



"People  
helping people  
help  
themselves"

Mitchell E. Daniels, Jr., Governor  
State of Indiana

**Indiana Family and Social Services Administration**

402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083

E. Mitchell Roob Jr., Secretary

September 10, 2007

Michael Latham  
912 Three Rivers  
Fort Wayne, Indiana 46806

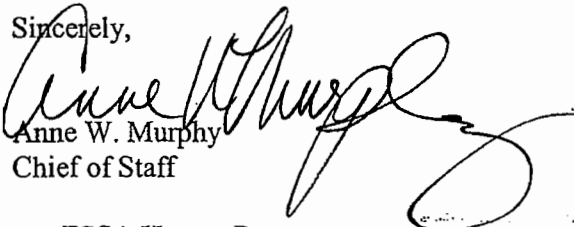
Dear Pastor Latham:

Human Resources has been notified by the JWF Specialty Company, Inc., that you no longer qualify for Disability Benefits and have been sent your final disability check.

As you are aware, the Chaplaincy Program was eliminated and you were on unpaid leave while your disability continued. Since your disability benefits ended as of August 25<sup>th</sup>, your health, dental, vision and life insurance benefits through the State of Indiana will be terminated on September 23, 2007. We are sending you information and forms on your options to continue insurance for you and any covered dependents under the federal COBRA provisions, and information on converting life insurance.

If you have any questions, please feel free to contact the Office of Human Resources.

Sincerely,



Anne W. Murphy  
Chief of Staff

cc: FSSA Human Resources

[www.IN.gov/fssa](http://www.IN.gov/fssa)  
Equal Opportunity/Affirmative Action Employer



## Smiley, Cathy J

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**From:** Crews, Cinda  
**Sent:** Wednesday, September 12, 2007 8:01 AM  
**To:** Smiley, Cathy J  
**Subject:** FW: Position move

**Importance:** High

FYI

Cinda

—Original Message—

**From:** Crews, Cinda  
**Sent:** Monday, September 10, 2007 11:14 AM  
**To:** Jefferson, Jeana  
**Subject:** Position move  
**Importance:** High

We need to move an EXBB position from Aging to OMPP. Info is included on the attached form. We will be sending a request to place an employee returning from STD into this position. Your assistance getting this one done quickly would be appreciated. Thanks.



EXBB.Aging.to.OMP  
P..xls (18 KB...)

*Cinda L. Crews*  
*Personnel Officer - DFR Team/Benefits*  
*Family & Social Services Administration*  
*Office of Human Resources, MS 30*  
*402 W. Washington St., Room E-431*  
*Indianapolis, IN 46204*  
*Phone: (317) 233-0823*  
*Fax: (317) 232-1530*  
*Cinda.Crews@fssa.in.gov*

09/12/2007

Position Data Change Worksheet

Bus Unit	PCN	Incumbent	Merit/ Non-Merit	Reg/ Int/ Temp	"Old" Reports To	"New" Reports To	New Bus Unit	"New" Dept ID	"New" Loc Code	"Old" Fund Center	"New" Fund Center	Effective Date
405	10033081		Non-Merit	R	10031640	10032051	503	219058	755	3560-170600	1000-1051600	09/10/2007

NOTE: Moving EXBB position from one division to another. Changes in BU, Dept ID, Fund/Center and "reports to". Incumbent (M. Latham) will be terminated in PS soon (currently out on STD and not returning).

Justification for Department ID and/or Location Code Change:

Date: 09/10/2007

Please note: This form is not to be utilized for normal compensation requests (i.e., above min, reclassification, etc). It is only intended to be utilized for the purpose of requesting: 1) Location Code Changes, 2) Department ID Changes, 3) Fund Center Changes and/or 4) Reports to Changes



State of Indiana

Personnel / Payroll Action Form

State Form 45123 (R/9-99)

KK

Requisition Number: \_\_\_\_\_

Personal Data

Employee ID: 10000238160	Employee Name: (Last, First, Middle Initial) LATHAM, MICHAEL	Effective Date of Action: 09-07-2007
Address Line 1: 912 THREE RIVERS N	Address Line 2:	Address Line 3:
City: Ft Wayne	County: ALLEN	State: IN
		Zip Code: 46806
Education Level:	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Marital Status:
		Marital Status Date:
Date of Death:	Telephone:	Ethnic Group: BLACK
		Social Security Number:

Job Data

Effective Date: 09-07-2007	Effective Date Seq No: 1	Action Code: RFD/TER	Reason Code: RMY
Position Number: 10033081	Location: 755	Department: 219001	Employee Class: <input type="radio"/> Appointed <input type="radio"/> Elected <input type="radio"/> Intermittent <input type="radio"/> Judicial <input type="radio"/> Legislative <input checked="" type="radio"/> Non-Merit <input type="radio"/> Sum Intern <input type="radio"/> Temporary
Business Unit: 00405	Job Code: 00EXBB	Working Leader: <input type="radio"/> Yes <input checked="" type="radio"/> No	Merit: <input type="radio"/> OriginalWT <input type="radio"/> Perm Stat <input type="radio"/> PromoWT <input type="radio"/> XOrig WT <input type="radio"/> XPromoWT
Position Title: BROAD BAND EXEC	Salary Plan:	Compensation Frequency: <input checked="" type="radio"/> Bi-Weekly <input type="radio"/> Hourly	Standard Hours: <input checked="" type="radio"/> 37.5 <input type="radio"/> Other
Company: <input checked="" type="radio"/> SOI <input type="radio"/> BMVC	Employee Type: <input checked="" type="radio"/> Exception Hourly <input type="radio"/> Salary <input type="radio"/> Hourly	Grade:	Change Amount: \$ _____ per _____ or Change Percent: _____ %
Paygroup:	Step:	Compensation Rate: \$2,400.01	

Benefit Program Participation Data

BAS Group ID:	Benefit Program:	Elig Config 1:	Effective Date of Benefit Program:
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Job Labor

Union Code:	Union Seniority Date:
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Employment Data

Company Seniority Date:	Service Date:	Date Last Worked: 06-15-07	LOA Expected Return Date:	Permanent Status Due Date: (Probation Date)
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Emergency Contact Data

Primary Emergency Contact (Last, First, Middle Initial)	Relationship:	Contact Home: ( )	Contact Business: ( )
Address Line 1:	Address Line 2:	Address Line 3:	Zip Code:
City:	County:	State:	
Secondary Emergency Contact (Last, First, Middle Initial)	Relationship:	Contact Home: ( )	Contact Business: ( )
Address Line 1:	Address Line 2:	Address Line 3:	Zip Code:
City:	County:	State:	

Employee's Signature:	Date:
Signature of Appointing Authority: Todd A Durbin CEO	Date: 9-7-07
Signature of SPD Director:	Date:

**Comments** JWF Terminated benefits 8-25-07