

CITY OF PORTLAND - PERSONNEL TRANSACTION

A. REQUEST FOR AUTHORITY TO HIRE

Note: COMPLETE ALL ITEMS IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME			FUND	DEPT	DIV	ACT	EL	OB
POSITION #	AUTH #	JOB TITLE						
FORMER INCUMBENT (Name and Soc. Sec. #)			DATE VACATED	HOW VACATED			STD # HOURS	N.S.D.
JOB FUNDING SOURCES <input type="checkbox"/> CITY _____ <input type="checkbox"/> OTHER _____				TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT				
DEPARTMENT HEAD (or Designee) - Signature and Date				DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date				

B. PERSONNEL ACTIVITY AND DATA

Appointment	1, 2, 5, 6, 7	Distribution Change	1, 7	Return from Leave	1
Transfer	1, 5, 7	Hours Change	1, 5	Layoff	1, 4
Schedule Change	1, 5	Military Leave	1, 3	Dismissal	1, 4
Promotion	1, 5	Leave with Pay	1, 3	Resignation	1, 4
Demotion	1, 5	Leave without Pay	1, 3	Retirement	1, 4
X Pay Change	1, 5	Suspension	1, 3	Death	1, 4

1	FUND 100	DEPT 41	DIV 02	ACT 441	EL 01	OB 10	SOCIAL SECURITY # ██████████	ACTIVITY KEY <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Project <input type="checkbox"/> OnCall			
	NAME (last) (first) MOSKIN AVA R						EFFECTIVE DATE 8/14/2012	ORGANIZATION (Dept. and Div.) NAME PUBLIC HEALTH - FHS			
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE						
3	# HOURS	TOT. RATE	DATE FROM	DATE TO							
4	NOTICE DATE	VAC HRS BAL	VAC HRS PAID	TOTAL SEPARATION PAY							
	LAST PAY DAY	SICK HRS BAL	SICK HRS PAID								
		COMP HRS BAL	COMP HRS PAID								
	SEP CODE	SEP RATE	TOT. HRS PAID								
5	JOB TITLE MID-LEVEL HEALTH PRAC (PROJ)							UNION 15	PAID Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/>	RANGE MLH	STEP 7
	STD. HOURS 18.75	TOTAL RATE \$36.03	BASE RATE \$36.03	WEEKLY RATE \$675.56				ADD PAY CODE(s)	ADD PAY RATE	OT RATE \$54.05	
	SCHEDULE CODE R4		PENSION PLAN <input type="checkbox"/> MSRS <input type="checkbox"/> 401a <input type="checkbox"/> PTS <input type="checkbox"/> SpecialPlan								

DEPARTMENT HEAD (or Designee) - Signature and Date <i>[Signature]</i> 7/31/12	DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date <i>[Signature]</i> 8-7-12
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6 INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> Single <input type="checkbox"/> Married	STATE _____ FED _____	COMMENTS Step 7 Next Step 8/14/13 Step 8 CITY OF PORTLAND MAINE JUL 31 2012 HUMAN RESOURCES DEPARTMENT
EXTRA STATE TAX	EXTRA FEDERAL TAX		
ADDRESS: _____ ZIP _____			
7 DISTRIBUTION CODE(S):			

CITY OF PORTLAND - PERSONNEL TRANSACTION

A. REQUEST FOR AUTHORITY TO HIRE

Note: COMPLETE ALL ITEMS IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME				FUND	DEPT	DIV	ACT	EL	OB
POSITION #	AUTH #	JOB TITLE							
FORMER INCUMBENT (Name and Soc. Sec. #)			DATE VACATED	HOW VACATED			STD # HOURS	N.S.D.	
JOB FUNDING SOURCES <input type="checkbox"/> CITY _____ <input type="checkbox"/> OTHER _____				TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT					
DEPARTMENT HEAD (or Designee) - Signature and Date				DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date					

B. PERSONNEL ACTIVITY AND DATA

Appointment	1, 2, 5, 6, 7	Distribution Change	1, 7	Return from Leave	1
Transfer	1, 5, 7	X Hours Change	1, 5	Layoff	1, 4
Schedule Change	1, 5	Military Leave	1, 3	Dismissal	1, 4
Promotion	1, 5	Leave with Pay	1, 3	Resignation	1, 4
Demotion	1, 5	Leave without Pay	1, 3	Retirement	1, 4
Pay Change	1, 5	Suspension	1, 3	Death	1, 4

1	FUND	DEPT	DIV	ACT	EL	OB	SOCIAL SECURITY #
	100	41	02	441	01	10	[REDACTED]
NAME (last)		(first)		EFFECTIVE DATE			
MOSKIN		AVA R		11/25/2013			
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE		
3	# HOURS	TOT. RATE	DATE FROM	DATE TO			
4	NOTICE DATE	VAC HRS BAL	VAC HRS PAID	TOTAL SEPARATION PAY			
	LAST PAY DAY	SICK HRS BAL	SICK HRS PAID				
		COMP HRS BAL	COMP HRS PAID				
	SEP CODE	SEP RATE	TOT. HRS PAID				

5	ACTIVITY KEY		<input type="checkbox"/> Permanent	<input type="checkbox"/> Seasonal	
			<input type="checkbox"/> Temporary	<input checked="" type="checkbox"/> Project	
		<input type="checkbox"/> OnCall			
ORGANIZATION (Dept. and Div.) NAME					
PUBLIC HEALTH - FHS					
FUND	DEPT	DIV	ACT	EL	OB
100	41	02	441	01	10
JOB TITLE					
MID-LEVEL HEALTH PRAC (PROJ)					
UNION	PAID	RANGE	STEP		
15	Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/>	MLH	8		
STD. HOURS	TOTAL RATE	BASE RATE	WEEKLY RATE		
18.75	\$39.80	\$39.80	\$746.25		
ADD PAY CODE(s)		ADD PAY RATE	OT RATE		
			\$59.70		
SCHEDULE CODE		PENSION PLAN			
R4		<input type="checkbox"/> MSRS <input type="checkbox"/> 401a <input type="checkbox"/> PTS <input type="checkbox"/> SpecialPlan			

DEPARTMENT HEAD (or Designee) - Signature and Date <i>Wanda Arnold</i> 11/27/13	DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date <i>P. Kesh</i> 11-27-13
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6	INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> Single <input type="checkbox"/> Married	STATE _____ FED _____
	EXTRA STATE TAX	EXTRA FEDERAL TAX	
	ADDRESS: _____ ZIP _____		
7	DISTRIBUTION CODE(s):		

COMMENTS Hours reduction from 32 to 18.75 per week per attached; physician contract ended.	CITY OF PORTLAND MAINE NOV 27 2013 HUMAN RESOURCES DEPARTMENT
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PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Health and Human Services Department
Douglas S. Gardner, Director

Public Health Division
Julianne A. Sullivan, MPH, MBA, Director

November 26, 2013

Ava Moskin
[REDACTED]
[REDACTED]

RE: Contract

Dear Ava,

In follow-up to our various conversations over the last several weeks, I am finally writing a letter to formally terminate the contract dated 9/9/2013 for Public Health Physician services. Per contract requirements, we discussed early termination based on the needs of the Health Care for the Homeless Program (HCH). When we met on October 21, we discussed that the end date would be 12/4/13 (45 days). However, you suggested, that if it was convenient for HCH, you would be willing to end sooner. We agreed that Monday, November 18 would be your last patient day. We also discussed the potential of per diem hours and conducting peer review audits for Dr. Bonham's charts in accordance with the HCH quality assurance plan.

My understanding is that we must terminate the current contract and replace it with a per diem contract without specified hours. Your HCH credentialing and privileging is good for a period of two years and will not need to be redone until 2015. I will work on a revised contract and hope to have it ready for your signature by the first of the year.

The staff and I enjoyed working with you and look forward to working together in the future.

Sincerely,

Kathi Fortin
Program Manager
Portland Health Care for the Homeless Program

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POSITION #	AUTH #	JOB TITLE						
FORMER INCUMBENT (Name and Soc. Sec. #)			DATE VACATED	HOW VACATED			STD # HOURS	N.S.D.
JOB FUNDING SOURCES <input type="checkbox"/> CITY _____ <input type="checkbox"/> OTHER _____			TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT					
DEPARTMENT HEAD (or Designee) - Signature and Date			DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date					

B. PERSONNEL ACTIVITY AND DATA

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Pay Change	1, 5	Suspension	1, 3	Death	1, 4

1	FUND	DEPT	DIV	ACT	EL	OB	SOCIAL SECURITY #		ACTIVITY KEY <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Project <input type="checkbox"/> OnCall
	100	41	02	441	01	10	[REDACTED]		
NAME (last) (first)							EFFECTIVE DATE		
MOSKIN AVA R							9/16/2013		
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE				
3	# HOURS	TOT. RATE	DATE FROM	DATE TO					
4	NOTICE DATE	VAC HRS BAL	VAC HRS PAID	TOTAL SEPARATION PAY					
	LAST PAY DAY	SICK HRS BAL	SICK HRS PAID						
		COMP HRS BAL	COMP HRS PAID						
	SEP CODE	SEP RATE	TOT. HRS PAID						
5	ORGANIZATION (Dept. and Div.) NAME PUBLIC HEALTH - FHS								
	FUND	DEPT	DIV	ACT	EL	OB			
	100	41	02	441	01	10			
	JOB TITLE MID-LEVEL HEALTH PRAC (PROJ)								
	UNION	PAID Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/>	RANGE	STEP					
STD. HOURS	TOTAL RATE	BASE RATE	WEEKLY RATE						
32.00									
ADD PAY CODE(s)			ADD PAY RATE	OT RATE					
SCHEDULE CODE R8			PENSION PLAN <input type="checkbox"/> MSRS <input type="checkbox"/> 401a <input type="checkbox"/> PTS <input type="checkbox"/> SpecialPlan						

DEPARTMENT HEAD (or Designee) - Signature and Date <i>Wanda Arnold 9/13/13</i>	DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date <i>C. Kesler 9-20-13</i>
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6	INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> Single <input type="checkbox"/> Married	STATE _____ FED _____	COMMENTS Hours increase from 18.75 to 32 per week (see attached contract for HCH Physician) CITY OF PORTLAND MAINE SEP 13 2013 HUMAN RESOURCES DEPARTMENT <i>hw</i>
	EXTRA STATE TAX	EXTRA FEDERAL TAX		
	ADDRESS: _____ ZIP _____			
7	DISTRIBUTION CODE(s):			

**PERSONAL SERVICES CONTRACT
AVA MOSKIN, M.D.**

PUBLIC HEALTH PHYSICIAN

THIS AGREEMENT made this 9th day of September, 2013 by and between the **CITY OF PORTLAND**, a body politic and corporate, located in the County of Cumberland and State of Maine (hereinafter "**CITY**") and **AVA MOSKIN, M.D.** of [REDACTED] (herein after the "**Physician**").

WITNESSETH

WHEREAS, the **CITY** provides a variety of direct medical services to eligible members of the community; and

WHEREAS, **Physician** covenants that she has the necessary education, training, and experience to provide primary care physician services for the **CITY** clients;

NOW THEREFORE, the parties do hereby agree as follows:

1. Scope of Services

Physician shall provide clinical care for the Health Care for the Homeless Clinic (hereinafter "HCH"). **Physician** shall perform other duties negotiated and assigned by the Program Manager for the HCH or his/her designee only to the extent such other duties conform with and do not violate accepted standards of medical care, accepted medical guidelines, and State and Federal law. **Physician** shall provide clinical services for a designated patient panel and medical consultation for HCH staff regarding patient care.

2. Term

The term of this Agreement is from September 9, 2013 through August 31, 2014, subject to termination as provided in Section 8. Thereafter, this Agreement shall continue in effect until terminated by mutual agreement or pursuant to Section 8 below.

3. Schedule

Physician's regular work schedule shall be part-time, as needed to be performed at HCH as assigned by the **CITY'S** Director of Public Health or his/her designee. **Physician** will work an average of seven and one half (7.5) hours per day, two (2) days per week. In no event may **Physician** work more than fifteen (15) hours per week for the term of the contract.

4. Status as an Employee

Physician's status is that of an "at will" employee subject to all of the rights and responsibilities of such employees that accrue under state and federal law. All rights to compensation and to benefits under **CITY** Personnel Policies shall be as provided herein. The **CITY** will defend and indemnify **Physician** in accordance with 14 M.R.S.A. §8112 with respect only to claims arising out of her employment with the **CITY**.

5. Compensation and Benefits

Physician shall be paid at the rate of (\$70.00/hr). **Physician's** wages will be subject to all required state and local withholding, including, without limitation, Medicare deductions. **Physician** shall be paid for being on call at HCH at the same rate as nurse practitioners.

i. **Physician** shall participate in all **CITY** fringe benefit programs on the same terms as regular exempt **CITY** employees on a pro-rated schedule commensurate with the number of weekly hours worked pursuant to the City's Personnel Policies and Procedures.

ii. **Physician** shall not be eligible for payment for unused sick leave or personal leave upon termination of her employment for any reason, including but not limited to resignation or retirement.

iii. **Physician** shall procure and maintain her own professional liability insurance coverage at her own cost and expense which she determines she needs to cover any professional services and activities outside the scope of her employment with the **CITY**.

6. Meaningful Use Incentive

Physician understands that HCH is adopting, implementing, and/or upgrading health information technology systems to comply with the Electronic Health Record (EHR) Incentive Program, created by the American Recovery and Reinvestment Act, Pub. L. 111-5. **Physician** agrees to assist HCH in meeting the obligations and objectives set forth in 42 CFR Part 495 and to take such steps as necessary to allow the HCH to realize the benefits of the EHR Incentive Program, including but not limited to participating in the Medicare/Medicaid EHR Incentive Program as an Eligible Professional, using Certified EHR Technology, and providing attestations of adoption, implementation, upgrading and meaningful use of such technology as requested or required by the HCH or other federal or state authority.

Physician hereby voluntarily reassigns to **CITY** the right to receive any payments made in connection with **Physician's** participation as an Eligible Professional, as that term is defined in 42 C.F.R. § 495.4, in the Medicare/Medicaid EHR Incentive Program. **Physician** understands and agrees that **CITY** will collect and retain any payments made for the implementation, adoption, upgrade, and/or meaningful use of health information technology systems, including but not limited to certified EHR technology, by its employees or independent contractors.

7. Access to Documents

Physician shall have access to **CITY** documents and information, as necessary, to perform her services herein and as approved by the **CITY**. However, **Physician** shall not disclose said documents or information developed under this Agreement to the public without the prior approval of the **CITY**. Nothing herein is intended to modify **Physician's** professional obligation in regard to non-disclosure of confidential medical information.

8. Law

This Agreement shall be governed by and under the laws of the State of Maine.

9. Termination

The **CITY** may terminate this Agreement for **CITY** convenience, including without limitation, budgetary convenience, upon forty-five (45) days' prior written notice to **Physician**. **Physician** may terminate this Agreement for convenience upon forty-five (45) days' prior written notice to **CITY**. In the event of termination of this Agreement, **Physician** will cooperate and assist **CITY** in providing continuity of care to patients as appropriate.

10. Prohibition Against Assignment

This Agreement is one for personal services and may not be assigned, transferred, conveyed, or otherwise disposed of by **Physician** or the **CITY** in any manner.

11. Accountability

Physician shall report to the **HCH Program Manager**. **Physician** shall be evaluated on an annual basis by the Program Manager and said evaluation will become part of the **Physician's** personnel file.

12. Notification

All communications and notices required or permitted under this Agreement shall be deemed sufficiently served if hand-delivered or served by Certified Mail, addressed as follows:

To **Physician**:

Ava Moskin
[REDACTED]
[REDACTED]

To **City**:

Mark H. Rees, City Manager
389 Congress Street
Portland, Maine 04101

cc: Julianne Sullivan, Director of Public Health

13. This Agreement supersedes any and all prior agreements between the Parties, whether written or oral, and other documents, if any, addressing the subject matter contained in this Agreement.

IN WITNESS WHEREOF, the CITY OF PORTLAND has caused this Agreement to be signed and sealed by Mark H. Rees, its City Manager, thereunto duly authorized, and AVA MOSKIN, M.D. has signed this Agreement the day and date first above written.

WITNESS:

AVA MOSKIN, M.D.

Quidauro

AVMO

Kevin Bean

CITY OF PORTLAND

MR
Mark H. Rees, City Manager

Approved as to form:

Approved as to funds:

ILT
Corporation Counsel's Office

SM
Budget office

CITY OF PORTLAND - PERSONNEL TRANSACTION

A. REQUEST FOR AUTHORITY TO HIRE

Note: COMPLETE ALL ITEMS IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME			FUND	DEPT	DIV	ACT	EL	OB
POSITION #	AUTH #	JOB TITLE						
FORMER INCUMBENT (Name and Soc. Sec. #)			DATE VACATED	HOW VACATED			STD # HOURS	N.S.D.
JOB FUNDING SOURCES <input type="checkbox"/> CITY _____ <input type="checkbox"/> OTHER _____			TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT					
DEPARTMENT HEAD (or Designee) - Signature and Date			DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date					

B. PERSONNEL ACTIVITY AND DATA

Appointment	1, 2, 5, 6, 7	Distribution Change	1, 7	Return from Leave	1
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Promotion	1, 5	Leave with Pay	1, 3	Resignation	1, 4
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<input checked="" type="checkbox"/> Pay Change	1, 5	Suspension	1, 3	Death	1, 4

1	FUND	DEPT	DIV	ACT	EL	OB	SOCIAL SECURITY #
	100	41	02	441	01	10	[REDACTED]
NAME (last)		(first)		EFFECTIVE DATE			
MOSKIN		AVA R		8/14/2013			
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE		
3	# HOURS	TOT. RATE	DATE FROM	DATE TO			
4	NOTICE DATE	VAC HRS BAL	VAC HRS PAID	TOTAL SEPARATION PAY			
	LAST PAY DAY	SICK HRS BAL	SICK HRS PAID				
		COMP HRS BAL	COMP HRS PAID				
	SEP CODE	SEP RATE	TOT. HRS PAID				

5		ACTIVITY KEY	<input type="checkbox"/> Permanent	<input type="checkbox"/> Seasonal	
		<input type="checkbox"/> Temporary	<input checked="" type="checkbox"/> Project		
		<input type="checkbox"/> OnCall			
ORGANIZATION (Dept. and Div.) NAME					
PUBLIC HEALTH - FHS					
FUND	DEPT	DIV	ACT	EL	OB
100	41	02	441	01	10
JOB TITLE					
MID-LEVEL HEALTH PRAC (PROJ)					
UNION	PAID	RANGE	STEP		
15	Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/>	MLH	8		
STD. HOURS	TOTAL RATE	BASE RATE	WEEKLY RATE		
18.75	\$39.80	\$39.80	\$746.25		
ADD PAY CODE(s)		ADD PAY RATE	OT RATE		
			\$59.70		
SCHEDULE CODE		PENSION PLAN			
R4		<input type="checkbox"/> MSRS <input type="checkbox"/> 401a <input type="checkbox"/> PTS <input type="checkbox"/> SpecialPlan			

DEPARTMENT HEAD (or Designee) - Signature and Date <i>[Signature]</i> 7/25/13	DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date <i>[Signature]</i> 8-16-13
--	--

6	INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> Single <input type="checkbox"/> Married	STATE _____	COMMENTS Step 8 Next Step 8/14/19 Step 9
	EXTRA STATE TAX	EXTRA FEDERAL TAX		
	ADDRESS: _____ ZIP _____			
7	DISTRIBUTION CODE(s):			

CITY OF PORTLAND - PERSONNEL TRANSACTION

A. REQUEST FOR AUTHORITY TO HIRE APPT RECLASS TITLE CHG NOTE: COMPLETE ALL ITEMS IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME			FUND	DEPT.	DIV.	ACT.	EL	OB
POS #	AUTH #	JOB TITLE						
FORMER INCUMBENT (Name and Soc. Sec. #)			DATE VACATED	HOW VACATED		STD. # HOURS	N.S.D.	
JOB FUNDING SOURCES <input type="checkbox"/> CITY (% _____) <input type="checkbox"/> OTHER _____			TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT					
DEPARTMENT HEAD (or designee) - Signature and Date			DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date					

B. PERSONNEL ACTIVITY AND DATA

APPOINTMENT	1, 2, 5, 6	DISTRIBUTION CHANGE	1, 6	RETURN FROM LEAVE	1
TRANSFER	1, 5	HOURS CHANGE	1, 5	LAYOFF	1, 4
SCHEDULE CHANGE	1, 5	MILITARY LEAVE	1, 3	DISMISSAL	1, 4
PROMOTION	1, 5	LEAVE WITH PAY	1, 3	RESIGNATION	1, 4
DEMOTION	1, 5	LEAVE WITHOUT PAY	1, 3	RETIREMENT	1, 4
<input checked="" type="checkbox"/> PAY CHANGE	1, 5	SUSPENSION	1, 3	DEATH	1, 4

1	FUND	DEPT.	DIV.	ACT.	EL	OB	SOCIAL SECURITY #	ACTIVITY KEY	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> SEASONAL	
								<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PROJECT		
								<input type="checkbox"/> ON-CALL	<input type="checkbox"/> CONTRACT		
NAME (last) <i>Moskin, Ava</i> (first)								EFFECTIVE DATE <i>7-1-12</i>			
ORGANIZATION (Dept. and Div.) NAME								FUND			
DEPT.								DIV.			
ACT.								EL			
OB								JOB TITLE			
								<i>Mid level Health Prac</i>			
2		SEX		EEOC		BIRTH DATE		PRIOR SERVICE		LAST SEP. DATE	
3		# HOURS		TOT. RATE		DATE FROM		DATE TO		5	
										UNION	
										PAID WEEKLY <input type="checkbox"/>	
										MONTHLY <input type="checkbox"/>	
										RANGE <i>9M</i>	
										STEP <i>7</i>	
										STD. # HOURS	
										TOTAL RATE	
										BASE RATE <i>38.94</i>	
										WEEKLY RATE	
										ADD PAY CODE	
										ADD PAY RATE	
										N.S.D.	
										OVERTIME RATE	
										SCHEDULE CODE	
										PENSION PLAN	
										<input type="checkbox"/> MainePERS	
										<input type="checkbox"/> 401 (A)	
										<input type="checkbox"/> PTS	
										<input type="checkbox"/> SPECIAL PLAN	

DEPARTMENT HEAD (or designee) - Signature and Date _____ DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date *C. Keuler 9-25-12*

INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> MARRIED, SINGLE RATE	# DED. STATE _____ FED _____	COMMENTS: <i>market rate adjustment - per contract settlement</i> <i>retr due</i>
EXTRA STATE TAX CITY OF PORTLAND, MAINE			
ADDRESS: _____			
SEP 25 2012			
DISTRIBUTION CODE(S):			
DISTRIBUTION	PROJECT	PERCENT	

CITY OF PORTLAND - PERSONNEL TRANSACTION

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Note: COMPLETE ALL ITEMS IN THIS SECTION.

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JOB FUNDING SOURCES <input type="checkbox"/> CITY _____ <input type="checkbox"/> OTHER _____				TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT				
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1	FUND	DEPT	DIV	ACT	EL	OB	SOCIAL SECURITY #	ACTIVITY KEY <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Project <input type="checkbox"/> OnCall			
	100	41	02	441	01	10	[REDACTED]				
NAME (last) (first)							EFFECTIVE DATE	ORGANIZATION (Dept. and Div.) NAME PUBLIC HEALTH - FHS			
MOSKIN AVA R							8/14/2012				
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE						
	# HOURS		TOT. RATE	DATE FROM	DATE TO						
4	NOTICE DATE	VAC HRS BAL	VAC HRS PAID	TOTAL SEPARATION PAY							
	LAST PAY DAY	SICK HRS BAL	SICK HRS PAID								
	COMP HRS BAL		COMP HRS PAID								
	SEP CODE	SEP RATE	TOT. HRS PAID								
5	JOB TITLE MID-LEVEL HEALTH PRAC (PROJ)							UNION 15	PAID Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/>	RANGE MLH	STEP 7
	STD. HOURS	TOTAL RATE	BASE RATE	WEEKLY RATE							
		18.75	\$36.03	\$36.03	\$675.56						
ADD PAY CODE(s)			ADD PAY RATE	OT RATE							
				\$54.05							
SCHEDULE CODE		PENSION PLAN									
R4		<input type="checkbox"/> MSRS <input type="checkbox"/> 401a <input type="checkbox"/> PTS <input type="checkbox"/> SpecialPlan									

DEPARTMENT HEAD (or Designee) - Signature and Date <i>[Signature]</i> 7/31/12	DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date <i>[Signature]</i> 8-17-12
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6	INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> Single <input type="checkbox"/> Married	STATE _____ FED _____	COMMENTS Step 7 Next Step 8/14/13 Step 8 CITY OF PORTLAND MAINE JUL 31 2012 HUMAN RESOURCES DEPARTMENT
	EXTRA STATE TAX	EXTRA FEDERAL TAX		
	ADDRESS: _____ ZIP _____			
7	DISTRIBUTION CODE(S):			

CITY OF PORTLAND - PERSONNEL TRANSACTION

A. REQUEST FOR AUTHORITY TO HIRE

Note: COMPLETE ALL ITEMS IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME			FUND	DEPT	DIV	ACT	EL	OB
POSITION #	AUTH #	JOB TITLE						
FORMER INCUMBENT (Name and Soc. Sec. #)			DATE VACATED	HOW VACATED			STD # HOURS	N.S.D.
JOB FUNDING SOURCES <input type="checkbox"/> CITY _____ <input type="checkbox"/> OTHER _____			TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT					
DEPARTMENT HEAD (or Designee) - Signature and Date			DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date					

B. PERSONNEL ACTIVITY AND DATA

Appointment	1, 2, 5, 6, 7	Distribution Change	1, 7	Return from Leave	1
Transfer	1, 5, 7	Hours Change	1, 5	Layoff	1, 4
Schedule Change	1, 5	Military Leave	1, 3	Dismissal	1, 4
Promotion	1, 5	Leave with Pay	1, 3	Resignation	1, 4
Demotion	1, 5	Leave without Pay	1, 3	Retirement	1, 4
<input checked="" type="checkbox"/> Pay Change	1, 5	Suspension	1, 3	Death	1, 4

1	FUND	DEPT	DIV	ACT	EL	OB	SOCIAL SECURITY #
	100	41	02	441	01	10	[REDACTED]
NAME (last)		(first)		EFFECTIVE DATE			
MOSKIN		AVA R		8/14/2011			
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE		
3	# HOURS	TOT. RATE	DATE FROM	DATE TO			
4	NOTICE DATE	VAC HRS BAL	VAC HRS PAID	TOTAL SEPARATION PAY			
	LAST PAY DAY	SICK HRS BAL	SICK HRS PAID				
		COMP HRS BAL	COMP HRS PAID				
	SEP CODE	SEP RATE	TOT. HRS PAID				
5	ACTIVITY KEY <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Project <input type="checkbox"/> OnCall						
	ORGANIZATION (Dept. and Div.) NAME PUBLIC HEALTH - FHS						
	FUND	DEPT	DIV	ACT	EL	OB	
	100	41	02	441	01	10	
	JOB TITLE MID-LEVEL HEALTH PRAC (PROJ)						
	UNION	PAID Weekly	RANGE		STEP		
	15	<input checked="" type="checkbox"/>	MLH		6		
STD. HOURS	TOTAL RATE	BASE RATE	WEEKLY RATE				
18.75	\$35.22	\$35.22	\$660.38				
ADD PAY CODE(s)		ADD PAY RATE	OT RATE				
			\$52.83				
SCHEDULE CODE		PENSION PLAN					
R4		<input type="checkbox"/> MSRS <input type="checkbox"/> 401a <input type="checkbox"/> PTS <input type="checkbox"/> SpecialPlan					

DEPARTMENT HEAD (or Designee) - Signature and Date <i>[Signature]</i>	DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date <i>[Signature]</i>
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6	INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> Single <input type="checkbox"/> Married	STATE _____ FED _____	COMMENTS Step 6 Next Step 8/14/2012 step 7
	EXTRA STATE TAX	EXTRA FEDERAL TAX		
ADDRESS: _____ ZIP _____				
7	DISTRIBUTION CODE(s):			

CITY OF PORTLAND - PERSONNEL TRANSACTION

A. REQUEST FOR AUTHORITY TO HIRE

APPT RECLASS TITLE CHG

NOTE: COMPLETE ALL ITEMS IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME			FUND.	DEPT.	DIV.	ACT.	EL	OB
POS #	AUTH #	JOB TITLE						
FORMER INCUMBENT (Name and Soc. Sec. #)			DATE VACATED	HOW VACATED		STD. # HOURS	N.S.D.	
JOB FUNDING SOURCES <input type="checkbox"/> CITY (% _____) <input type="checkbox"/> OTHER _____			TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT					
DEPARTMENT HEAD (or designee) - Signature and Date			DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date					

B. PERSONNEL ACTIVITY AND DATA

APPOINTMENT	1, 2, 5, 6	DISTRIBUTION CHANGE	1, 6	RETURN FROM LEAVE	1
TRANSFER	1, 5	HOURS CHANGE	1, 5	LAYOFF	1, 4
SCHEDULE CHANGE	1, 5	MILITARY LEAVE	1, 3	DISMISSAL	1, 4
PROMOTION	1, 5	<input checked="" type="checkbox"/> LEAVE WITH PAY	1, 3	RESIGNATION	1, 4
DEMOTION	1, 5	LEAVE WITHOUT PAY	1, 3	RETIREMENT	1, 4
PAY CHANGE	1, 5	SUSPENSION	1, 3	DEATH	1, 4

1	FUND	DEPT.	DIV.	ACT.	EL	OB	SOCIAL SECURITY #	ACTIVITY KEY	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> SEASONAL
	100	41	03	441	01	10	██████████	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PROJECT	
	NAME (last) Moskin (first) Ava R.						EFFECTIVE DATE	05/17/11		
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE		ORGANIZATION (Dept. and Div.) NAME			
3	# HOURS	TOT. RATE	DATE FROM	DATE TO		JOB TITLE				
	18.75	34.50	05/17/11			5				
4	NOTICE DATE	VAC. HRS. BAL.	VAC. HRS. PAID	TOTAL SEPARATION PAY		UNION		PAID WEEKLY <input type="checkbox"/>	RANGE	STEP
	LAST PAY DATE	SICK HRS. BAL.	SICK HRS. PAID			STD. # HOURS		TOTAL RATE	BASE RATE	WEEKLY RATE
		COMP HRS. BAL.	COMP HRS. PAID			ADD PAY CODE		ADD PAY RATE	N.S.D.	OVERTIME RATE
	SEPARATION CODE	SEPARATION RATE	TOT. HOURS PAID			SCHEDULE CODE		PENSION PLAN <input type="checkbox"/> MSRS <input type="checkbox"/> FTS <input type="checkbox"/> 401 (A) <input type="checkbox"/> SPECIAL PLAN		

DEPARTMENT HEAD (or designee) - Signature and Date <i>[Signature]</i> 5/20/2011	DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date <i>[Signature]</i> 5-27-11
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<p>6 INFORMATION ON NEW HIRES:</p> <p>W-4 INFO: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> MARRIED, SINGLE RATE</p> <p># DED. STATE _____ FED _____</p> <p>EXTRA STATE TAX EXTRA FEDERAL TAX</p> <p>ADDRESS: _____</p> <p style="text-align: center;">ZIP _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>DISTRIBUTION CODE(S):</th> <th>DISTRIBUTION</th> <th>PROJECT</th> <th>PERCENT</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	DISTRIBUTION CODE(S):	DISTRIBUTION	PROJECT	PERCENT													<p>COMMENTS:</p> <p>Personal Leave of Absence</p> <p style="text-align: center;">CITY OF PORTLAND, MAINE</p> <p style="text-align: center; font-size: 1.2em;">MAY 20 2011</p> <p style="text-align: center;">HUMAN RESOURCES DEPARTMENT</p>
DISTRIBUTION CODE(S):	DISTRIBUTION	PROJECT	PERCENT														

CITY OF PORTLAND - PERSONNEL TRANSACTION

A. REQUEST FOR AUTHORITY TO HIRE

Note: COMPLETE ALL ITEMS IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME			FUND	DEPT	DIV	ACT	EL	OB
POSITION #	AUTH #	JOB TITLE						
FORMER INCUMBENT (Name and Soc. Sec. #)			DATE VACATED	HOW VACATED			STD # HOURS	N.S.D.
JOB FUNDING SOURCES <input type="checkbox"/> CITY _____ <input type="checkbox"/> OTHER _____			TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT					
DEPARTMENT HEAD (or Designee) - Signature and Date			DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date					

B. PERSONNEL ACTIVITY AND DATA

Appointment	1, 2, 5, 6, 7	Distribution Change	1, 7	Return from Leave	1
Transfer	1, 5, 7	Hours Change	1, 5	Layoff	1, 4
Schedule Change	1, 5	Military Leave	1, 3	Dismissal	1, 4
Promotion	1, 5	Leave with Pay	1, 3	Resignation	1, 4
Demotion	1, 5	Leave without Pay	1, 3	Retirement	1, 4
X Pay Change	1, 5	Suspension	1, 3	Death	1, 4

1	FUND	DEPT	DIV	ACT	EL	OB	SOCIAL SECURITY #
	100	41	02	441	01	10	██████████
NAME (last)		(first)		EFFECTIVE DATE			
MOSKIN		AVA R		8/14/2010			
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE		
3	# HOURS	TOT. RATE	DATE FROM	DATE TO			
4	NOTICE DATE	VAC HRS BAL	VAC HRS PAID	TOTAL SEPARATION PAY			
	LAST PAY DAY	SICK HRS BAL	SICK HRS PAID				
		COMP HRS BAL	COMP HRS PAID				
	SEP CODE	SEP RATE	TOT. HRS PAID				
5	ACTIVITY KEY <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Project <input type="checkbox"/> OnCall						
	ORGANIZATION (Dept. and Div.) NAME PUBLIC HEALTH - FHS						
	FUND	DEPT	DIV	ACT	EL	OB	
	100	41	02	441	01	10	
	JOB TITLE MID-LEVEL HEALTH PRAC (PROJ)						
	UNION	PAID	RANGE		STEP		
15	Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/>	MLH		5			
STD. HOURS	TOTAL RATE	BASE RATE	WEEKLY RATE				
18.75	\$34.45	\$34.45	\$645.94				
ADD PAY CODE(s)		ADD PAY RATE	OT RATE				
			\$51.68				
SCHEDULE CODE		PENSION PLAN					
R4		<input type="checkbox"/> MSRS <input type="checkbox"/> 401a <input type="checkbox"/> PTS <input type="checkbox"/> SpecialPlan					

DEPARTMENT HEAD (or Designee) - Signature and Date <i>[Signature]</i> 7/27/10	DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date <i>[Signature]</i> 8-13-10
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6	INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> Single <input type="checkbox"/> Married	STATE _____ FED _____	COMMENTS Step 5 Next Step 8/14/2011 step 6 CITY OF PORTLAND, MAINE JUL 27 2010 HUMAN RESOURCES DEPARTMENT
	EXTRA STATE TAX	EXTRA FEDERAL TAX		
	ADDRESS: _____ ZIP _____			
7	DISTRIBUTION CODE(S):			

CITY OF PORTLAND - PERSONNEL TRANSACTION

A. REQUEST FOR AUTHORITY TO HIRE

NOTE: COMPLETE ALL ITEMS
IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME	FUND	DEPT.	DIV.	ACT.	EL	OB
JOB TITLE						
FORMER INCUMBENT (Name and Soc. Sec. #)	DATE VACATED	HOW VACATED			STD. # HOURS	N.S.D.
JOB FUNDING SOURCES <input type="checkbox"/> CITY (% _____) <input type="checkbox"/> OTHER _____			TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT			
DEPARTMENT HEAD (or designee) - Signature and Date			DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date			

B. PERSONNEL ACTIVITY AND DATA

APPOINTMENT	1, 2, 5, 6	DISTRIBUTION CHANGE	1, 6	<input checked="" type="checkbox"/> RETURN FROM LEAVE	1
TRANSFER	1, 5	HOURS CHANGE	1, 5	LAYOFF	1, 4
SCHEDULE CHANGE	1, 5	MILITARY LEAVE	1, 3	DISMISSAL	1, 4
PROMOTION	1, 5	LEAVE WITH PAY	1, 3	RESIGNATION	1, 4
DEMOTION	1, 5	LEAVE WITHOUT PAY	1, 3	RETIREMENT	1, 4
PAY CHANGE	1, 5	SUSPENSION	1, 3	DEATH	1, 4

1	FUND	DEPT.	DIV.	ACT.	EL	OB	SOCIAL SECURITY #		ACTIVITY KEY	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> SEASONAL
	100	41	02	441	01	10	[REDACTED]			<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PROJECT
	NAME (last) (first)						EFFECTIVE DATE			<input type="checkbox"/> ON-CALL	<input type="checkbox"/> CONTRACT
	Moskin, Ava R						09/11/09			ORGANIZATION (Dept. and Div.) NAME	
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE						
3	# HOURS	TOT. RATE	DATE FROM	DATE TO							
4	NOTICE DATE	VAC. HRS. BAL.	VAC. HRS. PAID	TOTAL SEPARATION PAY							
	LAST PAY DATE	SICK HRS. BAL.	SICK HRS. PAID								
		COMP HRS. BAL.	COMP HRS. PAID								
	SEPARATION CODE	SEPARATION RATE	TOT. HOURS PAID								
DEPARTMENT HEAD (or designee) - Signature and Date							DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date				

John Schreck 9/24/2009

C. Keshen 9-25-09

INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	# DED. _____	STATE _____	FED _____
EXTRA-STATE TAX	EXTRA FEDERAL TAX			
6 ADDRESS: _____				
ZIP _____				
DISTRIBUTION CODE: _____				
ELJOB <input type="checkbox"/> 01-10 <input type="checkbox"/> 01-30				

COMMENTS:
Return from Temporary Layoff

CITY OF PORTLAND, MAINE
SEP 24 2009
HUMAN RESOURCES DEPARTMENT

CITY OF PORTLAND - PERSONNEL TRANSACTION

A. REQUEST FOR AUTHORITY TO HIRE

NOTE: COMPLETE ALL ITEMS
IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME		FUND	DEPT.	DIV.	ACT.	EL	OB
JOB TITLE							
FORMER INCUMBENT (Name and Soc. Sec. #)		DATE VACATED	HOW VACATED			STD. # HOURS	N.S.D.
JOB FUNDING SOURCES <input type="checkbox"/> CITY (% _____) <input type="checkbox"/> OTHER _____				TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT			
DEPARTMENT HEAD (or designee) - Signature and Date				DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date			

B. PERSONNEL ACTIVITY AND DATA

APPOINTMENT	1, 2, 5, 6	DISTRIBUTION CHANGE	1, 6	RETURN FROM LEAVE	1
TRANSFER	1, 5	HOURS CHANGE	1, 5	LAYOFF	1, 4
SCHEDULE CHANGE	1, 5	MILITARY LEAVE	1, 3	DISMISSAL	1, 4
PROMOTION	1, 5	LEAVE WITH PAY	1, 3	RESIGNATION	1, 4
DEMOTION	1, 5	<input checked="" type="checkbox"/> LEAVE WITHOUT PAY	1, 3	RETIREMENT	1, 4
PAY CHANGE	1, 5	SUSPENSION	1, 3	DEATH	1, 4

1	FUND	DEPT.	DIV.	ACT.	EL	OB	SOCIAL SECURITY #	ACTIVITY KEY	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> SEASONAL
	100	41	02	441	01	10	[REDACTED]	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PROJECT
	NAME (last) (first)						EFFECTIVE DATE	<input type="checkbox"/> ON-CALL <input type="checkbox"/> CONTRACT		
	Moskin, Ava R						07/01/09	ORGANIZATION (Dept. and Div.) NAME		
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE		FUND DEPT. DIV. ACT. EL OB			
3	# HOURS	TOT. RATE	DATE FROM	DATE TO		JOB TITLE				
	18.75	32.25	07/01/09	09/01/09		5				
4	NOTICE DATE	VAC. HRS. BAL.	VAC. HRS. PAID	TOTAL SEPARATION PAY		UNION		PAID WEEKLY <input type="checkbox"/>	RANGE	STEP
	LAST PAY DATE	SICK HRS. BAL.	SICK HRS. PAID			STD. # HOURS		TOTAL RATE	BASE RATE	WEEKLY RATE
		COMP HRS. BAL.	COMP HRS. PAID			ADD PAY CODE		ADD PAY RATE	N.S.D.	OVERTIME RATE
	SEPARATION CODE	SEPARATION RATE	TOT. HOURS PAID			SCHEDULE CODE		PENSION PLAN <input type="checkbox"/> MSRS <input type="checkbox"/> PTS <input type="checkbox"/> 401 (A) <input type="checkbox"/> SPECIAL PLAN		

DEPARTMENT HEAD (or designee) - Signature and Date

DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date

John Schreck 7/15/2009

C. Kessler 7-16-09

6 INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> SINGLE # DED. _____ <input type="checkbox"/> MARRIED STATE _____ FED _____	COMMENTS:
EXTRA STATE TAX	EXTRA FEDERAL TAX	Temporary Layoff School Vacation
ADDRESS: _____ ZIP _____		CITY OF PORTLAND, MAINE JUL 16 2009 HUMAN RESOURCES DEPARTMENT
DISTRIBUTION CODE: _____ EL/OB <input type="checkbox"/> 01-10 <input type="checkbox"/> 01-30		

CITY OF PORTLAND - PERSONNEL TRANSACTION

2. REQUEST FOR AUTHORITY TO HIRE

NOTE: COMPLETE ALL ITEMS IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME		FUND	DEPT.	DIV.	ACT.	EL	OB
JOB TITLE							
FORMER INCUMBENT (Name and Soc. Sec. #)	DATE VACATED	HOW VACATED			STD. # HOURS	N.S.D.	
JOB FUNDING SOURCES <input type="checkbox"/> CITY (% _____) <input type="checkbox"/> OTHER _____		TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT					
DEPARTMENT HEAD (or designee) - Signature and Date		DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date					

3. PERSONNEL ACTIVITY AND DATA

APPOINTMENT	1, 2, 5, 6	DISTRIBUTION CHANGE	1, 6	RETURN FROM LEAVE	1
TRANSFER	1, 5	HOURS CHANGE	1, 5	LAYOFF	1, 4
SCHEDULE CHANGE	1, 5	MILITARY LEAVE	1, 3	DISMISSAL	1, 4
PROMOTION	1, 5	LEAVE WITH PAY	1, 3	RESIGNATION	1, 4
DEMOTION	1, 5	LEAVE WITHOUT PAY	1, 3	RETIREMENT	1, 4
PAY CHANGE	1, 5	SUSPENSION	1, 3	DEATH	1, 4

1	FUND	DEPT.	DIV.	ACT.	EL	OB	SOCIAL SECURITY	ACTIVITY KEY			
	100	4	02	44	01	0	[REDACTED]	<input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PROJECT <input type="checkbox"/> ON-CALL			
	NAME (last)		NAME (first)		EFFECTIVE DATE			ORGANIZATION (Dept. and Div.) NAME			
	Moskin		Ava		9/4/08						
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE						
3	# HOURS	TOT. RATE	DATE FROM		DATE TO						
4	NOTICE DATE	VAC. HRS. BAL.	VAC. HRS. PAID	TOTAL SEPARATION PAY							
	LAST PAY DATE	SICK HRS. BAL.	SICK HRS. PAID								
		COMP HRS. BAL.	COMP HRS. PAID								
	SEPARATION CODE	SEPARATION RATE	TOT. HOURS PAID								
5	JOB TITLE							UNION	PAID WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	RANGE	STEP
	FUND	DEPT.	DIV.	ACT.	EL	OB	STD. # HOURS	TOTAL RATE	BASE RATE	WEEKLY RATE	
								ADD PAY CODE	ADD PAY RATE	N.S.D.	OVERTIME RATE
	SCHEDULE CODE							PENSION PLAN <input type="checkbox"/> MSRS <input type="checkbox"/> PTS <input type="checkbox"/> 401 (a) <input type="checkbox"/> SPECIAL PLAN			

DEPARTMENT HEAD (or Designee) - Signature and Date <i>Wickham</i> 9/4/08	DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date <i>Lesler</i> 9-5-08
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INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	STATE _____ FED _____	COMMENTS:
EXTRA STATE TAX \$	EXTRA FEDERAL TAX \$		
ADDRESS:			
CITY OF PORTLAND, MAINE ZIP			
DISTRIBUTION CODE: _____			
EL/OB <input type="checkbox"/> 01-10 <input type="checkbox"/> 01-30 HUMAN RESOURCES DEPARTMENT			

Return from temp. lay off

SEP 05 2008

CITY OF PORTLAND - PERSONNEL TRANSACTION

A. REQUEST FOR AUTHORITY TO HIRE

NOTE: COMPLETE ALL ITEMS IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME	FUND	DEPT.	DIV.	ACT.	EL	OB
JOB TITLE						
FORMER INCUMBENT (Name and Soc. Sec. #)	DATE VACATED	HOW VACATED			STD. # HOURS	N.S.D.
JOB FUNDING SOURCES <input type="checkbox"/> CITY (% _____) <input type="checkbox"/> OTHER _____		TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT				
DEPARTMENT HEAD (or designee) - Signature and Date			DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date			

B. PERSONNEL ACTIVITY AND DATA

APPOINTMENT	1, 2, 5, 6	DISTRIBUTION CHANGE	1, 6	RETURN FROM LEAVE	1
TRANSFER	1, 5	HOURS CHANGE	1, 5	LAYOFF	1, 4
SCHEDULE CHANGE	1, 5	MILITARY LEAVE	1, 3	DISMISSAL	1, 4
PROMOTION	1, 5	LEAVE WITH PAY	1, 3	RESIGNATION	1, 4
DEMOTION	1, 5	<input checked="" type="checkbox"/> LEAVE WITHOUT PAY	1, 3	RETIREMENT	1, 4
PAY CHANGE	1, 5	SUSPENSION	1, 3	DEATH	1, 4

1	FUND	DEPT.	DIV.	ACT.	EL	OB	SOCIAL SECURITY #	NAME (last)	(first)	EFFECTIVE DATE
	100	41	02	441	01	10	[REDACTED]	Moskin,	Awa	6/25/08
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE					
3	# HOURS	TOT. RATE	DATE FROM	DATE TO						
	18.75	30.22	6/25/08	9/1/08						
4	NOTICE DATE	VAC. HRS. BAL.	VAC. HRS. PAID	TOTAL SEPARATION PAY						
	LAST PAY DATE	SICK HRS. BAL.	SICK HRS. PAID							
		COMP HRS. BAL.	COMP HRS. PAID							
	SEPARATION CODE	SEPARATION RATE	TOT. HOURS PAID							

ACTIVITY KEY		<input type="checkbox"/> PERMANENT	<input type="checkbox"/> SEASONAL		
		<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PROJECT		
		<input type="checkbox"/> ON-CALL			
ORGANIZATION (Dept. and Div.) NAME					
FUND	DEPT.	DIV.	ACT.	EL	OB
JOB TITLE					
UNION	PAID WEEKLY <input type="checkbox"/>	RANGE	STEP		
	MONTHLY <input type="checkbox"/>				
STD. # HOURS	TOTAL RATE	BASE RATE	WEEKLY RATE		
ADD PAY CODE	ADD PAY RATE	N.S.D.	OVERTIME RATE		
SCHEDULE CODE	PENSION PLAN				
	<input type="checkbox"/> MSRS	<input type="checkbox"/> PTS			
	<input type="checkbox"/> 401 (a)	<input type="checkbox"/> SPECIAL PLAN			

DEPARTMENT HEAD (or Designee) - Signature and Date <i>John Scheek 6/27/08</i>	DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date <i>C. Kessler 6-27-08</i>
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INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	# DED. _____	COMMENTS:
EXTRA STATE TAX \$	EXTRA FEDERAL TAX \$		
ADDRESS: _____			
CITY OF PORTLAND, MAINE			
ZIP _____			
DISTRIBUTION CODE: _____			
EL/OB	<input type="checkbox"/> 01-10	<input type="checkbox"/> 01-30	

Summer Layoff

JUN 27 2008
HUMAN RESOURCES DEPARTMENT

From: Lisa Belanger
To: Lisa Peterson
Date: 6/25/2008 11:44:52 AM
Subject: Fwd: Re: need approved Time-Off Request

Please record no pay for Ava Moskin until the week of 9/1/08 when she will be returning to the SBHC program after the summer break. Thanks!

Lisa Belanger MSN, NP
Program Manager
Family Health Services
Reiche Health Station
Public Health Division
Health & Human Services Dept.
City of Portland
166 Brackett St.
Portland, ME 04102
Ph - 207-874-8476
Fax - 207-874-8477
Email - lgb@portlandmaine.gov

CITY OF PORTLAND, MAINE

JUN 27 2008

HUMAN RESOURCES DEPARTMENT

"Nothing is either good or bad, but thinking makes it so."
It is not the events in our lives that cause stress,
but rather what we say to ourselves thinking about those events
that produces anxiety.
Source: American Institute for Preventive Medicine

>>> Lisa Peterson 06/24 3:56 PM >>>

CITY OF PORTLAND - PERSONNEL TRANSACTION

A. REQUEST FOR AUTHORITY TO HIRE

NOTE: COMPLETE ALL ITEMS IN THIS SECTION.

ORGANIZATION (Dept. and Div.) NAME					FUND	DEPT.	DIV.	ACT.	EL	OB
JOB TITLE										
FORMER INCUMBENT (Name and Soc. Sec. #)				DATE VACATED	HOW VACATED			STD. # HOURS	N.S.D.	
JOB FUNDING SOURCES <input type="checkbox"/> CITY (% _____) <input type="checkbox"/> OTHER _____					TYPE OF JOB <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> PROJECT					
DEPARTMENT HEAD (or designee) - Signature and Date					DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date					

B. PERSONNEL ACTIVITY AND DATA

<input checked="" type="checkbox"/>	APPOINTMENT	1, 2, 5, 6	DISTRIBUTION CHANGE	1, 6	RETURN FROM LEAVE	1
	TRANSFER	1, 5	HOURS CHANGE	1, 5	LAYOFF	1, 4
	SCHEDULE CHANGE	1, 5	MILITARY LEAVE	1, 3	DISMISSAL	1, 4
	PROMOTION	1, 5	LEAVE WITH PAY	1, 3	RESIGNATION	1, 4
	DEMOTION	1, 5	LEAVE WITHOUT PAY	1, 3	RETIREMENT	1, 4
	PAY CHANGE	1, 5	SUSPENSION	1, 3	DEATH	1, 4

1	FUND	DEPT.	DIV.	ACT.	EL	OB	SOCIAL SECURITY #	ACTIVITY KEY <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> ON-CALL						
	100	41	02	441	01	10	[REDACTED]							
	NAME (last)		(first)		EFFECTIVE DATE				ORGANIZATION (Dept. and Div.) NAME					
	moskin		AVA R		8/14/07				HHS, PHD					
2	SEX	EEOC	BIRTH DATE	PRIOR SERVICE	LAST SEP. DATE				FUND	DEPT.	DIV.	ACT.	EL	OB
	F	B	4/7/71	N					100	41	02	441	01	10
3	# HOURS		TOT. RATE	DATE FROM	DATE TO				5	JOB TITLE				
										mid-level Health Practitioner				
4	NOTICE DATE		VAC. HRS. BAL.	VAC. HRS. PAID	TOTAL SEPARATION PAY				UNION	PAID	RANGE	STEP		
									15	WEEKLY <input checked="" type="checkbox"/>	9m	2		
	LAST PAY DATE		SICK HRS. BAL.	SICK HRS. PAID	STD. # HOURS		TOTAL RATE	BASE RATE	WEEKLY RATE					
					18.75		30.00	30.22	566.62					
			COMP HRS. BAL.	COMP HRS. PAID	ADD PAY CODE		ADD PAY RATE	N.S.D.	OVERTIME RATE					
									45.33					
	SEPARATION CODE		SEPARATION RATE	TOT. HOURS PAID	SCHEDULE CODE		PENSION PLAN							
							<input type="checkbox"/> MSRS <input type="checkbox"/> PTS <input type="checkbox"/> 401 (a) <input type="checkbox"/> SPECIAL PLAN							

DEPARTMENT HEAD (or Designee) - Signature and Date <i>[Signature]</i> 8/14/07	DIRECTOR OF HUMAN RESOURCES (or Designee) - Signature and Date <i>[Signature]</i> 8-16-07
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INFORMATION ON NEW HIRES:	W-4 INFO: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED	# DED. <u>4</u>	COMMENTS: <i>Project</i>
EXTRA STATE TAX \$	EXTRA FEDERAL TAX \$ <i>11/3 state</i>	CITY OF PORTLAND, MAINE	
ADDRESS <i>[REDACTED]</i>		AUG 14 2007	
6 <i>[REDACTED]</i>		HUMAN RESOURCES DEPARTMENT	
DISTRIBUTION CODE: <u>100 41 02 441</u>			
EL/OB <input checked="" type="checkbox"/> 01-10 <input type="checkbox"/> 01-30			



CITY OF PORTLAND

Human Resources
389 Congress St. Room 115
Portland, Maine 04101
(207) 874-8624 (FAX) 874-8937 (TTY) 874-8936
(WEB PAGE) www.ci.portland.me.us/jobs2.htm

Application for Employment
AN EQUAL OPPORTUNITY EMPLOYER

POSITION(S) APPLYING FOR:

Empty box for position(s) applying for.

Instructions to Applicants: (1) Use typewriter or print in ink. (2) Answer each question clearly and completely. (3) All statements made are subject to investigation and verification. (4) If more space is required, use separate sheet(s) of paper. (5) This application will be kept on file for 3 months.

NAME: MOSKIN AVA R
TODAY'S DATE: 08 14 2004
LAST (PLEASE PRINT) FIRST MIDDLE INITIAL MO. DAY YEAR
ADDRESS: [Redacted] No. Street City State Zip
TELEPHONE NO. HOME: [Redacted] WORK: [Redacted] SOCIAL SECURITY [Redacted]

How did you hear about this opening? [] Advertisement [] Walk-in [] City Web Site [] Other Web Site [X] Other

Have you ever been employed by the City of Portland? [] Yes [] No

If yes, give the Department and dates: From _____ To _____

Give the name and relationship of any present City Employee related to you. _____

On what date would you be available for work? _____

Are you employed now? [] Yes [] No

May we contact your present employer? [] Yes [] No

Please read attached sheet for further information required by the City of Portland. AUG 14 2007

CITY OF PORTLAND, MAINE
HUMAN RESOURCES DEPARTMENT

EDUCATION AND TRAINING

Table with 4 columns: (CIRCLE HIGHEST GRADE COMPLETED), NAME OF SCHOOL, LOCATION, GRADUATE/YEAR. Includes rows for COLLEGES OR UNIVERSITIES ATTENDED and BUSINESS, TRADE OR CORRESPONDENCE SCHOOLS.

List any additional skills, certifications, or licenses you possess that you believe are relevant to this position.

Maine Drivers License (class) A (1)___ B (2)___ C (3)___ Driver license # _____

COMPLETE AND SIGN OTHER SIDE



CITY OF PORTLAND
 Human Resources
 389 Congress St. Room 115
 Portland, Maine 04101
 (207)874-8624(FAX)874-8937(TTY)874-8936
Application for Employment
 AN EQUAL OPPORTUNITY EMPLOYER

Position(s) Applying for:
 Mid-Level Health Practitioner

NAME: Moskin Ava R
ADDRESS: [REDACTED]
HOME PHONE: [REDACTED]
WORK PHONE: [REDACTED]
EMAIL: [REDACTED]
Drivers License Class: [REDACTED]
Drivers License# and State: [REDACTED]

CITY OF PORTLAND, MAINE
 JUL 16 2007
 HUMAN RESOURCES DEPARTMENT

How did you hear about this opening? Other
 Have you ever been employed by the City of Portland? Yes
 If yes, give the Department Free Clinic Volunteer and dates from 09/01/2002 and date to current
 Give the name and relationship of any present City Employee related to you: N/A and relationship to you:
 On what date would you be available to work? 8/1/2007
 Are you employed now? Yes
 May we contact your present employer? Yes

Education and Training

Highest Grade Completed	Name of School	Location	Graduate/Year
12th Grade	Trinity school	New York City	1989

Colleges, Universities or Trade School Attended	Major Subjects	Degree or Certificate	No. Years Attended
Brown University Providence, RI	Education	N/A	1.5
College of the Atlantic Bar Harbor, ME	Premed	B.A.	2.5
Albert Einstein College of Medicine Bronx, NY	Medicine	M.D.	4
Lawrence Family Practice Lawrence, MA	completed residency in Family Medicine	Board Certified Family Medicine Physician	3

List any additional skills, certifications, or licenses you possess that you believe are relevant to this position.

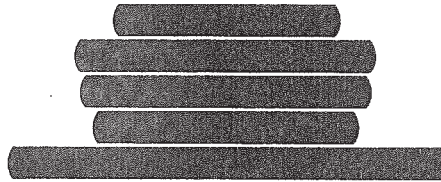
Board certified in Family Medicine 2002-2009; licensed by the Maine Board of Medicine Active volunteer with Portland Community Free Clinic 2002- present fluent in Spanish

Employment History

From: 11/1/2002 To:	Position Title: Physician
Name, Address and Phone # of Employer:	Description of Duties:

Mabel Wadsworth Women's Health Center 700 Mt Hope Avenue Bangor, ME Phone: 947-5337	Provide full spectrum women's health care
Name of Your Supervisor: Terry Derosier	
Number of hours worked per week: 10	Reason for Leaving: N/A
From: 9/1/2002 To:	Position Title: Physician
Name, Address and Phone # of Employer: Planned Parenthood of Northern New England 970 Forest Ave Portland, ME Phone: 797-8881	Description of Duties: Provide reproductive health care
Name of Your Supervisor: Virginia Siegfried MD	
Number of hours worked per week: 6	Reason for Leaving: N/A
From: 9/1/2002 To: 08/31/2003	Position Title: Physician
Name, Address and Phone # of Employer: Greater Lawrence Family Health Center 34 Haverhill St Lawrence, MA Phone: (978) 686-0900	Description of Duties: Provided general family health care including adult medicine, child and adolescent care and prenatal/obstetrical care
Name of Your Supervisor: Glennon O'Grady MD	
Number of hours worked per week: 20	Reason for Leaving: Moved out of state

Ava Moskin MD



Work Experience

9/02-present **Reproductive Care Provider** Planned Parenthood Northern New England
9/02-present **Staff Physician** Mabel Wadsworth Women's Health Center
9/02-8/03 **Family Practice Physician** Greater Lawrence Family Health Center
6/96-8/96 **Research Assistant** San Francisco General Hospital
Conducted interviews as part of Dr. Phillip Darney's seven-year study of Norplant acceptability in adolescents
9/94-6/95 **Lab Technician** Albert Einstein College of Medicine
Worked with transgenic mice models to elucidate sickling mechanisms in Acute Chest Syndrome of Sickle Cell Disease

Academic

7/02 **Board Certified in Family Practice**
6/99-6/02 **Lawrence Family Practice Residency** Lawrence, MA
Completed accredited residency in Family Practice
12/2001 **Department of Family Practice, University of Rochester, NY**
Completed one-month reproductive health training elective
8/95-6/99 **Albert Einstein College of Medicine** Bronx, NY
Degree of Doctor of Medicine
9/92-6/95 **College of the Atlantic** Bar Harbor, ME
BA in Human Ecology
9/90-12/91 **Brown University** Providence, RI
Undergraduate study including classes in education and biology

Volunteer Experience

12/02-present **Portland Free Clinic Physician** Portland Dep't Public Health
6/00-6/02 **Prenatal Class Coordinator** Child Care Circuit
10/96-6/98 **Sexual Assault Counselor** Victims' Assistance Services
9/95-6/97 **Needle Exchange Volunteer** Citiwide Harm Reduction

Awards and Memberships

6/02 **Resident Teaching Award**
6/99-present **Member of the American Academy of Family Physicians**
8/95-present **Member of the American Medical Women's Association**
6/99 **Alpha Omega Alpha Society**

Additional Training and Skills

• Fluent in medical Spanish

Maine Board of Licensure in Medicine
Medical Doctor License



Licensee Name: Ava R Moskin, MD
Maine License #: 015890
Expiration Date: April 30, 2009