhausted as a goal for the review period. During this past year you have assisted in the clean up of hundreds of aged receivables, mostly referred from the Audit Unit in the past year. The accounts were either collected or referred to the collection agency once all late stage collection efforts were performed including filing liens and title stops.  During this next review period I would encourage you to job shadow with the Motor Carrier Audit Unit. Knowledge of the audit process may be helpful to you as you plan your personal career goals.  You were the chairman of the Division's "McFish" committee during this past review period. Thank you for volunteering for this and we appreciate all your efforts to organize all the events that the committee did this past year. Your efforts as the committee chairman in finding ways to make working more fun and involving the staff in team spirit activities are appreciated.			

**Distribution:** Original to Nevada Department of Personnel; Copy to Agency; Copy to Employee NPD-15 Rev. [3/09]

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT A

A.1 Job Assignment

PRINTED ON 12/15/2013

125633

NAME: JARA, J. DATE: 10/05/2013

EMPLOYEE ID: 130911780135 Rg

POS. STATE: ACTIVE PERMANENT POSITION

RECEIVED

DEPT. OF ADMIN. DATA RECORDS

Y 2 4 5 6 7 8 9 10 YES NO N/A

0 0 0 0 0 0 0 0 0 0 YES NO N/A

0 0 0 0 0 0 0 0 0 0 YES NO N/A

A.2 Dates

12/05/12 12/05/13 12/05/12 01/17/13 01/17/13

A.3 Assignment Attributes - Position Attributes

CNTL 074230 EROH MANAGEMENT ANALYST 2

A.4 Pay Parameters

PAY TYPE	AP NO	AMOUNT	PERIOD	EFFECTIVE DATE	SEPARATION DATE

Override

PL: 02

1071

0221

3940

B. AGVD (Agency Specific Data)

CCINS1 CCINS1 (775) 687-7775

C. PERS (Pension Profile)

PERPERS PERPERS 01/17/05

D. Tax (Employee Tax Parameters)

01/09/12 8

E. EMPD (Employee Duty Location)

CC0377

F. EMRA (Employee Roll Assignment)

ACTIVE INACTIVE N/A

CERTIFICATE and SIGNATURE. Required for all actions except where an employee has signed and agrees with the State and is not available for signature, or for other corrections.

Employee Signature: [Signature] Date: 1/1

My signature certifies that I have read and understood the information completed on this form.

For Transmittal Only: Please return this form to the agency or to the Department of Administration, 1000 North Las Vegas Blvd., Suite 1000, Las Vegas, NV 89101.

Authorized Signature: [Signature] Date: 9/12/13

Private No: 1 Date: 9/13/13

## STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A

### A.1 Job Assignment

PRINTED ON : 12/15/2012

025693										PRINTED ON : 12/15/2012									
CARA										01 KEFE									
09114113																			
P R N 2 0 1 5 K										DS-STATE: ACTIVE PERMANENT POSITION									
1. T.R.O.T. 0.67 I										Transfer out; Return to									
2. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]										Former Position									
3. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]																			
4. YES NO N/A										5. YES NO									
7 5 1 4 6 8 4										3 2 0 2									
*****																			

### A.I. Dates:

A.3 Dates					
12 / 05 / 12	12 / 05 / 13	12 / 05 / 12	01 / 17 / 05	01 / 17 / 06	

### A.3 Assignment Attributes - Position Attribution

A-3 Activity Record - Position Activities						Date Rec'd From		Overseas
Activity Dates		This	Last Week	Next Week			Participation	
C N Y L	D T G S Z	O	F R D H	MANAGEMENT ANALYST 2			P P H Z	

#### A.4 Pay Parameters

[illegible]

**B. AOYA (Agency Specific Costs)**

B. AOYS (Agency Specific Data)						
AOY#	AOY NAME	AOY ADDRESS	AOY PHONE	AOY FAX	AOY E-MAIL	AOY WEBSITE
CCEMSI	CCEMSI	(775) 687-9775				

### C. PENB (Pension Profile)

C. PERS (Personnel Profile)		Employer Portion			Employee Portion		
PERSON DATA	CLASSIFICATION	ORGANIZATION	DATE	PERSON DATA	PERSON DATA	PERSON DATA	
PERS	PERBR	C PERS	01/17/96	PERS			

#### D. Tax (Employee Tax Portion)

D. Tax (Employee Tax Foreclosure)	
01/08/12	8
1	1

**E. EMPD (Employee Duty Location)**

CC0377

#### F. ENRA (Employee Role Assignment)

STATUS	CHANGING
<input type="radio"/> ACTIVE	<input type="radio"/> ACTIVE
<input type="radio"/> INACTIVE	<input type="radio"/> INACTIVE
<input checked="" type="radio"/> N/A	<input checked="" type="radio"/> N/A


**CERTIFICATE and SIGNATURE** Required for all actions except when an employee has terminated services with the State and is not available for signature, or for other exceptions.

**Employee Signature**

Employee Signature [Signature]  
My signature certifies that I have read and understood the information explained on this form

Date 9/6/12

**For Transfers Only:** \_\_\_\_\_ Initial Date if you agency accepts the amycorp's transfer liability. If not, contact amycorp to be held and to pay its balance per H&C 284.294.

CLASSIFICATION OF THE INFORMATION REPORTED		IDENTITY OF REPORTING PERSON (PLEASE TYPE)		DATE REPORTED (PLEASE TYPE)	
THE DATA FORTH HEREIN IS CONFIDENTIAL AND UNCLASSIFIED UNDER 35 U.S.C. 1851 (a) (1) (A) AND 18 U.S.C. 793 (e) (1) (A)					
		Signature		DATE OF SIGNATURE (PLEASE TYPE)	
Authorized Signature		40213 (Please Print)		Date	
		Signature			

Brian Sandoval  
Governor



Jeff Mohlenkamp  
Director

Lee Ann Easton  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Division of Human Resource Management*  
*Agency HR Services*

100 N. Stewart Street, Suite 230 | Carson City, Nevada 89701  
Phone: (775) 684-0150 | [www.hr.nv.gov](http://www.hr.nv.gov) | Fax: (775) 687-1150

MEMORANDUM

Revised 08/19/13

DATE: August 12, 2013  
TO: Alys Dohel, Personnel Officer 3  
FROM: Chrissy Miller, Personnel Analyst  
Division of Human Resource Management-HR Services  
SUBJECT: Restoration of Cara O'Keefe

Cara O'Keefe is being restored to her former position with the Department of Motor Vehicles. This constitutes notice pursuant to NAC 284.462 subsection 3, requiring the appointing authority which is effecting the restoration to give written notice to the agency from which the employee was promoted.

Cara O'Keefe will remain with the B&I Insurance Division until 09/13/13. Cara O'Keefe will be instructed to report to the Department of Motor Vehicles on Monday, September 16, 2013.

Please contact me at (775)684-0249 if you have any questions or concerns.

Cc: Agency HR Services Agency File  
Division of Human Resources Official Service Jacket

Brian Sandoval  
Governor



Jeff Moehlenkamp  
Director

Lee-Ann Easton  
Administrative

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Division of Human Resource Management*  
*Agency HR Services*

100 N. Stewart Street, Suite 230 | Carson City, Nevada 89701  
Phone: (775) 684-0150 | <http://dop.nv.gov> | Fax: (775) 687-1150

Revised

August 19, 2013

Cara O'Keefe  
B&I Insurance Division

Dear Ms O'Keefe

This letter shall serve as notification that you have not attained permanent status as Management Analyst 2 with the Department of Business and Industry-Insurance. In accordance with the Nevada Administrative Code 284.462, you will be restored to your former position with the Department of Motor Vehicles.

They have been notified of the need to restore you to your former position as a Revenue Officer 2, effective on *September 16, 2013*. Please report to your supervisor Karen Stoll on this date, at 8:00 am.

Please contact Agency HR Services at 775-684-0201 if you have any questions regarding the process.

Sincerely,

A handwritten signature in cursive script, appearing to read "Chrissy Miller".

Chrissy Miller, Personnel Analyst  
Agency HR Services

cc: Department of Business & Industries-Insurance Division

## State of Nevada Applicant Profile

### Contact Information

Name: CARA L O'KEEFE  
 Address: 1775 MYLES WAY  
 CARSON CITY, NV 89701  
 USA  
 Home Phone: 7758832134  
 Other Phone: 775-297-2906  
 Work Phone: (775)884-4800  
 Email: wcbokeefe5@gmail.com  
 Contact Method: Home Phone

775  
 297-2906

10:15  
 Monday  
 1/19

Job Title: REVENUE OFFICER 2  
 Department: Motor Vehicles  
 Division: Motor Carrier

### Other Information

Veteran or widow of veteran: No  
 Disabled veteran: No  
 Member of Sheriff's Search and Rescue or Rescue Unit of Civil Air Patrol: No  
 Convicted of a misdemeanor, gross misdemeanor or felony: No  
 Convicted of a moving traffic violation within the last 5 years: No

### Employment History

Dates: 12/2006 to Current Employer: Department of Motor Vehicles Job Title: Revenue Officer II Supervisor: Karen Stoll Hrs per Wk: 40.0 Reason for Still there Leaving:		Location: Carson City Supv Title: Monthly Sal: 18.11	32/ Supv Phone: 775-684-4617
Number and Titles of People Supervised: 1 Title			
Major Duties:		Description	%
		assist in developing & updating policies, procedures & forms	20
		billing and revenue collection	20
		nonpayment analysis and projection and evaluation of potential impacts on revenue	20
		weekly and monthly statistical and informational analysis	20
		research & prepare reports to recommend appropriate action in revenue billing	20

Dates: 08/2006 to 12/2006 Employer: Department of Administrative Services Job Title: Accounting Assistant II Supervisor: Sandie Briggs Hrs per Wk: 40.0 Reason for Took promotion at the DMV Leaving:		Location: Carson City Supv Title: Monthly Sal: 13.63	Supv Phone: 775-684-0284
Number and Titles of People Supervised: 1 Title			
Major Duties:		Description	%
		Analysis, research and input of multiple state departments of employee hours, travel vouchers, expense reports, annual leave, sick leave and leave without pay.	50
		Worked directly with multiple state departments in providing technical assistance with payroll and a/p	50



<b>Dates:</b> 01/2006 to 08/2008 <b>Employer:</b> Department of Taxation <b>Job Title:</b> Accounting Assistant II <b>Supervisor:</b> Charlene Pongasi <b>Hrs per Wk:</b> 40.0 <b>Reason for Took a lateral because there were more opportunities for advancement</b> <b>Leaving:</b> <b>Number and Titles of People Supervised:</b> 1 Title			<b>Location:</b> Carson City <b>Supv Title:</b> Accounting Assistant IV <b>Monthly Sal:</b> 13.63 <b>Supv Phone:</b> 775-684-2087		
<b>Major Duties:</b>	<b>Description</b>	<b>%</b>			
	billing revenue collection	50			
	Analyze income tax data	50			

<b>Dates:</b> 08/2005 to 01/2006 <b>Employer:</b> Kohn Colodny <b>Job Title:</b> Administrative Assistant <b>Supervisor:</b> Brian Colodny <b>Hrs per Wk:</b> 40.0 <b>Reason for Accepted job with the State for better benefits</b> <b>Leaving:</b> <b>Number and Titles of People Supervised:</b> 1 title <b>No people supervised</b>			<b>Location:</b> Carson City <b>Supv Title:</b> CPA, owner <b>Monthly Sal:</b> 14.00 <b>Supv Phone:</b> 775-885-9138		
<b>Major Duties:</b>	<b>Description</b>	<b>%</b>			
	Prepare & submit weekly payroll & accounts payable reports	50			
	billing revenue collections	50			

<b>Dates:</b> 01/2005 to 08/2005 <b>Employer:</b> We The People <b>Job Title:</b> Administrative Assistant <b>Supervisor:</b> Thomas Young <b>Hrs per Wk:</b> 20.0 <b>Reason for Needed a full-time job</b> <b>Leaving:</b> <b>Number and Titles of People Supervised:</b> 1 title <b>No one to supervise</b>			<b>Location:</b> Carson City <b>Supv Title:</b> Manager <b>Monthly Sal:</b> 9.00 <b>Supv Phone:</b> 775-887-1800		
<b>Major Duties:</b>	<b>Description</b>	<b>%</b>			
	billing claim payments & nonpayment analysis	25			
	billing revenue collections	25			
	Facilitated billing related meetings with upper management and owners	25			
	conducted research & analysis of budgeting issues	25			

<b>Dates:</b> 10/1998 to 09/2004 <b>Employer:</b> Winans Furniture <b>Job Title:</b> Operations Director <b>Supervisor:</b> Andrew Winans <b>Hrs per Wk:</b> 40.0 <b>Reason for Company went out of business</b> <b>Leaving:</b> <b>Number and Titles of People Supervised:</b> Operations Director, supervised approx 45 employees Customer Service Manager, supervised approx 8 employees Front Office Manager, supervised 4 employees			<b>Location:</b> Carson City <b>Supv Title:</b> Owner <b>Monthly Sal:</b> 18.00 <b>Supv Phone:</b> N/A		
<b>Major Duties:</b>	<b>Description</b>	<b>%</b>			
	manage department budget for warehouse & sales division.	20			
	Approve & decline purchase orders for inventory	20			
	Compile monthly statistics & performance indicators & create weekly, monthly & yearly reports to the owners	20			
	Work with managers and operations to control inventory	20			
	create special statistical reports as directed by the owners	20			

<b>Dates:</b> 06/1997 to 10/1998		
<b>Employer:</b> Computer Corps		
<b>Job Title:</b> Office Manager	<b>Location:</b> Carson City	
<b>Supervisor:</b> Judy Feaster	<b>Supv Title:</b> Owner	<b>Supv Phone:</b> 775-883-2323
<b>Hrs per Wk:</b> 40.0	<b>Monthly Sal:</b> 10.00	
<b>Reason for Company went from a for-profit to a non-profit business, needed a paying job</b>		
<b>Leaving:</b>		
<b>Number and Titles of People Supervised:</b> 1 Title		
Supervised up to 1 paid employees & 10 volunteers		
<b>Major Duties:</b>	<b>Description</b>	<b>%</b>
	billing revenue collection	25
	study, research & analysis of management & administrative areas	25
	provided management with findings through trend analysis and problem solving solutions	25
	worked closely with IT staff ensuring uninterrupted work flow	25

<b>Dates:</b> 05/1994 to 06/1997		
<b>Employer:</b> Southwest Air Conditioning		
<b>Job Title:</b> Human Resources Director	<b>Location:</b> Las Vegas	
<b>Supervisor:</b> Andrea Trinidad	<b>Supv Title:</b> Office Manager	<b>Supv Phone:</b> 702-876-5444
<b>Hrs per Wk:</b> 40.0	<b>Monthly Sal:</b> 10.00	
<b>Reason for Moved to Carson City</b>		
<b>Leaving:</b>		
<b>Number and Titles of People Supervised:</b> 1 Title		
No supervision		
<b>Major Duties:</b>	<b>Description</b>	<b>%</b>
	managed administrative areas such as budgeting & departmental operations	50
	provided management with findings through trend analysis and problem solving solutions	25
	provide direct assistance on special projects and reports	25

#### Education

High School Diploma or Equivalent Completed: High School Diploma

College, University, or Professional School:

<b>Dates:</b> 08/1990 to 08/1991	
<b>Institution:</b> Oxnard College	<b>Location:</b> Oxnard, California
<b>Degree:</b> Other	<b>Date Issued:</b>
<b>Major:</b> Law	<b>Minor:</b>
<b>Notes:</b> Did not complete college because I got married & moved out of town.	

#### Licenses

Current Driver's License: Yes

**Skills**

**Administrative & Clerical Skills:** Copy Machine  
Customer Service  
Data Entry  
Dictation  
Fax Machine  
Making Presentations to Large Groups  
Multi-line Telephone  
Personal Computer  
Preparing Legal Documents  
Printer  
Proofreading  
Public Contact and Assistance  
Scanner  
Ten Key by Touch  
Typing at 61 to 75 WPM

**Computer Skills:** Adobe Photoshop  
DAWN-Data Warehouse of Nevada Financial System  
HR Data Warehouse  
Help Desk  
IFS-HR Advantage  
Lotus 1-2-3  
Lotus Notes  
Macintosh  
Microsoft Access  
Microsoft Excel  
Microsoft Front Page  
Microsoft Office Suite  
Microsoft Outlook  
Microsoft Power Point  
Microsoft Publisher  
Microsoft Word  
Nevada Employee Action and Timekeeping System (NEATS)  
Paradox  
Quattro Pro  
QuickBooks  
Spreadsheet Software - Advanced  
Spreadsheet Software - Beginner  
Spreadsheet Software - Intermediate  
Windows Operating Systems  
Word Processing Software - Advanced  
Word Processing Software - Beginner  
Word Processing Software - Intermediate  
WordPerfect

**Fiscal/Financial Accounting Skills:** Accounts Payable  
Accounts Receivable  
Bookkeeping  
Budget Analysis  
Budget Forecasting  
Budgeting  
Contracts  
Federal Grant Reporting  
Financial Analysis  
Fiscal Management  
Grant Management  
Payroll  
Tax Accounting

**Language Skills:** English

**Professional Facilities Management**

**Skills:** Health Care  
Human Resources/Personnel  
Insurance  
Interviewing/Eligibility  
Investigations  
Managerial  
Mediation & Conflict Resolution  
Policies and Procedure Development  
Project Management  
Public Speaking/Presentations  
Research  
Safety & Risk Management  
Sales  
Statistical Analysis  
Supervisory Experience  
Worker's Compensation

**Availability**

**Location:** Carson, Minden, Gardnerville, Genoa  
Lake Tahoe, Zephyr Cove, Incline Village  
Las Vegas, Boulder City, Indian Springs, Jean, Henderson  
Reno, Sparks  
Silver Springs, Lahontan, Fernley  
Virginia City, Silver City

**Work Type:** Permanent Full-Time

**Travel %:** Up to 25%

DEPARTMENT: B&I AGENCY/HOME ORG: 741/4684  
DIVISION: Insurance  
SECTION: \_\_\_\_\_

REQUEST FOR VARIABLE WORKDAY SCHEDULE

NRS 284.180, subsection 6, states: "For employees who choose and are approved for a variable workday, overtime will be considered only after working 40 hours in one week."

I, Cara O'Keefe, hereby choose and request approval for  
(Print Name)  
a variable workday schedule. I understand that by doing so, I may with supervisory approval, adjust my work schedule in a week so I work more than 8 hours a day, provided I do not exceed 40 hours in a workweek without supervisory approval.

I further understand that this agreement may be rescinded by either party giving 30 working days notice.

Entered into this 5<sup>th</sup> day of December in the year 2012

Cara O'Keefe 12/5/12  
Employee's Signature Employee ID # Date

Approved by: \_\_\_\_\_  
Supervisor's Signature Date

Approved by: K. Hubbard 12/6/12  
Appointing Authority's Signature Date

Note: An employee approved for a variable workday schedule must have the appropriate variable work cycle code entered into the ADVANTAGE-HR IFS system. Complete the work cycle code on the ESMT-A under agency specific data. Submit the ESMT-A along with the original signed copy of this document to State Personnel Records.

Distribution: Original, State Personnel Records  
Employee  
Department/Division  
Agency Personnel File

CM:tg  
TS:js  
10/01/07

741, 4684, #025693

# ACKNOWLEDGMENT

I, Cara O'Keefe hereby certify that I have received a copy of the State's policy regarding the maintenance of a alcohol/drug free workplace and I acknowledge this policy as a condition of employment with the State of Nevada.

Department

Division

Cara O'Keefe

Name (Print)

12/5/12

Date

Cara O'Keefe

Signature

Witness' Signature (Required if employee refuses to sign)  
Acknowledging the employee received the alcohol/drug-free workplace policy and employee refuses to sign.

Title of Witness

TS-58  
7/98

N:\WPDOCS\FRMTS\frms\TS-58-Alco-DrugSmt.doc



OFFICE OF THE GOVERNOR  
POLICY AGAINST SEXUAL HARASSMENT &  
DISCRIMINATION

SEXUAL HARASSMENT AND DISCRIMINATION  
POLICY ACKNOWLEDGEMENT

EMPLOYEE NAME: Cara O'Keefe

EMPLOYEE ID#: 025693

DEPT/DIV/AGENCY/ORG#: B+I/Insurance/741/4684

☒ I have read and understand the Governor's Policy Against Sexual Harassment and Discrimination.

EMPLOYEE SIGNATURE Cara O'Keefe

DATE 12/5/12

SUPERVISOR SIGNATURE Carolyn Paley

DATE 12/5/12

N:\WPDOCS\FRM\TSfrms\TS-253.doc  
Revised: 6/13/07

741, 4684, #05693

AA000020

**WORKPLACE SAFETY'S EVERYONE'S RESPONSIBILITY.**

I have (check one) ☒ read this document or ☐ viewed the videotape, entitled "Nevada Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) Cara O'Keefe Date 12/5/12

Employee's Signature [Signature]

Place of Viewing Videotape N/A

Employer's Name (please print) State of Nevada, 200 E. Mueser St., #205, Carson City NV 89701

Employer's Signature (or representative) [Signature]

*Note: This notice must be maintained in the employer's personnel file*

Any employee who does not understand this document should contact his or her supervisor, employee representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.

Las Vegas: (702) 486-9140

Reno: (775) 824-4630

Elko: (775) 778-3312

Toll-Free: (877) 4SAFEV

Rev: 11-2007



STATE OF NEVADA - EMPLOYMENT STATUS MAINTENANCE TRANSACTION - ESMT - A

A.1 Job Assignment

Employee Name <b>Cara</b>		Employee ID <b>025013</b>	
Last Name <b>O'Keefe</b>		First Name <b>Cara</b>	
Date of Birth <b>12/05/12</b>		Position <b>Active Permanent Position</b>	
Position Title <b>TRIN 015/K</b>		Transfer In - Promotion <b>Unranked List</b>	
Position Code <b>PRM 2 015</b>		Position Status <b>Active Permanent Position</b>	
Social Security Number <b>79.14684</b>		Date of Hire <b>12/05/12</b>	
Salary Grade <b>0004</b>		Salary Range <b>1.00</b>	
Pay Rate <b>32.03</b>		Pay Rate <b>35.02</b>	

RECEIVED

DEC 06 2012

DEPT. OF ADMIN  
HRS - RECORDS

A.2 Dates

Effective Date	Termination Date	Rehire Date	Leave Period End Date	Leave Period Start Date
<b>12/05/12</b>	<b>12/05/13</b>	<b>12/05/12</b>	<b>01/17/16</b>	<b>12/05/12</b>

A.3 Assignment Attributes - Position Attributes

Position Code	Position Title	Position Status	Position Grade	Position Range
<b>015/K</b>	<b>TRIN 015/K</b>	<b>Active Permanent Position</b>	<b>0004</b>	<b>1.00</b>

A.4 Pay Performance

Pay Type	Pay Rate	Effective Date	Termination Date
Base Pay	32.03	12/05/12	12/05/13
Step Pay	35.02	12/05/12	12/05/13
Merit Pay	32.03	12/05/12	12/05/13
Performance Pay	35.02	12/05/12	12/05/13

Overseas	Y/N
Y	
N	
Y	
N	

A.5 Agency Specific Data

Agency Code	Agency Name	Agency Address	Agency Phone	Agency Fax
<b>CC INS 1</b>	<b>CC INS 1</b>	<b>1715 687-0715</b>	<b>( )</b>	<b>( )</b>

PERS (Personnel Profile)

Personnel Code	Personnel Title	Personnel Status	Personnel Grade	Personnel Range
<b>PERS</b>	<b>PERS</b>	<b>PERS</b>	<b>PERS</b>	<b>PERS</b>

TAX (Employee Tax Parameters)

Tax Code	Tax Rate
<b>1</b>	<b>1</b>

E. EMPD (Employee Duty Location)

Duty Location
<b>CC0377</b>

F. EMRA (Employee Roll Assignment)

Roll Code	Roll Title
<b>ACTIVE</b>	<b>ACTIVE</b>
<b>INACTIVE</b>	<b>INACTIVE</b>

CERTIFICATION and SIGNATURE: Required for all actions except where an employee has terminated service with the State and is not available for signature, or for error corrections.

Employee Signature Cara J. O'Keefe Date 12/15/12

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: Indicate here if your agency accepts the employee's overtime liability. If no, outgoing agency is required to pay all balance per NAC 284.084.1.

Signature of Approving Authority	Signature of Department/Agency Head	Date
<u>K. Kunkland</u>	<u>Carolyn Pahr</u>	<u>12/16/12</u>
Authorized Signature	Signature	Signature
<u>12/16/12</u>	<u>12/15/12</u>	<u>12/15/12</u>

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION ESMT-A

A.1 Job Assignment

025578		12/31/12		12/31/12	
CARRA		1515 118		121203733526	
A G C H		1		RECEIVED	
1		1		Transfer out Business Industry	
2		2		DEPT. OF ADMIN DHHR - RECORDS	
3		3		L.W. 12-7-12	
1		YES		YES	
2		NO		NO	
3		N/A		N/A	

A.2 Dates

1	2	3	4	5	6	7	8	9	10	11	12
1	1	1	1	1	1	1	1	1	1	1	1

A.3 Assignment Attributes - Position Attributes

C N T I	1	2	3	4	5	6	7	8	9	10	11	12
1	1	1	1	1	1	1	1	1	1	1	1	1

A.4 Pay Parameters

PAY TYPE	1	2	3	4	5	6	7	8	9	10	11	12
1	1	1	1	1	1	1	1	1	1	1	1	1

1	2	3	4	5	6	7	8	9	10	11	12
1	1	1	1	1	1	1	1	1	1	1	1

B. AGVD (Agency Specific Data)

1	2	3	4	5	6	7	8	9	10	11	12
1	1	1	1	1	1	1	1	1	1	1	1

C. PERS (Pension Profile)

1	2	3	4	5	6	7	8	9	10	11	12
1	1	1	1	1	1	1	1	1	1	1	1

D. Tax (Employee Tax Parameters)

1	2	3	4	5	6	7	8	9	10	11	12
1	1	1	1	1	1	1	1	1	1	1	1

E. EMPD (Employee Duty Location)

1	2	3	4	5	6	7	8	9	10	11	12
1	1	1	1	1	1	1	1	1	1	1	1

F. EMRA (Employee Roll Assignment)

1	2	3	4	5	6	7	8	9	10	11	12
1	1	1	1	1	1	1	1	1	1	1	1

CERTIFICATE AND SIGNATURE Required for all transfers except where an employee has terminated service with the State and is not available for reassignment, or for gross corrections

Employee Signature: See attachment  
My signature certifies that I have read and understood the information requested on this form

For Transfers Only: 12/3/12

1	2	3	4	5	6	7	8	9	10	11	12
1	1	1	1	1	1	1	1	1	1	1	1

DEPARTMENT OF MOTOR VEHICLES

NOTICE OF TRANSFER

RECEIVED

NOV 27 2012

PERSONNEL OFFICE  
DMV CARSON CITY

NAME: Cara O'Keefe EMPLOYEE ID#: 25630

AGENCY: 810 HOME ORG: 4717

I Cara O'Keefe will transfer from my position as Revenue Officer II  
Print Name Position Title/Division

To the position of Management Analyst II on this date: 12/5/12  
New Position Title/Division Date

Cara O'Keefe 11/21/12  
Employee Signature Submission Date

The reason for this transfer is:  
Promotion

Acknowledgement of Transfer:

Kym Ska 11-21-12 3:10 PM  
Appointing Authority or Designee - Acceptance of Transfer Date Time

COMMENTS: (Additional comments may be made on an addendum or the reverse side of this document.)

CC: DMV Human Resources  
Employee Service Jacket

PA 91B  
Revised 3/5/09

Department of Motor Vehicles  
Request for Variable Workday Schedule

2012 AUG 10 Department: DMV

Agency: 810

Home Org: Select One

Division: Select One

Section: Select One

NRS 284.180, subsection 6, states: "For employees who choose and are approved for a variable workday, overtime will be considered only after working 40 hours in one week."

I, James C. Clark, hereby choose and request approval for a variable workday schedule. I understand that by doing so, I may with supervisory approval, adjust my work schedule in a week so I work more than 8 hours a day. I understand that I may not exceed 40 hours in a work week without supervisory approval.

I further understand that this agreement may be rescinded by either party giving 30 working days notice.

Entered into this 8 day of August in the year 2012

James C. Clark  
Employee's Signature

251093  
Internal ID

8/8/12  
Date

Approved by:

[Signature]  
Supervisor's Signature

8/14/12  
Date

Karen J. Hill  
Print Supervisor's Name

Approved by:

[Signature]  
Appointing Authority's Signature

8/9/12  
Date

Wayne Seider  
Print Appointing Authority's Name

Work Cycle Code Select One

Overtime Profile Select One

Standard Shift Hours 1230-1130  
(Ex: 8:00-12:00, Lunch, 1:00-5:00)

Regular Days Off: Fri, Sat, Sun

Note:

An employee approved for a variable workday schedule must have the appropriate variable work cycle code entered into the ADVANTAGE-HR ITS system. Complete the work cycle code on the ESMT-A under agency specific data. Submit the ESMT-A along with the original signed copy of this document to State Personnel Records.

Distribution:

Original, State Personnel Records

Employee

Dept Users\COkeefe\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content Outlook\PHYOGJTP\Copy of Variable workday

HR Services Files

schedule - master

Rev. 8/13/10

## A.1 Job Assignment

FOR OFFICE USE		DATE: 9/4/12	
CARA	1	NAME	LAST
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

## A.2 Dates

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

## A.3 Assignment Attributes - Position Attributes

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

## A.4 Pay Parameters

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108
109	110	111	112	113	114	115	116	117	118	119	120

## B. AGVD (Agency Specific Data)

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

## C. PERS (Personnel Profile)

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

## D. Tax (Employee Tax Parameters)

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

## E. EMFD (Employee Duty Location)

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

## F. EMRA (Employee Roll Assignment)

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

CERTIFICATE and SIGNATURE. Required for all actions except where an employee has terminated services with the State and is not available for signature or for any endorsement.

Employee Signature: *[Signature]*

Date: 9/4/12

My signature certifies that I have read and understood the information completed on this form.

For Transfers Only: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12
Signature: <i>[Signature]</i>						Date: 9/4/12					
Signature: <i>[Signature]</i>						Date: 9/4/12					

810/4717 25693



OFFICE OF THE GOVERNOR  
POLICY AGAINST SEXUAL HARASSMENT &  
DISCRIMINATION

DEPARTMENT OF MOTOR VEHICLES  
SEXUAL HARASSMENT AND  
DISCRIMINATION  
POLICY ACKNOWLEDGEMENT



RECEIVED

MAR 26 2012

Employee Name:  
(Print Name)

CARA O'KEEFE

DEPT. OF ADMIN  
DHRM - RECORDS

Employee NEATS ID#:

25693

Dept/Div/Agency/Org#:

DMV - Motor Carrier

☒ I have read and understand the Governor's Policy Against Sexual Harassment and Discrimination Dated August 19, 2011.

Employee Signature

Cara O'Keefe

Date

3/14/12

Supervisor Name  
(Print Name)

Karen Skoll

Supervisor Signature

Karen Skoll

Date

3/14/12

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE TRANSACTION (ESMT) - A

1 Job Assignment

0 2 5 6 9 3  
 EMPLOYEE ID: 025693  
 NAME: CARA  
 POSITION: POS-STATE ACTIVE PERMANENT POSITION  
 DATE: 01/11/12  
 EMPLOYEE SIGNATURE: [Signature]  
 DATE: 6/27/12  
 RECEIVED JUN 27 2012  
 DEPT. OF ADMIN DHRM - RECORDS  
 Employee Declined Benefits

A.2 Dates

12/31/11 01/17/12 01/17/12  
 EMPLOYMENT DATES: 12/31/11 to 01/17/12

A.3 Assignment Attributes - Position Attributes

CCDMVF CCDMV1 6775 SR4-6900  
 POSITION: CCDMV1 6775 SR4-6900

A.4 Pay Parameters

Pay Type	Rate	Amount	Pay Period	Pay Date	Pay Status
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

B. AQVD (Agency Specific Data)

CCDMVF CCDMV1 6775 SR4-6900  
 AGENCY: CCDMV1 6775 SR4-6900

C. PERS (Person Profile)

PERS PER 8 R C PER 8 01/17/06  
 PERSON: PER 8 R C PER 8 01/17/06

D. Tax (Employee Tax Parameters)

01/09/12 B  
 TAX: 01/09/12 B

E. EMPD (Employee Duty Location)

CC0150  
 EMPD: CC0150

F. EMRA (Employee Roll Assignment)

ACTIVE  
 EMRA: ACTIVE

CERTIFICATE and SIGNATURE. Required for all actions except when an employee has terminated services with the State and is not available for signature, or for error corrections.

Employee Signature: [Signature]

Date: 6/27/12

For Test Use Only: I hereby certify that the information provided on this form is true and correct.

Authorized Signature: [Signature]  
 Date: 6/27/12  
 Title: [Title]  
 Signature: [Signature]  
 Date: 6/27/12  
 Title: [Title]

Agency Use Only

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DEPT. OF ADMIN  
DHRM - RECORDS

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# DEPARTMENT OF PERSONNEL EMPLOYEE APPRAISAL & DEVELOPMENT REPORT

1. Employee Name: Last O'Keefe		First Cara	Initial L.
2. Class Title: Revenue Officer II		3. Employee ID #: 25693	
4. Dept/Div/Section: DMV/Motor Carrier Division/Revenue Unit		5. Date Evaluation Due: 12/11/11	
6. Agency # (3 digits): 810 Home Org # (4 digits): 4717 Position Control #: CC4036		7. Date Next Evaluation Due: 12/11/12	
8. Probationary/Trial Period (check one):		OR Permanent (check one):	
6 month Probation/Trial: <input type="checkbox"/> 2 <sup>nd</sup> month <input type="checkbox"/> 5 <sup>th</sup> month <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other	
12 month Probation/Trial: <input type="checkbox"/> 3 <sup>rd</sup> month <input type="checkbox"/> 7 <sup>th</sup> month <input type="checkbox"/> 11 <sup>th</sup> month <input type="checkbox"/> Other			
9. Work Performance Standards: <input checked="" type="checkbox"/> are an accurate reflection of the position <input type="checkbox"/> will be revised to reflect changes			
10. Overall Rating from Page 2, Number 14 (check one):			
<input type="checkbox"/> Does Not Meet Standards <input type="checkbox"/> Meets Standards <input checked="" type="checkbox"/> Exceeds Standards			
If a rating of "Does Not Meet Standards" is given, another evaluation must be completed within 90 days. The rating may affect adjustments in salary based on merit (NAC 284.194) and longevity pay (NAC 284.270).			
Rater's Signature & Title: Karen Stoll, Revenue Officer III		Date: 12/21/11 (mm/dd/yy)	
11. Additional Supervisory Review (optional): <input type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
Signature and Title: _____ Date: _____ (mm/dd/yy)			
12. Employee Comments: (NAC 284.470 requires that you complete this section and sign the report on performance within 10 working days after discussion with your supervisor. If you disagree with the report and request a review, you must specify the points of disagreement.) <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Request Review *			
Employee Signature: <u>Cara J. O'Keefe</u> Date: 12/21/11			
13. Appointing Authority Review: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
Appointing Authority Signature & Title: <u>Rayne Seidel, Administrator</u> Date: 12/28/11 (mm/dd/yy)			

\* Note - Reviewing Officer uses form NPD-15R to respond to employee's request for review as outlined in NAC 284.470

JAN 25 2012



# Employee Evaluation & Development Report - Page 2

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<p><b>Job Element #1: Process Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the processing of delinquent Motor Carrier accounts to determine the applicable fees, taxes, penalties, interest, and/or administrative fines due by the licensee.</p> <p><u>Description of Delinquent Account Processing</u></p> <ol style="list-style-type: none"> <li>1. Processing Delinquent Licensing Documents</li> <li>2. Processing Delinquent Tax Returns</li> <li>3. Preparing Notification Letters</li> <li>4. Compliance Violations and Delinquent Account Lists</li> <li>5. Referrals</li> <li>6. Clearing Account Stops</li> <li>7. Administrative and Show Cause</li> </ol> <p><u>DESCRIPTION OF BACK UP LICENSING AND TAX EXAMINER STAFF FUNCTIONS:</u></p> <ol style="list-style-type: none"> <li>1. Process Motor Carrier registrations for both International Registration Plans and those registered for 100% activity in Nevada.</li> <li>2. Process including reviewing, analyzing, posting and accepting payments for tax returns.</li> </ol> <p>Delinquent accounts are to be processed using the established guidelines and procedures. See <u>Revenue Officer Desk Procedures</u> for specific details on each task.</p> <p>During the probationary period, steady progression must be noted as follows.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer must be able to post delinquent licensing documents and tax returns, prepare 1<sup>st</sup> and 2<sup>nd</sup> instance letters, deposit funds, and clear account stops, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must also be able to prepare 3<sup>rd</sup> - 4<sup>th</sup> instance letters, with general assistance.</p> <p>By the end of the 11<sup>th</sup> month, the Revenue Officer must be able to perform all aspects of delinquent account processing with general assistance.</p>	3.00	40%	1.20
<p><b>Job Element #2: Collection/Referral - Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the collection and referral of delinquent Motor Carrier accounts.</p> <p><u>Description of Collection and Referral Delinquent Accounts</u></p> <ol style="list-style-type: none"> <li>1. Stipulated Payment Agreements</li> <li>2. Bad Debt Collections</li> <li>3. Liens/Title Stops/Bond Claims</li> <li>4. Bankruptcy Proof of Claims</li> <li>5. Referral to Collection Agency (Alliance One)</li> <li>6. Lien Release</li> <li>7. Administrative and Show Cause Hearings</li> </ol> <p>The collection and referral process for delinquent accounts are to be followed using the established guidelines and procedures. See <u>Revenue Officer Desk Procedures</u> for specific details on each task.</p>	3.00	20%	.60

# Employee Evaluation & Development Report - Page 3

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<p>During the probationary period, steady progression must be noted.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer should be able to process a bad debt payment, file a lien or title stop, and enter into a stipulated payment agreement, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must be able to file a proof of claim, refer an account to the collection agency (Alliance One), and assist with Administrative and Show Cause Hearings, with general assistance.</p> <p>By the end of the 11<sup>th</sup> month, the Revenue Officer must be able to perform all aspects of collection and referral processing with general assistance.</p> <p>For job elements #1 and #2: Any uncorrected errors that carry over to the reports used to prepare the monthly stats are deemed an error against the Revenue Officer responsible for the transaction.</p>			
<p><b>Job Element #3: Statistical Reports and Corresponding Logs</b></p> <p>Revenue Officers are required to prepare, review, verify, and evaluate all statistical documents for accuracy and completeness.</p> <p>Information is gathered by extracting data from a variety of sources, such as paradox database files, letter and check logs, spreadsheets, system reports, and other similar documents.</p> <p>Records used to prepare statistical reports must support the findings submitted. Supporting documents must be attached to report.</p> <p>Unless otherwise notified, Revenue officers must reconcile their check log each week by 5:00 pm on Wednesday to allow the timely completion of the weekly stats. The final weekly reconciliation (needed to complete the monthly stats) must be completed by noon, on the first business day of the month.</p> <p>Any uncorrected errors that carry over to the reports used to prepare the monthly stats are deemed an error against the Revenue Officer responsible for the transaction.</p> <p>Unless otherwise notified, weekly statistics are due by 10:00 am on Thursday. Monthly statistics are due by noon on the second business day after the close of the month, unless otherwise advised.</p>	2.00	10%	.20
<p><b>Job Element #4: Training</b></p> <p>As directed by the Revenue Supervisor, ensure bi-weekly goals established for training meet the requirements of the WPS.</p> <p>B. When applicable, ensure review periods with the Revenue Supervisor are held on a bi-weekly basis to determine effectiveness of training. IR: If special training has been held or is being requested during the period.</p> <p>C. Complete Division Evaluation Form and discuss with trainer and Revenue Supervisor if additional training is necessary.</p> <p>D. Provide training to the newer Revenue Officers as requested.</p> <p>The Revenue Supervisor will meet with the trainer at least once per month, as applicable; to discuss the training of any new or probationary employees and ensure the Divisional goals are being met. The new employee must ensure training coincides with WPS requirements when timelines for completing specific assignments are noted in the WPS. The new employee should discuss any applicable training that is lacking or concerns regarding training with their Supervisor, as soon as concerns arise.</p>	2.00	5%	.10

# Employee Evaluation & Development Report - Page 4

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A)).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>Job Element #6: Other Duties as Assigned</b> A. Special projects as assigned by the Revenue Supervisor. B. Assist other sections of the Motor Carrier Division as requested. C. Preparation and submission of DARS, timesheets, phone logs, letter review*, and other routine Administrative tasks assigned.  *Errors are counted if letter went out with uncorrected errors and is not discovered until after being sent to the carrier.	3.00	5%	.15
<b>Job Element #6: Related Factors</b> <u>Work Adjustment, Adaptability, and Cooperation:</u> Demonstrates ability to accept work assignments and adapt to change in routine or other process. Demonstrates ability to willingly accept authority, instruction and constructive criticism. Maintain harmonious work relationship and self-control and is not unduly influenced by co-workers opinions or attitudes.  <u>Judgment:</u> Demonstrates ability to consider all facts leading to a logical conclusion. Does not make rash decisions leading to negative consequences.  <u>Initiative:</u> Demonstrates willingness to take on added responsibility and originates or develops new and better ways of doing things.  <u>Attendance:</u> Faithfulness in coming to work on-time and conforming to established attendance guidelines. Call-ins must be made to a Supervisor at least 15 minutes prior to the start of your scheduled shift.  Habitual use of sick leave in conjunction with scheduled days off and/or holidays, abuse of break/lunch privileges, tardiness, and excessive distractions such as personal telephone calls and conversations outside of break/lunch periods are not acceptable. See MCD 02.01 for attendance guidelines.	3.00	20%	.60
<b>Job Element #7: Work Place Safety</b> Ensure adherence to established Department safety guidelines.		No Exceptions	
<b>Overall Rating (Scale: 1 to 1.50 = DMS; 1.51 to 2.50 = MS; 2.51 to 3 = ES)</b> (A "does not meet standards" rating may affect adjustments based on merit (NAC 284.194) and longevity pay (NAC 284.270). Another evaluation must be completed within 90 days (NRS 284.340).	2.67		2.85

# Employee Evaluation & Development Report - Page 5

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A)).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
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15. Rater's Comments: (A "does not meet standards" rating for any job element must include a detailed explanation of the deficiencies.)

**Job Element #1 - You earned an "Exceeds Standards" in Processing Delinquent Accounts.**  
Since your last appraisal review you completed a total of 1,534 letters for an overall average of 127.83 letters per month. This represents 44.81% of the entire unit's letter production. During this appraisal period you processed the unit's deposits at least 25% of the time and were the unit's assigned primary phone responder 25% of the time. In the last 12 months you assessed 652 Administrative Fines for \$212,817.00. Of those assessed in the last 12 months you collected 558 (85.58% units) and \$170,554.30 (80.14% amount). However, you collected a total of 657 Administrative fines for \$224,519.41 in the past 12 months, some of which were assessed in a prior period. You continue to follow policy and procedure and use all collection methods available to you including filing liens, revoking registration credentials and stopping titles.

**Job Element #2 - You earned an "Exceeds Standards" in Collection/Referral - Delinquent Accounts.**  
During this review period you've processed nine (9) NSF/Bed Debt collection transactions. You prepared files for and submitted referrals on nine (9) Administrative Hearings. You've scheduled one hundred eighteen (118) Show Cause Hearings and filed sixty (60) Liens and placed numerous Title Stops. You are organized and systematically follow on your accounts following the Division policy and procedure. You use all tools available to you to collect and secure the State's receivables and once determined the receivable is uncollectable you proceed in referring the accounts to the collection agency pursuant to policy. You are firm with your collection style but are receptive to helping the debtor arrange payments and balance empathy with the need to collect the State's receivables. Your Payment Plans are structured pursuant to Division Policy and Procedure and you maintain consistent follow-up on your payment plans.

**Job Element #3 - You earned a "Meets Standards" in Statistical Reports and Corresponding Logs.**  
Continue to maintain your DARS for the daily activity and assure they balance to the receivable software, Paradox, for weekly balancing by the team.

**Job Element #4 - You earned a "Meets Standards" in Training.**  
You are willing to learn new tasks and attend training when offered. You offer to assist other Revenue Officers and Division staff when they need help learning new assignments and tasks.

**Job Element #5 - You earned an "Exceeds Standards" in Other Duties as Assigned.**  
You have prepared the Supervisors weekly statistical report on several occasions during this review period while she was on vacation. You continue to be self motivated and help others on your team such as when you help the Administrative Assistant prep files for scanning into the Divisions imaging software. You offer assistance to the other Revenue Officers as you did when you volunteered to issue violation letters for other team members after you had already completed yours and they were still working on their lists of accounts. Thank you for helping the other team members as we work towards our common goals for the Division.

**Job Element #6 - You earned an "Exceeds Standards" in Related Factors: Work Adjustment, Judgment, Initiative, and Attendance.**  
You are receptive to change and will reprioritize work assignments based on the goals/priorities of the Division. You offer suggestions to your team and your supervisor when you think of procedures that might be streamlined, enhanced or changed to help staff or the customer. You are consistent in working with debtors making sure to not create any unfair business advantages and being sensitive to State laws, deadlines and procedures. You are careful to not offer a possible solution to a customer without obtaining approval from your supervisor. You are receptive to suggestions from others on your team when discussing possible changes to procedures impacting you. Your attendance is compliant with Policies and Procedures.

**Job Element #7 - Work Place Safety: There are no exceptions.**

**Employee Evaluation & Development Report -- Page 6**

<b>Employee Name: (Last)</b>	O'Keefe	<b>(First)</b>	Cara	<b>(Initial)</b>	L.
<b>Employee ID #: 25693</b>					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
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**16. Development Plan & Suggestions:** *(The supervisor addresses how the employee can enhance performance and achieve standards; indicates recommendation for further development and training. This section should be discussed with the employee.)*

During the last review period we wanted you to have the opportunity to job shadow with the Motor Carrier Audit Unit. We were not able to schedule this for you because of the Audit Team having schedule conflicts as they worked toward meeting mandatory audit goals.

It would be a useful experience for you to job shadow with the Audit Team and would help in your current position as well as expose you to a job that might be of interest in a future job career with the State. We will attempt to provide the opportunity for you to job shadow with the Audit Team during this next review period.

You continue to be the chairman of the Division's "McFish" committee. We appreciate your efforts on this volunteer committee again this year. We realize you invest a lot of your own personal time organizing activities for the Division. The committee members rely on your leadership skills and for ideas to keep staff involved. It's not easy to provide ideas that are fun for all staff and we applaud the committee, thru your leadership, in your efforts to keep this program alive.

**Distribution:** Original to Nevada Department of Personnel; Copy to Agency; Copy to Employee NPD-15 Rev. [3/09]

#25693/471

## Form W-4 (2011)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Read instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonresident alien.** If you have a large amount of nonresident income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$160,000 (Married).

### Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent	<b>A</b>	_____
<b>B</b>	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	<b>B</b>	_____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or dependent child) you will claim on your tax return	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$1,500 of child or dependent care expenses which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	_____
<b>G</b>	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$81,000 (\$90,000 if married, enter "1" for each eligible child); then less "1" if you have three or more eligible children. • If your total income will be between \$81,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earner/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	<b>H</b>	_____

Cut here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-2189	
Type or print your first name and middle initial: <b>CHARA L</b>		Last name: <b>OHEEFE</b>		2011	
Home address (number and street or rural route): <b>1715 Miles Way</b>		City or town, state, and ZIP code: <b>Carson City NV 89701</b>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1219 for a replacement card. <input type="checkbox"/>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 Additional amount, if any, you want withheld from each paycheck	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		8 <input type="checkbox"/> Exempt		9 <input type="checkbox"/> Exempt	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.): <b>Chara L Oheefe</b>					
Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.) <b>LSM</b>		Office code (optional): <b>810-4717</b>		Employer identification number (EIN): <b>255693</b>	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Oct. No. 102203

Form W-4 (2011)

12010411086

DEPARTMENT: OMV AGENCY/HOME ORG: 1717  
DIVISION: Motor Carrier  
SECTION: Revenue

### REQUEST FOR VARIABLE WORKDAY SCHEDULE

NRS 284.180, subsection 6, states: "For employees who choose and are approved for a variable workday, overtime will be considered only after working 40 hours in one week."

I, John C. Cook, hereby choose and request approval for  
(Print Name)  
a variable workday schedule. I understand that by doing so, I may with supervisory approval, adjust my work schedule in a week so I work more than 8 hours a day, provided I do not exceed 40 hours in a workweek without supervisory approval.

I further understand that this agreement may be rescinded by either party giving 30 working days notice.

Entered into this 23 day of November in the year 2011

John C. Cook 025693  
Employees's Signature Employee ID # 11/23/11  
Date

Approved by: Janet Starn 11-23-11  
Supervisor's Signature Date

Approved by: Rhonda Barrow  
Appointing Authority's Signature Date

Note: An employee approved for a variable workday schedule must have the appropriate variable work cycle code entered into the ADVANTAGE-HR IFS system. Complete the work cycle code on the ESMT-A under agency specific data. Submit the ESMT-A along with the original signed copy of this document to State Personnel Records.

Distribution: Original, State Personnel Records  
Employee  
Department/Division  
Agency Personnel File

CM by  
15-70  
10/01/07





# Form W-4 (2010)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Notes.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Mortgage income.** If you have a large amount of mortgage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax if you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1382, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	1
B	Enter "1" if: <ul style="list-style-type: none"> <li>You are single and have only one job; or</li> <li>You are married, have only one job, and your spouse does not work; or</li> <li>Your wages from a second job or your spouse's wages (for the total of both) are \$1,500 or less.</li> </ul>	B	
C	Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).	E	
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>If your total income will be less than \$61,000 (\$80,000 if married), enter "2" for each eligible child, then less "1" if you have three or more eligible children.</li> <li>If your total income will be between \$61,000 and \$84,000 (\$80,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.</li> </ul>	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	
For accuracy, complete all worksheets that apply.			
<ul style="list-style-type: none"> <li>If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</li> <li>If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earner/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</li> <li>If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>			

Cut here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2010</b>
1. Type or print your first name and middle initial. Last name		2. Your social security number		
CARA L OKEEFE		1775 MMES WAY CARSON CITY NV 89701		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
4. If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1219 for a replacement card.		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 Additional amount, if any, you want withheld from each paycheck
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here.		8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)		9 Other code (optional)
10 Employer identification number (EIN)		Date		11 Form W-4 (2010)
810 4717		2/19/10		100222099622

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cal. No. 102203

Form W-4 (2010)

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NV DEPT OF  
PERSONNEL RECORDS

2009 DEC 14 P 3 28

# DEPARTMENT OF PERSONNEL EMPLOYEE APPRAISAL & DEVELOPMENT REPORT

1. Employee Name: Last O'Keefe		First Cara	Initial L.
2. Class Title: Revenue Officer II		3. Employee ID #: 25693	
4. Dept/Div/Section: DMV/Motor Carrier Division/Revenue Unit		5. Date Evaluation Due: 12/11/09	
6. Agency # (3 digits): 810 Home Org # (4 digits): 4717 Position Control #: CC4036		7. Date Next Evaluation Due: 12/11/10	
8. Probationary/Trial Period (check one):		OR Permanent (check one):	
6 month Probation/Trial: <input type="checkbox"/> 2 <sup>nd</sup> month <input type="checkbox"/> 5 <sup>th</sup> month <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other	
12 month Probation/Trial: <input type="checkbox"/> 3 <sup>rd</sup> month <input type="checkbox"/> 7 <sup>th</sup> month <input type="checkbox"/> 11 <sup>th</sup> month <input type="checkbox"/> Other			
9. Work Performance Standards: <input checked="" type="checkbox"/> are an accurate reflection of the position <input type="checkbox"/> will be revised to reflect changes			
10. Overall Rating from Page 2, Number 14 (check one):			
<input type="checkbox"/> Does Not Meet Standards <input type="checkbox"/> Meets Standards <input checked="" type="checkbox"/> Exceeds Standards			
If a rating of "Does Not Meet Standards" is given, another evaluation must be completed within 90 days. The rating may affect adjustments in salary based on merit (NAC 284.194) and longevity pay (NAC 284.270).			
Rater's Signature & Title: <i>[Signature]</i>		Date: 12/11/09 (mm/dd/yy)	
11. Additional Supervisory Review (optional): <input type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
Signature and Title: _____ Date: _____ (mm/dd/yy)			
12. Employee Comments: (NAC 284.470 requires that you complete this section and sign the report on performance within 10 working days after discussion with your supervisor. If you disagree with the report and request a review, you must specify the points of disagreement.) <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Request Review *			
Employee Signature: <i>[Signature]</i> Date: 12/11/09			
13. Appointing Authority Review: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
<i>Cara, I appreciate the hard work &amp; dedication you put into your job. Your positive attitude is a asset to our Division!</i>			
Appointing Authority Signature & Title: <i>[Signature]</i>		Date: 12/11/09 (mm/dd/yy)	

\* Note -- Reviewing Officer uses form NPD-15R to respond to employee's request for review as outlined in NAC 284.470

# Employee Evaluation & Development Report – Page 2

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>Job Element #1: Process Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the processing of delinquent Motor Carrier accounts to determine the applicable fees, taxes, penalties, interest, and/or administrative fines due by the licensee.  <u>Description of Delinquent Account Processing</u> <ol style="list-style-type: none"> <li>1. Processing Delinquent Licensing Documents</li> <li>2. Processing Delinquent Tax Returns</li> <li>3. Preparing Notification Letters</li> <li>4. Compliance Violations and Delinquent Account Lists</li> <li>5. Referrals</li> <li>6. Clearing Account Stops</li> <li>7. Administrative and Show Cause</li> </ol> <p>Delinquent accounts are to be processed using the established guidelines and procedures. <u>See Revenue Officer Desk Procedures for specific details on each task.</u></p> <p>During the probationary period, steady progression must be noted as follows.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer must be able to post delinquent licensing documents and tax returns, prepare 1<sup>st</sup> and 2<sup>nd</sup> instance letters, deposit funds, and clear account stops, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must also be able to prepare 3<sup>rd</sup> – 4<sup>th</sup> instance letters, with general assistance.</p> <p>By the end of the 11<sup>th</sup> month, the Revenue Officer must be able to perform all aspects of delinquent account processing with general assistance.</p>	3.00	40%	1.20
<b>Job Element #2: Collection/Referral - Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the collection and referral of delinquent Motor Carrier accounts.  <u>Description of Collection and Referral Delinquent Accounts</u> <ol style="list-style-type: none"> <li>1. Stipulated Payment Agreements</li> <li>2. Bad Debt Collections</li> <li>3. Liens/Title Stops/Bond Claims</li> <li>4. Bankruptcy Proof of Claims</li> <li>5. Referral to Collection Agency (Alliance One)</li> <li>6. Lien Release</li> <li>7. Administrative and Show Cause Hearings</li> </ol> <p>The collection and referral process for delinquent accounts are to be followed using the established guidelines and procedures. <u>See Revenue Officer Desk Procedures for specific details on each task.</u></p> <p>During the probationary period, steady progression must be noted.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer should be able to process a bad debt payment, file a lien or title stop, and enter into a stipulated payment agreement, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must be able to file a proof of claim, refer an account to the collection agency (Alliance One), and assist with Administrative and Show Cause Hearings, with general assistance.</p>	2.00	20%	.40

# Employee Evaluation & Development Report - Page 3


Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
By the end of the 11 <sup>th</sup> month, the Revenue Officer must be able to perform all aspects of collection and referral processing with general assistance.			
For job elements #1 and #2: Any uncorrected errors that carry over to the reports used to prepare the monthly stats are deemed an error against the Revenue Officer responsible for the transaction.			
<b>Job Element #3: Statistical Reports and Corresponding Logs</b> Revenue Officers are required to prepare, review, verify, and evaluate all statistical documents for accuracy and completeness.  Information is gathered by extracting data from a variety of sources, such as paradox database files, letter and check logs, spreadsheets, system reports, and other similar documents.  Records used to prepare statistical reports must support the findings submitted. Supporting documents must be attached to report.  Unless otherwise notified, Revenue officers must reconcile their check log each week by 5:00 pm on Wednesday to allow the timely completion of the weekly stats. The final weekly reconciliation (needed to complete the monthly stats) must be completed by noon, on the first business day of the month.  Any uncorrected errors that carry over to the reports used to prepare the monthly stats are deemed an error against the Revenue Officer responsible for the transaction.  Unless otherwise notified, weekly statistics are due by 10:00 am on Thursday. Monthly statistics are due by noon on the second business day after the close of the month, unless otherwise advised.	3.00	10%	.30
<b>Job Element #4: Training</b> As directed by the Revenue Supervisor, ensure bi-weekly goals established for training meet the requirements of the WPS. B. When applicable, ensure review periods with the Revenue Supervisor are held on a bi-weekly basis to determine effectiveness of training. IE: If special training has been held or is being requested during the period. C. Complete Division Evaluation Form and discuss with trainer and Revenue Supervisor if additional training is necessary. D. Provide training to the newer Revenue Officers as requested.  The Revenue Supervisor will meet with the trainer at least once per month, as applicable; to discuss the training of any new or probationary employees and ensure the Divisional goals are being met. The new employee must ensure training coincides with WPS requirements when timelines for completing specific assignments are noted in the WPS. The new employee should discuss any applicable training that is lacking or concerns regarding training with their Supervisor, as soon as concerns arise.	2.00	5%	.10
<b>Job Element #5: Other Duties as Assigned</b> A. Special projects as assigned by the Revenue Supervisor. B. Assist other sections of the Motor Carrier Division as requested. C. Preparation and submission of DARS, timesheets, phone logs, letter review*, and other routine Administrative tasks assigned.	2.00	5%	.10

\*Errors are counted if letter went out with uncorrected errors and is not discovered until after being sent to the carrier.

# Employee Evaluation & Development Report - Page 4

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A)).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>Job Element #8: Related Factors</b> <b>Work Adjustment, Adaptability, and Cooperation:</b> Demonstrates ability to accept work assignments and adapt to change in routine or other process. Demonstrates ability to willingly accept authority, instruction and constructive criticism. Maintain harmonious work relationship and self-control and is not unduly influenced by co-workers opinions or attitudes.  <b>Judgment:</b> Demonstrates ability to consider all facts leading to a logical conclusion. Does not make rash decisions leading to negative consequences.  <b>Initiative:</b> Demonstrates willingness to take on added responsibility and originates or develops new and better ways of doing things.  <b>Attendance:</b> Faithfulness in coming to work on-time and conforming to established attendance guidelines. Call-ins must be made to a Supervisor at least 15 minutes prior to the start of your scheduled shift.  Habitual use of sick leave in conjunction with scheduled days off and/or holidays, abuse of break/lunch privileges, tardiness, and excessive distractions such as personal telephone calls and conversations outside of break/lunch periods are not acceptable. See MCD 02.01 for attendance guidelines.	3.00	20%	.60
<b>Job Element #7: Work Place Safety</b> Ensure adherence to established Department safety guidelines.	Not Rated	N/A	N/A
<b>Overall Rating (Scale: 1 to 1.50 = DMS; 1.61 to 2.50 = MS; 2.51 to 3 = ES)</b> <i>(A "does not meet standards" rating may affect adjustments based on merit (NAC 284.194) and longevity pay (NAC 284.270). Another evaluation must be completed within 90 days (NRS 284.340).)</i>	2.50		2.70

# Employee Evaluation & Development Report - Page 5

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>15. Rater's Comments:</b> (A "does not meet standards" rating for any job element <u>must</u> include a detailed explanation of the deficiencies.)			
<p><b>Job Element #1 - You earned an "Exceeds Standards" in Processing Delinquent Accounts.</b>  Since your last appraisal review you completed a total of 1,761 letters for an overall average of 147 letters per month. This represents 44% of the entire unit's letter production. You processed 124 IFTA fuel tax returns. During this appraisal period you processed the unit's deposits at least 27.67% of the time and were the unit's assigned primary phone responder 27.67% of the time. In the last 12 months you assessed 741 Administrative Fines for \$223,949. Of those assessed in the last 12 months you collected 633 (85% units) and \$166,431 (74% amount). However, you collected a total of 724 Administrative fines for \$206,424 in the past 12 months, some of which were assessed in a prior period. You continue to follow policy and procedure and use all collection methods available to you including filing liens, revoking registration credentials and stopping titles.</p>			
<p><b>Job Element #2 - You earned a "Meets Standards" in Collection/Referral - Delinquent Accounts.</b>  During this review period you've processed thirteen (13) NSF/Bad Debt collection transactions. You prepared files for and submitted referrals on eight (8) Administrative Hearings. You've scheduled sixty one (61) Show Cause Hearings and filed sixty six (66) Liens and placed numerous Title Stops. Payment plans are structured pursuant to Division Policy and Procedure and you maintain consistent follow-up on your payment plans. You follow up on your accounts and once an account is determined to be uncollectible and all collection efforts are exhausted by the Division you refer the account to the collection agency for continued efforts in accordance with our Policy and Procedure.</p>			
<p><b>Job Element #3 - You earned an "Exceeds Standards" in Statistical Reports and Corresponding Logs.</b>  You performed the weekly reconciliation of the team's individual statistical logs for the past year which greatly reduces the time the supervisor must spend on the month end statistical report. Please continue to update the Hearings Log and confirm that the NSF log is updated when the debt is paid. Also, please continue to reconcile your logs with the entries made in the Paradox software and letters sent to assure the correct amounts are entered to your DARS report.</p>			
<p><b>Job Element #4 - You earned a "Meets Standards" in Training.</b>  You are willing to learn new tasks and attend training when offered. You ask for assistance or clarification when you determine necessary such as when you are processing bankruptcy claims or prior to referring an account to the collection agency.</p>			
<p><b>Job Element #5 - You earned a "Meets Standards" in Other Duties as Assigned.</b>  You are a team player and always willing to accept additional duties to assist others in the Revenue Unit when necessary. On several occasions during this past review period you submitted the weekly statistical report for the unit to the Division Administrator on behalf of your supervisor when she was out of the office.</p>			
<p><b>Job Element #6 - You earned an "Exceeds Standards" in Related Factors: Work Adjustment, Judgment, Initiative, and Attendance.</b>  You demonstrate use of good judgment and common sense when interacting with co-workers and when communicating with customers. You research account issues prior to preparing the violation letters and assessing fines, penalties and interest. You present recommendations to your supervisor when working with customers to resolve their debt issues. You are organized, good at prioritizing and offer to adjust your work schedule when necessary to accommodate schedules for the Revenue Team. Your attendance is compliant with Policies and Procedures.</p>			
<p><b>Job Element #7 - Work Place Safety:</b> This job element is not rated. There are no compliance issues.</p>			

**Employee Evaluation & Development Report – Page 6**

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

<b>14. Job Elements</b> (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>16. Development Plan &amp; Suggestions:</b> <i>(The supervisor addresses how the employee can enhance performance and achieve standards; indicates recommendation for further development and training. This section should be discussed with the employee.)</i>  In your last Employee Appraisal we listed working on those accounts that were referred to the Revenue Unit by the Audit Unit. Over the past review period you proceeded to all late stage collections on these accounts including referring them to the collection agency once your collection efforts were exhausted. Thank you for your attention to this project.  During this next review period I encourage you to continue review your Revenue Unit aged receivables including referring them to the collection agency if all late stage collection efforts are exhausted.  Thank you for your dedication to Motor Carrier this past year. We appreciate your collection efforts as you assist debtors in resolving their account issues while collecting Revenue owed the State of Nevada. We also appreciate your involvement with the Division's "McFish" program, finding ways to make working more fun and involving the staff in team spirit activities.			

**Distribution:** Original to Nevada Department of Personnel; Copy to Agency; Copy to Employee NPD-15 Rev. [3/09]

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2008 DEC 15 P 2:48 DEPARTMENT OF PERSONNEL

## EMPLOYEE APPRAISAL &amp; DEVELOPMENT REPORT

1. Employee Name: Last O'Keefe		First Cara	Initial L.
2. Class Title: Revenue Officer II		3. Employee ID #: 25693	
4. Dept/Div/Section: DMV/Motor Carrier Division/ Revenue Unit		5. Date Evaluation Due: 12/11/08	
6. Agency # (3 digits): 810 Home Org # (4 digits): 4717 Position Control #: CC4034		7. Date Next Evaluation Due: 12/11/09	
8. Probationary/Trial Period (check one):		Permanent (check one):	
6 month Probation/Trial: <input type="checkbox"/> 2 <sup>nd</sup> month <input type="checkbox"/> 5 <sup>th</sup> month <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other	
12 month Probation/Trial: <input type="checkbox"/> 3 <sup>rd</sup> month <input type="checkbox"/> 7 <sup>th</sup> month <input type="checkbox"/> 11 <sup>th</sup> month <input type="checkbox"/> Other			
9. Work Performance Standards: <input checked="" type="checkbox"/> are an accurate reflection of the position <input type="checkbox"/> will be revised to reflect changes			
10. Overall Rating from Page 2, Number 14 (check one):			
<input type="checkbox"/> Does Not Meet Standards <input type="checkbox"/> Meets Standards <input checked="" type="checkbox"/> Exceeds Standards			
If a rating of "Does Not Meet Standards" is given, another evaluation must be completed within 90 days. The rating may affect adjustments in salary based on merit (NAC 284.194) and longevity pay (NAC 284.270).			
Rater's Signature & Title: <u>[Signature]</u> Revenue Officer III Date: 12/10/08 (mm/dd/yy)			
11. Employee Comments: (NAC 284.270 requires that you complete this section and sign the report on performance within 10 working days after discussion with your supervisor. If you disagree with the report and request a review, you must specify the points of disagreement.) <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Request Review			
Employee's Signature: <u>[Signature]</u> Date: 12/10/08 (mm/dd/yy)			
12. Reviewing Officer Review: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
Reviewing Officer's Signature & Title: _____ Date: _____ (mm/dd/yy)			
13. Appointing Authority Review: <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
Appointing Authority Signature & Title: <u>[Signature]</u> Administrator Date: 12/12/2008 (mm/dd/yy)			

Distribution: Original to Nevada Department of Personnel; Copy to Agency; Copy to Employee NPD-15 Rev. 10/07



# Employee Appraisal & Development Report - Page 2

Employee Name: (Last) O'Keefe (First) Cara (Initial) L.  
Employee ID #: 25693

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A)).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>Job Element #1: Process Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the processing of delinquent Motor Carrier accounts to determine the applicable fees, taxes, penalties, interest, and/or administrative fines due by the licensee.  <u>Description of Delinquent Account Processing</u> <ol style="list-style-type: none"> <li>1. Processing Delinquent Licensing Documents</li> <li>2. Processing Delinquent Tax Returns</li> <li>3. Preparing Notification Letters</li> <li>4. Compliance Violations and Delinquent Account Lists</li> <li>5. Referrals</li> <li>6. Clearing Account Stops</li> <li>7. Administrative and Show Cause</li> </ol> <p>Delinquent accounts are to be processed using the established guidelines and procedures. See <u>Revenue Officer Desk Procedures for specific details on each task.</u></p> <p>During the probationary period, steady progression must be noted as follows.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer must be able to post delinquent licensing documents and tax returns, prepare 1<sup>st</sup> and 2<sup>nd</sup> instance letters, deposit funds, and clear account stops, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must also be able to prepare 3<sup>rd</sup> - 4<sup>th</sup> instance letters, with general assistance.</p> <p>By the end of the 11<sup>th</sup> month, the Revenue Officer must be able to perform all aspects of delinquent account processing with general assistance.</p>	3.00	40%	1.20
<b>Job Element #2: Collection/Referral - Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the collection and referral of delinquent Motor Carrier accounts.  <u>Description of Collection and Referral Delinquent Accounts</u> <ol style="list-style-type: none"> <li>1. Stipulated Payment Agreements</li> <li>2. Bad Debt Collections</li> <li>3. Liens/Title Stops/Bond Claims</li> <li>4. Bankruptcy Proof of Claims</li> <li>5. Referral to OSI</li> <li>6. Lien Release</li> <li>7. Administrative and Show Cause Hearings</li> </ol> <p>The collection and referral process for delinquent accounts are to be followed using the established guidelines and procedures. See <u>Revenue Officer Desk Procedures for specific details on each task.</u></p> <p>During the probationary period, steady progression must be noted.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer should be able to process a bad debt payment, file a lien or title stop, and enter into a stipulated payment agreement, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must be able to file a proof of claim, refer an account to OSI, and assist with Administrative and Show Cause Hearings, with general assistance.</p> <p>By the end of the 11<sup>th</sup> month, the Revenue Officer must be able to perform all aspects of</p>	2.00	20%	.40

# Employee Appraisal & Development Report - Page 3

Employee Name: (Last) O'Keefe (First) Cara (Initial) L.  
Employee ID #: 25693

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A)).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
collection and referral processing with general assistance.			
For job elements #1 & 2: Any uncorrected errors that carry over to the reports used to prepare the monthly stats, are deemed an error against the Revenue Officer responsible for the transaction.			
<b>Job Element #3: Statistical Reports and Corresponding Logs</b> Revenue Officers are required to prepare, review, verify, and evaluate all statistical documents for accuracy and completeness.  Information is gathered by extracting data from a variety of sources, such as paradox database files, letter and check logs, spreadsheets, system reports, and other similar documents.  Records used to prepare statistical reports must support the findings submitted. Supporting documents must be attached to report.  Unless otherwise notified, Revenue officers must reconcile their check log each week by 5:00 pm on Wednesday to allow the timely completion of the weekly stats. The final weekly reconciliation (needed to complete the monthly stats) must be completed by noon, on the first business day of the month.  Any uncorrected errors that carry over to the reports used to prepare the monthly stats, are deemed an error against the Revenue Officer responsible for the transaction.  Unless otherwise notified, weekly statistics are due by 10:00 am on Thursday. Monthly statistics are due by noon on the second business day after the close of the month, unless otherwise advised.	2.00	10%	.20
<b>Job Element #4: Training</b> As directed by the Revenue Supervisor, ensure bi-weekly goals established for training meet the requirements of the WPS. B. When applicable, ensure review periods with the Revenue Supervisor are held on a bi-weekly basis to determine effectiveness of training. IE: If special training has been held or is being requested during the period. C. Complete Division Evaluation Form and discuss with trainer and Revenue Supervisor if additional training is necessary. D. Provide training to the newer Revenue Officers as requested.  The Revenue Supervisor will meet with the trainer at least once per month, as applicable; to discuss the training of any new or probationary employees and ensure the Divisional goals are being met. The new employee must ensure training coincides with WPS requirements when timelines for completing specific assignments are noted in the WPS. The new employee should discuss any applicable training that is lacking or concerns regarding training with their Supervisor, as soon as concerns arise.	2.00	5%	.10
<b>Job Element #5: Other Duties as Assigned</b> A. Special projects as assigned by the Revenue Supervisor. B. Assist other sections of the Motor Carrier Division as requested. C. Preparation and submission of DARS, timesheets, phone logs, letter review*, and other routine Administrative tasks assigned.	2.00	5%	.10

\*Errors are counted if letter went out with uncorrected errors and is not discovered until after being sent to the carrier.

# Employee Appraisal & Development Report - Page 4

Employee Name: (Last) O'Keefe (First) Cara (Initial) L.  
Employee ID #: 25693

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>Job Element #6: Related Factors</b> <b>Work Adjustment, Adaptability, and Cooperation:</b> Demonstrates ability to accept work assignments and adapt to change in routine or other process. Demonstrates ability to willingly accept authority, instruction and constructive criticism. Maintain harmonious work relationship and self-control and is not unduly influenced by co-workers opinions or attitudes.  <b>Judgment:</b> Demonstrates ability to consider all facts leading to a logical conclusion. Does not make rash decisions leading to negative consequences.  <b>Initiative:</b> Demonstrates willingness to take on added responsibility and originates or develops new and better ways of doing things.  <b>Attendance:</b> Faithfulness in coming to work on-time and conforming to established attendance guidelines. Call-ins must be made to a Supervisor at least 15 minutes prior to the start of your scheduled shift.  Habitual use of sick leave in conjunction with scheduled days off and/or holidays, abuse of break/lunch privileges, tardiness, and excessive distractions such as personal telephone calls and conversations outside of break/lunch periods are not acceptable. See MCD 02.01 for attendance guidelines.	3.00	20%	.60
<b>Job Element #7: Work Place Safety</b> Insure adherence to established Department safety guidelines.	Not Rated	N/A	Not Rated
<b>Overall Rating (Scale: 1 to 1.50 = DMS; 1.51 to 2.50 = MS; 2.51 to 3 = ES)</b> (A "does not meet standards" rating may affect adjustments based on merit (NAC 284.194) and longevity pay (NAC 284.270). Another evaluation must be completed within 90 days (NRS 284.340).	2.33		2.60

# Employee Appraisal & Development Report - Page 5

Employee Name: (Last)	O'Keefe	(First)	Cara	(Initial)	L.
Employee ID #: 25693					

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<p><b>15. Rater's Comments:</b> (A "does not meet standards" rating for any job element must include a detailed explanation of the deficiencies.)</p> <p><b>Job Element #1 -</b> You earned an Exceeds Standards in Processing Delinquent Accounts. During the last 12 months, you completed a total of 1,585 letters for an overall average of 132 letters per month. This represents 51.8% of the team's letter production during that same time period. You processed 91 tax returns. During this appraisal period you processed the unit's deposits at least 25% of the time and were the unit's assigned primary phone responder 25% of the time. For the past 10 months of the review period you performed the weekly reconciliation of the team's individual statistical logs.</p> <p><b>Job Element #2 -</b> You earned a Meets Standards in Collection/Referral - Delinquent Accounts. During this review period you've processed thirty seven (37) NSF/Bad Debt collection transactions. You've testified at, or been available by phone to testify at twelve (12) administrative hearings. You've filed one hundred and fifty five (155) liens and numerous title stops. You follow-up on your accounts and proceed to the next collection level if necessary.</p> <p><b>Job Element #3 -</b> You earned a Meets Standards in Statistical Reports and Corresponding Logs. Continue to make sure you reconcile your check log weekly with specific attention to make sure any errors have been corrected.</p> <p><b>Job Element #4 -</b> You earned a Meets Standards in Training. Your assistance in helping others in the Division as well as the other Revenue Officers in the unit, particularly during the first six (6) months of this review period, was very much appreciated.</p> <p><b>Job Element #5 -</b> You earned a Meets Standards in Other Duties as Assigned. You continue to be a team player and willing to assist the Division. You offer to help others and anticipate when extra coverage is needed. You are sensitive to workloads in the unit and help whenever you can to complete tasks.</p> <p><b>Job Element #6 -</b> You earned an Exceeds Standards in Related Factors: <i>Work Adjustment, Judgment, Initiative, and Attendance.</i> You demonstrate use of good judgment in working with customers and co-workers. You are receptive to accept any additional projects that may be asked of you. You are dependable and your attendance is compliant with the policies and procedures. You follow State regulations/laws and division policies &amp; procedures. You volunteer ideas and follow through organizing division activities and we appreciate your assistance in this.</p> <p><b>Job Element #7 -</b> Work Place Safety: This job element is not rated. There are no compliance issues.</p>			
<p><b>16. Development Plan &amp; Suggestions:</b> (The supervisor addresses how the employee can enhance performance and achieve standards; indicates recommendation for further development and training. This section should be discussed with the employee.)</p> <p>In your last appraisal review we listed working on increasing your letter count by at least 5%. You increased your letter count by 62%, exceeding your goal by over 57%. Thank you for your dedication to issuance of violation letters and for filing liens on non paying customers. Also listed as a goal for this past year was to complete your training in late stage collections which you have completed.</p> <p>For this next year I would suggest that you continue to work on the accounts that are referred to the Revenue Unit by the Audit Unit so that once all collection efforts are made we can proceed to late stage collection and possible referral to an outside collection agency if deemed uncollectible.</p> <p>Thank you for your attention to your accounts and efforts to collect the debt owed to the State of Nevada. I appreciate your willingness to help the other employees in the Revenue Unit as well as helping the other Units too. Thank for being a Motor Carrier Division team player.</p>			

Distribution: Original to Nevada Department of Personnel; Copy to Agency; Copy to Employee    NPJ-15 Rev. 9/07



STATE OF NEVADA

EMPLOYMENT APPLICATION

Nevada State Department of Personnel  
Carson City, Nevada 89701-4804 or Las Vegas, Nevada 89101-1046  
-Equal Opportunity Employer / Affirmative Action -

READ PAGE 4 BEFORE PROCEEDING

Title of job applying for (Use exact title listed in job announcement):

This Message Contains:

☐ Check box if change in name, address or telephone number.

Announcement No. 210272

Social Security No.

Last Name

First Name

O'Keefe

Carra

MI

L

Mailing Address (Street or P.O. Box)

60 Rose Peak Road

City

State

Zip

NV

89403

Home Phone (include area code)

775-246-4453

Work Phone (include area code)

775-882-1331 x156

Dayton

Preferences checked:

Nevada Resident ☒ Yes ☐ No \*Veteran or Widow of Veteran ☐ Yes ☒ No

\*Proof required no later than the final testing. If examination is a training and experience

\*Proof required no later than the final testing. If examination is a training and experience

evaluation, proof must be submitted by close of filing period. (See Instructions 3 on page 4)

Criminal Conviction/Traffic Violations Have you ever been convicted of:

(1) A misdemeanor, gross misdemeanor or felony (excluding juvenile adjudication)? ☐ Yes ☒ No

(2) A moving traffic violation within the last five years? ☒ Yes ☐ No

If yes, attach statement giving date(s), time(s), location(s), circumstances(s), and dollar amount of fine(s). Include any conditions of your peace officer probation, if applicable. Moving traffic violations will only be considered if driving a vehicle in a job requirement. A criminal conviction to act as automatic bar to employment. Each case is considered on its individual merits. LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.

Member of:

Shasta's Department Security and Reserve

or Reserve Unit of Civil Air Patrol Unit:

☐ Yes ☒ No

(Disclosures required by State Law)

CURRENT STATE OF

NEVADA EMPLOYEES

(See Instructions No. 13 on page 4)

Department where you work:

Division where you work:

Are you classified? ☐ Yes ☒ No

<b>AVAILABILITY DATA</b> Date you will be available for employment: 10/21/01	
Check TYPE(S) of work you will accept: A. <input checked="" type="checkbox"/> Permanent full-time B. <input type="checkbox"/> Permanent part-time C. <input type="checkbox"/> Internship (on-call) D. <input type="checkbox"/> Temporary E. <input type="checkbox"/> Seasonal F. <input type="checkbox"/> Shiftwork/weekends	
TRAVEL: How much of your work week would you be willing to travel? <input checked="" type="checkbox"/> None <input type="checkbox"/> Up to 25% <input type="checkbox"/> Up to 50% <input type="checkbox"/> More than 50%	
<b>FIRST LEARNED OF THIS RECRUITMENT THROUGH (Check one):</b> A. <input type="checkbox"/> Department of Personnel B. <input type="checkbox"/> Department of Personnel's Telephone Information Service C. <input type="checkbox"/> Employment Security Division Job Service D. <input type="checkbox"/> Ad in Newspaper or Professional/Trade Journal E. <input type="checkbox"/> Community Service Organization F. <input type="checkbox"/> Internet G. <input type="checkbox"/> Job Fair	
Check geographical LOCATION(s) as listed on the job announcement where you will accept work: <input checked="" type="checkbox"/> Carson City <input type="checkbox"/> Reno <input type="checkbox"/> Elko <input type="checkbox"/> Las Vegas <input type="checkbox"/> Ely <input type="checkbox"/> Fallon <input type="checkbox"/> Winnemucca <input type="checkbox"/> Lovelock <input type="checkbox"/> Tonopah <input type="checkbox"/> Statewide Other (Specify):	

# **SPECIAL SKILLS PLACEMENTS**

- Professional License/Certification/Registration (Example: Doctor, Lawyer, Nurse, Engineer, Teacher, etc.) Please attach a copy  
Title \_\_\_\_\_  
No. \_\_\_\_\_  
Issuing Board \_\_\_\_\_  
State \_\_\_\_\_
- Driver's License No. \_\_\_\_\_  
State \_\_\_\_\_  
Class \_\_\_\_\_  
Expiration Date 07/16/02
- Typing 41 WPM Date Certified 6/97  
Shorthand WPM Date Certified \_\_\_\_\_  
In addition to English, I possess ☐ verbal ☐ written fluency in \_\_\_\_\_  
(Specify Language(s)) \_\_\_\_\_

# **EDUCATION AND TRAINING**

Highest Grade Completed: 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ Specify \_\_\_\_\_

Elementary High School (Indicate name and location of last school attended)  
Channel Islands High School, Oxnard, CA

Did you graduate? ☒ Yes ☐ No

High school equivalent: ☐ GED ☐ USAP ☐ Other \_\_\_\_\_

College, University or Professional School (List all universities and graduate work. Transcripts may be included - see job requirements.)  
Name \_\_\_\_\_ Location \_\_\_\_\_ Oxnard, CA

Degree Received (AA, BS, etc.) \_\_\_\_\_  
Date Degree Rec'd \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Business, Correspondence, Trade, Technical or Vocational School  
Name \_\_\_\_\_ Location \_\_\_\_\_

Diploma \_\_\_\_\_  
Date \_\_\_\_\_

Post \_\_\_\_\_  
Time \_\_\_\_\_  
Payroll \_\_\_\_\_

Title of Program or Subjects Taken \_\_\_\_\_

# **EMPLOYMENT HISTORY** (SEE INSTRUCTION NO. 7 ON PAGE 4)

Current or Last Employer: Western Packaging  
Year Title: Operations Manager  
Location: Carson City, NV  
Supervisor: Address: \_\_\_\_\_  
% of Time: \_\_\_\_\_

- Direct reporting supervisor to 17 employees and assisted owner in employee supervision
- Responsible for quality customer and merchandise issues within the store, as well as, with vendors
- Manage complete operations in both customer service department and warehouse inventory and operations
- Assessing credit-risk plans, filing, expediting, and final debt collection duties when needed
- Coordinated all ongoing merchandise by retail numbers ensuring customer satisfaction

Number and title(s) of people you supervised: 17, warehouse personnel, customer service rep, delivery coordinator  
Memberships: \_\_\_\_\_  
Involvement: Office, Local, National, Professional, 10 days by month, Copy & Fax Machine, Sewing Machine, Sewing Machine

Current or Last Employer: Carson City, NV  
Year Title: Store Sales Manager  
Location: Carson City, NV  
Supervisor: John Foster  
% of Time: \_\_\_\_\_

- Identify line plans, filing, expediting, and final debt duties
- Assessing merchandise and inventory
- Directed organization of non-profit fundraising functions
- Emergency for customer purchases and goods needed to be ordered
- Inventory supervision for up to 10 volunteers

Number and title(s) of people you supervised: 10, all volunteers assist from office to customer shoppers  
Memberships: \_\_\_\_\_  
Involvement: Office, Local, National, Professional, Word Perfect, Windows, Word Perfect, Copy & Fax Machine, Sewing Machine, Sewing Machine

LASTING OF EXPERIENCE  
Year: 2 1/2 yrs. From: 12/1996 To: 09/21/97  
Full-Time OR ☐ Part-Time  
(40 hrs/week) (\_\_\_\_ hrs/week)  
Last Month Salary \$2,400.00  
Reason for Leaving: Laid-off due to work force reduction

LASTING OF EXPERIENCE  
Year: 1 yr. 4 mos. From: 6/1997 To: 10/1998  
Full-Time OR ☐ Part-Time  
(40 hrs/week) (\_\_\_\_ hrs/week)  
Last Month Salary \$1,400.00  
Reason for Leaving: Company was sold non-profit. All work was done in volunteer status. I needed a full-time paying position.

NOTE: APPLICATION MUST BE SIGNED AND DATED ON PAGE 4

Page

# EMPLOYMENT HISTORY (Continued)

Current or Last Employer: <u>Swissair AG, Zurich</u>		Location: <u>Los Angeles, CA</u>		% of Time
Year Title: <u>Senior Passenger Manager</u>		Supervisor: <u>Antonio J. Delgado</u>		
1. All aspects of payroll, to include weekly, monthly, quarterly and yearly runs.				
2. All aspects of union relations, benefits, vacation, sick leave, etc.				
3. Monthly labor law reports and all correspondence for construction jobs.				
4. Accrual reports and benefits.				
5. Maintains plans, filing, organizing, and team work duties when needed.				
Number and Title(s) of people you supervised _____				
Mechanisms/department you used _____				
Current or Last Employer		Location		% of Time
Year Title		Supervisor		
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
Number and Title(s) of people you supervised _____				
Mechanisms/department you used _____				
Current or Last Employer		Location		% of Time
Year Title		Supervisor		
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
Number and Title(s) of people you supervised _____				
Mechanisms/department you used _____				
Current or Last Employer		Location		% of Time
Year Title		Supervisor		
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
Number and Title(s) of people you supervised _____				
Mechanisms/department you used _____				

LEARNING OF EXPERIENCE	
Year: <u>1/12/97</u> to: <u>6/1997</u>	
Full-Time (40 hrs/week) <input type="checkbox"/> OR Part-Time (___ hrs/week) <input type="checkbox"/>	
Last Month Salary \$1,600.00	
Reason for Leaving _____	
Employer was having difficulty so we moved.	
SEE ABOVE.	
LEARNING OF EXPERIENCE	
Year: _____ to: _____	
Full-Time (40 hrs/week) <input type="checkbox"/> OR Part-Time (___ hrs/week) <input type="checkbox"/>	
Last Month Salary _____	
Reason for Leaving _____	
LEARNING OF EXPERIENCE	
Year: _____ to: _____	
Full-Time (40 hrs/week) <input type="checkbox"/> OR Part-Time (___ hrs/week) <input type="checkbox"/>	
Last Month Salary _____	
Reason for Leaving _____	
LEARNING OF EXPERIENCE	
Year: _____ to: _____	
Full-Time (40 hrs/week) <input type="checkbox"/> OR Part-Time (___ hrs/week) <input type="checkbox"/>	
Last Month Salary _____	
Reason for Leaving _____	

Attach additional sheets if necessary. Be sure to include all information requested above.

NOTE: APPLICATION MUST BE SIGNED AND DATED ON PAGE 4

Page

# INSTRUCTIONS

6. Read the job announcement carefully before you apply. Job announcements contain special instructions and requirements. It is your responsibility to ensure that you meet these requirements. If you have not seen a job announcement, you can receive or view one by:
  - a. Calling the Department of Personnel office in Carson City or Las Vegas.
  - b. Calling a Nevada Employment Security Division office.
  - c. Calling the Department of Personnel's office in Carson City, 775-684-0124, or Las Vegas, 702-455-2300. If calling from outside these areas, but within Nevada, call toll-free 1-800-972-6900, extension 0100, during working hours.
  - d. Visiting our website at: [www.nevada.gov/personnel](http://www.nevada.gov/personnel).
 Do not substitute a resume or other application form for this application. Resumes may be attached only for additional information.
7. Print clearly in dark ink or type. Give complete and accurate information.
  1. Complete a separate application for each job. Photographs are acceptable, but original documents are required.
 Write the exact job title as specified on the job announcement.
  2. Veterans' preference (per 38 U.S.C. 4211) may be used for all open-competitive examinations, but only for one preferential examination. Veterans' preference requires proof, e.g., DD214. Identified veterans receive additional preference; however, Nevada's Administration is required. Proof of being the widow of a veteran requires proof of marriage, military service and death.
8. An applicant offered employment in a public safety position may be required to take a controlled substance screening test. Employment is contingent on passing the test. The job announcement will indicate if this is a requirement.
9. Employment History Section. The specific and complete. The information provided will be used to determine if you meet the minimum qualifications and, if an examination is required, whether you will be admitted. For jobs with a training and experience requirement, scores may be based upon information in this section.
  - a. List your present or most recent experience first. Include all job related volunteer and/or unpaid experience.
  - b. List each job (including positions) separately, even if it was within the same organization.
  - c. If you attach additional information sheet(s), include all of the information requested on the application, i.e., dates of experience, hours per week, etc.
  - d. If the hours per week on a job vary, use the average number of hours per week. Part-time experience is presented according to the number of hours worked, using a 40-hour week as the standard for full-time work.
  - e. To receive proper credit, list the most important duties and those concerning activities and the percentage of time spent on each for each position. Percentages should add up to 100%. Do not include unimportant duties which are performed only occasionally.
10. Sign and date the application below. Your signature indicates your agreement with the statement listed above it and understanding of the statements listed on this page.
  1. I declare that my statement in this application or information provided is true and complete. I understand that if I provide false information I may subject myself to the penalty provisions of NRS 204.030.
  2. I affirm that I have the legal right to reside and work in this country (great required upon employment).
  3. In connection with this application, I authorize the State of Nevada and any agent acting on its behalf to conduct an inquiry into any information related to my potential or current employment with the State of Nevada and the release of any information (Do not print) \_\_\_\_\_
11. Your application and all attachments become the property of the Department of Personnel and cannot be returned. Work samples, letters of recommendation and the like should not be submitted with the application. You may take such material with you to an actual employment interview.
12. The incompleteness or improper completion of an application may result in the application being returned or rejected.
13. Attention Career State Employees. You must indicate your department, and, if applicable, your division. If you're unsure, contact your supervisor or agency personnel office.
14. Contact the Department of Personnel at the number(s) listed in No. 1 above if you have any questions about completing the application OR if there is any change to your name, address, telephone number or professional status.

## IMPORTANT

1. I declare that my statement in this application or information provided is true and complete. I understand that if I provide false information I may subject myself to the penalty provisions of NRS 204.030.
2. I affirm that I have the legal right to reside and work in this country (great required upon employment).
3. In connection with this application, I authorize the State of Nevada and any agent acting on its behalf to conduct an inquiry into any information related to my potential or current employment with the State of Nevada and the release of any information (Do not print) \_\_\_\_\_

Date: 10/23/11

Page



10/23/01

August of 2001 in Carson City, I was cited for speeding on College Parkway. I was going 45 in a 35 zone. The ticket came to a total of \$55.00. This ticket has been paid & there are no further consequences.

Carla J. Gleeke

AUG-28-2001 TUE 10:25 AM DMV PERSONNEL

FAX NO. 775 884 4884

P. 10

RECEIVED

State of Nevada

Richard Kirtland  
Director

AUG 24 2001

PERSONNEL OFFICE  
DMV & PS-CARSON CITY



DEPARTMENT OF MOTOR VEHICLES AND PUBLIC SAFETY  
Field Services Division  
M E M O R A N D U M

DATE: August 7, 2001  
TO: DMVPS Budget Analyst  
FROM: Dana Mathiesen, Central Services & Records Administrator  
SUBJECT: JUSTIFICATION TO FILL VACANT POSITION

Authorization is requested to fill the following vacant position:

1.	Budget Account #: 4741 Position Control #: CC7088 Classification Title: Microfilm Operator II	Classification Code: 9.719 Grade: 23
2.	This position is critical to: Public Safety <input type="checkbox"/> Client Care <input type="checkbox"/> Essential Services <input checked="" type="checkbox"/>	
3.	Date position became vacant: New Position If vacant for longer than 30 days, explain below:	
4.	How did the position become vacant? (termination, transfer-out, retirement, etc.) New Position	
5.	Reason for the urgency to fill and/or consequences of not filling vacancy: This Department does all the microfilming for the entire State, and stand at a 1 year backlog at this time. We can not get other agencies the required paperwork (backups to titles and drivers license) in a timely manner unless a full night shift is established to eliminate backlog.	
6.	What is the position's funding source? Highway fund	

Approved for hire on: 10-1-01

☐ Not approved for hire

Budget Analyst

Date

H:\Reg\Personnel\Justification\Requests\Form\Position Justification form

I have (check one) ☒ read the pamphlet or ☐ viewed the videotape, entitled  
"Workplace Safety: Your Rights and Responsibilities" and I understand my rights and  
responsibilities for safety in the workplace.

Employee

Name: CARA O'KEEFE Date: 11-19-01

Signature: CARA J. O'KEEFE

Place of viewing the  
videotape: \_\_\_\_\_

Employer's Name: Department of Motor Vehicles and Public Safety

Division: DMV

Employer's

Signature: Rep. James H. Boyer

Any employee who does not understand this pamphlet should  
contact his or her supervisor, employee representative or the  
Division of Industrial Relations of the Nevada  
Department of Business & Industry.

Las Vegas: (702) 486-5016

Reno: (775) 688-1474

Elko: (775) 753-1169

**OSIS No. 1115-0135**  
**Employment Eligibility Verification**

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins

Print Name: Last <b>ONEETE</b>	First <b>CARA</b>	Article Initial <b>L</b>	Maiden Name <b>CONANT</b>
Address (Street Name and Number) <b>100 ROSE PEAK ROAD</b>	City <b>DAYTON</b>	State <b>OH</b>	Date of Birth (month/day/year) <b>7-16-1971</b>
	Zip Code <b>45403</b>		Social Security #

☐ A citizen or national of the United States  
☐ A Lawful Permanent Resident (Alien #           )  
☐ An alien authorized to work until        /        /         
(Alien # or Admission #                     )

Conn L Okele

**(Date of transfer to day care)**

11-9-0

Preparer's/Translator's Signature

## Print Notes

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

## List A

**CR**

List B

**AND**

List C

**Document title:**

issuing authority.

**Document 8:**

**Expiration Date (if any)**

**Documents &**

**Expiration Date (if any)**

AV#

~~SECRET~~ 52-4293

369271854771

714622

SS ~~10~~

Signature of Employer or Authorized Representative

**Patti Nanto,**

Business or Organization Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

DMV & PS

555 WRIGHT WAY  
CARSON CITY NV 89711

11-19-01

**Section 3. Updating and Reverification.** To be completed and signed by employer

4 New Name (if applicable)

B. Date of return (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that established current employment eligibility

### Document Info

Document #2

Expiration Date (if any): / /

attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

**Date (month:day:year)**

A.1 Job Assignment

Employee ID		Name		Last Name	
Cava		L.		O'Keefe	
11/19/01					
New Hire		New Hire		Unranked List	
8.1.0		4.7.41		CC.7.088	
YES		NO		NA	
YES		NO		NA	
YES		NO		NA	

A.2 Dates

11/19/01	05/19/02	11/19/01	11/19/01	11/19/01	210272
----------	----------	----------	----------	----------	--------

A.3 Assignment Attributes - Position Assignment

CNTL	9.7.20	8	EXCH	Microfilm Operator I
------	--------	---	------	----------------------

A.4 Pay Parameters

Pay Rate	Pay Grade	Pay Plan	Pay Step	Pay Band	Pay Range

TPOR
------

B. AGVD (Agency Specific Data)

CC.BMV.1	CC.BMV.1	11715684	474A						
----------	----------	----------	------	--	--	--	--	--	--

C. PERS (Personnel Profile)

PERS	PERS	PERS	PERS	PERS	PERS	PERS	PERS	PERS	PERS
------	------	------	------	------	------	------	------	------	------

D. TAR (Employee Tax Parameters)

11/19/01
----------

Cava J. O'Keefe 11/19/01

For Transfers Only: This form is used to report to the agency's payroll system. If an agency is required to pay all salaries per FICA 204.204.

Signature	Date	Signature	Date
[Signature]	11/20/01	[Signature]	11-20-01
Phone No	Date	Signature	Date
684-4697	11-19-01	[Signature]	

6027 A (5-00)

# Form W-4 (2001)

**Purpose.** Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2001 expires February 18, 2002.

**Notes:** You cannot claim exemption from withholding if (1) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on married deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line 6 below.

**Tax credits.** You can take projected tax credit into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 915, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Marriage income.** If you have a large amount of marriage income, such as interest or dividends,

consider making estimated tax payments using Form 1041-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two-earner/two-job.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from your Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 915 to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get Pub. 915 especially if you used the Two-Earner/Two-Job Worksheet on page 2 and your earnings exceed \$184,000 (single) or \$230,000 (married).

**Recent name change?** If your name on the I-9 form has changed on your social security card, call 1-800-772-1213 for a new social security card.

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent . . . . . A \_\_\_\_\_

B Enter "1" if:   
☐ You are single and have only one job; or   
☐ You are married, have only one job, and your spouse does not work; or   
☐ Your wages from a second job or your spouse's wages (for the total of both) are \$1,000 or less. . . . . B \_\_\_\_\_

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . D \_\_\_\_\_

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . E \_\_\_\_\_

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . . F \_\_\_\_\_

G Child Tax Credit (including additional child tax credit):   
☐ If your total income will be between \$18,000 and \$20,000 (\$23,000 and \$25,000 if married), enter "1" for each eligible child.   
☐ If your total income will be between \$20,000 and \$25,000 (\$25,000 and \$30,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. . . . . G \_\_\_\_\_

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) . . . . . H \_\_\_\_\_

**For accuracy, complete all worksheets that apply.**   
☐ If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
☐ If you are single, have more than one job and your combined earnings from all jobs exceed \$33,000, or if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.   
☐ If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

**Form W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0010 **2001**

Department of the Treasury Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

1 Type or print your first name and middle initial Last name **CARA L O'HEERE**

2 Your social security number

Home address (number and street or rural route) **100 ROSE PEAR ROAD**

City or town, state, and ZIP code **DAYTON NV 89403**

3 ☐ Single ☒ Married ☐ Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. ☐

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **5**

6 Additional amount, if any, you want withheld from each paycheck **\$ 06**

7 I claim exemption from withholding for 2001, and I certify that I meet both of the following conditions for exemption:   
☐ Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and   
☐ This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability.   
 If you meet both conditions, write "Exempt" here **Exempt**

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's signature **Cara L O'Heere** Date **11-19-01**

8 Employer's name and address (Employer Complete lines 8 and 10 only if sending to the IRS) **WVU 355 Wright Way Carson City NV 89701**

9 Office code (optional)

10 Employer identification number **4741**

NOV 21 2001

Employee ID \_\_\_\_\_ Name O'Keefe, Cara L.

A. ATTR (Employee Attribution)

Birthdate 07-16-1971 Agency 810 Home Org 4741

Place of Birth Sacramento, CA Ethnicity W

Citizenship Status Natural Citizen Gender Female Marital Status M

County of Residence L.V.

Education Degree 1.2

Agency Entered 11-28-01

Recycle Entered 11-28-01

User Fields 1    2    3    4   

B. ADDR (Employee Address) In accordance with NAC 284 718 2, do you wish to list your home address as confidential? ☒ Yes ☐ No

If yes is indicated, how different addresses are required

Home Address 100 Rose Peak Road Mailing Address 555 Wright Way

City Dayton State NV City Carson City State NV

Zip 89403 County LY Zip 89711 County CC

Phone 1775 2416 4423 Ext   

C. EMER (Emergency Contact - Optional)

1. Last Name Navarro First Crystal / Joel MI R

Address 803 E. Garden Gate Way

City Carson City State NV

Zip 89706 County CC

Home Phone 1775 883 7534 Ext    Work Phone    Ext    Relationship Sister

Comments   

2. Last Name Corant First Glenn / Alvin MI W

Address Harbor Drive

City Carson City State NV

Zip 89703 County CC

Home Phone 1775 883 3785 Ext    Work Phone    Ext    Relationship Father

Comments Glenn works in DMV - CC warehouse, day shift

D. ENCH (Employee Name Change)

1. New Name   

2. Old Name   

E. ESDC (Employee ID Change)

New Employee ID   

F. USRI (Domesticity Information)

1. First Name O'Keefe First William MI A

2. Last Name 100 Rose Peak Road

3. City Dayton State NV

4. Zip 89403

5. SSN   

6. Signature Cara J. O'Keefe Date 11-19-01

7. Signature Rae Jean Boyer Date 11-20-01

8. Signature    Date







OFFICE OF THE GOVERNOR  
POLICY AGAINST SEXUAL HARASSMENT &  
DISCRIMINATION

SEXUAL HARASSMENT AND DISCRIMINATION  
POLICY ACKNOWLEDGEMENT

EMPLOYEE NAME: CARA L. O'KEEFE

EMPLOYEE ID#: 25693

DEPT/DIV/AGENCY/ORG#: DMN / MOTOR CARRIER / 810 / 4717

☒ I have read and understand the Governor's Policy Against Sexual Harassment and Discrimination.

EMPLOYEE SIGNATURE Cara L. O'Keefe

DATE 7/26/07

SUPERVISOR SIGNATURE Bob Kest

DATE 7/27/07

N:\WPDOCS\PRM\TSfrms\TS-253.doc  
Revised: 6/15/07

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NV DEPT. OF  
PERSONNEL RECORDS

STATE OF NEVADA									
A1. Job Assignment									
Social Security Number			ESMT #: 071218587055				Employee ID		
							025693		
Name/First			Middle		Last			Suffix	
CARA			L		O'KEEFE				
App. ID.	Effective Date		Expiration Date						
	12/11/2007								
Personnel Action		Reason	Emp Status	Position Status			Records Date Rec'd.		
1. MSI			B	Active Permanent					
Personnel Action		Reason	Emp Status	Remarks					
2. STCHG				STATUS CHANGE REMOVE					
Personnel Action		Reason	Emp Status	PROBATION DATES					
3.									
Assignment Information		EOB P/T		Table Driven Pay					
Agency	Home Org.	<input checked="" type="radio"/> Yes	Position #	% Full time	<input checked="" type="radio"/> Yes	Grade	Step	Rate of Pay - Biweekly	
810	4717	<input type="radio"/> No	CC4036	1.00	<input type="radio"/> No	32	02		
2. Dates									
Probation/Trial Start		Probation/Trial End		Pay Progression Start		Continuous Service Date		Leave Progression Start	
XXX		XXX							
3. Assignment Attributes - Position Attributes									
Payroll Number		Title	Sub-Title	Pay Class	Title Description				
CNTL		07.233	0	E80H					
4. Pay Parameters									
Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date				
Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date				
Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date				
Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date				
AGYD #:									
AGYD (Agency Specific Data)									
Pay Location	Work Location	Work Location	Phone	Extension	Work Location	Phone	Extension	Work Cycle	
CCDMV5	CCDMV1								
PENS (Pension Profile)									
Pension System		Deduction Type	Deduction Plan	Effective Date	Pension System		Deduction Type	Deduction Plan	Effective Date
PERS		PERSR	CPERS	1-17-06	PERS				
Tax (Employee Tax Parameters)		E. EMPD (Employee Duty Location)		F. EMRA (Employee Roll Assignment)					
Effective Date	FICA Class	Duty Location		<input type="radio"/> Manager <input type="radio"/> Supervisor <input type="radio"/> Active <input type="radio"/> InActive <input checked="" type="radio"/> N/A					
	B			<input type="radio"/> Active <input type="radio"/> InActive <input checked="" type="radio"/> N/A					
Tax ID #:		Duty #:							
CERTIFICATE and SIGNATURE: Required for all actions except when an employee has terminated service with the State and is not available for signature, or for error correction. Employee Signature: <u>[Signature]</u> Date: <u>12/7/07</u> My signature certifies that I have read and understood the information completed on this form. For Transfer Only: Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is to pay off balance per NAC 284.254.1.									
CERTIFICATION OF THE Appointing Authority This data stated herein is correct and complete and in accordance with State Law and Regulations									
Appointing Authority Signature		Date		Signature		Date		Signature	
<u>[Signature]</u>		12-10-07		<u>[Signature]</u>		12-7-07		<u>[Signature]</u>	

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PRINTED ON : 11/30/2001

AJ Gates					
11-719-701	11-719-702	11-719-701	11-719-701	11-719-701	11-719-701
11-719-701	11-719-701	11-719-701	11-719-701	11-719-701	11-719-701

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P 0 2

3. AGO (Agency Specific Data)							
CCDPY1	CCDPY1	(775) 884-4742	1-775-884-4742	1-775-884-4742	1-775-884-4742	1-775-884-4742	1-775-884-4742

C PENS (Pension Profile)		Employer Portion		Employee Portion	
PERSON	C PENS	11/19/01	PERSON	PERSON	PERSON
PERSON			PERSON		

D Tax (Employee Tax Parameters)  
11725701 B

Unavailable for signature 04/02

Kate

*Fred Williams*

*Prof. Franz Boyer* 2602  
Signature Date  
*2-4-02* 184-4497 2-4-02  
Date Phone No. Signature  
*M. J. M. M. M.*

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NOV 28 2007

DEPARTMENT OF PERSONNEL

NV DEPT. OF  
PERSONNEL RECORDS

## EMPLOYEE APPRAISAL &amp; DEVELOPMENT REPORT

1. Employee Name: Last O'Keefe First Cara Initial L	
2. Class Title: Revenue Officer II	3. Employee ID #: 25693
4. Dept/Div/Section: DMV/Motor Carrier/Revenue	5. Date Evaluation Due: 11/18/07
6. Agency # (3 digits): 810 Home Org # (4 digits): 4717 Position Control #: CC4036	7. Date Next Evaluation Due: 12/11/2008
8. Probationary/Trial Period (click one):	
6 month Probation/Trial: <input type="checkbox"/> 2 <sup>nd</sup> month <input type="checkbox"/> 5 <sup>th</sup> month <input type="checkbox"/> Other 12 month Probation/Trial: <input type="checkbox"/> 3 <sup>rd</sup> month <input type="checkbox"/> 7 <sup>th</sup> month <input checked="" type="checkbox"/> 11 <sup>th</sup> month <input type="checkbox"/> Other	
Permanent (click one): <input type="checkbox"/> Annual <input type="checkbox"/> Other	
9. Work Performance Standards: <input type="checkbox"/> are an accurate reflection of the position <input checked="" type="checkbox"/> will be revised to reflect changes	
10. Overall Rating from Page 2, Number 14 (click one):	
<input type="checkbox"/> Does Not Meet Standards <input checked="" type="checkbox"/> Meets Standards <input type="checkbox"/> Exceeds Standards	
If an overall rating of "Does Not Meet Standards" is given, another evaluation must be completed within 90 days. The rating may affect adjustments in salary based on merit (NAC 284.194) and longevity pay (NAC 284.270).	
Rater's Signature & Title: <u><i>Dawn M. Diet</i></u> Supv Aud II Date: 11/15/2007 (mm/dd/yy)	
11. Employee Comments: (NAC 284.470 requires that you complete this section and sign the report on performance within 10 working days after discussion with your supervisor. If you disagree with the report and request a review, you must specify the points of disagreement.) <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Request Review	
Employee's Signature: <u><i>Cara J. O'Keefe</i></u> Date: 11/16/07 (mm/dd/yy)	
12. Reviewing Officer Review: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)	
Reviewing Officer's Signature & Title: _____ Date: _____ (mm/dd/yy)	
13. Appointing Authority Review: <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)	
Appointing Authority's Signature & Title: <u><i>Edgar J. Roberts / Administrator</i></u> Date: 11/24/2007 (mm/dd/yy)	

Distribution: Original to Department of Personnel; Copy to Agency; Copy to Employee; Copy to Supervisor

NPD-15 Rev. 7/03

DEC 05 2007 *CM*

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Employee Appraisal & Development Report - Page 2

Employee Name: (Last) O'Keefe		(First) Cara	(Initial) L.
Employee ID #: 25693			
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>Job Element #1: Process Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the processing of delinquent Motor Carrier accounts to determine the applicable fees, taxes, penalties, interest, and/or administrative fines due by the licensee.  <u>Description of Delinquent Account Processing</u> <ol style="list-style-type: none"> <li>1. Processing Delinquent Licensing Documents</li> <li>2. Processing Delinquent Tax Returns</li> <li>3. Preparing Notification Letters</li> <li>4. Compliance Violations and Delinquent Account Lists</li> <li>5. Referrals</li> <li>6. Clearing Account Stops</li> <li>7. Administrative and Show Cause</li> </ol> <p>Delinquent accounts are to be processed using the established guidelines and procedures. See <u>Revenue Officer Desk Procedures</u> for specific details on each task.</p> <p>During the probationary period, steady progression must be noted as follows.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer must be able to post delinquent licensing documents and tax returns, prepare 1<sup>st</sup> and 2<sup>nd</sup> instance letters, deposit funds, and clear account stops, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must also be able to prepare 3<sup>rd</sup> - 4<sup>th</sup> instance letters, with general assistance.</p> <p>By the end of the 11<sup>th</sup> month, the Revenue Officer must be able to perform all aspects of delinquent account processing with general assistance.</p>	2.00	55%	1.10
<b>Job Element #2: Collection/Referral - Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the collection and referral of delinquent Motor Carrier accounts.  <u>Description of Collection and Referral Delinquent Accounts</u> <ol style="list-style-type: none"> <li>1. Stipulated Payment Agreements</li> <li>2. Bad Debt Collections</li> <li>3. Liens/Title Stops/Bond Claims</li> <li>4. Bankruptcy Proof of Claims</li> <li>5. Referral to OSI</li> <li>6. Lien Release</li> <li>7. Administrative and Show Cause Hearings</li> </ol> <p>The collection and referral process for delinquent accounts are to be followed using the established guidelines and procedures. See <u>Revenue Officer Desk Procedures</u> for specific details on each task.</p> <p>During the probationary period, steady progression must be noted.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer should be able to process a bad debt payment, file a lien or title stop, and enter into a stipulated payment agreement, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must be able to file a proof of claim, refer an account to OSI, and assist with Administrative and Show Cause Hearings, with general assistance.</p>	2.00	5%	.10

Employee Appraisal & Development Report - Page 3

Employee Name: (Last) O'Keefe		(First) Cara	(Initial) L.
Employee ID #: 25693			
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = BS for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
By the end of the 11 <sup>th</sup> month, the Revenue Officer must be able to perform all aspects of collection and referral processing with general assistance.			
For Job elements #1 & 2: Any uncorrected errors that carry over to the reports used to prepare the monthly stats, are deemed an error against the Revenue Officer responsible for the transaction.			
<b>Job Element #3: Statistical Reports and Corresponding Logs</b> Revenue Officers are required to prepare, review, verify, and evaluate all statistical documents for accuracy and completeness.  Information is gathered by extracting data from a variety of sources, such as paradox database files, letter and check logs, spreadsheets, system reports, and other similar documents.  Records used to prepare statistical reports must support the findings submitted. Supporting documents must be attached to report.  Unless otherwise notified, Revenue officers must reconcile their check log each week by 5:00 pm on Wednesday to allow the timely completion of the weekly stats. The final weekly reconciliation (needed to complete the monthly stats) must be completed by noon, on the first business day of the month.  Any uncorrected errors that carry over to the reports used to prepare the monthly stats, are deemed an error against the Revenue Officer responsible for the transaction.  Unless otherwise notified, weekly statistics are due by 10:00 am on Thursday. Monthly statistics are due by noon on the second business day after the close of the month, unless otherwise advised.	2.00	10%	.20
<b>Job Element #4: Training</b> As directed by the Revenue Supervisor, ensure bi-weekly goals established for training meet the requirements of the WPS. B. When applicable, ensure review periods with the Revenue Supervisor are held on a bi-weekly basis to determine effectiveness of training. IE: If special training has been held or is being requested during the period. C. Complete Division Evaluation Form and discuss with trainer and Revenue Supervisor if additional training is necessary. D. Provide training to the newer Revenue Officers as requested.  The Revenue Supervisor will meet with the trainer at least once per month, as applicable; to discuss the training of any new or probationary employees and ensure the Divisional goals are being met. The new employee must ensure training coincides with WPS requirements when timelines for completing specific assignments are noted in the WPS. The new employee should discuss any applicable training that is lacking or concerns regarding training with their Supervisor, as soon as concerns arise.	2.00	5%	.10
<b>Job Element #5: Other Duties as Assigned</b> A. Special projects as assigned by the Revenue Supervisor. B. Assist other sections of the Motor Carrier Division as requested. C. Preparation and submission of DARS, timesheets, phone logs, letter review*, and other routine Administrative tasks assigned.	2.00	5%	.10
*Errors are counted if letter went out with uncorrected errors and is not discovered until after being sent to the carrier.			
<b>Job Element #6: Related Factors</b> <b>Work Adjustment, Adaptability, and Cooperation:</b> Demonstrates ability to accept work assignments and adapt to change in routine or other process. Demonstrates ability to willingly accept authority, instruction and constructive criticism. Maintain harmonious work	3.00	20%	.60

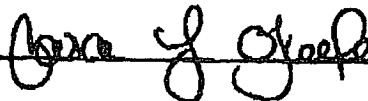
## Employee Appraisal &amp; Development Report - Page 4

Employee Name: (Last) O'Keefe		(First) Cara	(Initial) L.
Employee ID #: 25693			
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A). relationship and self-control and is not unduly influenced by co-workers opinions or attitudes.  <u>Judgment:</u> Demonstrates ability to consider all facts leading to a logical conclusion. Does not make rash decisions leading to negative consequences.  <u>Initiative:</u> Demonstrates willingness to take on added responsibility and originates or develops new and better ways of doing things.  <u>Attendance:</u> Faithfulness in coming to work on-time and conforming to established attendance guidelines. Call-ins must be made to a Supervisor at least 15 minutes prior to the start of your scheduled shift.  Habitual use of sick leave in conjunction with scheduled days off and/or holidays, abuse of break/lunch privileges, tardiness, and excessive distractions such as personal telephone calls and conversations outside of break/lunch periods are not acceptable. See MCD 02.01 for attendance guidelines.	(A) Rating	(B) Weighted Value	(C) Weighted Rating
Job Element #7: Work Place Safety Ensure adherence to established Department safety guidelines.	N/R	N/A	N/R
Overall Rating (Scale: 1 to 1.50 = DMS; 1.51 to 2.50 = MS; 2.51 to 3 = ES) (A "does not meet standards" rating may affect adjustments based on merit (NAC 284.194) and longevity pay (NAC 284.270). Another evaluation must be completed within 90 days (NRS 284.340).)	2.17	100%	2.20
<p>15. Rater's Comments: (A "does not meet standards" rating for any job element must include a detailed explanation of the deficiencies.)</p> <p>Job Element #1 - Cara, you have earned Meets Standards in Processing Delinquent Accounts. During the first 11 months, you have completed a total of 552 letters, for an overall average of 50.18 per month. In addition you have processed 333 tax returns, for an average of 30.27 per month. During the review period, you also completed 41 renewals. Although the number of accounts processed remains steady you've had an increase in errors resulting in a Meets Standards in this Element. You've been asked by new Revenue Officers and other staff for assistance and experienced many interruptions during your work day while attempting to produce a high volume of sanction letters, do deposits and respond to calls from branches and customers. I believe the increase in errors is an isolated issue and a direct result of the interruptions you have experienced this past review period. I appreciate your willingness to help others and commend you for your team spirit. As the new members of the Revenue Team become more experienced I anticipate you will be interrupted less. I encourage you to make sure the quality of your own work products are not sacrificed.</p> <p>Job Element #2 - Cara, you have earned Meets Standards in Collection/Referral - Delinquent Accounts. Accounts are well documented and you are ready to proceed with late stage collection efforts on some of your accounts.</p> <p>Job Element #3 - Cara, you earned a Meets Standards in Statistical Reports and Corresponding Logs. Continue to make sure you turn in your weekly reconciliation of the check log timely with specific attention to make sure any errors have been corrected. Please reconcile your logs with the entries made in the Paradox software to assure that your work is in balance. Also please pay close attention to the interest calculations to assure the Carriers are being assessed the correct amounts.</p> <p>Job Element #4 - Cara, you have earned Meets Standards in Training. Your assistance in training the 3 new people in the department this past month has been very helpful to the Revenue Department.</p> <p>Job Element #5 - Cara, you have earned Meets Standards in Other Duties as Assigned. You continue to complete your DARS, timesheets, phone logs, and other Administrative tasks as assigned.</p> <p>Job Element #6 - Cara you have earned Exceeds Standards in Related Factors. You continue to be very cooperative and you provide help to others in the Motor Carrier Division. Your decision process and use of good judgement is consistent with the Revenue Department policy and procedures. Your attendance is compliant with requirements set forth in our P &amp; P. In addition to the volume of daily work you are also a volunteer in the Activities Committee. We appreciate your extra efforts in working on this committee. You are also co operative in assisting new Revenue Department staff in addition to responding to questions from other Motor Carrier Division staff. Thank you for your help in this area.</p>			

Department of Motor Vehicles

I have (check one) ☒ read the pamphlet or ☐ viewed the videotape, entitled "Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

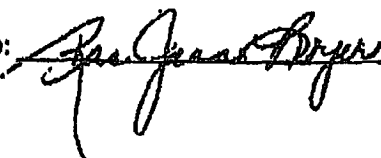
Employee Name: CARA L O'Keefe Date: 12-11-06

Signature: 

Place of viewing the videotape: \_\_\_\_\_

Employer's Name: Department of Motor Vehicles.

Division: Motor Carrier

Employer's Signature: 

Any employee who does not understand this pamphlet should contact his or her supervisor, employee representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.

Las Vegas: (702) 486-5016  
Reno: (775) 688-1474  
Elko: (775) 753-1169



Employee Appraisal & Development Report - Page 5

Employee Name: (Last) O'Keefe		(First) Cara		(Initial) L.	
Employee ID #: 25693					
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)		(A) Rating	(B) Weighted Value	(C) Weighted Rating	
<p>16. Development Plan &amp; Suggestions: <i>(The supervisor addresses how the employee can enhance performance and achieve standards; indicates recommendation for further development and training. This section should be discussed with the employee.)</i></p> <p>As indicated in your last review, as you continue to work the accounts you will become more involved with the late stage collections such as Title Stops, Bond Claims, Bankruptcy Proof of Claims, Referral to OSI, Lien Releases and Administrative and Show Cause Hearings as the primary Revenue Officer. Completing your training in late state collections should be a goal prior to your next annual review.</p> <p>You continue to progress as a Revenue Officer and when you experience new tasks or need to correct transactions you accept the instruction, work through the correction, and follow up where necessary to assure the account is updated correctly in all software applications that are involved. Please continue to follow on your accounts and continue working on some of the older accounts. You demonstrate on a daily basis a positive attitude and are firm but professional when you make your phone calls to the Carriers. Thank you for setting a positive example for the Revenue Team.</p> <p>As you expand on your experiences you are taking the role of a senior Revenue Officer. Also I would suggest that a goal for this next year would be to work on increasing your letter count by at least 5%.</p> <p>As mentioned in Job Element #6 of this review, you are making your self available to the new staff for training issues. I recognize that this takes your time and I appreciate your efforts in this area. Also, I appreciate you taking phone calls from the other branches and assisting them with the transactions when they are working with our customers. Thank you for your dedication to the Revenue Department and for all of your hard work.</p>					

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 DEPARTMENT OF PERSONNEL  
 EMPLOYEE APPRAISAL & DEVELOPMENT REPORT

 NV DEPT. OF  
 PERSONNEL RECORDS

1. Employee Name: Last O'Keefe First Cara Initial L

2. Class Title: Revenue Officer II

3. Social Security #

4. Dept/Div/Section: DMV/Motor Carrier/Revenue

5. Date Evaluation Due: 07/11/07

6. Agency # (3 digits): 810 Home Org # (4 digits): 4717 Position Control #: CC4036

7. Date Next Evaluation Due: 11/11/07

8. Probationary/Trial Period (click one):

Permanent (click one):

6 month Probation/Trial: ☐ 2<sup>nd</sup> month ☐ 5<sup>th</sup> month ☐ Other12 month Probation/Trial: ☐ 3<sup>rd</sup> month ☒ 7<sup>th</sup> month ☐ 11<sup>th</sup> month ☐ Other☐ Annual ☐ Other9. Work Performance Standards: ☒ are an accurate reflection of the position ☐ will be revised to reflect changes

10. Overall Rating from Page 2, Number 14 (click one):

☐ Does Not Meet Standards☐ Meets Standards☒ Exceeds Standards

If an overall rating of "Does Not Meet Standards" is given, another evaluation must be completed within 90 days. The rating may affect adjustments in salary based on merit (NAC 284.194) and longevity pay (NAC 284.270).

Rater's Signature &amp; Title:

Supv Aud II

Date: 07/23/07 (mm/dd/yy)

 11. Employee Comments: (NAC 284.470 requires that you complete this section and sign the report on performance within 10 working days after discussion with your supervisor. If you disagree with the report and request a review, you must specify the points of disagreement.) ☒ Agree ☐ Disagree ☐ Request Review

Employee's Signature:

Date: 7/23/07 (mm/dd/yy)

12. Reviewing Officer Review: ☐ Agree ☒ Disagree (Comment Required)

Reviewing Officer's Signature &amp; Title:

Date: (mm/dd/yy)

13. Appointing Authority Review: ☒ Agree ☐ Disagree (Comment Required)

Appointing Authority's Signature &amp; Title:

Date: 7/23/2007 (mm/dd/yy)

Distribution: Original to Department of Personnel; Copy to Agency; Copy to Employee; Copy to Supervisor

NPD-15 Rev. 7/03

AUG 15 2007

Employee Appraisal & Development Report - Page 2

Employee Name: (Last) O'Keefe		(First) Cara	(Initial) L	
Social Security #:				
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)		(A) Rating	(B) Weighted Value	
<p>Job Element #1: Process Delinquent Accounts</p> <p>Using the description below, Revenue Officers are responsible for the processing of delinquent Motor Carrier accounts to determine the applicable fees, taxes, penalties, interest, and/or administrative fines due by the licensee.</p> <p><u>Description of Delinquent Account Processing</u></p> <ol style="list-style-type: none"> <li>1. Processing Delinquent Licensing Documents</li> <li>2. Processing Delinquent Tax Returns</li> <li>3. Preparing Notification Letters</li> <li>4. Compliance Violations and Delinquent Account Lists</li> <li>5. Referrals</li> <li>6. Clearing Account Stops</li> <li>7. Administrative and Show Cause Hearings</li> </ol> <p>Delinquent accounts are to be processed using the established guidelines and procedures. See <u>Revenue Officer Desk Procedures for specific details on each task.</u></p> <p>During the probationary period, steady progression must be noted as follows.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer must be able to post delinquent licensing documents and tax returns, prepare 1<sup>st</sup> and 2<sup>nd</sup> instance letters, deposit funds, and clear account stops, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must also be able to prepare 3<sup>rd</sup> - 4<sup>th</sup> instance letters, with general assistance.</p> <p>By the end of the 11<sup>th</sup> month, the Revenue Officer must be able to perform all aspects of delinquent account processing with general assistance.</p>		3.0	55%	1.65
<p>Job Element #2: Collection/Referral - Delinquent Accounts</p> <p>Using the description below, Revenue Officers are responsible for the collection and referral of delinquent Motor Carrier accounts.</p> <p><u>Description of Collection and Referral Delinquent Accounts</u></p> <ol style="list-style-type: none"> <li>1. Stipulated Payment Agreements</li> <li>2. Bad Debt Collections</li> <li>3. Liens/Title Stops/Bond Claims</li> <li>4. Bankruptcy Proof of Claims</li> <li>5. Referral to OSI</li> <li>6. Lien Release</li> <li>7. Administrative and Show Cause Hearings</li> </ol> <p>The collection and referral process for delinquent accounts are to be followed using the established guidelines and procedures. See <u>Revenue Officer Desk Procedures for specific details on each task.</u></p> <p>During the probationary period, steady progression must be noted.</p> <p>By the end of the 3<sup>rd</sup> month, the Revenue Officer should be able to process a bad debt payment, file a lien or title stop, and enter into a stipulated payment agreement, with general assistance.</p> <p>By the end of the 7<sup>th</sup> month, the Revenue Officer must be able to file a proof of claim, refer an account to OSI, and assist with Administrative and Show Cause Hearings, with general assistance.</p>		2.0	5%	.10

Employee Appraisal & Development Report - Page 3

Employee Name: (Last) O'Keefe		(First) Cara	(Initial) L
Social Security #:			
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
By the end of the 11 <sup>th</sup> month, the Revenue Officer must be able to perform all aspects of collection and referral processing with general assistance.			
For job elements #1 & 2: Any uncorrected errors that carry over to the reports used to prepare the monthly stats, are deemed an error against the Revenue Officer responsible for the transaction.			
<b>Job Element #3: Statistical Reports and Corresponding Logs</b> Revenue Officers are required to prepare, review, verify, and evaluate all statistical documents for accuracy and completeness.  Information is gathered by extracting data from a variety of sources, such as paradox database files, letter and check logs, spreadsheets, system reports, and other similar documents.  Records used to prepare statistical reports must support the findings submitted. Supporting documents must be attached to report.  Unless otherwise notified, Revenue officers must reconcile their check log each week by 5:00 pm on Wednesday to allow the timely completion of the weekly stats. The final weekly reconciliation (needed to complete the monthly stats) must be completed by noon, on the first business day of the month.  Any uncorrected errors that carry over to the reports used to prepare the monthly stats, are deemed an error against the Revenue Officer responsible for the transaction.  Unless otherwise notified, weekly statistics are due by 10:00 am on Thursday. Monthly statistics are due by noon on the second business day after the close of the month, unless otherwise advised.	2.0	10%	.2
<b>Job Element #4: Training</b> As directed by the Revenue Supervisor, ensure bi-weekly goals established for training meet the requirements of the WPS. B. When applicable, ensure review periods with the Revenue Supervisor are held on a bi-weekly basis to determine effectiveness of training. IE: If special training has been held or is being requested during the period. C. Complete Division Evaluation Form and discuss with trainer and Revenue Supervisor if additional training is necessary. D. Provide training to the newer Revenue Officers as requested.  The Revenue Supervisor will meet with the trainer at least once per month, as applicable; to discuss the training of any new or probationary employees and ensure the Divisional goals are being met. The new employee must ensure training coincides with WPS requirements when timelines for completing specific assignments are noted in the WPS. The new employee should discuss any applicable training that is lacking or concerns regarding training with their Supervisor, as soon as concerns arise.	2.0	5%	.1
<b>Job Element #5: Other Duties as Assigned</b> A. Special projects as assigned by the Revenue Supervisor. B. Assist other sections of the Motor Carrier Division as requested. C. Preparation and submission of DARS, timesheets, phone logs, letter review*, and other routine Administrative tasks assigned.  *Errors are counted if letter went out with uncorrected errors and is not discovered until after being sent to the carrier.	2.0	5%	.1
<b>Job Element #6: Related Factors</b> <b>Work Adjustment, Adaptability, and Cooperation:</b> Demonstrates ability to accept work assignments and adapt to change in routine or other process. Demonstrates ability to willingly accept authority, instruction and constructive criticism. Maintain harmonious work	3.0	20%	.60

Employee Appraisal & Development Report - Page 4

Employee Name: (Last) O'Keefe		(First) Cara	(Initial) L
Social Security #:			
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A). relationship and self-control and is not unduly influenced by co-workers opinions or attitudes. <u>Judgment:</u> Demonstrates ability to consider all facts leading to a logical conclusion. Does not make rash decisions leading to negative consequences. <u>Initiative:</u> Demonstrates willingness to take on added responsibility and originates or develops new and better ways of doing things. <u>Attendance:</u> Faithfulness in coming to work on-time and conforming to established attendance guidelines. Call-ins must be made to a Supervisor at least 15 minutes prior to the start of your scheduled shift. Habitual use of sick leave in conjunction with scheduled days off and/or holidays, abuse of break/lunch privileges, tardiness, and excessive distractions such as personal telephone calls and conversations outside of break/lunch periods are not acceptable. See MCD 02.01 for attendance guidelines.	(A) Rating	(B) Weighted Value	(C) Weighted Rating
Job Element #7: Work Place Safety Ensure adherence to established Department safety guidelines.	N/R	N/A	N/R
Overall Rating (Scale: 1 to 1.50 = DMS; 1.51 to 2.50 = MS; 2.51 to 3 = ES) (A "does not meet standards" rating may affect adjustments based on merit (NAC 284.194) and longevity pay (NAC 284.270). Another evaluation must be completed within 90 days (NRS 284.340).	2.33	100%	2.75
<p>15. Rater's Comments: (A "does not meet standards" rating for any job element must include a detailed explanation of the deficiencies.)</p> <p>Job Element #1 - Cara, you have earned Exceeds Standard in Processing Delinquent Accounts. During this period, you have completed a total of 118 letters, which is a total of 45.38% of all the letters sent during this period. Your error rate is slightly above the acceptable range for exceeds standards (4.24 vs 4.0), but your productivity is so far above the expectation at this stage of your training that you have earned exceeds standards. Just be careful that you do not rush to complete an account and turn it in for approval without making necessary corrections and ultimately reducing your overall productivity level. In addition, you have processed 158 of the total deposits, refunds, and/or account code adjustments. This is 52.84% of the total check log entries completed during the period with an overall error rate of 3.80%. Again, you have exceeded standards and I commend your efforts.</p> <p>Job Element #2 - Collection/Referral of Delinquent Accounts - You have earned meets standard in this element. During this period you have filed three liens. Although you still require general assistance and have indicated you would like a little more training in this element, you are well on your way in this area.</p> <p>Job Element #3 - Cara, you have earned Meets Standard in Statistical Reports and Corresponding Logs. It is important to ensure you turn in your weekly reconciliation of the check log timely and ensure all errors have been corrected prior to submission. There has been progress during this period, but the few deposit errors you had could have been avoided if the reconciliations were completed before the end of the month stats.</p> <p>Job Element #4 - Cara, you have earned Meets Standard in Training. Make sure you work with your trainer to ensure all bi-weekly training forms are properly filled out and turned in. This enables me to track your progress and note your confidence in each of the tasks you are being trained in.</p> <p>Job Element #5 - Cara, you have earned Meets Standard in Other Duties. During this period you have started to take on a few additional duties, such as assisting with the overflow from other revenue officers. Thank you for your willingness to help out your team.</p> <p>Job Element #6 - Cara, you have earned Exceeds Standard in the related factors. You have demonstrated a high level of cooperation and have shown great initiative by taking on additional responsibilities and assisting wherever needed. Your</p>			

Employee Appraisal & Development Report - Page 5

Employee Name: (Last) O'Keefe		(First) Cara		(Initial) L	
Social Security #:					
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A)).		(A) Rating	(B) Weighted Value	(C) Weighted Rating	
<p>judgment is sound. Your attendance is also honorable and within the requirements of our attendance P &amp; P. You have also volunteered to assist the Activities Committee. Thank you.</p>					
<p>16. Development Plan &amp; Suggestions: <i>(The supervisor addresses how the employee can enhance performance and achieve standards; indicates recommendation for further development and training. This section should be discussed with the employee.)</i></p> <p>Cara, you continue to demonstrate a can-do attitude in all areas of your job. You have even managed to surpass other Revenue Officers with greater experience. You know how to navigate through our programs, assist the customers, and provide service to our branch staff. You continue to take a very stressful job and handle it beautifully.</p> <p>During this review period, you have continued to excel in your knowledge of Revenue processes. You think through the situation before coming to a conclusion. Even when you have not had the right answer, you accept the correction and learn from your mistakes.</p> <p>Additionally, you continue to volunteer to represent Motor Carrier on the Activities Committee. You understand the responsibility to your primary job as a Revenue Officer and are careful to balance your involvement with the committee to prevent conflict with your role as an RO.</p> <p>You successfully handle accounts with a higher level of difficulty, and while you still need some direction and assistance, you have adapted very well. Continue to work on these accounts. I would also like you to continue working on some of the older bad debt accounts. These require some significant research, but I am confident you can handle it. I anticipate you will continue to excel and I look forward to watching your progress. Again, make sure you take the time to thoroughly research and complete the accounts accurately as this actually saves time in the long run.</p> <p>Cara, I want to thank you for demonstrating a positive attitude and creating an environment in the Revenue Section that makes stressful situations more tolerable. I am confident by the end of your probationary period, you will be able to function independently in all areas of your position. Thank you for all of your hard work and dedication to your job as a Revenue Officer. It is a pleasure working with you.</p>					

Distribution: Original to Department of Personnel; Copy to Agency; Copy to Employee; Copy to Supervisor

NPD-15 Rev. 7/03

Agency Use Only

Personnel Use Only



2007 MAY -5 A 9 58

# DEPARTMENT OF PERSONNEL EMPLOYEE APPRAISAL & DEVELOPMENT REPORT

1. Employee Name: Last O'Keefe First Cara Initial L	
2. Class Title: Revenue Officer II	3. Social Security #
4. Dept/Div/Section: DMV/Motor Carrier/Revenue	5. Date Evaluation Due: 03/11/07
6. Agency # (3 digits): 810 Home Org # (4 digits): 4717 Position Control #: CC4036	7. Date Next Evaluation Due: 07/11/07
8. Probationary/Trial Period (click one):	
6 month Probation/Trial: <input type="checkbox"/> 2 <sup>nd</sup> month <input type="checkbox"/> 5 <sup>th</sup> month <input type="checkbox"/> Other 12 month Probation/Trial: <input checked="" type="checkbox"/> 3 <sup>rd</sup> month <input type="checkbox"/> 7 <sup>th</sup> month <input type="checkbox"/> 11 <sup>th</sup> month <input type="checkbox"/> Other	
9. Work Performance Standards: <input checked="" type="checkbox"/> are an accurate reflection of the position <input type="checkbox"/> will be revised to reflect changes	
10. Overall Rating from Page 2, Number 14 (click one):	
<input type="checkbox"/> Does Not Meet Standards <input checked="" type="checkbox"/> Meets Standards <input type="checkbox"/> Exceeds Standards	
If an overall rating of "Does Not Meet Standards" is given, another evaluation must be completed within 90 days. The rating may affect adjustments in salary based on merit (NAC 284.194) and longevity pay (NAC 284.270).	
Rater's Signature & Title: <u>Laura Hill</u> Supv Aud II Date: 04/19/07 (mm/dd/yy)	
11. Employee Comments: (NAC 284.470 requires that you complete this section and sign the report on performance within 10 working days after discussion with your supervisor. If you disagree with the report and request a review, you must specify the points of disagreement.) <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Request Review	
<b>RECEIVED</b> MAY 07 2007 NY DEPT OF PERSONNEL RECORDS	
Employee's Signature: <u>Cara O'Keefe</u> Date: 4/19/07 (mm/dd/yy)	
12. Reviewing Officer Review: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)	
Reviewing Officer's Signature & Title: _____ Date: _____ (mm/dd/yy)	
13. Appointing Authority Review: <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)	
Appointing Authority's Signature & Title: <u>Edgar J. Roberts Administrator</u> Date: 4/19/07 (mm/dd/yy)	

Distribution: Original to Department of Personnel; Copy to Agency; Copy to Employee; Copy to Supervisor

NP12-15 Rev. 7/03  
MAY 11 2007

Employee Appraisal & Development Report - Page 2

Employee Name: (Last) O'Keefe		(First) Cara	(Initial) L
Social Security #: . . . . .			
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A)).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>Job Element #1: Process Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the processing of delinquent Motor Carrier accounts to determine the applicable fees, taxes, penalties, interest, and/or administrative fines due by the licensee.  <u>Description of Delinquent Account Processing</u> 1. Processing Delinquent Licensing Documents 2. Processing Delinquent Tax Returns 3. Preparing Notification Letters 4. Compliance Violations and Delinquent Account Lists 5. Referrals 6. Clearing Account Stops 7. Administrative and Show Cause Hearings  Delinquent accounts are to be processed using the established guidelines and procedures. See <u>Revenue Officer Desk Procedures for specific details on each task.</u>  During the probationary period, steady progression must be noted as follows.  By the end of the 3 <sup>rd</sup> month, the Revenue Officer must be able to post delinquent licensing documents and tax returns, prepare 1 <sup>st</sup> and 2 <sup>nd</sup> instance letters, deposit funds, and clear account stops, with general assistance.  By the end of the 7 <sup>th</sup> month, the Revenue Officer must also be able to prepare 3 <sup>rd</sup> - 4 <sup>th</sup> instance letters, with general assistance.  By the end of the 11 <sup>th</sup> month, the Revenue Officer must be able to perform all aspects of delinquent account processing with general assistance.	2.4	60%	1.44
<b>Job Element #2: Collection/Referral - Delinquent Accounts</b> Using the description below, Revenue Officers are responsible for the collection and referral of delinquent Motor Carrier accounts.  <u>Description of Collection and Referral Delinquent Accounts</u> 1. Stipulated Payment Agreements 2. Bad Debt Collections 3. Lien/Title Stops/Bond Claims 4. Bankruptcy Proof of Claims 5. Referral to OSI 6. Lien Release 7. Administrative and Show Cause Hearings  The collection and referral process for delinquent accounts are to be followed using the established guidelines and procedures. See <u>Revenue Officer Desk Procedures for specific details on each task.</u>  During the probationary period, steady progression must be noted.  By the end of the 3 <sup>rd</sup> month, the Revenue Officer should be able to process a bad debt payment, file a lien or title stop, and enter into a stipulated payment agreement, with general assistance.  By the end of the 7 <sup>th</sup> month, the Revenue Officer must be able to file a proof of claim, refer an account to OSI, and assist with Administrative and Show Cause Hearings, with general assistance.	0.0	0%	0



Employee Appraisal & Development Report - Page 3

Employee Name: (Last) O'Keefe		(First) Carn	(Initial) L
Social Security #: -			
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A)).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
By the end of the 11 <sup>th</sup> month, the Revenue Officer must be able to perform all aspects of collection and referral processing with general assistance.			
For job elements #1 & 2: Any uncorrected errors that carry over to the reports used to prepare the monthly stats, are deemed an error against the Revenue Officer responsible for the transaction.			
<b>Job Element #3: Statistical Reports and Corresponding Logs</b> Revenue Officers are required to prepare, review, verify, and evaluate all statistical documents for accuracy and completeness.  Information is gathered by extracting data from a variety of sources, such as paradox database files, letter and check logs, spreadsheets, system reports, and other similar documents.  Records used to prepare statistical reports must support the findings submitted. Supporting documents must be attached to report.  Unless otherwise notified, Revenue officers must reconcile their check log each week by 5:00 pm on Wednesday to allow the timely completion of the weekly stats. The final weekly reconciliation (needed to complete the monthly stats) must be completed by noon, on the first business day of the month.  Any uncorrected errors that carry over to the reports used to prepare the monthly stats, are deemed an error against the Revenue Officer responsible for the transaction.  Unless otherwise notified, weekly statistics are due by 10:00 am on Thursday. Monthly statistics are due by noon on the second business day after the close of the month, unless otherwise advised.	2.0	10%	.2
<b>Job Element #4: Training</b> As directed by the Revenue Supervisor, ensure bi-weekly goals established for training meet the requirements of the WPS. B. When applicable, ensure review periods with the Revenue Supervisor are held on a bi-weekly basis to determine effectiveness of training. (E: If special training has been held or is being requested during the period. C. Complete Division Evaluation Form and discuss with trainer and Revenue Supervisor if additional training is necessary. D. Provide training to the newer Revenue Officers as requested.  The Revenue Supervisor will meet with the trainer at least once per month, as applicable; to discuss the training of any new or probationary employees and ensure the Divisional goals are being met. The new employee must ensure training coincides with WPS requirements when timelines for completing specific assignments are noted in the WPS. The new employee should discuss any applicable training that is lacking or concerns regarding training with their Supervisor, as soon as concerns arise.	2.0	5%	.1
<b>Job Element #5: Other Duties as Assigned</b> A. Special projects as assigned by the Revenue Supervisor. B. Assist other sections of the Motor Carrier Division as requested. C. Preparation and submission of DARS, timesheets, phone logs, letter review <sup>o</sup> , and other routine Administrative tasks assigned.  <sup>o</sup> Errors are counted if letter went out with uncorrected errors and is not discovered until after being sent to the carrier.	2.0	5%	.1
<b>Job Element #6: Related Factors</b> <b>Work Adjustment, Adaptability, and Cooperation:</b> Demonstrates ability to accept work assignments and adjust to change in routine or other process. Demonstrates ability to willingly accept authority, instruction and constructive criticism. Maintain harmonious work	3.0	20%	.60

Employee Appraisal & Development Report - Page 4

Employee Name: (Last) O'Keefe		(First) Cara	(Initial) L
Social Security #:			
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A)).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
relationship and self-control and is not unduly influenced by co-workers opinions or attitudes.  <u>Judgment:</u> Demonstrates ability to consider all facts leading to a logical conclusion. Does not make rash decisions leading to negative consequences.  <u>Initiative:</u> Demonstrates willingness to take on added responsibility and originates or develops new and better ways of doing things.  <u>Attendance:</u> Punctuality in coming to work on-time and conforming to established attendance guidelines. Call-ins must be made to a Supervisor at least 15 minutes prior to the start of your scheduled shift.  Habitual use of sick leave in conjunction with scheduled days off and/or holidays, abuse of break/lunch privileges, tardiness, and excessive distractions such as personal telephone calls and conversations outside of break/lunch periods are not acceptable. See MCD 02.01 for attendance guidelines.			
Job Element #7: Work Place Safety Ensure adherence to established Department safety guidelines.	N/R	N/A	N/R
Overall Rating (Scale: 1 to 1.50 = DMS; 1.51 to 2.50 = MS; 2.51 to 3 = ES) (A "does not meet standards" rating may affect adjustments based on merit (NAC 284.194) and longevity pay (NAC 284.270). Another evaluation must be completed within 90 days (NRS 284.340).)	2.28	100%	2.44
<p>15. Rater's Comments: (A "does not meet standards" rating for any job element must include a detailed explanation of the deficiencies.)</p> <p>Job Element #1 - Cara, you have earned Meets Standard in Processing Delinquent Accounts. During the first three months, you have completed a total of 173 letters, or an overall average of 58 per month. While this meets the number you are required to complete by the end of the 7 month, be careful that you do not rush to complete an account and turn it in for approval without making necessary corrections and ultimately reducing your overall productivity level. In addition, you have processed 223 tax returns or 34.84% of the total returns completed during the period. Again, make sure the proper steps and comments are included on the VISTA system to ensure account activity is complete.</p> <p>During the review period, you also completed 40 renewals or an average of 28.98%. You are also at or above standard in this area.</p> <p>Job Element #2 - Collection/Referral of Delinquent Accounts is not rated at this time. Weighted factor has been added to job element #1, where training to this point has been focused.</p> <p>Job Element #3 - Cara, you have earned Meets Standard in Statistical Reports and Corresponding Logs. Make sure you turn in your weekly reconciliation of the check log timely and ensure all errors have been corrected prior to submission.</p> <p>Job Element #4 - Cara, you have earned Meets Standard in Training. Make sure you work with your trainer to ensure all bi-weekly training forms are properly filled out and turned in. This enables me to track your progress and note your confidence in each of the tasks you are being trained in.</p> <p>Job Element #5 - Cara, you have earned Meets Standard in Other Duties. During your first three months you have not been assigned much outside of your normal course of duties, but you have been very cooperative and willing to assist wherever requested. Make sure you complete your DARS on a daily basis and submit your timesheet accurately and timely.</p> <p>Job Element #6 - Cara, you have earned Exceeds Standard in the related factors. You have demonstrated a high level of cooperation and have shown great initiative by taking on additional responsibilities and assisting wherever needed. Your judgment is sound. Your attendance is also honorable and within the requirements of our attendance P &amp; P. You have also volunteered to assist the Activities Committee. Thank you.</p>			

Employee Appraisal & Development Report - Page 5

Employee Name: (Last) O'Keefe		(First) Cara	(Initial) L
Social Security #:			
14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).)	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<p>16. Development Plan &amp; Suggestions: <i>(The supervisor addresses how the employee can enhance performance and achieve standards; indicates recommendation for further development and training. This section should be discussed with the employee.)</i></p> <p>Cara, from the day you started here, you have had a can-do attitude. Motor Carrier was in the peak of renewal season and you had no idea how to navigate through our programs, assist the customers, etc., yet you continually volunteered to assist where needed. You took a very stressful period of time and handled it beautifully.</p> <p>In the past three months, you have continued to excel in your knowledge of Revenue processes. You think through the situation before coming to a conclusion. Even when you have not had the right answer, you accept the correction and learn from your mistakes.</p> <p>Additionally, you have volunteered to represent Motor Carrier on the Activities Committee. You understand the responsibility to your primary job as a Revenue Officer and are careful to balance your involvement with the committee to prevent conflict with your role as an RO.</p> <p>You are already handling accounts with a higher level of difficulty, and while you still need some direction and assistance, you have adapted very well. Continue to work on these accounts, I would also like you to begin working on some of the older bad debt accounts. These require some significant research, but I am confident you can handle it. I anticipate you will continue to excel and I look forward to watching your progress. Again, make sure you take the time to thoroughly research and complete the accounts accurately as this actually saves time in the long run.</p> <p>Cara, I anticipate your ratings will continue to increase once you begin performing the job elements independently. Thank you for your hard work and dedication to your job as a Revenue Officer.</p>			

Distribution: Original to Department of Personnel; Copy to Agency; Copy to Employee; Copy to Supervisor

NPD-15 Rev. 7/03

Jim Gibbons  
Governor



Genny Lewis  
Director

Office of the Director  
Employee Development - Training Unit  
665 Wright Way  
Carson City, Nevada 89711  
(775) 684-4612  
[www.dmvnv.com](http://www.dmvnv.com)

I have viewed the videotape entitled "Avoiding Sexual Harassment, Beyond a Shadow of a Doubt," and read the enclosed Office of the Governor, Policy against Sexual Harassment, Discrimination and DMV policy 3.14.1 and have reviewed the presentation of Preventing Sexual Harassment in the Workplace. By my signature below, I indicate that I fully understand the DMV Sexual Harassment policy.

	CARA L. OWENS	1/30/07
Employee's signature	Employee's printed name	Date
		01/30/07
Instructor's signature		Date

cc: DMV Personnel File  
Supervisor's File

RECEIVED

FEB 06 2007

NY DEPT. OF  
PERSONNEL RECORDS

810-4717

STATE OF NEVADA EMPLOYMENT PERSONAL INFORMATION									
Employee ID		Name <b>O'KEEFE, CARA L.</b>		Agency <b>810</b>		Home On <b>4717</b>			
ATR (Employee Address) <b>1775 MYLES WAY</b>		Birthdate <b>07 / 16 / 1971</b>		Place of Birth <b>Sacramento, Ca</b>		Ethnicity <b>W</b>			
Citizenship Status <input checked="" type="checkbox"/> Natural Citizen <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Alien		Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Marital Status <b>M</b> County of Residence <b>CC</b> Education Degree <b>12</b>		Agency Entered Records Entered		Initials	
User Fields 1. <input type="checkbox"/>		2. <input type="checkbox"/>		3. <input type="checkbox"/>		4. <input type="checkbox"/>			
B. ADDR (Employee Address)		In accordance with NAC 284.718.2, do you wish to list your home address as confidential? <input checked="" type="radio"/> Yes <input type="radio"/> No							
Effective Date <b>12-11-06</b>		Home Address <b>1775 MYLES WAY</b>		Mailing Address <b>555 WRIGHT WAY</b>					
City <b>CARSON CITY</b>		State <b>NV</b>		City <b>CARSON CITY</b>		State <b>NV</b>			
Zip <b>89701</b>		County <b>CC</b>		Zip <b>89711</b>		County <b>CC</b>			
Phone <b>775-883-2134</b>		Ext <b></b>							
C. EMER (Emergency Contact "Optional")									
1. Last Name <b>O'Keefe</b>		First <b>William</b>		MI <b>A</b>					
Address <b>1775 Myles Way</b>									
City <b>Carson City</b>		State <b>NV</b>							
Zip <b>89701</b>		County <b>CC</b>							
Home Phone <b>775-883-2134</b>		Ext <b></b>		Work Phone <b>775-783-0244</b>		Ext <b></b>		Relationship <b>Spouse</b>	
Comments <b>Cell # 775-721-4647</b>									
2. Last Name <b>Navarro</b>		First <b>Crystal</b>		MI <b>K</b>					
Address <b>9916 E. Garden Gate Way</b>									
City <b>Carson City</b>		State <b>NV</b>							
Zip <b>89706</b>		County <b>CC</b>							
Home Phone <b>775-883-7534</b>		Ext <b></b>		Work Phone <b>775-443-9456</b>		Ext <b></b>		Relationship <b>Sister</b>	
Comments <b>stay @ home mom</b>									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>DEC 18 2006</b>  <b>NV DEPT OF PERSONNEL RECORDS</b> </div>									
D. ENCH (Employee Name Change)		E. EIDC (Employee ID Change)		New Employee ID <b></b>					
Effective Date <b></b>									
New Name - First <b></b>									
Last <b></b>									
Suffix <b></b>									
F. USR1 (Beneficiary Information)									
Effective Date <b>12-11-06</b>									
1. Last Name <b>O'Keefe</b>		First <b>William</b>		MI <b>A</b>		2. Last Name <b>O'Keefe</b>		First <b>Brittany</b> MI <b>M</b>	
Address <b>1775 Myles Way</b>						Address <b>1775 Myles Way</b>			
City <b>Carson City</b>		State <b>NV</b>				City <b>Carson City</b>		State <b>NV</b>	
Zip <b>89701</b>						Zip <b>89701</b>			
RRT <b></b>						RRT <b></b>			
Employee Signature <b>Cara J O'Keefe</b>				Date <b>12 / 11 / 06</b>					
My signature certifies that I have read and understood the beneficiary information printed on the back of this form.									
Certification of the Appointing Authority This data stated herein is correct and complete and in accordance with State law									
Appointing Authority Signature <b>[Signature]</b>		Date <b>12-12-06</b>		Certified by Department/Agency Personnel Rep. <b>[Signature]</b>		Date <b>12-11-06</b>		Certified by State Personnel Department <b>[Signature]</b>	
Signature		Date		Signature		Date		Date	

PRINTED ON : 10/14/2006

OFFICE  
OF THE  
ATTORNEY GENERAL

~~SECRET~~ 05 2006

**CERTIFICATE and SIGNATURE Required for all persons except where the Employer has institutional coverage with the State and is not available for signature, by any contractors.**

Employee Signature: [Signature]  
My signature certifies that I have reviewed and understand the information contained on this form.

Date 12/1/06

NAVY DEPT. OF -  
PERSONNEL RECORDS

For Thompson Only: Submit proof of gross weekly earnings and employer's overtime rates. If the existing contract is amended to pay an increase for MAC 204.054.1

THIS DATA REPORTED (printed or dictated) FOR 0000-0000, FOR AN ACCIDENT/INCIDENT INVOLVING A MOTOR VEHICLE OPERATOR. [Signature] 12/11/06 Date		SIGNATURE OF OPERATOR/VEHICLE OPERATOR [Signature] Signature 40201 12/11/06 Phone No. Date		DATE OF CRASH REPORT OR ARRIVAL 12-12-06 SIGNATURE OF OFFICE PERSONNEL OPERATOR R. Olegua Signature	
--	--	--	--	---	--

Wednesday, November 29, 2006

RECEIVED

NOV 28 2006

DEPARTMENT OF ADMINISTRATION  
PERSONNEL

Dear Sandio:

Please let this letter serve as my resignation. It is with deep regret that my last day will be December 10<sup>th</sup> as I have leave on the 7<sup>th</sup> and 8<sup>th</sup>. I have been offered, and have accepted, a Revenue Officer II position with the DMV. This office has been wonderful to work for and I personally would like to thank you for the opportunity to work for you. You have been a great boss!

Sincerely,

*Cara L. O'Keefe*

Cara L. O'Keefe

*(20)*

11-29-06 10:08 AM *gr. Reed*

STATE OF NEVADA - EMPLOYMENT STATUS MAINTENANCE TRANSACTION / ESMT - A											
A1. Job Assignment											
Employee ID:			ESMT - A Transaction ID#:								
Name/First			Middle			Last			Suffix		
CARA			L			O'KEEFE					
App. ID.	Effective Date		Expiration Date								
	12/11/2006										
Personal Action		Reason	Emp Status	Position Status		Records Date Rec'd.					
1. TRIN		015V	A	Active Permanent							
2. PHM2		015	A	TRIN IN AND PROM UNRANKED LIST							
3. Personal Action		Reason	Emp Status								
Assignment Information		BENEFIT		Position #		%Full time		Table Driven Pay		Grade	
Agency Home Org.		<input checked="" type="radio"/> Yes		CC4036		1.00		<input checked="" type="radio"/> Yes		33	
BIB 4717		<input type="radio"/> No						<input type="radio"/> No		01	
		<input type="radio"/> N/A								Rate of Pay - Biweekly	
2. Dates											
Probation/Trial Start		Probation/Trial End		Pay Progression Start		Continuous Service Date		Leaves Progression Start		List#	
12/11/2006		12/11/2007		12/11/2006		1/17/2006		1/17/2006		7201517	
3. Assignment Attributes - Position Attributes											
Payroll Number		Title		Sub-Title		Pay Class		Title Description			
CNTL		07.233		0		ESOH		REVENUE OFFICER II			
4. Pay Parameters											
Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date						
Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date						
Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date						
Pay Type	A/P Ind	Amount	Percent	Effective Date	Expiration Date						
						<div style="border: 1px solid black; padding: 2px;">           Overrides            Pay Policy            PP02            LPO1            LPO1            Benefit/Deduction Pay            DP08            Overtime Profile            OP08 - O.T. over 8 hrs in a day         </div>					
ASVD (Agency Specific Data)											
Pay Location		Work Location		Work Location Phone 1		Extension		Work Location Phone 2		Extension	
CCDMV3		CCDMV1		775-684-4900							
PENS (Pension Profile)											
Employer Portion		Employee Portion									
Pension System	Deduction Type	Deduction Plan	Effective Date	Pension System	Deduction Type	Deduction Plan	Effective Date				
PERS	PERBR	CPRN	01-17-86	PERS							
Tax (Employee Tax Parameters)				E. EMPD (Employee Duty Location)				F. EMRA (Employee Roll Assignment)			
Effective Date		FICA Class		Duty Location		Manager		Supervisor		Pension Transaction ID#	
				CC0J30		<input type="radio"/> Yes		<input type="radio"/> Yes			
						<input type="radio"/> No		<input type="radio"/> No			
						<input checked="" type="radio"/> N/A		<input checked="" type="radio"/> N/A			
CERTIFICATE and SIGNATURES Required for all actions except when an employee has terminated service with the State and is not eligible for signature, or for error corrections.											
Employee Signature: <u>[Signature]</u> Date: <u>12/14/06</u> My signature certifies that I have read and understood the information completed on this form. For Transfer Only: Initial here if your agency accepts the employee's overtime liability. If no, outgoing agency is to pay off balance per NAC 284.254.1.											
Certification of the Appointing Authority that the data entered is correct and complete and in accordance with State Law and Regulations.											
Appointing Authority Signature				Certified by Department/Agency Personnel Rep.				Date Entered/Verified			
<u>[Signature]</u>				<u>[Signature]</u>				<u>12-14-06</u>			
Date				Signature				Signature			
12-12-06				12-11-06				<u>[Signature]</u>			



Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last <u>O'HEEPE</u>	First <u>CARA</u>	Middle Initial <u>L</u>	Maiden Name <u>CONANT</u>
Address (Street Name and Number) <u>1115 MYLES WAY</u>		Apt. # <u></u>	Date of Birth (month/day/year) <u>7-10-71</u>
City <u>Carson City</u>		State <u>NV</u>	Zip Code <u>89401</u>
Social Security # <u></u>			

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen or national of the United States  
☐ A Lawful Permanent Resident (Alien #) A  
☐ An alien authorized to work until 11  
(Alien # or Admission #)

Employee's Signature Cara L O'Heepe Date (month/day/year) 12/11/06

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature  Print Name   
Address (Street Name and Number, City, State, Zip Code)  Date (month/day/year)

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: <u></u>		<u>Nebraska Drivers License</u>		<u>Social Security Card</u>
Issuing authority: <u></u>		<u>State of Nebraska</u>		<u>Social Security Admin</u>
Document #: <u></u>		<u>0801701691</u>		<u></u>
Expiration Date (if any): <u>1/1</u>		<u>7/1/06</u>		<u>12/01/06</u>
Document B: <u></u>		<u></u>		<u></u>
Expiration Date (if any): <u>1/1</u>		<u></u>		<u></u>

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 12/11/06 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Robert C. Boyer Print Name Robert C. Boyer  
Business or Organization Name MinV 655 Wright Way Address (Street Name and Number, City, State, Zip Code) Carson City NV 89701 Title Personnel Tech  
Date (month/day/year) 12-11-06

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable) <u></u>	B. Date of update (month/day/year) (if applicable) <u></u>
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: <u></u>	Document #: <u></u> Expiration Date (if any): <u>1/1</u>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative  Date (month/day/year)

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**SEXUAL HARASSMENT AND DISCRIMINATION POLICY ACKNOWLEDGEMENT**

EMPLOYEE NAME CARA L. OKEEFE

SOCIAL SECURITY # \_\_\_\_\_

DEPT/DIV/AGENCY/ORG# 810 4717

☒ I have read and understand the Governor's Policy Against Sexual Harassment and Discrimination.

EMPLOYEE SIGNATURE [Signature] DATE 12/11/06

SUPERVISOR SIGNATURE [Signature] DATE 12-11-06

\\WPDOCS\FRM\ADM\frms\Adm-21.doc  
2/14/2003

## ACKNOWLEDGMENT

I, CARA L OHEERE hereby certify that I have received a copy of the State's policy regarding the maintenance of a alcohol/drug free workplace and I acknowledge this policy as a condition of employment with the State of Nevada.

810 4717  
Department Division

CARA L OHEERE 12/11/06  
Name (Print) Date

[Signature]  
Signature

Witness' Signature (Required if employee refuses to sign)  
Acknowledging the employee received the alcohol/drug-free workplace policy and employee refuses to sign.

Title of Witness

TS-58  
7/98

N:\WPDOCS\FRM\TS\tsm\TS-58-Alco-DrugSgn.doc

# Form W-4 (2006)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 15, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

**Exemption.** You cannot claim exemption from withholding if (a) your income exceeds \$500 and includes more than \$500 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return. See instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet on page 2 adjust your withholding allowances based on limited deductions, certain credits, adjustments to income, or two-

earned/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or two) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line 6 below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 519, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 519 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 519, especially if your earnings exceed \$150,000 (single) or \$180,000 (married).

**Recent name change?** If your name on line 4 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your current name.

## Personal Allowances Worksheet (Keep for your records)

<b>A</b> Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b> Enter "1" if: <input type="checkbox"/> You are single and have only one job; or <input type="checkbox"/> You are married, have only one job, and your spouse does not work; or <input type="checkbox"/> Your wages from a second job or your spouse's wages (for the total of both) are \$1,000 or less. . . . .	<b>B</b> _____
<b>C</b> Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b> Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b> Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____
<b>F</b> Enter "1" if you have at least \$1,000 of child or dependent care expenses for which you plan to claim a credit. (Note: Do not include child support payments. See Pub. 505, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b> _____
<b>G</b> Child Tax Credit (including additional child tax credit): <input type="checkbox"/> If your total income will be less than \$55,000 (\$52,000 if married), enter "2" for each eligible child. <input type="checkbox"/> If your total income will be between \$55,000 and \$84,000 (\$52,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. . . . .	<b>G</b> _____
<b>H</b> Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. <input type="checkbox"/> If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. <input type="checkbox"/> If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$55,000 (\$52,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. <input type="checkbox"/> If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. . . . .	<b>H</b> _____

Out here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> 2006	
Type or print your first name and middle initial: <b>DAVID L</b>		Last name: <b>CHERRY</b>	
Home address (number and street or rural route): <b>1715 MYLES WAY</b>		City or town, state, and ZIP code: <b>CARSON CITY, NV 89701</b>	
3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher single rate. (Note: If married, but legally separated, or again a nonresident alien, check the "Single" box.)		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>	
5 Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2: <b>5</b>		6 Additional amount, if any, you want withheld from each paycheck: <b>\$</b>	
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. <input type="checkbox"/> Last year I had a refund of all federal income tax withheld because I had no tax liability and <input type="checkbox"/> This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. <b>Exempt</b>			
Under penalty of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. Taxpayer's signature: <b>David L Cherry</b> Date: <b>12/11/06</b>			
8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS): <b>Dmv</b>		9 Office code (optional): <b>810</b>	
10 Employer identification number (EIN): <b>9717</b>		For Privacy Act and Paperwork Reduction Act Notice, see page 2.	



That's part of your job. Give your employer a chance to fix the problem. If you think the unsafe condition still exists, it is your right to file a complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations. The Division will not give your name to your employer.

There are laws that protect you if you are punished for filing a safety and health complaint. If you feel you have been treated unfairly for making a safety and health complaint, you have 30 days from the date of the punishment to file a discrimination complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations.

Most workplace injuries are covered by Workers' Compensation Insurance - turn out and discuss to serious accidents. Coverage begins the first minute you're on the job.

It is your responsibility to report any on-the-job injury immediately. Your employer must file an Employee's Report of Injury (E-2 form) within six working days after the receipt of a "Claim for Compensation" (C-4 form) from a physician or chiropractor.

Remember, it is illegal to file an industrial insurance claim if you are not injured on the job. Filing a false claim will result not only in a loss of benefits, but could mean costly fines and/or jail time.

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SEP 26 2005

DEPARTMENT OF INDUSTRY RELATIONS



The Nevada Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. But it is up to you to make sure that job safety works. There are some tips to help you stay safe on the job.

Know and follow all safety rules set by:

- Your employer
- The Nevada Occupational Safety and Health Act
- The Division of Industrial Relations, Occupational Safety and Health Enforcement Section

You can get copies of all Nevada safety and health standards from the Safety Consultants and Training Section of the Division of Industrial Relations or on the web at [www.idr.state.nv.us](http://www.idr.state.nv.us).

Also, your employer may be required to have a written workplace safety program.

If your employer requires personal protective equipment, such as head lams, safety shoes, safety glasses, respirators, or ear protection, you are responsible to wear and/or use the equipment.



Do not remove any safety device or machine guard. If you do not get hurt, you will have some under- compensation benefits.

If you do not know how to safely use tools, equipment or machinery, be sure to ask your supervisor.

If you see something that's unsafe, report it to your supervisor.



Stop and Learn Your Rights and Responsibilities



The Division of Industrial Relations of the Nevada Department of Business & Industry helps employers provide a safe and healthy workplace. This document explains the respective responsibilities of both employers and employees in creating a safe working environment.

RECEIVED

NOV 16 2006

NEV DEPT OF PERSONNEL RECORDS

SS#

086-1371

everyone's responsibility.

I have (check one) ☒ read this document or ☐ viewed the videotape, entitled "Nevada Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) CARA O'NEEFE

Date 11/21/06

Employee's Signature Cara O'Neefe

Place of Viewing Videotape NO

Employer's Name (please print) STATE OF NEVADA

Employer's Signature (or representative) [Signature]

Any employee who does not understand this document should contact the supervisor, employer representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.

1600 Wynn 1/707 436-1143  
Reno 1/776 824 6530  
Las Vegas 1/775 710 3312  
Toll Free: 1/877 454 1307

Note: This portion must be maintained in the employee's personnel file.

STATE OF NEVADA EMPLOYMENT STATUS MAINTENANCE FORM (ACTION RESIST - A)

A.1 Job Assignment

PRINTED ON 8 09/02/2006

CARE		00KEEFE	
09/26/06	#061006462008910.		
1. R. G. CHURCH	POS-STAT: ACTIVE PERMANENT POSITION		
Change to Variable Work Week.			
0000	1371	0015	2301

A.2 Dates

01/17/06	01/17/06	01/17/06	01/17/06	01/17/06
----------	----------	----------	----------	----------

A.3 Assignment Attributes - Position Attributes

CNTL	02-303	0	E B U H	ACCOUNTING ASSISTANT 2	P P 0 2
------	--------	---	---------	------------------------	---------

A.4 Pay Parameters

ACTIVE	AP 00	ADJ 01	ADJ 01	ADJ 01	ADJ 01
ACTIVE	AP 00	ADJ 01	ADJ 01	ADJ 01	ADJ 01
ACTIVE	AP 00	ADJ 01	ADJ 01	ADJ 01	ADJ 01
ACTIVE	AP 00	ADJ 01	ADJ 01	ADJ 01	ADJ 01

B. AGENCY (Agency Specific Data)

CCADHA	CCADHA	1 (775) 684-0259	( )	( )	( )	( )	( )
--------	--------	------------------	-----	-----	-----	-----	-----

C. PERS (Personnel Profile)

PERS	PERS	CPERS	01/17/06	PERS	PERS	PERS
------	------	-------	----------	------	------	------

D. TAX (Employee Tax Parameters)

08/27/06	B
----------	---

E. EMPD (Employee Duty Location)

CC0078
--------

F. EMRA (Employee Role Assignment)

ACTIVE
INACTIVE
N/A

G. EMPRA (Employee Role Assignment)

RECEIVED
----------

CERTIFICATE and SIGNATURE: Required for all actions except where an employee has terminated services with the State and is not available for signature, or by any conditions.

Employee Signature: *[Signature]* Date: 9/29/06

For Transfers Only: I hereby certify that I have read and understand the information completed on this form.

APPROVED BY THE APPOINTING AUTHORITY	APPROVED BY THE EMPLOYEE	DATE RECEIVED
<i>[Signature]</i>	<i>[Signature]</i>	10-10-06
APPOINTING AUTHORITY Signature	Date	Signature

FORM A (P-06)

DEPARTMENT: Administration AGENCY/HOME ORG: 1371-086  
DIVISION: Administrative Services RECEIVED  
SECTION: \_\_\_\_\_ SEP 26 2006

REQUEST FOR VARIABLE WORKDAY SCHEDULE

DEPARTMENT OF ADMINISTRATION  
PERSONNEL

NRS 284.180, subsection 6, states: "For employees who choose and are approved for a variable workday, overtime will be considered only after working 40 hours in one week."

I, CRA OHETE, hereby choose and request approval for  
(Print Name)  
a variable workday schedule. I understand that by doing so, I may with supervisory approval, adjust my work schedule in a week so I work more than 8 hours a day, provided I do not exceed 40 hours in a workweek without supervisory approval.

I further understand that this agreement may be rescinded by either party giving 30 working days notice.

Entered into this 14<sup>th</sup> day of September in the year 2006

CRA OHETE 9/14/06  
Employee's Signature Internal ID Date

Approved by: [Signature] 9/24/06  
Supervisor's Signature Date

Approved by: [Signature] 9-26-06  
Appointing Authority's Signature Date

Note: An employee approved for a variable workday schedule must have the appropriate variable work cycle code entered into the ADVANTAGE-HR IFS system. Complete the work cycle code on the ESMT-A under agency specific data. Submit the ESMT-A along with the original signed copy of this document to State Personnel Records.

Distribution: Original, State Personnel Records  
Employee  
Department/Division  
Agency Personnel File

CH:tw  
7/2/05  
5/22/05

2006 SEP 22 AM 11:32

State of Nevada  
Department of Administration  
Administrative Services Division

2006 SEP 22 AM 11:32

Adjustments to Variable Schedule Policy  
Effective 8-24-05

The following policy to be followed in approving adjustments to employees working on a variable schedule:

1. A regular schedule is a work shift Monday through Friday from 8am to 12am and 1pm to 5pm.
2. A variable schedule is a work shift other than Monday through Friday from 8am to 12am and 1pm to 5pm.
3. A variable schedule may only be worked once a form is completed and approved per State Personnel.
4. Each employee may select a set variable schedule that begins no earlier than 7am and ends no later than 5:30 pm with at least a half hour lunch. The Administrator must approve permanent changes to a set variable work schedule in advance.
5. Each employee must take at least a half hour, and no longer than one hour, lunch commencing no later than 6 hours after start of shift or 2pm at the latest. The actual lunchtime must be noted on the timesheet.
6. A variable schedule must be the same each day, Monday through Friday.
7. Prior approval by the Administrator, Administrative Services Officer II, or the Budget Analyst III is required to adjust the variable schedule to allow for appointments, etc. Adjustments to a variable schedule will be the exception and not a routine. Account Technician's initial off must be in accordance with this policy. Final prior approval is not granted until signed by Administrator, Administrative Services Officer II, or the Budget Analyst III.
8. Flextime will be approved under the following conditions:
  - a. No more than 1 event per week, an employee may flex one event up to 15 minutes, made up during the same day (i.e. coming in late, late lunch, leaving early, etc.)
  - b. An employee may flex medical appointments as often as needed. Time must be made up during the same week, and no individual event may exceed 4 hours. Medical documentation may be requested. A



c. An employee may flex personal time one event per timesheet. Time must be made up during the same week, and no individual event may exceed 4 hours. Consistently requesting every other Friday off will not be approved.

9. The total of all flextime off may not exceed 4 hours per week.

10. In the event of an unforeseen situation and the employee desires to work an adjusted shift, approval must be requested immediately upon knowledge. Approval of unforeseen events will be handled on a case-by-case basis.

11. Employees who do not have sufficient annual will not be allowed to adjust a shift by more than 2 hours to cover a requested leave unless an emergency situation exists.

*Gina Obade 9/14/06*  
Employee Signature and Date

2006 SEP 22 AM 11:33

# Form W-4 (2006)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 15, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$500 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on tax-exempt deductions, certain credits, adjustments to income, or two-

earned/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line 6 below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Marriage income.** If you have a large amount of marriage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earned/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 9223 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$150,000 (Single) or \$100,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for yourself if no one else can claim you as a dependent. **A** \_\_\_\_\_

**B** Enter "1" if: **B** \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

**C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** \_\_\_\_\_

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. **D** \_\_\_\_\_

**E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,000 of child or dependent care expenses for which you plan to claim a credit. **F** \_\_\_\_\_

**Note.** Do not include child support payments. See Pub. 883, Child and Dependent Care Expenses, for details.

**G** Child Tax Credit (including additional child tax credit): **G** \_\_\_\_\_

- If your total income will be less than \$65,000 (\$82,000 if married), enter "2" for each eligible child.
- If your total income will be between \$65,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

**H** Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) **H** \_\_\_\_\_

**For accuracy, complete all worksheets that apply.**

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$65,000 (\$85,000 if married) see the Two-Earned/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 6 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

**Form W-4** **Employee's Withholding Allowance Certificate** **OMB No. 1545-0047**

**2006**

Department of the Treasury Internal Revenue Service

**1** Type or print your first name and middle initial. **Last name**

**2** Your social security number

**3** ☐ Single ☒ Married ☐ Married, but withheld at higher Single rate. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

**4** If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ☐

**5** Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **6** **7**

**8** Additional amount, if any, you want withheld from each paycheck **8** **9**

**7** I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption.

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. **7**

Under penalty of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature **8** **9** **10**

(Form is not valid unless you sign it.) **8** **9** **10**

**8** Employer's name and address (Employer: Complete lines 8 and 9 only if sending to the IRS.) **9** Office code (optional) **10** Employer identification number (EIN)

**11** **12** **13**

**11** **12** **13**

Per Privacy Act and Paperwork Reduction Act Notice, see page 2.

Oct. No. 102200

Form W-4 (2006)

25 2006



**Everyone's Responsibility**

I have (check one) ☒ read this document or ☐ viewed the videotape, entitled "Newark Workplaces Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) Carol O'Keefe Date 8/14/06

Employee's Signature Carol O'Keefe

Place of Working Videotape \_\_\_\_\_

Employer's Name (please print) Admain: Admain Svc

Employer's Signature (or representative) Christa Blaberg

*Note: This portion must be maintained in the employee's personnel file*

Any employee who does not understand this document should contact the or her supervisor, employee representative or the Bureau of Industrial Relations of the Newark Department of Business & Industry.

For more information:  
Newark: (973) 486-7140  
Hudson: (973) 688-1474  
Morris: (973) 778-3312  
Toll-free: (877) 454-BNY

## ACKNOWLEDGMENT

I, CARA O'KEEFE hereby certify that I have received a copy of the State's policy regarding the maintenance of a alcohol/drug free workplace and I acknowledge this policy as a condition of employment with the State of Nevada.

ADMINISTRATION  
Department

ADMIN. SERVICES  
Division

CARA L. O'KEEFE  
Name (Print)

8/14/06  
Date

Cara J. Gresh  
Signature

Witness' Signature (Required if employee refuses to sign)  
Acknowledging the employee received the alcohol/drug-free workplace policy and employee refuses to sign.

\_\_\_\_\_  
Title of Witness

TS-SH  
7/98

N:\WPDOCS\FRMTS\mst\TS-SH-Alco-DrugStrat.doc

DEPARTMENT OF ADMINISTRATION

USE OF STATE PROPERTY

ACKNOWLEDGMENT

I, L. CARA O'KEEFE hereby certify that I have received a copy of the  
(Please Print Name)

Department of Administration's policy regarding the use of state property and I acknowledge this policy as a condition of employment with the State of Nevada, Department of Administration.

L. CARA O'KEEFE  
(Signature of Employee)

8/14/06  
Date

(Serial Security Number)

ADMINISTRATION  
Agency Name Org (Budget Account #)

ADMIN SERVICES  
Division Employed

THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT

**SEXUAL HARASSMENT AND DISCRIMINATION POLICY ACKNOWLEDGEMENT**

EMPLOYEE NAME CARA CHEFFE

SOCIAL SECURITY # \_\_\_\_\_

DEPT/DIV/AGENCY/ORG# ADMINISTRATION / ADMIN SERVICES



I have read and understand the Governor's Policy Against Sexual Harassment and Discrimination.

EMPLOYEE SIGNATURE Cara J. Greef DATE 8/14/06

<sup>Rep</sup>  
SUPERVISOR SIGNATURE Kate Holmberg DATE 8/14/06

N:\WPDOCS\PRM\ADM\forms\A6a-21.doc  
10/14/2009

STATE OF NEVADA EMPLOYMENT PERSONAL INFORMATION ESNM-2

Employee ID F Name Cara L. O'Keefe  
 A. AVER (Employee Attributes) Agency 086 Home 1371  
 Birthdate 07/16/1971 Ethnicity [X]  
 Place of Birth Sacramento, CA  
 Citizenship Status Gender Marital Status  
☒ Natural Citizen ☐ Male ☐ Married  
☐ Naturalized Citizen ☒ Female ☐ County of Residence CC  
☐ Alien Education Degree 14  
 User Fields 1. ☐ 2. ☐ 3. ☐ 4. ☐  
 D. ADDR (Employee Address) In accordance with NAC 284.718.2, do you wish to list your home address as confidential? ☐ Yes ☒ No  
 Effective Date 1/1 If yes is indicated, two different addresses are required.  
 Home Address 1715 Myles Wy Mailing Address \_\_\_\_\_  
 City Carson City State NV City \_\_\_\_\_ State \_\_\_\_\_  
 Zip 89701 County CC Zip \_\_\_\_\_ County \_\_\_\_\_  
 Phone 775-883-2139 Ext. \_\_\_\_\_  
 060829032785  
 First Crystal M ☐  
 1. Last Name Navarro Address 2916 E. Garden Gate  
 City Carson City State NV  
 Zip 89701  
 Home Phone 775-883-7539 Ext. \_\_\_\_\_ Work Phone ( ) - ( ) - ( ) Relationship sister  
 Comments \_\_\_\_\_  
 2. Last Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Home Phone ( ) - ( ) - ( ) Ext. \_\_\_\_\_ Work Phone ( ) - ( ) - ( )  
 Comments \_\_\_\_\_  
 D. ESNM (Employee Name Change) E. ESDC (Employee ID Change) AUG 24 2006  
 Effective Date 1/1 New Employee ID \_\_\_\_\_  
 New Name - First \_\_\_\_\_ NV DEPT. OF  
 Middle \_\_\_\_\_ PERSONNEL RECORDS  
 Last \_\_\_\_\_  
 Suffix \_\_\_\_\_  
 P. USM (Boundary Information) Effective Date 1/1  
 Last Name O'Keefe First William M ☐  
 Address 1715 Myles Wy  
 City Carson City State NV  
 Zip 89701  
 SSN 100  
 \* Employee Signature Cara L. O'Keefe Date 8/14/06  
 My signature certifies that I have read and understood the Boundary Information printed on the back of this form.  
 (Signature of the Submitting Authority) Cheri Abbott Date 8-14-06 Phone 84022  
 (Signature of the Submitting Authority) Kate Adams Date 8-14-06 Phone 84022  
 (Signature of the Submitting Authority) VA Date 08/25/06





Agency Use Only

RECEIVED

Personnel Use Only



JUL 26 2006

NV DEPT. OF  
PERSONNEL RECORDS

# DEPARTMENT OF PERSONNEL EMPLOYEE APPRAISAL & DEVELOPMENT REPORT

1. Employee Name: Last <u>O'Keefe</u>		First <u>Cara</u>	Initial <u></u>
2. Class Title: <u>Accounting Assistant II</u>		3. Social Security #: <u></u>	
4. Dept/Div/Section: <u>Taxation / Admin Services / Accounting</u>		5. Date Evaluation Due: <u>04/17/06</u>	
6. Agency # 130: <u></u>	Home Org # (4 digits): <u></u>	Position Control #: <u>311</u>	7. Date Next Evaluation Due: <u>8/17/06</u>
8. Probationary/Trial Period (check one):		Permanent (check one):	
6 month Probation/Trial: <input type="checkbox"/> 2 <sup>nd</sup> month <input type="checkbox"/> 5 <sup>th</sup> month <input type="checkbox"/> Other <input type="checkbox"/>		<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other <input type="checkbox"/>	
12 month Probation/Trial: <input checked="" type="checkbox"/> 3 <sup>rd</sup> month <input type="checkbox"/> 7 <sup>th</sup> month <input type="checkbox"/> 11 <sup>th</sup> month <input type="checkbox"/> Other <input type="checkbox"/>			
9. Work Performance Standards: <input type="checkbox"/> are an accurate reflection of the position <input checked="" type="checkbox"/> will be revised to reflect changes			
10. Overall Rating from Page 2, Number 14 (check one):			
<input type="checkbox"/> Does Not Meet Standards <input checked="" type="checkbox"/> Meets Standards <input type="checkbox"/> Exceeds Standards			
If a rating of "Does Not Meet Standards" is given, another evaluation must be completed within 90 days. The rating may affect adjustments in salary based on merit (NAC 284.194) and longevity pay (NAC 284.270).			
Rater's Signature & Title: <u>Robert J. Jones, Asst. Asst. IV</u> Date: <u>4/24/06</u> (mm/dd/yy)			
11. Employee Comments: (NAC 284.470 requires that you complete this section and sign the report on performance within 10 working days after discussion with your supervisor. If you disagree with the report and request a review, you must specify the points of disagreement.) <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Request Review			
Employee's Signature: <u>Cara J. O'Keefe</u> Date: <u>4/24/06</u> (mm/dd/yy)			
12. Reviewing Officer Review: <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
Reviewing Officer's Signature & Title: <u>Reginald W. Jones, Asst. Asst. IV</u> Date: <u>4-24-06</u> (mm/dd/yy)			
13. Appointing Authority Review: <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (Comment Required)			
Appointing Authority Signature & Title: <u>John J. Jones, ASO III</u> Date: <u>7/25/06</u> (mm/dd/yy)			

Distribution: (Original to Nevada Department of Personnel; Copy to Agency; Copy to Employee NPD-15 Rev. 7/03)

 AUG 1 3 2006

# Employee Appraisal & Development Report – Page 2

Employee Name: O'Keefe, Cara

Social Security #:

14. Job Elements (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A)).	(A) Rating	(B) Weighted Value	(C) Weighted Rating
<b>Job Element #1: Mail</b> Mail is received and processed in Aces and TAS in a timely manner with reasonable accuracy and efficiency to ensure monthly and quarterly roll deadlines are met.	2.0		
<b>Job Element #2: Posting</b> Tax returns and A/R payments received in the mail and lockbox are posted to Aces and TAS with accuracy and efficiency. Ensure posting requirements of two hours per day are met on a daily basis.	2.0		
<b>Job Element #3: Workplace Safety</b> Employee maintains knowledge of the Departmental Safety and Health Program policy and updates as they occur. Adheres to all workplace safety policies and procedures and reports all safety hazards immediately to the supervisor.	2.0		
<b>Job Element #4: Courteous treatment of public and co-workers.</b> Employee must maintain professional and cooperative interaction with the public and coworkers at all times. Employee advises assigned Supervisor of any unresolved matters involving co-workers and ensures that any issues involving discourteous treatment with public are brought to the attention of the supervisor immediately.	2.0		
<b>Job Element #5: Esprit De Corps</b> Employee exhibits common spirit of comradeship, enthusiasm and devotion to working together as a team. Employee openly communicates with Supervisors and Administrators regarding job dissatisfaction or other issues that arise. Employee participates in group discussions, staff meetings, etc., presenting ideas and thoughts regarding business processes.	2.0		
<b>Job Element #6: Other duties as assigned</b> Employee receives periodic special assignments from supervisors or administrators and seeks clarification as needed on information needed to complete assigned task. Completes assigned task within established timeframes and with desired results.	2.0		
<b>Overall Rating (Scale: 1 to 1.50 = DMS; 1.51 to 2.50 = MS; 2.51 to 3 = ES)</b> (A "does not meet standards" rating may affect adjustments based on merit (NAC 284.194) and longevity pay (NAC 284.270). Another evaluation must be completed within 90 days (NRS 284.340).)	2.0		
<b>15. Rater's Comments:</b> Work performance standards do not currently exist but are being developed and will be provided as quickly as possible. This evaluation is being based on primary assignments which are understood by the employee and carried out according to general office procedures.  Cara is viewed as a valued member of the accounting team. She is able to meet required timeframes in the performance of her duties with little or no assistance. Cara is very punctual and displays a good attitude. I am suggesting Cara review P&P 100.109 as a reminder that the internet and email are not for personal use during work hours.			
<b>16. Development Plan &amp; Suggestions:</b> Cara is encouraged to seek and participate in state sponsored training in areas of interest as well as to further enhance job performance. You are also encouraged to seek promotional opportunities within the Department or State government.			

Distribution: Original to Nevada Department of Personnel; Copy to Agency; Copy to Employee NPD-15 Rev. 7/03

A.1 Job Assignment

CASA		L		O'KEEFE	
08/12/06					
1. TROT	I	ACTIVE PERMANENT		#060803463538	
Transfer Out to Admin Svcs					
LDW 8/11/06					
1:30	2361	0319	1.00	0 YES	25.01
				0 NO	

A.2 Dates

01/11/06	01/11/06	01/11/06	01/11/06	01/11/06
----------	----------	----------	----------	----------

A.3 Assignment History - Position Assignment

COTE	02.203	0	ERON	ACCOUNTING ASST. 2	0.00
------	--------	---	------	--------------------	------

A.4 Pay Periods

Pay Period	From	To	Pay Rate	Pay Type	Pay Status

0.00
0.00
0.00
0.00

D. ADVT (Agency Specific Data)

CCDOT2	CCDOT1	(75) 684-2057	01/11/06	0	0	0
--------	--------	---------------	----------	---	---	---

E. PERM (Personal Profile)

PERM	PERM	PERM	01/11/06	0	0	0
------	------	------	----------	---	---	---

F. TAX (Employee Tax Information)

01/11/06	0
----------	---

G. EMPLOYER (Employer Data)

CCDOT2
--------

H. EMPLOYER (Employer Data)

0	0
0	0
0	0

CERTIFICATION and REMARKS: Required for all agency except where the employee has completed service with the State and is not available for signature, or for other certification.

Employee Signature:

*CASA J. O'Keefe*

Date: 7.27.06

My signature certifies that I have read and understood the information completed on this form.

For Transfer Only: Will you accept the employee's transfer? If no, accepting agency is required to pay all balance for NPG 854.124.1.

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AUG 03 2006

NV DEPT. OF PERSONNEL RECORDS

Signature: <i>Carole Harrington</i>	Date: 7/27/06	Signature: <i>Kevin Mick</i>	Date: 7/28/06	Signature: <i>Mitchway</i>	Date: 8-4-06
-------------------------------------	---------------	------------------------------	---------------	----------------------------	--------------

ENRFA (7-05)

PRINTED ON 8' 02/04/2006

PRINTED ON 8' 02/04/2006									
CARE				D'KEEFE					
08/17/06									
R N I X				POS. STATE ACTIVE PERMANENT POSITION					
A. G. C. H. C.				Change to Agency Spec R. O. A.				# 060223067700	
1 3 0 2 3 6 1				0 3 1 9		1 0 0 0		2 3 6 1	
YES NO N/A				YES NO		YES NO			

01 / AT / 766	01 / AT / 767	01 / AT / 768	01 / AT / 769	01 / AT / 770

A-1 Assignment Additions - Position Additions			
DATE	02-10-90	BY: R.O.H.	ACCOUNTING ASSISTANT 2

[illegible]

PERSONNEL RECORDS						DATE RECEIVED	
NAME	GRADE	SERIAL NUMBER	STATUS	REMARKS	DATE	TIME	
E.C.D.A.V.1	C.E.D.A.V.2.	(775) 684-4742					S
C.C.D.O.T.2	C.C.D.O.T.1	(779) 684-2087					

Employee Portion				Employee Portion			
PERSON NAME	EMPLOYMENT YEAR	EMPLOYMENT YEAR	EMPLOYMENT YEAR	PERSON NAME	EMPLOYMENT YEAR	EMPLOYMENT YEAR	EMPLOYMENT YEAR
P E R S	P E R S	C P E R S	01/17/06	P E R S			

D. Tax (Employee Tax Partnership)	
01/29/06	8
/ /	

11. CC0330 (Employee Duty Location)

**F. EISA (Employee Self-Assignment)**

STATUS	EMPLOYEE
<input type="radio"/> ACTIVE	
<input type="radio"/> INACTIVE	
<input type="radio"/> DATA	

STATUS	EMPLOYEE
<input type="radio"/> ACTIVE	
<input type="radio"/> INACTIVE	
<input type="radio"/> DATA	

Employee Signature Correcting document Date 2.23.06  
 I certify that I have read and understood the information contained on this form.

For Treatment Only \_\_\_\_\_ Indicate how your agency accepts the employee's smoking status. If no, indicate reason in comment to you on incident on 640; 354-354.1

RECEIVED BY THE OFFICE OF THE ATTORNEY THIS DATA BEING ACCORDING TO DEFENDANT AND DEFENSE ATTORNEY'S AFFIDAVIT THAT DEFENDANT IS NOT A FUGITIVE		RECEIVED BY DEFENDANT'S TRUSTEE OR AGENT, NAME _____ _____ (Signature)		DATE OF RECEIVING BY DEFENDANT 2-27-06	
_____ (Signature)		2/23/06		684-2059 2/23/06	
Approaching Authority Signature		Date		Plaintiff Name	

# Form W-4 (2005)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to withhold 0. Your exemption for 2005 expires February 15, 2006. See Pub. 505, Tax Withholding and Estimated Tax.

**Head of household exemption from withholding.** If (a) your income exceeds \$500 and includes more than \$200 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

conjoint job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line 2 below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expense and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 518, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Household income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two consecutive jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 9233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 519 to see how the dollar amount you are having withheld compares to your projected total tax for 2005. See Pub. 519, especially if your earnings exceed \$125,000 (single) or \$175,000 (married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for yourself if no one else can claim you as a dependent. . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
☐ You are single and have only one job; or   
☐ You are married, have only one job, and your spouse does not work; or   
☐ Your wages from a second job or your spouse's wages (for the total of both) are \$1,000 or less. . . . . **B** \_\_\_\_\_

**C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . . **F** \_\_\_\_\_

**G** Child Tax Credit (including additional child tax credit):   
☐ If your total income will be less than \$54,000 (\$79,000 if married), enter "2" for each eligible child.   
☐ If your total income will be between \$54,000 and \$84,000 (\$79,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. . . . . **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) **H** \_\_\_\_\_

**For accuracy, complete all worksheets that apply.**   
☐ If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
☐ If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.   
☐ If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

**Form W-4** **Employee's Withholding Allowance Certificate** **OMB No. 1545-0047** **2005**

Department of the Treasury Internal Revenue Service **1** Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

**1** Type or print your first name and middle initial **2** Your social security number   
**Corra L. Wheeler** **07666**

**3** ☐ Single ☒ Married ☐ Married, but withheld at higher single rate. (Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.)   
**1775 Miles Way** **4** If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ☐

**City or town, state, and ZIP code** **5** Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   
**Croton City NY 89001** **6** Additional amount, if any, you want withheld from each paycheck   
**7** I claim exemption from withholding for 2005, and I certify that I meet both of the following conditions for exemption.   
☐ Last year I had a refund of all federal income tax withheld because I had no tax liability and   
☐ This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.   
If you meet both conditions, write "Exempt" here **7** \_\_\_\_\_

Under penalty of perjury, I declare that I have completed this certificate and to the best of my knowledge and belief, it is true, correct, and complete.   
Employer's signature (Form is not valid unless you sign it) **8** Employee's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) **9** Office code (optional) **10** Employer identification number (EIN)   
**Corra L. Wheeler** **1120106**

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Oct. No. 102200

Form W-4 (2005)

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last Shee First Cara Middle Initial L Maiden Name Conant  
Address (Street Name and Number) 1775 Miles Way Apt. # 7-110-71  
City Carson City State NV Zip Code 89101 Social Security # 120106  
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.  
I attest, under penalty of perjury, that I am (check one of the following):  
☒ A citizen or naturalized of the United States  
☐ A Lawful Permanent Resident (Alien #) A 120106  
☐ An alien authorized to work until 12/31/06  
(Alien # or Admission #) Date (month/day/year)  
Employee's Signature [Signature] Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.  
Preparer/Translator's Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Address (Street Name and Number, City, State, Zip Code) \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as noted on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document Title: _____		<u>Driver's License</u>		<u>SSN</u>
Issuing Authority: _____		<u>State of Nevada</u>		<u>U.S. Govt.</u>
Document #: _____		<u>0201701671</u>		
Expiration Date (if any): _____		<u>7/16/06</u>		
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 1/16/06 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Barbara Morningstar</u>	Title <u>Personnel Analyst</u>
Business or Organization Name <u>State of Nevada Dept. of Taxation</u>	Address (Street Name and Number, City, State, Zip Code) <u>1530 E. C. 11th St. Carson City NV 89106</u>	Date (month/day/year) <u>1/20/06</u>

Section 3. Updating and Reverification. To be completed and signed by employer.

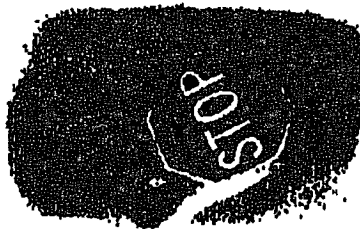
A. New Name (if applicable) \_\_\_\_\_ B. Date of return (month/day/year) (if applicable) \_\_\_\_\_  
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.  
Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_  
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.  
Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

NOTE: This is the 1991 edition of the Form I-9 that has been superseded with a current printing date to reflect the recent transition from the INS to DHS and its components.

Form I-9 (Rev. 03/31/05) Page 2



Stop and Learn Your  
Rights and Responsibilities



The Division of Industrial Relations of the Rhode Island Department of Business & Industry helps employers provide a safe and healthy workplace. This document explains the rights and responsibilities of both employers and employees in creating a safe working environment.

# Everyone's Responsibility

I have (which ever) ☒ signed this document or ☐ viewed the videotape, entitled "Rhode Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) CARA JOHNS Date 11/20/10  
 Employer's Signature Cara J. Johns  
 Place of Working Videotape \_\_\_\_\_  
 Employer's Name (please print) Taxation  
 Employer's Supervisor (or representative) Barbara Morningstar

Any employee who does not understand this document should contact the supervisor, personnel representative or the Division of Industrial Relations of the Rhode Island Department of Business & Industry.

Toll Free: (877) 634-1111  
 Fax: (773) 824-9530  
 Tel: (773) 719-3312  
 TDD: (773) 634-1111

NOTE: This portion must be maintained in the employee's personnel file.



It's part of your job. Give your employer a chance to fix the problem. If you think the unsafe condition will continue, it's your right to file a complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations. The Division will see that you receive your pay.

There are laws that protect you if you are paid for filing a complaint. If you have been treated unfairly for filing a complaint, you have 30 days from the date of the punishment to file a discrimination complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations.

Most on-the-job injuries are preventable. Occupational Insurance - Your job and business to protect workers. Coverage begins the first calendar year you're on the job.

It is your responsibility to report any on-the-job injury immediately. Your employer must file an "Employer's Report of Injury" (OSHA Form 301) with the Division of Industrial Relations within 30 days after the injury. (OSHA Form 301) must be completed and submitted.

Remember, it is found to be an industrial insurance claim if it is not reported on the job. Filing a later claim will result not only in a loss of benefits, but could cause costly fines and/or jail time.

The Rhode Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. But it is up to you to make sure that job safety works. Here are some tips to help you stay safe in the job.

Know and follow all safety rules and by-laws.

• Your employer

• The Rhode Occupational Safety and Health Act  
 • The Division of Industrial Relations, Occupational Safety and Health Enforcement Section

You can get copies of all Rhode safety and health materials from the Safety Division and Training Section of the Division of Industrial Relations or on the web at [www.dorhodes.com](http://www.dorhodes.com). Also, your employer may be required to have a written workplace safety program.

If your employer requires personal protective equipment, such as hard hats, safety shoes, safety glasses, respirators, or ear protection, you are responsible to wear and use the equipment.



Do not remove any safety devices or machine guard. If you do not get hurt, you will lose some workers' compensation benefits.

If you do not know how to safely use tools, equipment or machinery, because to ask your supervisor.

If you see something that's unsafe, report it to your supervisor.

A.1 Job Assignment

CARA		L		O'KEEFE	
01/17/06		10			
KHIR		013A		Active Permanent Position Re-Hire - Unmarked List	
30		23.61		0.319	
1.00		0 NO		2.501	
954.40					

A.2 Dates

01/17/06	01/17/07	01/17/06	01/17/06	01/17/06	610472
----------	----------	----------	----------	----------	--------

A.3 Appointment Information - Position Assignment

CNTL	023030	E80H	Accounting Assistant 2
------	--------	------	------------------------

A.4 Pay Information

Pay Type	Pay Grade	Pay Rate	Pay Period	Pay Basis	Pay Method

P.O.
L.P.O.
D.P.O.

A.5 Agency Operation Data

C.C.D.O.T.2	C.C.D.O.T.1	(75) 684-2087						
-------------	-------------	---------------	--	--	--	--	--	--

A.6 Payroll (Payroll Profile)

P.E.R.D	P.E.R.R	C.P.E.R.8	01/17/06	P.E.R.D
---------	---------	-----------	----------	---------

A.7 Tax (Employee Tax Information)

01/17/06	8
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A.8 EMPD (Employee Daily Logistical)

CC0320
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A.9 MERA (Employee Health Assignment)

ACTIVE	ACTIVE
INACTIVE	INACTIVE
NA	NA

RECEIVED  
JAN 25 2006  
NY DEPT. OF  
PERSONNEL RECORDS

Employee Signature

My signature certifies that I have read and understand the information introduced on this form.

*[Signature]*

1/20/06

For Signature Only: \_\_\_\_\_ (This line is for your agency to sign the employee's signature liability. If so, signing agency is required to pay all balance per NYS SOL 2004.1.)

<p>Signature of Supervisor</p> <p><i>[Signature]</i></p> <p>1/20/06</p>	<p>Signature of Employee</p> <p><i>[Signature]</i></p> <p>1/20/06</p>	<p>Signature of Agency</p> <p><i>[Signature]</i></p> <p>1/20/06</p>
---	---	---

EW-1-A (1-00)



## ACKNOWLEDGMENT

I, Cara O'Heide hereby certify that I have received a copy of the State's policy regarding the maintenance of a alcohol/drug free workplace and I acknowledge this policy as a condition of employment with the State of Nevada.

Taxation  
Department

Admin Services  
Division

Cara O'Heide  
Name (Print)

1/20/06  
Date

Cara J. O'Heide  
Signature

-----  
Witness' Signature (Required if employee refuses to sign)  
Acknowledging the employee received the alcohol/drug  
free workplace policy and employee refuses to sign.

\_\_\_\_\_  
Title of Witness

**SEXUAL HARASSMENT AND DISCRIMINATION POLICY ACKNOWLEDGEMENT**

EMPLOYEE NAME CARA L. O'HEELE

SOCIAL SECURITY # \_\_\_\_\_

DEPT/DIV/AGENCY/ORG. Taxation/Admin Svcs/Fiscal/130-2361

☒ I have read and understand the Governor's Policy Against Sexual Harassment and Discrimination.

EMPLOYEE SIGNATURE Cara L. O'Heele DATE 1/20/06

SUPERVISOR SIGNATURE Nancy L. Ricci DATE 1-20-06

N:\WP\DOCS\FRM\ADM\frmada-21.doc  
10/14/2003

**Statement Concerning Your Employment in a Job  
Not Covered by Social Security**

Employee Name Cora O'Heefe Employee ID # \_\_\_\_\_  
Employer Name Therapist Employer ID # 100

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may offset the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is reduced using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.99. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security, \$500 - \$400 = \$100. Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee Cora J. O'Heefe Date 1/20/06  
Form SSA-1945 (11-2004) (Revised January, 2005)

Employee ID \_\_\_\_\_ Name **CARA L. D'KEEFE**  
 Agency **1.30** Home Org **236.1**

A. ATTN (Employee Attention)  
 Date **1/16/06**  
 Place of Birth **Sacramento, Ca** Ethnicity ☒  
 Citizenship Status ☒ Natural Citizen ☐ Male ☐ Married Status ☒ CC  
☐ Naturalized Citizen ☒ Female ☐ County of Residence **CC**  
☐ Alien ☐ Education Degree **13**

Marital Status 1. ☐ 2. ☐ 3. ☐ 4. ☐  
 B. ADDR (Employee Address) In accordance with NAC 294.718.2, do you wish to list your home address as confidential? ☐ Yes ☒ No  
 Effective Date **1/17/06**  
 Home Address **1775 Miles Way**  
 City **Carson City** State **NV**  
 Zip **89701** County **CC**  
 Phone **(775) 883-2134** Ext \_\_\_\_\_

C. EMP (Emergency Contact - "Outreach")  
 1. Last Name **Navarro** First **Crystal** MI **2**  
 Address **2916 E. Garden Gate Way**  
 City **Carson City** State **NV**  
 Zip **89701**  
 Home Phone **(775) 883-7534** Ext \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship **Sister**  
 Comments **Stay @ home Mom**

2. Last Name **Corrigan** First **Aline Glenn** MI \_\_\_\_\_  
 Address **1705 Harper Dr**  
 City **Carson City** State **NV**  
 Zip **89701**  
 Home Phone **(775) 883-2185** Ext \_\_\_\_\_ Work Phone **(775) 884-2134** Relationship **Parents**  
 Comments **Aline @ foundation Glenn @ DMN**

D. EPOCH (Employee ID Change)  
 Effective Date **1/1**  
 New Employee ID \_\_\_\_\_

E. EPOCH (Employee ID Change)  
 Effective Date **1/1**  
 New Employee ID \_\_\_\_\_

F. EMP (Emergency Contact - "Outreach")  
 Last Name **O'Neil** First **William** MI **4**  
 Address **1775 Miles Way**  
 City **Carson City** State **NV**  
 Zip **89701**  
 SSN \_\_\_\_\_

Employee Signature **[Signature]** Date **1/20/06**  
 My signature certifies that I have read and understood the Agency's Information printed on the back of this form.

Approving Authority Signature **[Signature]** Date **1/24/06** Phone # **684-2059** Date **1/25/06**

RECEIVED

JAN 25 2006

NV DEPT. OF  
PERSONNEL SERVICES

EMPLOYER	EMPLOYEE
EXPIRY	3
ISSUED	✓
ADMITTED	✓

**A SUPERVISOR=S GUIDE  
TO  
PROHIBITIONS AND PENALTIES**

**STATE OF NEVADA  
DEPARTMENT OF MOTOR VEHICLES**

Personnel Commission Meeting  
June 27, 2003

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## INTRODUCTION

Authority for setting behavior and performance standards is derived from Nevada Revised Statute, Chapter 284 and the ADisciplinary Procedures, Adjustment of Grievances and Prohibitions and Offenses@ sections of the State of Nevada Rules for State Personnel Administration. These regulations provide that each appointing authority shall determine and describe in writing those activities that are inconsistent, incompatible or in conflict with the employees= duties and responsibilities. The regulations require that a copy of the list of such activities must be provided to each employee. We provide this list to employees by issuing the AProhibitions and Penalties@ as a supplement to the employee handbook. This manual is intended as a guide to clarify existing rules. It cannot include all of the various infractions and violations that could conceivably develop. It is, however, comprehensive enough to cover the majority of situations that experience reveals are a source of concern. Since this manual typifies the range of offenses generally occurring, it should serve as a useful guide for supervisory personnel.

The State Personnel Commission has approved these Prohibitions and Penalties effective (Date); therefore, this manual has the status of a rule supplement and as such has the same force and effect as the ARules and Regulations for Personnel Administration@.

**IT'S YOUR JOB AS A SUPERVISOR**

One of your major contributions to the DMV is the development of an environment that fosters cooperative and effective work relationships. The establishment of an environment that allows your employees as individuals and as a group to voluntarily put forth their best effort begins with you. The effectiveness of the DMV's programs depends largely on how well you and other supervisors measure up to this responsibility.

Each employee represents a substantial investment by the DMV in terms of recruitment and training. To protect this investment, the DMV, through you, must make every effort to help each employee become and remain an efficient, productive, and satisfied worker. This places on you the responsibility of seeing that each of your employees know:

- X The policies and regulations that govern their work.
- X The objectives of their job and the unit in which they work.
- X The duties and responsibilities of their position.
- X The accepted methods for performing these duties.
- X The work performance standards for the job (NAC 284.468).
- X How well they are meeting their own work performance standards.
- X How they can improve their work and develop their knowledge, skills, and abilities.
- X What is considered proper conduct on the job.
- X What disciplinary action will occur for violations of regulations or misconduct.



### WHAT IS DISCIPLINE?

Unfortunately, the term "discipline" has taken on a disagreeable and negative meaning in today's society. There is a tendency to think of discipline entirely in its most limited sense: as an action taken against an employee who has been guilty of some violation of good behavior. This is sometimes called "corrective action". While this is one use of the term, "discipline" also has a broader and more positive meaning.

The word "discipline" comes from the Latin word "disciplina" which means "instruction, teaching, and training". Discipline, therefore, should be thought of in terms of instruction and training, rather than in terms of punishment and penalties. The conduct of well-disciplined employees is the result of training that motivates employees to accept and work in accordance with established standards. Acceptable conduct is the result of proper working habits established and maintained over a long period of time. Having proper working habits gradually leads to greater, self-administered group discipline. In addition to preventing situations from developing that require "corrective action", group behavior can also inspire an individual employee to excel in his/her performance. The term *discipline*, as used in this guide, describes actions that correct and train employees to conform to the DMV standards of performance and recognized standards of good conduct.

## HOW TO DEVELOP PROPER BEHAVIOR

The following suggestions will help you as a supervisor to develop and maintain proper behavior in your staff. These suggestions are based on the belief that it is far more important for you to create and maintain good behavior than it is for you to develop a successful technique for handling corrective disciplinary cases. In other words, your emphasis and efforts should be on preventative rather than corrective action.

**1. Let employees know what is expected of them.** Every employee should be aware of the rules and regulations that govern his/her employment with the DMV through the orientation process conducted by the Personnel Bureau, and through the employee=s work performance standards.

**2. Set reasonable work objectives for your employees.** There is considerable truth in the statement that a supervisor can forget about corrective disciplinary actions if he sets reasonable work objectives for his employees and keeps them vitally interested in reaching these objectives. One approach is through work performance standards. The understanding of work performance standards by employees will go a long way toward preventing many instances of misconduct. When these standards of conduct have been followed long enough to become automatic, you will find that corrective disciplinary actions will take less of your time. This will give you time to develop, among your employees, the enthusiasm for the job and the satisfaction from the job that is so essential to full, long-term production.

**3. Create a favorable working atmosphere.** Create a working environment that will encourage your employees to do their best work. A good working environment involves not only physical conditions, but also personal and other intangible relationships. Remember that a word of commendation and praise for a job well done is just as essential to the maintenance of proper discipline as is the correction of an employee who has been guilty of misconduct.

Employees should feel free to offer suggestions for improvements in working methods and to bring grievances to you when they arise. You should realize that the existence of grievances among your employees is not necessarily a reflection on your skill as a supervisor. What really counts is the willingness of your employees to bring their grievances to you and your open-mindedness and fairness in handling the problems.

**4. Communicate continually with your employees.** Keeping the information flowing between you and your staff is critical to a successful working relationship and fosters a comfortable working environment. If disciplinary issues arise, they need to be brought to the employee=s attention immediately to avoid future problems. If open communication has already been established, any potential disciplinary action will not be as difficult to address.

### PROPER DISCIPLINE IS BEST FOR ALL

The vast majority of employees at the DMV are competent, conscientious and efficient. In an organization the size of the DMV, however, it is not surprising that there would be a few employees who willfully, thoughtlessly, or unwittingly violate the accepted standards of good behavior or who do not turn out a satisfactory day=s work. Unfortunately, the actions of these employees reflect unfavorably on the DMV.

If such instances are permitted to go without reprimand or correction, they will undermine the morale of other employees and lower confidence and respect of the public in all of our employees. Accordingly, it is in the best interest of all DMV employees to see that inefficient or problem employees improve their performance or are separated from service.

**You, as a supervisor, are charged with the responsibility for promptly taking corrective disciplinary action when it is appropriate for employees under your direction. It is also your responsibility to promptly bring instances that require such action to the attention of your Personnel Bureau. The administration of prompt, fair, and effective corrective disciplinary action is just as essential to effective operations and good employee relations as is the commendation of employees for work well done.**

If you, as a supervisor, take steps to correct behavior or take steps to terminate the service of uncooperative or incompetent employees, you will increase the respect you receive from your employees. You will also raise the prestige of all DMV employees by demonstrating that merit is essential for continued employment.

## WHEN OTHER METHODS FAIL

Proper discipline cannot be maintained and appropriate corrective disciplinary actions cannot be taken if you neglect your responsibility as a supervisor. Employees expect and want uniform adherence to recognized standards of conduct, and they respect the supervisor who maintains these standards. When corrective disciplinary action seems necessary, you will want to keep in mind the following points:

1. **Get all the facts and act promptly.** It is important that corrective action be taken soon after an employee=s action. This does not mean you should act before you have all the facts and have weighed them. It means you should act as soon as you have all the facts, have weighed the evidence, and have decided what to do on the basis of those facts. The longer the corrective action is delayed, the more unjustified and unfair it will seem to the employee and co-workers. Be sure you get the employee=s perspective and objectively assess discrepancies before taking any action. Avoid the impression you have made up your mind prior to hearing the employee.
2. **In deciding what corrective disciplinary action to take, or recommend you must:**
  - § Consider all the circumstances surrounding the situation.
  - § Consider the seriousness of the employee=s conduct in relation to the employee=s particular job and employment with the DMV.
  - § Consider what the department has done to help prevent this type of behavior.
  - § Consider the type of corrective disciplinary action for the type of offense involved. (Refer to Prohibitions and Penalties)
  - § Consider the proposed disciplinary action in light of its training value, rather than strictly as a punishment or reprisal for the offense.
  - § Consider what corrective disciplinary actions the department and your Personnel Bureau has taken in similar instances.
  - § Consider the employee=s previous conduct.
  - § Consider the probable cause of the employee=s behavior.
  - § Consider what corrective action will most likely eliminate the cause and prevent a reoccurrence.
  - § Consider the employee=s possible reaction to the corrective action.
3. **Above all else, be fair and impartial in arriving at the corrective action you decide to take.** Nothing will do more to undermine the morale of your employees and their confidence in you than the feeling that you are being arbitrary, unfair, or partial in your treatment of them. Be aware of the actions that really upset you personally as these feelings may affect your objectivity.

## SUGGESTED GUIDE ON CORRECTIVE DISCIPLINARY ACTIONS

Various kinds and degrees of corrective disciplinary actions are suggested in this guide as an aid toward securing greater uniformity and more appropriate actions in disciplinary matters. Because the DMV is a large complex organization, it is impossible to develop any Amagic formulae that will automatically determine the proper corrective disciplinary action to be taken in every situation. Each situation must be considered on its own merits and circumstances.

The suggested range of actions indicated for a specific offense should not be interpreted to mean that a disciplinary action is necessarily unreasonable if it falls outside the minimum and maximum limits of the range indicated (as outlined in the Prohibitions and Penalties). The circumstances surrounding a particular situation may well justify a more or less severe action than those included within the range indicated. Nothing in this guide should be construed as constituting a waiver of the DMV=s prerogative to administer corrective disciplinary action in any order that may be warranted.

### Types of Corrective Disciplinary Actions

It is expected that all corrective disciplinary actions have been preceded by ongoing communication between the supervisor and the employee in an effort to correct the situation, unless of course there was no way of anticipating the employee=s offense from his/her previous conduct. It is also expected that there are up-to-date Work Performance Standards in place and those standards have been communicated to the employee prior to any action taking place.

1. **Oral Warning/Verbal Counseling by the supervisor(s) who is responsible for the employee=s daily activities.** Before the meeting, thoroughly investigate the incident by gathering all the facts about the offense and evaluating them. Include in your investigation and subsequent discussion what rule was violated, who was involved, when and where it occurred, who witnessed the incident and what the employee=s past record is. During the meeting be sure to allow enough time for a thorough discussion of the incident. Listen to the employee and evaluate his/her explanation. If the employee denies there is a problem, explain your concern and reiterate to the employee specifically what you expect from him/her. Make sure the employee understands your expectations and ask the employee what he/she will do specifically to solve the problem. Explain that this is an oral warning, that he/she will receive a personal copy of the notes from the meeting, and that you are confident the problem will not occur again. After the meeting write a note summarizing the oral warning, give a copy to the employee, and keep a copy for yourself in the office

personnel file of the employee. If you need to take further action the notes will be valuable in showing a history of problem performance and corrective action. Follow up on the employee=s performance and give feedback on improvements. If the employee does not improve, initiate appropriate and progressive disciplinary action as required by NAC 284.638, and outlined in the Department=s Prohibitions and Penalties document.

**2. Written Reprimand by the employee=s supervisor(s) whose responsibilities include taking formal corrective disciplinary actions.** (This supervisor may or may not be the same person as mentioned in the oral warning section.) Written reprimands must be on the standardized form (NPD-52). In the body of the statement, be sure to include the following:

§ the date of the incident (or knowledge of)

§ the specific rule(s) violated or the performance problem that occurred

§ reference the previous oral discussion(s) or any other counseling the employee received about appropriate performance

§ a statement outlining the specific improvement in performance and behavior needed and a time limit in which the improvement must occur

§ a statement regarding progressive disciplinary procedures/guidelines if the performance and/or behavior does not improve.

Discuss all of these points with the employee in a private setting, allowing plenty of time for the employee to respond. Evaluate the employee=s explanation taking into consideration previous oral warnings. If the employee denies there is a problem, explain your concern and tell the employee specifically what you expect from him/her. Also explain that a copy of the written reprimand will go in the employee=s permanent personnel record. After the formal discussion, follow up to see that the employee has improved his/her performance/behavior. Provide positive feedback to the employee for any improvement. If performance/behavior has not improved, consult with the Personnel Bureau for further action. If the employee refuses to sign the form, state this fact on the form and obtain the signature of a witness.

**SPECIAL NOTE REGARDING ITEMS 3, 4 AND 5, FOLLOWING:** An employee who is the subject of an internal administrative investigation that could lead to a level of disciplinary action outlined in 3, 4 or 5 below must be, (1) provided notice in writing of the allegations against him before he is questioned regarding the allegations, and (2) afforded the right to have a lawyer or other representative of his choosing present with him at any time that he is questioned regarding those allegations. The employee must be given not less than 2 business days to obtain such representation, unless he waives his right to be

represented.

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3. **Suspension** \* without pay requires form NPD-41. If a written reprimand is not effective, or if the seriousness of the offense warrants, an employee may be suspended without pay for a period not to exceed 30 calendar days (refer to Prohibitions and Penalties). The Department Personnel Officer must review all disciplinary action involving a recommendation of suspension **prior** to the action. When meeting with the employee, describe the performance problem and review past discussions. Make sure the employee understands the purpose for the meeting and ask the employee to respond. Explain what disciplinary action you must take and why you believe you must take it. Explain specifically the performance/behavior you expect from the employee and ask the employee to commit to meet your expectations. Emphasize your belief that the employee can improve. After the meeting, follow up on the employee's performance making sure to praise the employee for any improvement. If the employee has not improved, consult with the Department Personnel Officer for further steps. If the employee refuses to sign the form, state this fact on the form and obtain the signature of a witness.

4. **Demotion** \* to a lower class requires the NPD-41 form. Refer to the Prohibitions and Penalties for offenses that may result in demotion. If the employee refuses to sign the form, state this fact on the form and obtain the signature of a witness. Please consult the Department Personnel Officer prior to taking any action.

5. **Dismissal** \*/\*\* from service requires the NPD-41 form. Refer to the Prohibitions and Penalties for offenses that may result in dismissal. If the employee refuses to sign the form, state this fact on the form and obtain the signature of a witness. Please consult the Department Personnel Officer prior to taking any action.

**NOTE:** The Personnel Bureau must review all disciplinary actions involving a recommendation of suspension, demotion, or dismissal of a regular employee prior to the action. The Personnel Bureau will consult with a representative of the Attorney General's office regarding recommendations of suspension, demotion or dismissal, as required by Section 1702.0 of the State Administrative Manual.

*\*If actions 3, 4, or 5 are recommended for a permanent classified employee, the pre-disciplinary hearing guidelines must be followed (NAC 284.656.) Employees so affected will have a right to a disciplinary hearing prior to action being taken. The Personnel Bureau coordinates all pre-disciplinary hearings.*

**\*\* Dismissal of a probationary employee is processed differently. See page 13 below for information regarding probationary employees and permanent employees being restored from a Trial Period to their previous position.**

## WHEN IT IS NECESSARY TO DISMISS AN EMPLOYEE

(The following is provided as general information only.)

### The ADismissal Meeting@

Dismissing an employee is one of the most difficult responsibilities of a supervisor. So it is important that managers and supervisors give careful consideration to how employees are dismissed to avoid possible legal liability and to minimize the disruption terminations can have on an employer=s operations. By following proper procedures, a manager can help ensure that dismissals are carried out in a manner that complies with federal and state laws, maintains workplace security and safety, and protects departmental property.

As a general rule, it is inadvisable to dismiss an employee on Friday. The employee dismissed on a Friday will usually be distraught over the dismissal during the weekend. Since most businesses are closed on weekends, the employee will not utilize the weekend to search for another job, but rather will let a sense of injustice fester. Moreover, dismissing an employee at the end of the day is equally inadvisable. By dismissing an employee at the end of the day, the employee believes, that he/she has been used by the employer up until the last minute.

### Where to hold the ADismissal Meeting@

When deciding where to hold the Adismissal meeting,@ one fact should be paramount in the employer=s mind: to lessen the employee=s discomfort, including any potential embarrassment or humiliation, and to increase the chance that the employee will quickly regain his or her composure and not fall apart. As a general rule, the interview should be private, held in a conference room or in some other area. Avoid the normal work area. Two employer representatives should be present during the dismissal meeting. Notification of dismissal should come from the employee=s manager or immediate supervisor. The Adismissal meeting@ should cover such information as:

- § How and why the employee is being dismissed;
- § When the dismissal will be effective;
- § Collecting departmental property (such as keys, credit cards, cell phones, pagers, etc.); and



### Conducting the Meeting

Supervisors should maintain a businesslike tone. When conducting the meeting, stay away from small talk. It is absolutely imperative that the employee be informed of the decision within the first few minutes. The decision must be explained briefly and clearly. Tell the truth. While this is more easily stated than done do not gloss over the dismissal reasons.

\$ Refrain from blaming others. Managers and supervisors should not attribute the decision to others in the department. Do not say: "I'm sorry, Frank, but John has decided you have to be let go" or even worse, "I'm sorry, you know if it was up to me, you wouldn't be terminated."

\$ Stick to the facts.

\$ Make the dismissal announcement objective.

\$ Avoid assumptions or subjective inferences.

\$ Avoid accusing an employee of improprieties in the dismissal announcement unless the employer can absolutely prove it.

The failure to tell an employee the truth about the reason for his or her dismissal can be fatal to an employer's case should there be a challenge to the termination through the hearings process provided by Personnel regulations. Supervisors must state clearly that this is a final decision. Often times an employee will buffer himself or herself from traumatic news by failing to hear or failing to understand the news. The supervisor must make it very clear that the employee is dismissed. Although, as a supervisor you may feel sympathetic, especially when the employee's reaction is emotional, the supervisor should merely listen and avoid getting into a prolonged discussion with the employee.

### Dealing with Arguments, Threats and Emotional Reactions.

Employee reactions can run the gamut from anger to tears to dead calm. Loss of a job comes as a severe shock, even when the employee expected and had ample warning through the progressive discipline process. The supervisor should never argue with the employee in an attempt to justify the decision. Supervisors should be courteous, confident, firm and unwavering. A supervisor should never apologize for the decision. The employee who tries to get the supervisor to change the dismissal decision by asking what he or she can do to get the job back must be told that it is too late for this job, but can be advised on work behaviors the employee should try to improve for the next job.

An employee may bring up personal or financial issues and how losing his or her job will devastate the family. The supervisor should refrain from a "You should have thought of that before" but can point out that the employee had ample warning through the progressive discipline process.

If the employee begins crying, the supervisor should not attempt to get him or her to stop, but allow time for the employee to recover. The supervisor should show concern, perhaps offer a tissue or a glass of water, but not apologize. If the employee reacts by shouting and cursing, the supervisor should state emphatically that the interview will not continue until the individual calms down. Above all, the supervisor should not respond in kind but retain a normal tone of voice.

Dismissed employees often make threats that they have no intention of carrying out. If an employee threatens to go to a lawyer, a supervisor should not respond, or should merely make a neutral comment such as, "That is entirely your own decision." Of course if threats include violence or other illegal acts, supervisors may wish to call a witness. If violence appears imminent, the supervisor should immediately call security or Capitol Police.

### **Rejecting Probationary Employees**

During a probationary period, an employee may be rejected for any lawful reason. Federal and State Laws prohibit discrimination in employment on account of:

- \$ Race, color, ancestry, and ethnic characteristics
- \$ Gender
- \$ Religion
- \$ National origin
- \$ Pregnancy
- \$ Disability
- \$ Age

A Permanent employee being rejected from a position to which s/he has been promoted during the "Trial Period" is restored to his/her previous position. If you, as a supervisor, are considering rejecting an employee during the probationary period or trial period, please contact your Personnel Bureau prior to any action.

### **Pay and Benefits**

Inform the employee to call his/her benefits office to arrange for continued insurance through COBRA. Inform the employee that his/her final paycheck will be received through the normal payroll cycle. The employer is not required to issue a special check upon termination of employment (NRS 608.020, 608.030 and 608.050 does not apply to State of Nevada when the state is acting as employer.). If an employee is eligible for an annual leave payoff, he/she can expect payment in the next regular pay cycle following receipt of the complete record in the Personnel Bureau.

The Federal Unemployment Tax Act regulates unemployment insurance. Unemployment benefits are financed by a tax on a certain portion of wages paid to employees. Generally the amount an individual is entitled to receive is 50 percent of weekly earnings up to a maximum amount prescribed by state law. Benefits typically continue for 26 weeks. In periods of high unemployment, however, extended benefits are normally available. There is an initial waiting period in most states before benefits begin, typically one week.

In order to be eligible for benefits, an employee generally must have lost a job through no fault of his or her own and must be ready, willing, and able to work. Workers who are fired for gross misconduct are generally not eligible for benefits. Dismissed employees may contact their nearest unemployment office to apply for unemployment compensation.

#### **Public Employees Retirement Program (PERS)**

The Personnel Bureau is responsible for any notifications that must be made to PERS. Inform the employee that he/she may contact PERS directly for information pertaining to his/her own retirement account.

### TRAINING REQUIRED FOR SUPERVISORS OF CLASSIFIED EMPLOYEES

Supervisors are required to attend training to familiarize themselves with the unique terms and conditions associated with state employment. These requirements are mandated by the Nevada Administrative Code (NAC) 284.498 and, in the case of sexual harassment training, by the Director of DMV. The required training includes:

- Sexual Harassment Training
- Drug-Free Workplace Training
- Six hour of training in the subject of Equal Employment Opportunity
- Five days of training in subjects related to supervisory functions. \*
- \$ Coaching for Supervisors
- \$ Essentials of Management
- \$ Work Performance Standards
- \$ Supervisor=s Safety Training
- \$ Leadership for Supervisors
- \$ Training concerning the preparation of a report on performance (Form NPD-15)

#### *Equal Employment Opportunity*

The supervisor shall take at least six hours of training in the subject of AEqual Employment Opportunity. This class is offered through the State of Nevada Department of Personnel Training office.

#### *Report on Performance*

Training concerning the preparation of a report on performance must be completed before a supervisor can evaluate a classified employee. A supervisor may be certified in one of two ways:

- \$ An Employee Appraisal Training provided by Personnel Bureau. This training tape has been approved and certified by the Department of Personnel in lieu of the state training class.
- \$ AEmployee Appraisal for Supervisors: offered through the State of Nevada Department of Personnel Training office.

#### *Drug-Free Workplace Training*

Training concerning a drug-free workplace, can only be taken by enrolling in the course entitled AAlcohol and Drug Testing Program offered through the State of Nevada Department of Personnel Training office.

#### *Sexual Harassment Training*

The DMV Director has mandated ASexual Harassment training for all supervisors, managers and staff employees. This training is offered at each DMV facility or primary Branch through the Management Services and Programs Training Unit.

\*The appointing authority may accept in lieu of the training required, supervisory training taken by a supervisor during the two years preceding his/her appointment.

Please note: The information provided in this section are courses required by the Nevada Administrative Code and the DMV. Each DMV facility may have additional requirements. Please contact your Personnel Bureau for further information.



# MEMORANDUM

from  
**Bruce H. Breslow**  
Director  
Phone: (775) 684-4868  
Fax: (775) 684-4892  
[Breslow@dmv.nv.gov](mailto:Breslow@dmv.nv.gov)

Date: April 28, 2011  
To: All DMV Employees  
Subject: Department Records

It has come to my attention that Department records have been accessed for non-business or personal reasons. I want to remind each of you that querying DMV records for a purpose other than DMV business is strictly forbidden. In addition, you may not process transactions on your own records or records of family, friends or acquaintances.

Prohibition and Penalty G (1) states, "The use, or manipulation of, production data or information outside the scope of one's job responsibilities, or for non-business or personal reasons, is strictly prohibited and may be subject to prosecution under NRS 208.481." The first offense can result in termination.

In addition, the Department Computer Usage Policy states, "The information contained in DMV System records is for use only for Departmental business and is proprietary information. Information from the DMV System should not be used for any purpose other than for completing authorized transactions for customers. All information in the DMV System is confidential, covered by the privacy act, and cannot be distributed to non-authorized persons."

The public entrusts this Department to ensure their personal information, whether the information on their drivers license, vehicle registration or title, is maintained in a secure environment and used only for official purposes. I expect each employee in this Department to honor and respect that trust.

The Department has tools in place to monitor all computer application activity to include identifying all transactions completed by each individual. We will continue to audit transaction activity. Appropriate disciplinary action will be taken if violations of policy occur as they concern DMV records.

We are the keepers of personal and confidential information of most Nevada residents. Our priority is to ensure the protection and security of this information with which we have been entrusted.

CARA OVERT  
Print Employee Name

2531090  
Employee ID #

5/3/11  
Date

Cara Overt  
Employee Signature

Karen Stoll  
Print Supervisor Name

Karen Stoll  
Supervisor Signature

5-3-11  
Date

Original DMV HR File

Exhibit F

4-28-2011

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Brian Sandoval  
Governor



555 Wright Way  
Carson City, Nevada 89711-0900  
Telephone (775) 884-4368  
www.dmvnv.com

Troy L. Dillard  
Director

EMPLOYER	✓	EMPLOYEE	✓
EXHIBIT	✓		
NAME	✓		
ADMITTED	✓	DATE	✓

December 9, 2013

To: Troy L. Dillard, Director  
Department of Motor Vehicles

FROM: Terri Carter, Administrator, Management Services & Programs  
Department of Motor Vehicles

Subject: Pre-Disciplinary Hearing  
Cara O'Keefe

On December 6, 2013, at 9:00 a.m., I held a pre-disciplinary hearing for Cara O'Keefe. In attendance at this meeting were Cara O'Keefe and myself. The reason for this hearing was the Specificity of Charges Issued against Ms. O'Keefe by the Motor Carrier Division for violating the following:

A. From the Nevada Administrative Code:

**NAC 284.646 Dismissals. (NRS 284.065, 284.155, 284.383, 284.385)**

1. An appointing authority may dismiss an employee for any cause set forth in NAC 284.650 if:
  - (a) The agency with which the employee is employed has adopted any rules or policies which authorize the dismissal of an employee for such a cause; or
  - (b) The seriousness of the offense or condition warrants such dismissal.
2. An appointing authority may immediately dismiss an employee for the following causes, unless the conduct is authorized pursuant to a rule or policy adopted by the agency with which the employee is employed:
  - (b) Unauthorized release or use of confidential information

**NAC 284.646 Causes for disciplinary action. (NRS 284.065, 284.155, 284.383)**

Appropriate disciplinary or corrective action may be taken for any of the following causes:

1. Activity which is incompatible with an employee's conditions of employment established by law or which violates a provision of NAC 284.653 or 284.738 to 284.771, inclusive.
6. Insubordination or willful disobedience.
7. Misrepresentation of official capacity or authority.

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**B. From the Nevada Department of Motor Vehicles Prohibitions and Penalties:**

**TYPES OF DISCIPLINARY ACTIONS**

1. **ORAL WARNING:** By the supervisor(s) responsible for the employee's activities. This action may be either oral or written, or both. Oral warnings reduced to writing are maintained in the supervisor's file. Oral Warnings are not forwarded to the employee's Department personnel file or to the State Department of Personnel, Records Division.
2. **WRITTEN REPRIMAND:** By the supervisor(s) responsible for the employee's activities. This action should be both oral and written. It must be signed by the supervisor and employee, a copy given to the employee, and a copy sent to DMV Personnel for the employee's file and the Department of Personnel, Records Division. Written Reprimands must be on the standardized form NPD-52. If employee refuses to sign the form, state this fact on the form and obtain the signature of a witness.
3. **SUSPENSION:** Without pay for a period of no more than 30 working days: Requires NPD-41 form - Specificity of Charges. If employee refuses to sign form, state this fact on the form and obtain the signature of a witness.
4. **DEMOTION:** To a lower class: Requires NPD-41 form - Specificity of Charges. If employee refuses to sign form, state this fact on the form and obtain the signature of a witness.
5. **DISMISSAL from service:** Requires NPD-41 form - Specificity of Charges. If employee refuses to sign form, state this fact on the form and obtain the signature of a witness.

**Department of Motor Vehicles Prohibitions & Penalties**

	1 <sup>st</sup> Offence		2 <sup>nd</sup> Offence		Additional	
	Min.	Max.	Min.	Max.	Min.	Max.
<b>B. Performance on the job</b>						
23. Disregard and/or deliberate failure to comply with or enforce statewide, department or office regulations and policies.	2	5	3	5	4	5
<b>C. Neglect of, or Inexcusable absence from the job</b>						
4. Conducting personal business during working hours.	1	2	3	5	3	5
<b>G. Misuse of Information Technology</b>						
1. The use, or manipulation of production data or information outside the scope of one's job responsibilities, or for non-business or personal reasons, is strictly prohibited and may be subject to prosecution under NRS 205.481.	5	-	-	-	-	-
<b>H. Other acts of misconduct or incompatibility</b>						
4. Unauthorized or improper disclosure of confidential information	1	5	2	5	3	5
7. Acting in an official capacity without	1	5	2	5	3	5

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authorization			
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DMV Policy 2.19.6, Computer Usage Policy Manual  
Information Abuse

As found in NRS 242.105, NRS 281 section 1, and NAC 284.650: Information contained in DMV system records is for use only for Departmental and business and is proprietary information. Information from the DMV system should not be used for any purpose other than for completing authorized transactions for customers.

I discussed the Pre-disciplinary Hearing process with Cara and read the review of the purpose of the hearing, the charges, and the grounds.

I then opened the hearing for Ms. O'Keefe to present her response to the charges and the grounds provided by her division. Ms. O'Keefe began by stating she had prepared a written response and would provide me with a copy (Employee Exhibit 1). Ms. O'Keefe read her written statement to me and noted she had not received the notarized letter referenced in her statement due to an issue with her mail delivery. Ms. O'Keefe said she expected to receive the letter and would provide it to either Human Resources or myself. On December 9, 2013, at approximately 3:00 p.m. Ms. O'Keefe provided a copy of an email from the family friend indicating he gave her permission to access his records (Employee Exhibit 5).

I asked Ms. O'Keefe if she would respond to each of the prohibitions and penalty violations:

Item B23: Ms. O'Keefe stated she did not give information that was not authorized by the family friend. The family friend provided her with his driver's license number and that is what she gave to the Sheriff's office. Ms. O'Keefe stated she was trying to resolve an issue with the friend's address because he had not received any notifications from the department regarding his driver's license status. She further stated she looked at the male and female friends' records to verify if an address change had been completed.

Item C4: Ms. O'Keefe stated this was a DMV-related issue and she accessed the records during her break and lunch periods. Ms. O'Keefe could not recall her work hours.

Item G1: Ms. O'Keefe stated again this was a DMV-related issue and that she has assisted other non-Motor Carrier customers during the course of her employment. She further stated she did not manipulate any data, but looked up the data to validate the information the family friend gave to her.

Item H4: Ms. O'Keefe reported she did not give any information other than the driver's license number which was provided by the family friend. Ms. O'Keefe

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admits she gave his name and driver's license number to the Sheriff's office. Cara stated she believes the Sheriff's office did not return her call because she was calling on the friend's behalf, so she provided him with the information to contact the Sheriff's office.

Item H7: Ms. O'Keefe stated she did not act in an official capacity and that it was a reflex/knee jerk reaction to say, "Cara with Motor Carrier".

Ms. O'Keefe stated her details could have been clearer if this had been done more timely. Cara stated if this was a terminable offense it should have been addressed sooner. I asked Cara what she would deem a suitable disciplinary action and she responded no disciplinary action is warranted because she viewed the information with the family friend's permission.

Based on the documentation provided in the NPD-41, Ms. O'Keefe's written statement and supporting documentation, and information gathered during the December 6, 2013, hearing, I concur with the recommendation of the supervisor to terminate Ms. O'Keefe based on the violations set forth in accordance with the Department of Motor Vehicles Prohibitions and Penalties. This act was outside the scope of her responsibilities and was done for personal reasons. The fact that the family friend gave her permission does not justify violating laws and policies. In addition, misuse of information technology is a terminable offense for a first time violation.

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## Employees Exhibit 1

In 9 years of serving with the State of Nevada I have been an exceptional employee. I have never been called into a supervisor's office to be reprimanded, written up, or received a complaint. With the exception of 2 "meets standards" evaluations, I have received "exceeded standards" on every evaluation. My last review showed that I alone was responsible for 44% of our unit's letters. In fact, Director Roberts sent me a thank you letter indicating that I was directly responsible for a 19% increase in revenue.

To insure my continued job effectiveness, I have attended numerous training classes and served on various work related committees. Aside from serving on the Activities committee, I was chairperson of the Mc Fish committee (moral and team building). At the Division of Insurance I served on the 1033 committee (a criminal investigation committee) and safety committee as I was CPR & first aid certified. Over the years, I have received numerous emails, kudos, and awards for my assistance to other teams, departments, co-workers, and supervisors. My customer service and integrity are beyond reproach.

On September, 16<sup>th</sup>, 2013 I was informed that I was being investigated for a computer use violation that occurred on August 8 & 10, 2012 in which a supervisor was not informed of until December 28, 2012 ~ over 4 months after the fact. The investigation is based on an incident when I received a phone call at work from a family friend that previously received a DUI and was not allowed to drive. He had received a job opportunity that required a driver's license and needed help to see if and when he could get his license privileges reinstated. He was embarrassed about his situation and didn't want to come in for help; knowing that I worked at the DMV he knew he could trust me. At no point did any transactions ever occur, or did I make any changes to any records in the system. I did nothing for him that I would not do for any other customer; provide the information he needed to resolve his issue- with his permission and by his request. Per the attached notarized statement, he gave me permission to look at his personal records to retrieve information required to figure out how I could provide information to assist him. In addition, I asked questions of other DMV personnel since I was not proficient in this area. As an employee and representative of the DMV, I assisted him in getting the information he needed for the resolution he required. I felt as a DMV employee it was my obligation to provide excellent customer service to him.

Helping the public is what we are called to do. In fact, as I walk through the lobby downstairs, I am regularly stopped by customers asking all sorts of DMV related questions. We get phone calls on a daily basis in our departments that do not belong to us. Customers get irritated with calls being forwarded to numerous people and never getting answers they need, so they often "jump lines" to get to a live person. When this happens, it may not be a motor carrier issue, but I do not tell them "too bad, it's not my department". I do not transfer them around and aggravate them further, I find out what they need and try to assist them. This is good customer service. In fact, the DMV has a

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motto, "Yes, I Can Help You With That." Employees all wear buttons with this statement emblazoned on them. All I was providing was good customer service to a customer who trusted me and called me directly.

During my break time I did make 2 phone calls to the sheriff's office for this friend to find out who he could speak to or what he needed to do to get the process of a restricted license going. Just as I have occasionally answered my home phone "Motor Carrier this is Cara", out of reflex I introduced myself as "Cara with Motor Carrier" in my 1<sup>st</sup> phone call to the sheriff's office; however I never implied or said I was inquiring on behalf of the Department. Answering the phone, sometimes hundreds of times a day, reflex kicks in. It was nothing more than a reflex. In my second phone call to the sheriff's office (as they were supposed to return my call with answers to questions, they did not. It required me to call back) I do not recall introducing myself as such. It was more than a year ago. I have close personal friends in Nevada Highway Patrol, Bailiffs in 2 different counties, lawyers and officers of different levels in multiple counties. I would have never needed to use my "clout" as a DMV representative; I could have simply gone to my law enforcement friends and asked for help, but I didn't feel the need to do that here nor would I have. I inquired as a member of the public and received public information as to how to resolve my customer's issue. I was not afforded or given any information because I was an employee of the Department.

As a Revenue Officer for the Department of Motor Vehicles, having the authority to place liens, holds and revoke credentials, we speak with law enforcement on a regular basis both on the phone, in person and via email. I find it difficult to believe that someone who overheard a one-sided conversation in August could know who or what my conversation was about. Plus, why would that person never say a word about it until nearly a month after I left the department.

In approximately 2011, the sheriff's office came into the Motor Carrier section at the DMV and served a restraining order to an employee. This employee looked up the personal information of a customer, stalked and harassed the customer to the point that law enforcement intervention was required. In this case, the employee not only received only some suspension without pay, but was also allowed to select when she took the unpaid time off. Yet I did nothing illegal and am being recommended for termination.

The Department knew of this "violation" more than a year ago and never notified me. The employee handbook indicates that I will "be informed promptly and specifically" of any deficiencies. More than a year later would indicate this was not a serious offense and certainly was not prompt. I have received disparate treatment as you can see by the discipline given to the other employee that had to be served a restraining order, broke the law and accessed a customer's record without permission. I did neither of

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these. I request that I be fully reinstated to my Revenue Officer II position without any further penalty.

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\* due to the weather we had an  
issue getting our mail. Therefore  
the notarized statement did not  
arrive in time. I will bring it in  
to put with the file - barring any  
further mail delivery issues - on  
Monday.

Employees Exhibit 2

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*State of Nevada*  
*Employee Handbook*



*Department of Administration*  
*Human Resource Management*

*State Library & Archives Building*  
*100 N. Stewart St., Suite 200*  
*Carson City, Nevada 89701-4204*

*Grant Sawyer Building*  
*555 East Washington Avenue, Suite 1400*  
*Las Vegas, Nevada 89101-1046*

[www.hr.nv.gov](http://www.hr.nv.gov)

*Employees Exhibit 3*

*pg 1082*  
*000057*

by a state officer or employee in the performance of his/her official duties, whether or not the action is within the scope of his/her employment, which is:

1. In violation of any state law or regulation;
2. An abuse of authority;
3. Of substantial and specific danger to the public health or safety; or
4. A gross waste of public money.

State officers or employees are prohibited by state law from using their authority or influence to prevent disclosure of improper governmental action by other state officers or employees. "Official authority or influence" includes taking, directing others to take, recommending, processing or approving any personnel action such as an appointment, promotion, transfer, assignment, reassignment, reinstatement, restoration, reemployment, evaluation or other disciplinary action.

NRS 281.641 spells out the appeal process in the event reprisal or retaliatory action is taken against a state officer or employee who discloses improper governmental action. Any claim of reprisal or retaliatory action must be filed with the Division Administrator of Human Resource Management within 10 working days after the alleged reprisal or retaliation occurred. The claim must be submitted on a form provided by Human Resource Management. You may contact Human Resource Management for more information. (NRS 281.611-281.671)

**Discipline** — If your performance as an employee for the State falls below standard you will be informed promptly and specifically of the deficiencies by your supervisor. If you are a permanent employee and your conduct comes under one of the causes for action listed in NAC 284.646, 284.650, or your agency prohibition and penalties, you will be subject to discipline. Disciplinary action will typically be of a progressive nature depending on the severity of the offense.

A discussion of the specific types of disciplinary actions, including oral warnings, written reprimands, suspensions, demotions and dismissals, can be found in the *Nevada Administrative Code*. (NRS 284.383, NAC 284.638-284.656)

**Policy on Honorarium** — State law prohibits public employees and public officers from accepting or receiving an honorarium, defined as the payment of money or anything of value, for an appearance or speech while acting in the capacity of a public officer or public employee. (NRS 281A.510)

**Political Activity** — Employees may vote as they choose and express their political opinions on any or all subjects without recourse, except that no employee may:

1. Directly or indirectly solicit or receive, or be in any manner concerned in soliciting or receiving any assessment, subscription, monetary or non-monetary contribution for a political purpose from anyone who is in the same department and who is a subordinate of the solicitor;
2. Engage in political activity during the hours of state employment to improve the chances of a political party or a person seeking office, or at any time engage in political activity to secure a preference for a promotion, transfer or increase in pay. (NAC 284.770)

Employees Exhibit 3

pg 2850058

NAC 284.638 Warnings and written reprimands. (NRS 284.065, 284.155, 284.383)

1. If an employee's conduct comes under one of the causes for action listed in NAC 284.650, the supervisor shall inform the employee promptly and specifically of the conduct.

2. If appropriate and justified, following a discussion of the matter, a reasonable period of time for improvement or correction may be allowed before initiating disciplinary action.

3. In situations where an oral warning does not cause a correction of the condition or where a more severe initial action is warranted, a written reprimand prepared on a form prescribed by the Division of Human Resource Management must be sent to the employee and a copy placed in the employee's personnel folder which is filed with the Division of Human Resource Management.

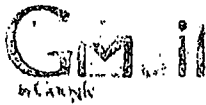
Employees Exhibit 4

000059

141

AA000140





(no subject)

Daniel Cunningham <cunninghamdaniel018@gmail.com>  
To: wcbokeefe5@gmail.com

Mon, Dec 9, 2013 at 11:56 AM

I Daniel Cunningham gave cara okeefe permission to access my personal records in order to see the status of my DUI.

Employee Exhibit 5

000060

142

AA000141

Brian Sandoval  
Governor



Jeff Mohlenkamp  
Director

Lee-Ann Enston  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Division of Human Resource Management*  
*Agency HR Services*

100 N. Stewart Street, Suite 230 | Carson City, Nevada 89701  
Phone: (775) 684-0150 | [www.hr.nv.gov](http://www.hr.nv.gov) | Fax: (775) 687-1150

MEMORANDUM

Revised 08/19/13

DATE: August 12, 2013  
TO: Alys Dobel, Personnel Officer 3  
FROM: Chrissy Miller, Personnel Analyst  
Division of Human Resource Management-HR Services  
SUBJECT: Restoration of Cara O'Keefe

Cara O'Keefe is being restored to her former position with the Department of Motor Vehicles. This constitutes notice pursuant to NAC 284.462 subsection 3, requiring the appointing authority which is effecting the restoration to give written notice to the agency from which the employee was promoted.

Cara O'Keefe will remain with the B&I Insurance Division until 09/13/13. Cara O'Keefe will be instructed to report to the Department of Motor Vehicles on Monday, September 16, 2013.

Please contact me at (775)684-0249 if you have any questions or concerns.

Cc: Agency HR Services Agency File  
Division of Human Resources Official Service Jacket

Brian Sandoval  
Governor



Jeff Mohlenkamp  
Director

Lee-Ann Easton  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Division of Human Resource Management*  
*Agency HR Services*

100 N. Stewart Street, Suite 230 | Carson City, Nevada 89701  
Phone: (775) 684-0150 | <http://dop.nv.gov> | Fax: (775) 687-1150

Revised

August 19, 2013

Cara O'Keefe  
B&I Insurance Division

Dear Ms O'Keefe

This letter shall serve as notification that you have not attained permanent status as Management Analyst 2 with the Department of Business and Industry-Insurance. In accordance with the Nevada Administrative Code 284.462, you will be restored to your former position with the Department of Motor Vehicles.

They have been notified of the need to restore you to your former position as a Revenue Officer 2, effective on *September 16, 2013*. Please report to your supervisor Karen Stoll on this date, at 8:00 am.

Please contact Agency HR Services at 775-684-0201 if you have any questions regarding the process.

Sincerely,

A handwritten signature in cursive script, appearing to read "Chrissy Miller", is written over a horizontal line.

Chrissy Miller, Personnel Analyst  
Agency HR Services

cc: Department of Business & Industries-Insurance Division

1 (1940). An employer has not acted arbitrarily or capriciously in the discipline of an employee  
2 where substantial evidence of legal cause exists affecting an employee's qualifications or  
3 performance of his duties. *Id.*

4 Substantial evidence is evidence that "a reasonable mind might accept as adequate to  
5 support a conclusion." *State Emp. Sec. Dept. v. Hilton Hotels*, 102 Nev. 606, 608, 792 P.2d  
6 497 (1986), citing *Richardson v. Perales*, 402 U.S. 389, 91 S.Ct. 1420 (1971). "Substantial  
7 evidence [does] not include the idea of this court weighing the evidence to determine if a  
8 burden of proof was met or whether a view was supported by a preponderance of the  
9 evidence. Such tests are not applicable to administrative findings and decisions." *Hilton*  
10 *Hotels*, 102 Nev. at 608, 792 P.2d at 498 n. 1. A court reviewing the record to determine  
11 whether a decision was supported by substantial evidence cannot "pass on credibility or  
12 reverse an administrative decision because it is against the great weight and clear  
13 preponderance of the evidence, if there is substantial evidence to sustain it." *Id.* Conversely,  
14 in order to act arbitrarily and capriciously, an administrative agency must act in disregard of  
15 the facts and circumstances involved. *Meadow v. The Civil Serv. Bd. of LVMPD*, 105 Nev.  
16 624, 627, 781 P.2d 772 (1989).

17 An employer's agreement to restrict [discipline] to those supported  
18 by just cause should not be followed by a further judicial  
19 implication, which takes the determination of just cause away from  
the employer.

20 *Southwest Gas Corp. v. Vargas*, 111 Nev. 1064, 1077 (1995) (citation omitted).

21 Likewise, the authority granted the hearing officer pursuant to NRS 284.390(6) is to  
22 determine whether the agency had just cause for the discipline "as provided in NRS 284.385."  
23 "It was a task of the hearing officer to determine whether [NDOC's] decision to terminate  
24 [Petitioner] was based upon evidence that would enable [NDOC] to conclude that the good of  
25 the public service would be served by [Petitioner's] dismissal." *Dredge v. State ex rel. Dept. of*  
26 *Prisons*, 105 Nev. 39, 42, 769 P.2d 56 (1989). Ultimately, the hearing officer's authority is  
27 limited to determining whether the appointing authority had "just cause" to support its decision.  
28 The issue is not whether there is substantial evidence to support the Petitioner's version of

1 events. The issue is whether there is substantial evidence showing that the agency had just  
2 cause for the discipline.

3 Substantial evidence will show that the agency had just cause to terminate Ms.  
4 O'Keefe' employment.

5 **POTENTIAL WITNESSES**

- 6 1. Karen Stoll, Revenue Officer III, Supervisor, Motor Carrier, DMV.
- 7 2. Wayne Seldel, Administrator, Motor Carrier, DMV.
- 8 3. Doreen Rigsby, Investigator.
- 9 4. Angela Messman, Motor Carrier, who overheard O'Keefe impersonate a DMV  
10 Field Services employee in a call to the Carson City Sheriff's Office.
- 11 5. Michelle Schober, Motor Carrier, who overheard O'Keefe impersonate a DMV  
12 Field Services employee in a call to the Carson City Sheriff's Office.
- 13 6. Alys Dobel, DMV Human Resources Administrator.
- 14 7. Ann Yukish-Lee, DMV Central Services Manager.
- 15 8. Cara O'Keefe, Petitioner
- 16 9. Each and every witness named by Petitioner.
- 17 10. Rebuttal witnesses as needed.

18 **LIST OF DOCUMENTS**

19 Respondent DMV anticipates that the introduction of additional documents, including  
20 photographs, may be necessary at hearing. DMV reserves the right to make such motion at  
21 the hearing upon establishing a proper foundation.

22 **EXHIBITS**

- 23 A. Specificity of Charges with Exhibits.
- 24 B. Pre-Disciplinary Hearing Officer's Report.
- 25 C. Letter of Termination.
- 26 D. Each and every exhibit produced by O'Keefe, if admitted into evidence.
- 27 E. Rebuttal exhibits as needed.

28 ///

Office of the Attorney General  
5420 Kietzke Lane, Suite 202  
Reno, NV 89511

1                    **CERTIFICATION THAT DISCOVERY HAS BEEN COMPLETED**


2                    With this filing completed, Respondents have supplied Petitioner with documents tha  
3 will be used at the hearing. At the time of this filing, O'Keefe has not supplied Respondent  
4 with anything she intends to use at the hearing.

5                    **CONCLUSION**

6                    The substantial evidence will demonstrate that DMV had just and legal cause to  
7 terminate O'Keefe's employment. Therefore, DMV respectfully requests that the Hearing  
8 Officer affirm DMV's decision to terminate O'Keefe's employment.

9                    RESPECTFULLY SUBMITTED this 20th day of March, 2014.

10                    CATHERINE CORTEZ MASTO  
11                    Attorney General

12                    By:   
13                    CYNTHIA R. HOOVER  
14                    Deputy Attorney General  
15                    Bureau of Litigation  
16                    Personnel Division  
17                    Nevada Bar Number 8122  
18                    5420 Kietzke Lane, Suite 202  
19                    Reno, Nevada 89511  
20                    (775) 850-4125

21                    *Attorneys for Respondent-Employer*

1 ADAM PAUL LAXALT  
Attorney General  
2 DOMINIKA J. BATTEN  
Deputy Attorney General  
3 Nevada Bar No. 12258  
Personnel Division  
4 5420 Kietzke Lane, Suite 202  
Reno, Nevada 89511  
5 Tel: 775-850-4117  
Fax: 775-688-1822  
6 [dbatten@ag.nv.gov](mailto:dbatten@ag.nv.gov)

7 Attorneys for Petitioner

8 IN THE FIRST JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

9 IN AND FOR CARSON CITY

10 STATE OF NEVADA, *ex rel.*, its  
11 DEPARTMENT OF MOTOR VEHICLES,

12 Petitioner-Employer,

13 vs.

14 CARA O'KEEFE, an individual; and STATE  
OF NEVADA, *ex rel.*, ITS DEPARTMENT  
15 OF ADMINISTRATION, DIVISION OF  
HUMAN RESOURCE MANAGEMENT, and  
16 JILL GREINER, Hearing Officer,

17 Respondents.

Case No. 14 OC 00103 1 B

Department No. II

18 NOTICE OF ENTRY OF ORDER

19 PLEASE TAKE NOTICE that on June 15, 2015, the Court entered an Order in the  
20 matter Granting Petition for Judicial Review and Setting Aside Hearing Officer's Decision filed  
21 by Petitioner State of Nevada, *ex rel.*, its Department of Motor Vehicles (DMV), by and  
22 through its attorneys, ADAM PAUL LAXALT, Attorney General, and DOMINIKA J. BATTEN  
23 Deputy Attorney General, a true and correct copy of which is attached to this notice.

24 ///

25 ///

26 ///

27 ///

28 ///

RECD & FILED

2015 JUN 24 AM 11:08

SUSAN MERRIWETHER  
CLERK  
BY *[Signature]*  
DEPUTY

**AFFIRMATION PURSUANT TO NRS 239B.030**

This document does not contain the social security number of any person.

RESPECTFULLY SUBMITTED this 13<sup>th</sup> day of June, 2015.

ADAM PAUL LAXALT  
Attorney General

By:



DOMINIKA J. BATTEN  
Deputy Attorney General  
Bureau of Litigation  
Personnel Division  
Nevada Bar No. 12258  
5420 Kietzke Lane, Suite 202  
Reno, Nevada 89511

*Attorneys for Petitioner*



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**Jeffrey S. Blanck, Esq.**  
485 W. Fifth St.  
Reno, NV 89503  
*Attorney for Respondent*

Department of Administration  
Division of Human Resource Management  
209 East Musser Street, Room 101  
Carson City, Nevada 89701-4204

Pam Stanley  
Pam Stanley, LSI  
An Employee of the State of Nevada

# EXHIBIT A

EXHIBIT A

REC'D. & FILED

2015 JUN 15 PM 3:34

SUSAN MERRIWETHER  
CLERK

BY  DEPUTY

IN THE FIRST JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR CARSON CITY

-o0o-

STATE OF NEVADA, ex rel. its  
DEPARTMENT OF MOTOR VEHICLES,

CASE NO. 14 OC 00103 1B

DEPT. 2

Petitioners,

vs.

CARA O'KEEFE, an individual; and  
STATE OF NEVADA, ex rel. ITS  
DEPARTMENT OF ADMINISTRATION,  
DIVISION OF HUMAN RESOURCE  
MANAGEMENT; and JILL GREINER,  
Hearing Officer.

Respondents,

ORDER GRANTING PETITION FOR JUDICIAL REVIEW AND SETTING  
ASIDE HEARING OFFICER'S DECISION

Petitioner, STATE OF NEVADA, ex rel., its DEPARTMENT OF MOTOR VEHICLES  
(DMV), filed a petition for judicial review under NRS 284.390(8). The Court has  
reviewed and considered the parties' briefs.

ISSUE AND CONCLUSION

Did the hearing officer's reversal of DMV's termination of Employee prejudice  
substantial rights of DMV because the decision was affected by error of law, clearly

1 erroneous in view of the reliable, probative and substantial evidence on the whole  
2 record; or arbitrary and capricious or characterized by an abuse of discretion?

3 Because substantial rights of DMV were prejudiced by the hearing officer  
4 exceeding her authority, by error of law, and the hearing officer's decision was arbitrary  
5 and capricious, DMV's Petition for Judicial Review is granted.

#### 6 FACTS

7 Cara O'Keefe ("Employee") worked as a revenue specialist for Petitioner, DMV, in  
8 DMV's Motor Carrier division. Employee promoted into a State of Nevada, Division of  
9 Insurance position and left DMV on December 5, 2012. The Division of Insurance  
10 rejected Employee from probation, reverting Employee back to DMV on September 16,  
11 2013, under NAC 284.462.

12 During December 2012, shortly after Employee left DMV to work for the Division  
13 of Insurance, two DMV employees reported to their supervisor that while Employee was  
14 employed by DMV they heard Employee discussing another person's driver's license on  
15 the telephone with the Carson City Sheriff's Office. During the telephone calls with the  
16 Sheriff's Office, Employee identified herself as a DMV employee and stated that "a  
17 customer had returned." The coworkers questioned the transaction's legitimacy because  
18 there was no customer at Employee's desk and because Employee did not handle  
19 driver's license issues, as Employee represented to the Sheriff's Office.

20 DMV did not investigate the reports until after learning Employee would be  
21 returning from the Division of Insurance to DMV's employ. The investigation revealed  
22 misconduct by Employee. Specifically, the investigation revealed Employee had accessed  
23 DMV's confidential database at least ten times to perform non-business transactions for  
24 her friend, Daniel, without authorization. Such conduct is a terminable offense under  
25 DMV policies and Nevada law. She used the information to conduct personal business  
26 for her friend, Daniel, involving Daniel's DUI. Employee also called the Sheriff's Office  
27 about Daniel's driver's license and DUI, twice, representing herself as a DMV employee  
28

1 assisting a customer, when she was really calling for the personal and non-business  
2 reason of assisting her friend, Daniel.

3 Based upon the information from the investigation, DMV issued a Specificity of  
4 Charges (SOC) to Employee, recommending termination under NAC 284.646(2)(b),  
5 which authorizes dismissal for unauthorized use of confidential information; and under  
6 DMV Prohibitions and Penalties (G1), which makes the use of data or information  
7 outside the scope of one's job responsibilities, or for non-business or personal reasons a  
8 Class 5 offense. The minimum discipline for a Class 5 offense is termination. The SOC  
9 alleged other violations.

10 DMV provided Employee a pre-disciplinary hearing and terminated her  
11 employment. Employee appealed the termination. The hearing officer found that  
12 "Employee accessed the DMV database to look up the driver's license records..." and  
13 that Employee should be disciplined for misuse of information technology under DMV  
14 Prohibitions and Penalties (G1). The hearing officer concluded that "Employee's conduct  
15 was not a 'serious violation of law or regulation' to merit termination prior to imposition  
16 of less severe disciplinary measures.

#### 17 18 STANDARD OF REVIEW

19 The burden of proof is on the party attacking or resisting the challenged decision  
20 to show the final decision is invalid.<sup>1</sup> The court's review is limited to the record.<sup>2</sup> The  
21 court cannot substitute its judgment for that of an administrative agency as to the  
22 weight of evidence on a question of fact.<sup>3</sup> The court may set aside an administrative  
23 agency's decision if substantial rights of the petitioner have been prejudiced because the  
24

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25 <sup>1</sup>NRS 233B.135(2).

26 <sup>2</sup>NRS 233B.135(1)(b).

27 <sup>3</sup>NRS 233B.135(3).  
28

1 decision was affected by error of law, clearly erroneous in view of the reliable, probative  
2 and substantial evidence on the whole record; or arbitrary and capricious or  
3 characterized by an abuse of discretion.<sup>4</sup> The central inquiry is whether substantial  
4 evidence supports the agency's decision.<sup>5</sup> Substantial evidence is that which a reasonable  
5 mind might accept as adequate to support a conclusion.<sup>6</sup> The court decides purely legal  
6 issues de novo.<sup>7</sup>

### 8 DISCUSSION

9 The hearing officer found that DMV proved Employee violated terminable  
10 offenses, including a Class 5 offense. The minimum discipline for a Class 5 offense is  
11 termination. The hearing officer then concluded that the violations, including the Class 5  
12 offense, were not serious violations.

13 An appointing authority may dismiss an employee for any reason set forth in NAC  
14 284.650 if the agency "has adopted any rules or policies which authorize the dismissal of  
15 an employee for such a cause."<sup>8</sup> DMV has adopted policies which authorize the dismissal  
16 of an employee for use of data or information outside the scope of one's job  
17 responsibilities, or for nonbusiness or personal reasons. Specifically, DMV adopted its  
18 Prohibitions and Penalties (G1) which prohibits such conduct, and establishes the  
19 minimum penalty as termination.

20 A dismissed employee may appeal to the administrative hearing officer, who can  
21

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22  
23 <sup>4</sup>NRS 233B.135(3)(d), (e), and (f).

24 <sup>5</sup>*United Exposition Serv. Co. v. State Indus. Ins. Sys.*, 109 Nev. 421, 851, P.2d 423  
25 (1993).

26 <sup>6</sup>*Id.*

27 <sup>7</sup>*Garcia v. Scolari's Food & Drug*, 125 Nev. A.O. 6, 200 P.3d 514 (2009).

28 <sup>8</sup>NAC 284.646(1)(a).

1 set aside the dismissal if he determines the dismissal was without just cause.<sup>9</sup> A hearing  
2 officer does not have authority to second-guess the DMV's Prohibitions and Penalties  
3 offense classification. If DMV proves an offense for which the Prohibitions and Penalties  
4 provide a minimum discipline of termination, a hearing officer has no discretion  
5 regarding just cause or reasonableness of the termination to exercise. If DMV proves an  
6 offense for which the Prohibitions and Penalties provide a minimum discipline of  
7 termination, just cause for termination is established and the termination is reasonable  
8 as a matter of law.

9 The hearing officer's finding that DMV proved the Prohibitions and Penalties  
10 (G1) offense, followed by the conclusion that the offense was not a serious violation to  
11 merit termination exceeded the hearing officer's authority under NRS 284.390(1) and  
12 (6), was an error of law, and arbitrary and capricious.

13 The hearing officer attempted to support her decision by referring to the  
14 following: 1) DMV's failure to immediately investigate the alleged violations; 2) DMV's  
15 failure to provide specific evidence of five other employees terminated for similar  
16 conduct; 3) inconsistency between the Prohibition and Penalty (G1) and the Bruce  
17 Breslow memorandum as to whether termination is mandatory or discretionary; 4) the  
18 nature of the offense; and 5) Employee's seven-year state service without discipline. The  
19 hearing officer also referred to, but did not make conclusions of law regarding, due  
20 process concerns. Whether these matters are true or not, none of them, individually or  
21 collectively, create authority for the hearing officer to exercise discretion on DMV's  
22 classification of the offense in its Prohibition and Penalty (G1).

#### 23 24 CONCLUSION

25 Because substantial rights of DMV were prejudiced by the hearing officer  
26 exceeding her authority, by error of law, and the hearing officer's decision was arbitrary

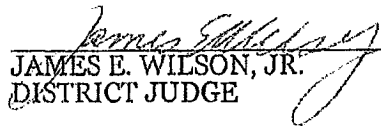
27  
28 <sup>9</sup>NRS 284.390(1) and (6).

1 and capricious, DMV's Petition for Judicial Review is granted.  
2

3 **ORDER**

4 IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that DMV's Petition  
5 for Judicial Review of the Hearing Officer's Decision and Order is GRANTED. The  
6 hearing officer's decision is set aside in whole.

7 June 15, 2015.

8   
9 JAMES E. WILSON, JR.  
10 DISTRICT JUDGE  
11  
12

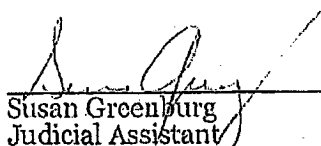
13 **CERTIFICATE OF SERVICE**

14 Pursuant to NRCP 5(b), I certify that I am an employee of the First Judicial  
15 District Court, and I certify that on this 15 day of June 2014 I deposited for mailing at  
16 Carson City, Nevada, or caused to be delivered by messenger service, a true and correct  
17 copy of the foregoing Order and addressed to the following:

18 Jeffrey S. Blanck, Esq.  
19 485 West Fifth St.  
20 Reno, NV 89503

Dominika J. Batten  
Deputy Attorney General  
5420 Kietzke Lane, #202  
Reno, NV 89511

21 Jill Greiner, Hearing Officer  
22 4790 Caughlin Pkwy., #120  
23 Reno, NV 89519

24   
25 Susan Greenburg  
26 Judicial Assistant  
27  
28



IN THE SUPREME COURT OF THE STATE OF NEVADA  
OFFICE OF THE CLERK

CARA O'KEEFE, AN INDIVIDUAL,  
Appellant,  
vs.  
THE STATE OF NEVADA DEPARTMENT OF  
MOTOR VEHICLES,  
Respondent.

Supreme Court No. 68460  
District Court Case No. 14OC001031B

NOTICE OF TRANSFER TO COURT OF APPEALS

TO: Hon. James E. Wilson, District Judge  
Cara O'Keefe  
Attorney General/Carson City \ Adam Paul Laxalt, Attorney General  
Attorney General/Reno \ Dominika J. Batten  
Brandon R. Price  
Susan Merriwether, Carson City Clerk

Pursuant to NRAP 17(b), the Supreme Court has decided to transfer this matter to the Court of Appeals. Accordingly, any filings in this matter from this date forward shall be entitled "In the Court of Appeals of the State of Nevada." NRAP 17(e).

DATE: September 21, 2015

Tracie Lindeman, Clerk of Court

By: Amanda Ingersoll  
Chief Deputy Clerk

Notification List

Electronic

Attorney General/Carson City \ Adam Paul Laxalt, Attorney General  
Attorney General/Reno \ Dominika J. Batten  
Brandon R. Price

Paper

Hon. James E. Wilson, District Judge  
Cara O'Keefe  
Susan Merriwether, Carson City Clerk

15-28510