Human Resources

Carolyn Horwich
Director of Human Resources
What we do . . .

- Personnel Action Requests
- Position Descriptions
- Requests to Fill
- Benefits (pre-tax)
- Benefits (post-tax through CAS)
- Retirement
- Reemployment Assistance
- Rate Reports
Who we are . . .

- Carolyn Horwich – Director
- Andy Snuggs – Deputy Director
- Mary Graves, Cynthia Capps, Kevin Garland, Loraine Cole, Jamie Johnson, Kathy Prehoda – Payroll and more
- Jennifer Henderson, Jessica Kranert – Retirement
- Amy Maros – Benefits, Requests to Fill
- Amber Moore – Benefits, Reemployment Assistance
Upcoming Transitions

- Moving to Laserfiche
- Personnel changes
- Reemployment Assistance
- Always innovating
Contact Information

- **Payroll** Group email at payrollgroup@justiceadmin.org
- **Benefits** email at benefits@justiceadmin.org
- **Retirement** email at retirementcoordinator@justiceadmin.org
- **Post-Tax Benefits** email at posttaxbenefits@justiceadmin.org
- **Requests to Fill** (job postings) at jobpostings@justiceadmin.org
PERSONNEL ACTION REQUEST

TO: Justice Administrative Commission
From: Employee's Name: ________
Employee ID: ________

Class Code: ________
Job Title: ________
Position: ________
Monthly Rate Of Pay: ________
FTE: ________

Transaction Date: ________

Note: If termination or transfer to another state agency, use last day worked at close of business. If leave without pay, use last day to be paid close of business, or expand in comments section.

I hereby certify that the records in this office reflect the individual named above in that the lump-sum payment for annual and/or sick leave, as indicated below, and local records are in accordance with the Personnel Rules and Regulations governing this office. I further certify that said employee has not forfeited any rights to such sick leave payment for any of the reasons related in Sections 110.122, Florida Statutes.

ANNUAL LEAVE: ________ hrs. ________ min. Indicate balance of hours accrued for which payment is due. (Enter "0" if none)
SICK LEAVE: Give total hours accrued prior to 10/1/73: ________ hrs. ________ min. ("0" if none)
Give total hours accrued after 10/1/73: ________ hrs. ________ min. ("0" if none)

Approved By: ________
Date: ________

Comments:

Transaction Code (description)

** NOTE **
If transaction code is 58, 68, or 99 explain in comments section.

If Transaction Code is 06, refer to "Termination (Retirement Code)" and enter appropriate code below.

Performance Evaluation Codes
1 Unsatisfactory
2 Conditional
3 Satisfactory
4 Above Satisfactory
5 Outstanding
0 Not Rated
## Position Description

### STATE OF FLORIDA
### DEPARTMENT OF JUDICIAL
### POSiTioN DEsCriPTION

<table>
<thead>
<tr>
<th>Position Number:</th>
<th>Security Code:</th>
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<tbody>
<tr>
<td>Employee Name:</td>
<td>JIL</td>
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<tr>
<td>Office of Origin:</td>
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<tr>
<td>Present Department:</td>
<td>Court of Code:</td>
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<tr>
<td>Present Position Location Address:</td>
<td>Non-Regional Location Address:</td>
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<td>New Position:</td>
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<tr>
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<td>New Inquiries:</td>
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<tr>
<td>CIP Reviewer Payment:</td>
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Reason for submitting this form:
- Classification Change: ______
- County Change: ______
- Establish New Position: ______

Date: ______

Executive Director: ______

*DUTIES AND RESPONSIBILITIES (Discretionary in part of agency, not required by JOC)*

*attach additional sheets if necessary to properly describe the position*
### Mass Upload Template

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<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
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<td>PERNR (8)</td>
<td>Old Amount</td>
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<td>People First Reason Code</td>
<td>salaried or OPS</td>
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- Numbers in red indicate the number of characters that must be in that column
- Must have 100 or more rows of data; circuits can be combined
- Instructions are on page 2 of the spreadsheet
- Memorandum #025-15HR (other than the 50 rows of data statement)
Request to Fill Form

STATE OF FLORIDA
REQUEST TO FILL VACANCY

Agency
- Capital Collateral Regional Counsel
- Criminal Conflict and Civil Regional Counsel
- Guardian Ad Litem
- Justice Administrative Commission
- Public Defender's Office
- State Attorney's Office

Type of Advertisement
- Open competition
- Internal Agency
- Re-Advertisement
- Non-Advertised

Position Information
- Position Title
- Annual Salary
- FTE
- County
- City
- Class Code
- Class Title

Contact Information
- Name
- Phone
- Email
- Address Line 1
- Address Line 2
- City, State, Zip Code

Advertisement Information
- Proposed Advertisement Period
- From:
- To:
- Requested By:
- Phone:
- Date Submitted:
# Rate Report

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<th>POS NUM</th>
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<th>EMPLOYEE NAME</th>
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<th>EMP 1.00</th>
<th>VAC 1.00</th>
<th>EXC FTE</th>
<th>DAYS VACANT</th>
<th>ANNUAL RATE</th>
<th>VACANT RATE</th>
<th>TOTAL RATE</th>
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1965-1966 APPROVED FTE AND RATE

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OVER / UNDER RATE $92,392