

Edgar County Watchdogs v. Illinois Arts Council
(Edgar Co. 16-MR-23)

EXEMPTION LOG

Bates Number	Description	Redaction	Reason	Statutory Authority
001	Voucher--Brattain (07032014)	SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
002	Voucher--Brattain (08222014)	SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
003	Voucher--Brattain (12022014)	SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
004	Voucher--Brattain (06262015)	SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
005	Voucher--Kavensky (10282014)	SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
006	Voucher--Kavensky (07142015)	SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
007	Voucher--Pierce (06082015)	SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
010	Minutes (08222014)	Signature	Private Information	5 ILCS 140/2(c-5)
012	Personnel Action Form--Buford	DOB, SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
013	Personnel Action Form--Dickson	DOB, SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
014	Personnel Action Form--Gant	DOB, SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
015	Personnel Action Form--Hall	DOB, SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
016	Personnel Action Form--Munoz	DOB, SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
017	Personnel Action Form--Strehlow	DOB, SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
018	Personnel Action Form--Tarasuk	DOB, SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
019	Personnel Action Form--Teruel	DOB, SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
020	Personnel Action Form--Thomas	DOB, SSN, Home Address	Private Information	5 ILCS 140/2(c-5)
021	Personnel Action Form--Zacharias	DOB, SSN, Home Address	Private Information	5 ILCS 140/2(c-5)

INVOICE - VOUCHER

FY15

ILLINOIS ARTS COUNCIL
 ILLINOIS ARTS COUNCIL
 100 WEST RANDOLPH SUITE 10-500
 CHICAGO, IL 60601-3298

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE ILLINOIS PROMPT PAYMENTS ACT, 30 ILCS 540	2. Taxpayer Identification Number	2a. TIN Type	4. Voucher No. <u>25</u>
	3. Vendor or Payee BRATTAIN WILLIAM E		5. Voucher Date <u>08-28-14</u>
DISPOSITION OF COPIES 1. Comptroller 2. Agency 3. Agency 4. Remittance Copy 5. Agency 6. Agency 7. Retained By Vendor			6. Appropriation Account Code <u>657-50301-4900-01-00</u>
			7. Invoice Number <u>SEE BOX 10</u>
			8. Invoice Date <u>07-03-14</u>

11. Quantity	12. Units	13. Unit Price	14. Amount
CONTROL # /VENDOR INVOICE #/INV DATE /DOC 0000000065/PRESENTER PANEL /07-03-2014/1286			
			\$110.74
07012014 07022014 2700 PAYMENT PROVIDED FOR EXPENSES RELATED TO ATTENDANCE AT PRESENTERS PANEL			

Exp. Obj.	19. Exp. Amount	COMP USE ONLY	15. Subtotal
286	\$110.74		\$110.74
		22. Obligation No.	16. Discount/Deduction
		00	\$110.74
		23.F/P	17. Total Amount
			\$110.74
Total Exp.	\$110.74	25. Total Payment Amount	\$110.74

for Agency Use Only

REF DOC:
 SUBA:
 SUB SUBA:
 BLANKET OBL#:

Approved for Payment

 Acting Officer Date Clerk

Certification of Receiving Agency

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of 'An Act to create the Bureau of the Budget and to define its power and duties and to make an appropriation', approved April 17, 1969, as amended, have been met.

 I of Unit or Authorized Agent Date (Date) Agency Head (Signature)

FINAL - AGENCY USE ONLY

INVOICE - VOUCHER

FY15

ILLINOIS ARTS COUNCIL
 ILLINOIS ARTS COUNCIL
 100 WEST RANDOLPH SUITE 10-500
 CHICAGO, IL 60601-3298

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE ILLINOIS PROMPT PAYMENTS ACT, 30 ILCS 540 DISPOSITION OF COPIES 1.Comptroller 2.Agency 3.Agency 4.Remittance Copy 5.Agency 6.Agency 7.Retained By Vendor	2. Taxpayer Identification Number	2a. TIN Type	4. Voucher No. <u>60</u>
	3. Vendor or Payee BRATTAIN WILLIAM E		5. Voucher Date <u>09-10-14</u>
			6. Appropriation Account Code <u>657-50301-4900-01-00</u>
			7. Invoice Number <u>SEE BOX 10</u>
			8. Invoice Date <u>08-22-14</u>

Give Complete Description of Articles/Services Rendered or Attach Itemized Vendor Invoice	11.Quantity	12.Units	13.Unit Price	14.Amount
CONTROL # /VENDOR INVOICE #/INV DATE /DOC 0000000085/COUNCIL MTG /08-22-2014/1286 08212014 08222014 2700 PAYMENT PROVIDED FOR EXPENSES FOT ATTEND COUNCIL MTG AT THE ILLINOIS ARTS COUNCIL AGENCY COUNCIL MEMBER				\$113.94

Exp. Obj.	19. Exp. Amount	COMP USE ONLY	22. Obligation No.	23.F/P	24. Payment Amount	15. Subtotal	
1286	\$113.94		00		\$113.94	\$113.94	
						16. Discount/Deduction	
						17. Total Amount	\$113.94
Total Exp.	\$113.94		25. Total Payment Amount		\$113.94		\$113.94

For Agency Use Only

REF DOC:
 SUBA:
 SUB SUBA:
 BLANKET OBL#:

proved for Payment

Receiving Officer _____ Date _____ Clerk _____

Certification of Receiving Agency

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of 'An Act to create the Bureau of the Budget and to define its power and duties and to make an appropriation', approved April 17, 1969, as amended, have been met.

Head of Unit or Authorized Agent _____ Date _____ (Date) _____ Agency Head (Signature) _____

FINAL - AGENCY USE ONLY

INVOICE - VOUCHER

FY15

ILLINOIS ARTS COUNCIL
 ILLINOIS ARTS COUNCIL
 100 WEST RANDOLPH SUITE 10-500
 CHICAGO, IL 60601-3298

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE ILLINOIS PROMPT PAYMENTS ACT, 30 ILCS 540	2. Taxpayer Identification Number	2a. TIN Type	4. Voucher No. <u>759</u>
	3. Vendor or Payee BRATTAIN WILLIAM E		5. Voucher Date <u>12-05-14</u>
DISPOSITION OF COPIES 1. Comptroller 2. Agency 3. Agency 4. Remittance Copy 5. Agency 6. Agency 7. Retained By Vendor			6. Appropriation Account Code <u>657-50301-4900-01-00</u>
			7. Invoice Number <u>BOARD MTG</u>
			8. Invoice Date <u>12-02-14</u>

J. Give Complete Description of Articles/Services Rendered or Attach Itemized Vendor Invoice	11. Quantity	12. Units	13. Unit Price	14. Amount
CONTROL # /VENDOR INVOICE #/INV DATE /DOC 0000000883/BOARD MTG /12-02-2014/1286 11192014 11202014 2700 PAYMENT PROVIDED FOR COUNCIL MEMBER EXPENSES TO ATTEND MEETING OF THE BOARD ON 11/20/14				\$271.66

8. Exp. Obj. 1286	19. Exp. Amount \$271.66	COMP USE ONLY	22. Obligation No.	23. F/P 00	24. Payment Amount \$271.66	15. Subtotal \$271.66	
						16. Discount/Deduction	
						17. Total Amount	\$271.66
J. Total Exp. \$271.66			25. Total Payment Amount \$271.66				

6. For Agency Use Only

REF DOC:
 SUBA:
 SUB SUBA:
 BLANKET OBL#:

Approved for Payment

Receiving Officer _____ Date _____ Clerk _____

Head of Unit or Authorized Agent _____ Date _____

Certification of Receiving Agency

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of 'An Act to create the Bureau of the Budget and to define its power and duties and to make an appropriation', approved April 17, 1969, as amended, have been met.

Head of Unit or Authorized Agent _____ Date _____ (Date) Agency Head (Signature) _____

*E0035 (09/05)

FINAL - AGENCY USE ONLY

INVOICE - VOUCHER

FY15

ILLINOIS ARTS COUNCIL
 ILLINOIS ARTS COUNCIL
 100 WEST RANDOLPH SUITE 10-500
 CHICAGO, IL 60601-3298

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE ILLINOIS PROMPT PAYMENTS ACT, 30 ILCS 540	2. Taxpayer Identification Number	2a. TIN Type	4. Voucher No. <u>1261</u>
	3. Vendor or Payee BRATTAIN WILLIAM E		5. Voucher Date <u>07-15-15</u>
DISPOSITION OF COPIES 1. Comptroller 2. Agency 3. Agency 4. Remittance Copy 5. Agency 6. Agency 7. Retained By Vendor			6. Appropriation Account Code <u>657-50301-4900-01-00</u>
			7. Invoice Number <u>6222015</u>
			8. Invoice Date <u>06-26-15</u>

10. Give Complete Description of Articles/Services Rendered or Attach Itemized Vendor Invoice	11. Quantity	12. Units	13. Unit Price	14. Amount
CONTROL # /VENDOR INVOICE #/INV DATE /DOC 0000001584/6222015 /06-26-2015/1286 06222015 06232015 2700 PAYMENT PROVIDED FOR TRAVEL EXPENSES TO CHAIR IACA PRESENTERS PANEL MEETING ON 6/23/15 IN CHICAGO. CONTRACTED PRIOR TO JULY 1, 2015				\$111.70

18. Exp. Obj. 1286	19. Exp. Amount \$111.70	CDMP USE ONLY	CONTRACTED PRIOR TO JULY 1ST		15. Subtotal \$111.70
			22. Obligation No. 00	23.F/P	24. Payment Amount \$111.70
					16. Discount/Deduction
					17. Total Amount \$111.70
20. Total Exp. \$111.70			25. Total Payment Amount \$111.70		

26. For Agency Use Only

REF DOC:
 SUBA:
 SUB SUBA:
 BLANKET OBL#:

Approved for Payment _____

Receiving Officer _____ Date _____ Clerk _____

Certification of Receiving Agency

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of 'An Act to create the Bureau of the Budget and to define its power and duties and to make an appropriation', approved April 17, 1969, as amended, have been met.

Head of Unit or Authorized Agent _____ Date _____ (Date) Agency Head (Signature) _____

INVOICE - VOUCHER

FY15

ILLINOIS ARTS COUNCIL
 ILLINOIS ARTS COUNCIL
 100 WEST RANDOLPH SUITE 10-500
 CHICAGO, IL 60601-3298

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE ILLINOIS PROMPT PAYMENTS ACT, 30 ILCS 540	2. Taxpayer Identification Number	2a. TIN Type	4. Voucher No. <u>527</u>
	3. Vendor or Payee KAVENSKY JODIE		5. Voucher Date <u>10-31-14</u>
DISPOSITION OF COPIES 1. Comptroller 2. Agency 3. Agency 4. Remittance Copy 5. Agency 6. Agency 7. Retained By Vendor			6. Appropriation Account Code <u>657-50301-4900-01-00</u>
			7. Invoice Number <u>SEE BOX 10</u>
			8. Invoice Date <u>10-28-14</u>

Give Complete Description of Articles/Services Rendered or Attach Itemized Vendor Invoice	11. Quantity	12. Units	13. Unit Price	14. Amount
CONTROL # /VENDOR INVOICE #/INV DATE /DOC 0000000616/IAC MEETING /10-28-2014/1286 08212014 08222014 2700 PAYMENT PROVIDED FOR ATTENDANCE AT ILLINOIS ARTS COUNCIL AGENCY BOARD MEETING ON 8/22/14				\$234.60

Exp. Obj.	19. Exp. Amount	COMP USE ONLY	15. Subtotal
1286	\$234.60		\$234.60
	22. Obligation No.	23. F/P	24. Payment Amount
	00		\$234.60
			16. Discount/Deduction
			17. Total Amount
			\$234.60
Total Exp.	\$234.60	25. Total Payment Amount	\$234.60

For Agency Use Only

REF DOC:
 SUBA:
 SUB SUBA:
 BLANKET OBL#:

provided for Payment

Receiving Officer _____ Date _____ Clerk _____

Certification of Receiving Agency

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Head of Unit or Authorized Agent _____ Date _____ (Date) Agency Head (Signature) _____

FINAL - AGENCY USE ONLY

INVOICE - VOUCHER

FY15

ILLINOIS ARTS COUNCIL
 ILLINOIS ARTS COUNCIL
 100 WEST RANDOLPH SUITE 10-500
 CHICAGO, IL 60601-3298

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE ILLINOIS PROMPT PAYMENTS ACT, 30 ILCS 540	2. Taxpayer Identification Number	2a. TIN Type	4. Voucher No. <u>1297</u>
	3. Vendor or Payee KAVENSKY JODIE		5. Voucher Date <u>07-29-15</u>
DISPOSITION OF COPIES 1. Comptroller 2. Agency 3. Agency 4. Remittance Copy 5. Agency 6. Agency 7. Retained By Vendor			6. Appropriation Account Code <u>657-50301-4900-01-00</u>
			7. Invoice Number <u>61915</u>
			8. Invoice Date <u>07-14-15</u>

10. Give Complete Description of Articles/Services Rendered or Attach Itemized Vendor Invoice	11. Quantity	12. Units	13. Unit Price	14. Amount
CONTROL # /VENDOR INVOICE #/INV DATE /DOC 0000001622/61915 /07-14-2015/1286 06172015 06192015 2700 PAYMENT PROVIDED FOR TRAVEL EXPENSES TO CHAIR IACA THEATER REVIEW PANEL ON JUNE 18 & 19, 2015 IN CHICAGO. CONTRACTED PRIOR TO JULY 1, 2015				\$318.00

18. Exp. Obj. 1286	19. Exp. Amount \$318.00	COMP USE ONLY	CONTRACTED PRIOR TO JULY 1ST		15. Subtotal \$318.00
			22. Obligation No. 00	23.F/P	16. Discount/Deduction
				24. Payment Amount \$318.00	17. Total Amount \$318.00
20. Total Exp. \$318.00			25. Total Payment Amount \$318.00		

26. For Agency Use Only

REF DOC:
 SUBA:
 SUB SUBA:
 BLANKET OBL#:

Approved for Payment _____

Receiving Officer _____ Date _____ Clerk _____

Head of Unit or Authorized Agent _____ Date _____

Certification of Receiving Agency

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of 'An Act to create the Bureau of the Budget and to define its power and duties and to make an appropriation', approved April 17, 1969, as amended, have been met.

Agency Head (Signature) _____

INVOICE - VOUCHER

FY15

ILLINOIS ARTS COUNCIL
ILLINOIS ARTS COUNCIL
100 WEST RANDOLPH SUITE 10-500
CHICAGO, IL 60601-3298

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE ILLINOIS PROMPT PAYMENTS ACT, 30 ILCS 540	2. Taxpayer Identification Number	2a. TIN Type	4. Voucher No. <u>1152</u>
	3. Vendor or Payee PIERCE RHODA A		5. Voucher Date <u>06-11-15</u>
DISPOSITION OF COPIES 1.Comptroller 2.Agency 3.Agency 4.Remittance Copy 5.Agency 6.Agency 7.Retained By Vendor			6. Appropriation Account Code <u>001-50301-1910-99-00</u>
			7. Invoice Number <u>60815</u>
			8. Invoice Date <u>06-08-15</u>

10. Give Complete Description of Articles/Services Rendered or Attach Itemized Vendor Invoice	11.Quantity	12.Units	13.Unit Price	14.Amount
CONTROL # /VENDOR INVOICE #/INV DATE /DOC 0000001465/60815 /06-08-2015/1286 04012015 04302015 2700 PAYMENT PROVIDED FOR TRAVEL EXPENSES TO ATTEND IACA SENATE APPROPRIATIONS HEARING AND LEGISLATIVE MEETINGS IN SPRINGFIELD. VICE CHAIRPERSON				\$141.65

18. Exp. Obj. 1286	19. Exp. Amount \$141.65	COMP USE ONLY	22. Obligation No. 00	23.F/P	24. Payment Amount \$141.65	15. Subtotal \$141.65
						16. Discount/Deduction
						17. Total Amount \$141.65
20.Total Exp. \$141.65			25. Total Payment Amount		\$141.65	

26. For Agency Use Only

REF DOC:
SUBA: 1290
SUB SUBA:
BLANKET OBL#:

Approved for Payment _____

Receiving Officer _____ Date _____ Clerk _____

Certification of Receiving Agency

I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of 'An Act to create the Bureau of the Budget and to define its power and duties and to make an appropriation', approved April 17, 1969, as amended, have been met.

Head of Unit or Authorized Agent _____ Date _____ (Date) _____ Agency Head (Signature) _____

FINAL - AGENCY USE ONLY

MINUTES
ILLINOIS ARTS COUNCIL AGENCY
TRI-ANNUAL MEETING
JAMES R. THOMPSON CENTER
CHICAGO, ILLINOIS
AUGUST 22, 2014

Board Members Present: Shirley R. Madigan, Chairman;
Andy Van Meter, Secretary;
Rhoda A. Pierce, Vice Chairman;
Virginia Bobins; Patrice Bugelas-Brandt;
William Brattain; Rich Daniels;
Beth Boosalis Davis; Christina K. Gidwitz;
Desiree Grode; Jodie S. Kavensky; Valerie King;
Gary Matts; Peggy Montes; Howard Tullman;

Board Members Absent: Jill Arena; Lisa Dent Bielefeldt; Henry Godinez;
Jennifer Levine; Sheila M. O'Brien; Donald Wiener

Chairman Madigan called the meeting to order at 9:32 A.M.

The Chairman thanked all present board members for attending the vitally important meeting. She requested that each board and staff member introduce themselves.

APPROVAL OF MINUTES OF AUGUST 23, 2013 TRI-ANNUAL MEETING

It was moved by Andy Van Meter and seconded that the Minutes of the August 23, 2013 Board meeting, as presented under Tab 1, be approved. The motion carried.

FISCAL REPORT

. 12-MONTH FINANCIAL REPORT FY14

It was moved by Andy Van Meter and seconded that the 12-month Financial Report ending June 30, 2014, as presented in the Council book under Tab 2, be approved. The motion carried.

FY15 BUDGET

It was moved by Andy Van Meter and seconded that the FY15 budget, as presented in the Council book under Tab 3, be approved. The motion carried.

APPROVAL OF FY15 GRANTS

It was moved by Andy Van Meter and seconded that the FY15 grants, as presented in the Council book under Tab 4, pages 1-18, be approved. The motion carried.

ABSTENTIONS: Virginia Bobins 0585 Art Institute of Chicago, 0444 Auditorium Theatre of Roosevelt University, 0635 Field Museum of Natural History, 0712 Greeley Elem School, 0711 Hawthorne Scholastic Academy, 0707 Hawthorne Scholastic Academy, 0709 Mitchell Elem School, 0296 Northwestern University, 0588, 0342, 0431, 0432 School of the Art Institute, 0575, 0518, 0590, 0512 The University of Chicago, 0710 Wildwood Elem School, 0134 WTTW Communications Inc.; Patrice Bugelas-Brandt 0313, 0556 Loyola University of Chicago; William Brattain 0312 Western Illinois University; Beth Boosalis Davis 0683 Steppenwolf Theatre Company; Christina Kemper Gidwitz 0635 Field Museum of Natural History, 0313, 0556 Loyola University of Chicago, 0161 Lyric Opera of Chicago, 0406 Ryan Opera Center; Desiree Grode 0090 Int'l Music Foundation; Jodie S. Kavensky 0399 MidCoast Fine Arts; Shirley R. Madigan 0313, 0556 Loyola University Chicago, 0296 Northwestern University; Peggy Montes 0585 Art Institute of Chicago, 0608 Bronzeville Children's Museum, 0588, 0432, 0431, 0342 School of the Art Institute; Rhoda Pierce 0717 Highland Park Cultural Arts Comm; Howard Tullman 0134 WTTW Communications Inc.

RATIFICATION OF FY14 GRANTS

It was moved by Rhoda Pierce and seconded that the FY14 Grants, as presented in the Council book under Tab 5 pages 1-22, be ratified. The motion carried.

ABSTENTIONS: Virginia Bobins 1079 Auditorium Theatre of Roosevelt University, 0772 Belding Elem School, 0763 DePriest Elem School, 0791 Hedges Elem School, 1161 Northwestern University, 0814 Orr Comm Academy High School, 0962 Sandoval Elem School, 1234 School of the Art Institute, 0815 Stowe Elem School, 1468, 1467, 0897, 0755 WTTW Communications Inc.; Patrice Bugelas-Brandt 0828 Loyola University; William Brattain 0744, 0890 WIUM-FM Western Illinois University, 1461, 0759, 0904 WOPT-TV; Christina Kemper Gidwitz 1066 Big Shoulders Fund, 0828 Loyola University; Shirley R. Madigan 0828 Loyola University, 1161 Northwestern University; Peggy Montes 1234 School of the Art Institute; Rhoda A. Pierce 0938 Arts Midwest; Howard Tullman 0897, 1467, 1468, 0755 WTTW Communications Inc.

ARTS ALLIANCE ILLINOIS

Ra Joy, Executive Director of Arts Alliance Illinois, was unable to provide his scheduled presentation at the August 22 meeting.

ILLINOIS HUMANITIES COUNCIL

Angel Ysaguirre, Executive Director of the Illinois Humanities Council (IHC), provided a brief overview of the history and structure of the organization. He talked about IHC programs which exist throughout all geographic sections of Illinois and serve every legislative district. Angel also shared information about the Chicago Humanities Festival, a spin off of the IHC.

DIVISION OF OPERATIONS

In January of this year, to create further efficiency at the Illinois Arts Council Agency (IACA), a division was reestablished between grant making and grant processing. The Division of Operations consists of staff members that oversee the fiscal, administrative and grant processing procedures for the Agency. A brief synopsis of the duties, responsibilities and future plans of the newly formed division was reported.

FISCAL YEAR 2014 PROGRAM SUMMARY

In FY14 after a five-year hiatus, several previously suspended IACA programs were reinstated. The process of reestablishing the programs greatly impacted the workload and work flow of the Program and Division of Operations staff. The Artist Fellowship, Artstour & Live Music, Literary Awards, and Summer Youth Employment in the Arts Programs created renewed opportunities for IACA constituents. Staff members provided a brief synopsis of each of the reinstated programs and shared a timeline of the procedures that were required to reinstate them.

CHAIRMAN'S REPORT

Chairman Madigan thanked Board members for serving as Panel Chairs and Co-chairs throughout the grants review process. She noted that each Panel's procedures had been reviewed to ensure that the best policies and practices were followed. She provided an update on the legislative process and each level of procedure necessary to finalize the IACA's FY15 budget. Chairman Madigan praised Director Gant and Chief of Operations Officer Yazoo Hall, for their excellence in finalizing FY14 commitments. She thanked all IACA staff for their teamwork and tireless efforts.

EXECUTIVE DIRECTOR'S REPORT

Director Gant noted the importance of establishing the Division of Operations. She added that the change presented an opportunity to review the IACA's current structure and needs. She praised the staff for their work on the FY14 reinstated programs, noting that they would well serve the IACA's constituents. Tatiana thanked Chairman Madigan and Vice-Chairman Pierce for working with the legislature and the Governor's office to ensure continued funding for the IACA with the FY15 budget. Director Gant reported that she had enjoyed attending many grantee events in the preceding months, focusing on two that had deeply inspired her.

It was moved by Andy Van Meter and seconded that the Illinois Arts Council Agency, having completed its scheduled business, be adjourned. The motion carried.

Chairman Madigan adjourned the meeting at 11:34 A.M.

Respectfully submitted,

s/ Andy Van Meter

Andy Van Meter, Secretary

Tri-Annual Council Meetings

Illinois Arts Council tri-annual meetings are open to the public. The following is a list of upcoming scheduled meeting dates. For further information, please email pam.thomas@illinois.gov ^[1] or call (312) 814-6794.

Date	Location	Agenda
August 21, 2015 - POSTPONED Date TBA	IACA offices at JRTC	TBD
November 13, 2015 - TENTATIVE	IACA offices at JRTC	TBD

Note: Dates, times, and locations subject to change.

Illinois Arts Council Agency | iac.info@illinois.gov

[State of Illinois](#) / [Accessibility](#) / [Privacy](#)

James R. Thompson Center | 100 West Randolph | Suite 10-500 | Chicago, IL 60601
([map](#))

(312) 814-6750 | Toll free in Illinois (800) 237-6994 | TTY 888-261-7957

Para información en Español llame al Illinois Arts Council Agency al 312/814-6750.

Source URL: <http://www.arts.illinois.gov/about-iac/governance/council-meetings>

Links:

[1] <mailto:pam.thomas@illinois.gov>

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
PERSONNEL/POSITION ACTION FORM

PRINTED
07/23/14

SS# [REDACTED]

EMPLOYEE INFORMATION

LAST NAME			INIT				SEX		RACE		VET		EDUC		TIER 1/2		DATE OF BIRTH								
BUFORD			WALTER				D M		B N		5		1												
STREET ADDRESS						CITY				COUNTY		STATE		ZIP CODE		NATL ORIG									
[REDACTED]						[REDACTED]				016		IL		[REDACTED]		000									
PAY PLAN		PAY GRADE		PAY STEP		SALARY		PAY RATE		FULL/PT TIME		FUNDING BRD.COM		PAYROLL DEPT.		CODE APPROP		CORRECTED SOCIAL SECURITY NO.				BARGAINING UNIT CODE		PERF-CODE	
B		00		08		6581.00		M		F		90		50		210						RC062			
CONTINUOUS SERVICE DATE				SENIORITY/DATE				CREDITABLE SERVICE DATE				APPT. EXPIRATION DATE				STA-TUS		SUSPENSION/LOA RETURN DATE				APPT. REQ.NO.		DISABILITY	
01-16-90				01-16-90				01-01-02				NO DATE				A		NO DATE						000	

POSITION INFORMATION

POSITION TITLE (NAME) AND OPTION				POSITION NUMBER				EXMT CODE		WORK COUNTY		A/I AUTHL		AUDIT		POS DES COMP.	
ARTS COUNCIL PROG COORD				01526-50-90-220-00-01				0		016							

TRANSACTION INFORMATION

TRANSACTION NAME		TRANS CODE	EFFECTIVE DATE	PRIORITY
1	GENERAL INCREASE	BA030	07-01-14	
2				
3				
4				
1				
2				
3				
4				

STATUS	EXEMPT
A-CERTIFIED	0-NOT EXEMPT
B-PROBATIONARY & MDS	1-PRIVATE SEC & CONF ASSTNT
C-PROBATIONARY & MDS	2-ADMINISTRATIVE HEAD
D-PROVISIONAL	3-POLICY MAKER
E-3 MONTHS CERTIFICATION	4-PREVAILING RATE/TRADE
F-EXEMPT	5-LICENSED PROFESSIONAL
G-TEMPORARY	6-OUT OF STATE
H-EMERGENCY	7-TECH ADVSR W/C COMM
I-6 MONTHS CERTIFICATION	8-PARTIAL EXTENSION
J-TRAINEE (DC LIST)	9-PARTIAL EXEMPT BY STATUTE
K-TRAINEE (TRAINEE PERMIT)	
L-TRAINEE (AGENCY SELECTED)	
M-9 MONTHS CERTIFICATION	
N-12 MONTH CERTIFICATION	
O-137 DAYS	
P-18 MONTHS (UMP)	
Q-INTERIM ASSIGNMENT	

REMARKS

CURRENT BASE SALARY + \$100.00 LONG + \$0.00 BILING = \$6,681.00

EMPLOYEES SIGNATURE (REQ ON VOL ACTION)	DATE	AGENCY APPROVAL (OPTIONAL)	DATE
SIGNATURE OF PERSON SERVING SUS/DISC BY MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/>	DATE	AGENCY BUDGETARY (OPTIONAL)	DATE
DIRECTOR OF CENTRAL MANAGEMENT SERVICES	DATE	AGENCY HEAD APPROVAL	DATE

PRINTED

10/01/14

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
PERSONNEL/POSITION ACTION FORM

SS#

EMPLOYEE INFORMATION

02	03	04	05	06	07	08	09
LAST NAME	FIRST	INIT	SEX	RACE	VET	EDUC	DATE OF BIRTH
DICKSON	SUSAN	L	F	W	N	5	1

09	10	11	12	13	13A
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE	NATL ORIG
		016	IL	6	105

14	15	16	17	18	19	20	21	22	22A	22B	
PAY PLAN	PAY GRADE	PAY STEP	SALARY	PAY RATE	FULL/TIME	FUNDING BRD.COM	PAYROLL DEPT.	CODE APPROP	CORRECTED SOCIAL SECURITY NO.	BARGAINING UNIT CODE	PERF-CODE
B	00	08	6581.00	M	F	90	50	210		RC062	

23	24	25	26	27	28	29	29A
CONTINUOUS SERVICE DATE	SENIORITY/DATE	CREDITABLE SERVICE DATE	APPT. EXPIRATION DATE	STA-TUS	SUSPENSION/LOA RETURN DATE	APPT. REQ. NO.	DISAB ILITY
10-01-08	10-01-08	10-01-14	NO DATE	A	NO DATE		000

POSITION INFORMATION

30	31	32	33	34	35	36
POSITION TITLE (NAME) AND OPTION	POSITION NUMBER	EXMT CODE	WORK COUNTY	A/I AUTH.	AUDIT	POS DES COMP.
ARTS COUNCIL PROG COORD	01526-50-90-230-00-01	0	016			

TRANSACTION INFORMATION

37	38	39	40
TRANSACTION NAME	TRANS CODE	EFFECTIVE DATE	PRIORITY
1 SERVICE INCREASE	515	10-01-14	
2			
3			
4			

STATUS	EXEMPT
A-CERTIFIED	0-NOT EXEMPT
B-PROBATIONARY 4 MOS	1-PRIVATE SEC & CONF ASSTNT
C-PROBATIONARY 6 MOS	2-ADMINISTRATIVE HEAD
D-PROVISIONAL	3-POLICY MAKER
E-3 MONTHS CERTIFICATION	4-PREVALING RATE/TRADE
F-EXEMPT	5-LICENSED PROFESSIONAL
G-TEMPORARY	6-OUT OF STATE
H-EMERGENCY	7-TECH ADVSR W.C. COMM
I-6 MONTHS CERTIFICATION	8-PARTIAL EXTENSION
J-TRAINEE (DC LIST)	9-PARTIAL EXMPT BY STATUTE
K-TRAINEE (TRAINEE PERMIT)	
L-TRAINEE (AGENCY SELECTED)	
M-9 MONTHS CERTIFICATION	
N-12 MONTH CERTIFICATION	
O-137 DAYS	
P-18 MONTHS DUMP!	
Q-INTERIM ASSIGNMENT	

REMARKS

8

EMPLOYEE'S SIGNATURE (REQ ON VOL ACTION)	DATE	AGENCY APPROVAL (OPTIONAL)	DATE
SIGNATURE OF PERSON SERVING SUS/DISC BY MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/>	DATE	AGENCY BUDGETARY (OPTIONAL)	DATE
DIRECTOR OF CENTRAL MANAGEMENT SERVICES	DATE	AGENCY HEAD APPROVAL	DATE

PRINTED

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICE
PERSONNEL/POSITION ACTION FORM

SS#

[REDACTED]

12/05/14

EMPLOYEE INFORMATION

LAST NAME		FIRST	INIT	SEX	RACE	VET	EDUC	TIER 1/2	DATE OF BIRTH
GANT		TATIANA		F	S	N	5	1	[REDACTED]

STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE	NATL ORIG
[REDACTED]	[REDACTED]	016	IL	[REDACTED]	129

PAY PLAN	PAY GRADE	PAY STEP	SALARY	PAY RATE	FULL/TIME	FUNDING BRD.COM	PAYROLL DEPT.	CODE APPROP	CORRECTED SOCIAL SECURITY NO.	BARGAINING UNIT CODE	PERF-CODE
5	52	00	8834.00	M	F	90	50	210		XG000	

CONTINUOUS SERVICE DATE	SENIORITY/DATE	CREDITABLE SERVICE DATE	APPT. EXPIRATION DATE	STA-TUS	SUSPENSION/LOA RETURN DATE	APPT. REQ.NO.	DISAB ILITY
01-01-13	NO DATE	01-01-14	NO DATE	F	NO DATE		000

POSITION INFORMATION

POSITION TITLE (NAME AND OPTION)	POSITION NUMBER	EXMT CODE	WORK COUNTY	A/I AUTH.	AUDIT	POS DES COMP.
SENIOR PUBLIC SERV ADMIN	40070-50-90-000-00-01	3	016			

TRANSACTION INFORMATION

TRANSACTION NAME	TRANS CODE	EFFECTIVE DATE	PRIORITY
1 MERT COMPENSATION REVIEW	BA007	01-01-14	
2			
3			
4			

STATUS	EXEMPT
A-CERTIFIED	B-NOT EXEMPT
B-PROBATIONARY 4 MOS	1-PRIVATE SEC & CONF ASSTNT
C-PROBATIONARY 6 MOS	2-ADMINISTRATIVE HEAD
D-PROVISIONAL	3-POLICY MAKER
E-1 MONTHS CERTIFICATION	4-PREVAILING RATE/TRADE
F-EXEMPT	5-LICENSED PROFESSIONAL
G-TEMPORARY	6-DUT OF STATE
H-EMERGENCY	7-TECH ADVSR W.C. COMM
I-8 MONTHS CERTIFICATION	8-PARTIAL EXTENSION
J-TRAINEE (OC LIST)	9-PARTIAL EXMPT BY STATUTE
K-TRAINEE (TRAINEE PERMIT)	
L-TRAINEE (AGENCY SELECTED)	
M-8 MONTHS CERTIFICATION	
N-12 MONTH CERTIFICATION	
O-137 DAYS	
P-18 MONTHS (UMP)	
Q-INTERIM ASSIGNMENT	

REMARKS

MC BONUS \$0.00

EMPLOYEE'S SIGNATURE (REQ ON VOL ACTION)	DATE	AGENCY APPROVAL (OPTIONAL)	DATE
SIGNATURE OF PERSON SERVING SUS/DISC	DATE	AGENCY BUDGETARY (OPTIONAL)	DATE
DIRECTOR OF CENTRAL MANAGEMENT SERVICES	DATE	AGENCY HEAD APPROVAL	DATE

PRINTED

01/02/14

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
PERSONNEL/POSITION ACTION FORM

SS#

EMPLOYEE INFORMATION

LAST NAME		FIRST	INIT	SEX	RACE	VET	EDUC	TIER 1/2	DATE OF BIRTH
HALL		YAZOO	V	F	B	N	6	1	

STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE	NATL ORIG
		016	IL		129

PAY PLAN	PAY GRADE	PAY STEP	SALARY	PAY RATE	FULL/PT TIME	FUNDING BRD.COM	PAYROLL DEPT.	CODE APPROP	CORRECTED SOCIAL SECURITY NO.	BARGAINING UNIT CODE	PERF-CODE
5	52	00	7500.00	M	F	90	50	210		XG000	

CONTINUOUS SERVICE DATE	SENIORITY/DATE	CREDITABLE SERVICE DATE	APPT. EXPIRATION DATE	STA-TUS	SUSPENSION/LOA RETURN DATE	APPT. REG.NO.	DISAB ILITY
12-03-90	NO DATE	04-01-13	NO DATE	F	12-09-14		000
		12.9.13					

POSITION INFORMATION

POSITION TITLE (NAME) AND OPTION	POSITION NUMBER	EXMT CODE	WORK COUNTY	A/I AUTH.	AUDIT	POS DES COMP.
SENIOR PUBLIC SERV ADMIN	40070-50-90-300-00-01	1	016			

TRANSACTION INFORMATION

TRANSACTION NAME	TRANS CODE	EFFECTIVE DATE	PRIORITY
1 LOA STATE JOB	BA063	12-09-13	
2 EXEMPT CODE APPOINTMENT	BA045	12-09-13	1
3 SPECIAL SALARY ADJ. INCR	BA233	12-09-13	2
4			
1			
2			
3			
4			

STATUS	EXEMPT
A-CERTIFIED	0-NOT EXEMPT
B-PROBATIONARY 4 MOS	1-PRIVATE SEC & CONF ASSTNT
C-PROBATIONARY 6 MOS	2-ADMINISTRATIVE HEAD
D-PROVISIONAL	3-POLICY MAKER
E-3 MONTHS CERTIFICATION	4-PREVAILING RATE/TRADE
F-EXEMPT	5-LICENSED PROFESSIONAL
G-TEMPORARY	6-OUT OF STATE
H-EMERGENCY	7-TECH ADVSR W/C COMM
I-3 MONTHS CERTIFICATION	8-PARTIAL EXTENSION
J-TRAINEE (OC LIST)	9-PARTIAL EXMPT BY STATUTE
K-TRAINEE (TRAINEE PERMIT)	
L-TRAINEE (AGENCY SELECTED)	
M-9 MONTHS CERTIFICATION	
N-12 MONTH CERTIFICATION	
O-137 DAYS	
P-18 MONTHS (LUMP)	
Q-INTERIM ASSIGNMENT	

REMARKS

EMPLOYEE'S SIGNATURE (REQ ON VOL ACTION)	DATE	AGENCY APPROVAL (OPTIONAL)	DATE
SIGNATURE OF PERSON SERVING SUS/DISC BY MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/>	DATE	AGENCY BUDGETARY (OPTIONAL)	DATE
DIRECTOR OF CENTRAL MANAGEMENT SERVICES	DATE	AGENCY HEAD APPROVAL	DATE

Datiana Hart by Romie Muniz

PRINTED

12/08/14

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
PERSONNEL/POSITION ACTION FORM

SS#

EMPLOYEE INFORMATION

LAST NAME			FIRST			INIT	SEX	RACE	VET	EDUC	TIER 1/2	DATE OF BIRTH			
MUNOZ			ROMULA				F	S	N	4	1				
STREET ADDRESS						CITY			COUNTY	STATE	ZIP CODE	NATL ORIG			
									016	IL		129			
PAY PLAN	PAY GRADE	PAY STEP	SALARY	PAY RATE	FULL/PT TIME	FUNDING BRD.COM	PAYROLL DEPT.	CODE APPROP	CORRECTED SOCIAL SECURITY NO.			BARGAINING UNIT CODE	PERF- CODE		
5	00	00	6759.00	M	F	90	50	210				CF063			
CONTINUOUS SERVICE DATE			SENIORITY/DATE			CREDITABLE SERVICE DATE			APPT. EXPIRATION DATE			STA- TUS	SUSPENSION/LOA RETURN DATE	APPT. REQ.NO.	DISAB ILITY
05-17-93			NO DATE			08-01-13			NO DATE			A	NO DATE		000

POSITION INFORMATION

POSITION TITLE (NAME) AND OPTION			POSITION NUMBER			EXMT CODE	WRK COUNTY	A/ AUTH	AUDIT	POS DES COMP.
PUBLIC SERVICE ADM			37015-50-90-320-00-01			0	016			

TRANSACTION INFORMATION

TRANSACTION NAME		TRANS CODE	EFFECTIVE DATE	PRIORITY
1	SPECIAL SALARY ADJ. INCR	BA233	05-14-14	
2				
3				
4				
1				
2				
3				
4				

STATUS	EXEMPT
A-CERTIFIED	D-NOT EXEMPT
B-PROBATIONARY 4 MOS	1-PRIVATE SEC & CONF ASSTNT
C-PROBATIONARY 6 MOS	2-ADMINISTRATIVE HEAD
D-PROVISIONAL	3-POLICY MAKER
E-3 MONTHS CERTIFICATION	4-PREVALING RATE/TRADE
F-EXEMPT	5-LICENSED PROFESSIONAL
G-TEMPORARY	6-OUT OF STATE
H-EMERGENCY	7-TECH ADVER W.C. COMM
I-8 MONTHS CERTIFICATION	8-PARTIAL EXTENSION
J-TRAINEE (OE LIST)	9-PARTIAL EXMPT BY STATUTE
K-TRAINEE (TRAINEE PERMIT)	
L-TRAINEE (AGENCY SELECTED)	
M-9 MONTHS CERTIFICATION	
N-12 MONTH CERTIFICATION	
O-137 DAYS	
P-18 MONTHS (DMP)	
Q-INTERIM ASSIGNMENT	

REMARKS

8

EMPLOYEES SIGNATURE (REQ ON VOL ACTION)	DATE	AGENCY APPROVAL (OPTIONAL)	DATE
SIGNATURE OF PERSON SERVING SUS/DISC BY MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/>	DATE	AGENCY BUDGETARY (OPTIONAL)	DATE
DIRECTOR OF CENTRAL MANAGEMENT SERVICES	DATE	AGENCY HEAD APPROVAL	DATE

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07/23/14

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
PERSONNEL/POSITION ACTION FORM

SS# [REDACTED]

EMPLOYEE INFORMATION

LAST NAME STREHLOW			FIRST LYNN			INIT E	SEX M	RACE W	VET N	EDUC 5	TIER 1/2 1	DATE OF BIRTH [REDACTED]
STREET ADDRESS [REDACTED]				CITY [REDACTED]				COUNTY 016	STATE IL	ZIP CODE [REDACTED]	NATL ORIG 000	
PAY PLAN B	PAY GRADE 00	PAY STEP 08	SALARY 6990.00	PAY RATE M	FULL/PY TIME F	FUNDING BRO.COM 90	PAYROLL DEPT 50	CODE APPROP 210	CORRECTED SOCIAL SECURITY NO.		BARGAINING UNIT CODE RC063	PERF-CODE
CONTINUOUS SERVICE DATE 04-18-88		SENIORITY/DATE 04-18-88		CREDITABLE SERVICE DATE 07-01-04		APPT. EXPIRATION DATE NO DATE		STA-TUS A	SUSPENSION/LOA RETURN DATE NO DATE		APPT. REQ. NO.	DISAB ILITY 000

POSITION INFORMATION

POSITION TITLE (NAME) AND OPTION INF SERVICES SPEC 2			POSITION NUMBER 21162-50-90-113-01-01				EXMT CODE 0	WORK COUNTY 016	A/I AUTH.	AUDIT	POS DES COMP.
---	--	--	--	--	--	--	----------------	--------------------	-----------	-------	---------------

TRANSACTION INFORMATION

THIS TRANS.	LAST TRANS.	TRANSACTION NAME	TRANS CODE	EFFECTIVE DATE	PRIORITY
1		GENERAL INCREASE	BA030	07-01-14	
2					
3					
4					
1					
2					
3					
4					

- STATUS CODES**
- A-CERTIFIED
 - B-PROBATIONARY 4 MOS
 - C-PROBATIONARY 6 MOS
 - D-PROVISIONAL
 - E-3 MONTHS CERTIFICATION
 - F-EXEMPT
 - G-TEMPORARY
 - H-EMERGENCY
 - I-6 MONTHS CERTIFICATION
 - J-TRAINEE (OC LIST)
 - K-TRAINEE (TRAINEE PERMITS)
 - L-TRAINEE (AGENCY SELECTED)
 - M-9 MONTHS CERTIFICATION
 - N-12 MONTH CERTIFICATION
 - O-137 DAYS
 - P-18 MONTHS LUMP
 - Q-INTERIM ASSIGNMENT
- EXEMPT**
- 0-NOT EXEMPT
 - 1-PRIVATE SEC & CONF ASSTNT
 - 2-ADMINISTRATIVE HEAD
 - 3-POLICY MAKER
 - 4-PREVALENG RATE/TRADE
 - 5-LICENSED PROFESSIONAL
 - 6-OUT OF STATE
 - 7-TECH ADVSR W/C COMM
 - 8-PARTIAL EXTENSION
 - 9-PARTIAL EXMPT BY STATUTE

REMARKS

CURRENT BASE SALARY + \$100.00 LONG + \$0.00 BILING = \$7,090.00

EMPLOYEES SIGNATURE (REQ ON VOL ACTION)	DATE	AGENCY APPROVAL (OPTIONAL)	DATE
SIGNATURE OF PERSON SERVING SUS/DISC BY MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/>	DATE	AGENCY BUDGETARY (OPTIONAL)	DATE
DIRECTOR OF CENTRAL MANAGEMENT SERVICES	DATE	AGENCY HEAD APPROVAL	DATE

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07/23/14

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
PERSONNEL/POSITION ACTION FORM

SS#

EMPLOYEE INFORMATION

LAST NAME		FIRST	INIT	SEX	RACE	VET	EDUC	TIER 1/2	DATE OF BIRTH
TARASUK		GEORGE	W	M	W	N	8	1	06-17-69

STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE	NATL ORIG
[REDACTED]		[REDACTED]	016	IL	[REDACTED]	129

PAY PLAN	PAY GRADE	PAY STEP	SALARY	PAY RATE	FULL/PT TIME	FUNDING BRO.COM	PAYROLL DEPT.	CODE APPROP	CORRECTED SOCIAL SECURITY NO.	BARGAINING UNIT CODE	PERF - CODE
B	00	08	6990.00	M	F	90	50	210		RC063	

CONTINUOUS SERVICE DATE	SENIORITY/DATE	CREDITABLE SERVICE DATE	APPY. EXPIRATION DATE	STA- TUS	SUSPENSION/LOA RETURN DATE	APPY. REQ. NO.	DISAB ILITY
08-16-98	08-16-98	07-01-07	NO DATE	A	NO DATE		000

POSITION INFORMATION

POSITION TITLE (NAME) AND OPTION	POSITION NUMBER	EXMT CODE	WORK COUNTY	A/I AUTH.	AUDIT	POS DES COMP.
INF SERVICES SPEC 2	21162-50-90-113-01-01	0	016			

TRANSACTION INFORMATION

TRANSACTION NAME	TRANS CODE	EFFECTIVE DATE	PRIORITY
1 GENERAL INCREASE	BA030	07-01-14	
2			
3			
4			
1			
2			
3			
4			

STATUS	EXEMPT
A-CERTIFIED	0-NOT EXEMPT
B-PROBATIONARY 6 MOS	1-PRIVATE SEC & CONF ASSTNT
C-PROBATIONARY 9 MOS	2-ADMINISTRATIVE HEAD
D-PROVISIONAL	3-POLICY MAKER
E-3 MONTHS CERTIFICATION	4-PREVAILING RATE/TRADE
F-EXEMPT	5-LICENSED PROFESSIONAL
G-TEMPORARY	6-OUT OF STATE
H-EMERGENCY	7-TECH ADVSR W/C COMM
I-3 MONTHS CERTIFICATION	8-PARTIAL EXTENSION
J-TRAINEE (OC LIST)	9-PARTIAL EXEMPT BY STATUTE
K-TRAINEE (TRAINEE PERMIT)	
L-TRAINEE (AGENCY SELECTED)	
M-9 MONTHS CERTIFICATION	
N-15 MONTH CERTIFICATION	
O-127 DAYS	
P-18 MONTHS (LUMP)	
Q-INTERIM ASSIGNMENT	

REMARKS

CURRENT BASE SALARY + \$100.00 LONG + \$0.00 BILING = \$7,090.00

EMPLOYEES SIGNATURE (REQ ON VOL ACTION)	DATE	AGENCY APPROVAL (OPTIONAL)	DATE
SIGNATURE OF PERSON SERVING SUS/DISC BY MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/>	DATE	AGENCY BUDGETARY (OPTIONAL)	DATE
DIRECTOR OF CENTRAL MANAGEMENT SERVICES	DATE	AGENCY HEAD APPROVAL	DATE

PRINTED
07/23/14

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
PERSONNEL/POSITION ACTION FORM

SS#

EMPLOYEE INFORMATION

LAST NAME		FIRST		INIT	SEX	RACE	VET	EDUC	TIER 1/2	DATE OF BIRTH		
TERUEL		ENCARNACION		M	M	S	N		1			
STREET ADDRESS				CITY			COUNTY	STATE	ZIP CODE	NATL ORIG		
							016	IL		129		
FAI	PAY GRADE	PAY STEP	SALARY	PAY RATE	FULL/PT TIME	FUNDING BRD.COM	PAYROLL DEPT.	CODE APPROP	CORRECTED SOCIAL SECURITY NO.		BARGAINING UNIT CODE	PERF-CODE
1	00	08	6581.00	M	F	90	50	210			RC062	
CONTINUOUS SERVICE DATE		SENIORITY/DATE		CREDITABLE SERVICE DATE		APPT. EXPIRATION DATE		STA-TUS	SUSPENSION/LOA RETURN DATE		APPLY. REQ.NO.	DISAB ILITY
01-17-04		03-17-04		03-01-07		NO DATE		A	NO DATE			000

POSITION INFORMATION

POSITION TITLE (NAME) AND OPTION			POSITION NUMBER				EXMT CODE	WORK COUNTY	A/I AUTH.	AUDIT	POS DES COMP.
ARTS COUNCIL PROG COORD			01526-50-90-210-00-01				0	016			

TRANSACTION INFORMATION

THIS TRANS. LAST TRANS.	TRANSACTION NAME	TRANS CODE	EFFECTIVE DATE	PRIORITY
1	GENERAL INCREASE	BA030	07-01-14	
2				
3				
4				
1				
2				
3				
4				

- STATUS**
- A-CERTIFIED
 - B-PROBATIONARY 4 MOS
 - C-PROBATIONARY 6 MOS
 - D-PROVISIONAL
 - E-3 MONTHS CERTIFICATION
 - F-EXEMPT
 - G-TEMPORARY
 - H-EMERGENCY
 - I-8 MONTHS CERTIFICATION
 - J-TRAINEE (DC LIST)
 - K-TRAINEE (TRAINEE PERMIT)
 - L-TRAINEE (AGENCY SELECTED)
 - M-9 MONTHS CERTIFICATION
 - N-12 MONTHS CERTIFICATION
 - O-137 DAYS
 - P-18 MONTHS DUMP
 - Q-INTERIM ASSIGNMENT
- CODES**
- EXEMPT**
- 0-NOT EXEMPT
 - 1-PRIVATE SEC & CONF ASSTNT
 - 2-ADMINISTRATIVE HEAD
 - 3-POLICY MAKER
 - 4-PREVAILING RATE/TRADE
 - 5-LICENSED PROFESSIONAL
 - 6-OUT OF STATE
 - 7-TECH ADVIS W.C. COMM
 - 8-PARTIAL EXTENSION
 - 9-PARTIAL EXMPT BY STATUTE

REMARKS

CURRENT BASE SALARY + \$75.00 LONG + \$0.00 BILING = \$6,656.00

EMPLOYEE'S SIGNATURE (REQ ON VOL ACTION)	DATE	AGENCY APPROVAL (OPTIONAL)	DATE
SIGNATURE OF PERSON SERVING SUS/DISC BY MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/>	DATE	AGENCY BUDGETARY (OPTIONAL)	DATE
DIRECTOR OF CENTRAL MANAGEMENT SERVICES	DATE	AGENCY HEAD APPROVAL	DATE

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ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICE
PERSONNEL/POSITION ACTION FORM

02

SS#: [REDACTED]

EMPLOYEE INFORMATION

03		04		05	06	07	7A	08															
LAST NAME		FIRST NAME		INIT	SEX	RACE	VET	EDUC	TIER 1/2	DATE OF BIRTH													
THOMAS		PAMELA		S	F	W	N	4	1	[REDACTED]													
09			10			11		12		13		13A											
STREET ADDRESS			CITY			COUNTY		STATE		ZIP CODE		NATL ORIG											
[REDACTED]			[REDACTED]			016		IL		[REDACTED]		129											
14		15		16		17		18		19		20		21		22		22A		22B			
PAY PLAN	PAY GRADE	PAY STEP	SALARY		PAY RATE	FULL/PT TIME	FUNDING BRD. COM	PAYROLL DEPT	CODE APPROP.	CORRECTED SOCIAL SECURITY NO.		BARGAINING UNIT CODE		PERF-CODE									
4	18	00	5745 00		M	F	90	50	210					1									
23			24			25			26			27			28			29			29A		
CONTINUOUS SERVICE DATE			SENIORITY DATE			CREDITABLE SERVICE DATE			APPT. EXPIRATION DATE			STATUS			SUSPENSION/LOA RETURN DATE			APPT. REQ. NO.			DISABILITY		
08-16-2006						08-01-2014						F									000		
						08-01-2015																	

POSITION INFORMATION

30		31		32		33		34		35		36	
POSITION TITLE (NAME) and OPTION		POSITION NUMBER		EXMT CODE		WORK COUNTY		A/I AUTH		AUDIT		POS DES COMP	
PRIVATE SECRETARY 2		34202-50-90-000-01-01		1		016							

TRANSACTION INFORMATION

37		38		39		40		CODES	
TRANSACTION NAME		TRANS CODE		EFFECTIVE DATE		PRIOR -ITY		STATUS	
1								A-CERTIFIED	
2								B-PROBATIONARY 4 MOS	
3								C-PROBATIONARY 6 MOS	
4								D-PROVISIONAL	
1		MERIT COMPENSATION REVIEW		BA007		08-01-2015		0	
2								E-3 MONTHS CERTIFICATION	
3								F-EXEMPT	
4								G-TEMPORARY	
								H-EMERGENCY	
								I-6 MONTHS CERTIFICATION	
								J-TRAINEE (OC LIST)	
								K-TRAINEE (TRAINEE PERMIT)	
								L-TRAINEE (AGENCY SELECTED)	
								M-0 MONTHS CERTIFICATION	
								N-12 MONTHS CERTIFICATION	
								O-137 DAYS	
								P- 18 MONTHS (UMP)	
								Q-INTERIM ASSIGNMENT	
								RACE	
								A-NATIVE AMERICAN	
								B-AFRICAN AMERICAN	
								C-ASIAN	
								D-HISPANIC	
								W-WHITE	
								EXEMPT	
								0-NOT EXEMPT	
								1-PRIVATE SEC & CONF ASSTNT	
								2-ADMINISTRATIVE HEAD	
								3-POLICY MAKER	
								4-PREVAILING RATE/TRADE	
								5-LICENSED PROFESSIONAL	
								6-OUT OF STATE	
								7-TECH ADVSR WC COMM	
								8-PARTIAL EXTENSION	
								9-PARTIAL EXMPT BY STATUTE	
								EDUCATION	
								1-GRADE SCHOOL	
								2-SOME HIGH SCHOOL	
								3-HS GRAD OR DEG	
								4-SOME COLLEGE	
								5-BA/BS	
								6-MA/MS	
								7-PHD/MD	
								8-OTHER DEGREE	

REMARKS

8		Merit Comp Review Exceptional. Reviewed 2015	
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EMPLOYEE SIGNATURE (REQUIRED ON VOLUNTARY ACTION)		DATE	AGENCY APPROVAL (OPTIONAL)		DATE
SIGNATURE OF PERSON SERVING SUS/DISC		DATE	AGENCY BUDGETARY (OPTIONAL)		DATE
BY MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/>					
DIRECTOR OF CENTRAL MANAGEMENT SERVICES		DATE	AGENCY HEAD APPROVAL		DATE
			<i>Jathina Kent by Rommi Murray</i>		3-10-14

PRINTED

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
PERSONNEL/POSITION ACTION FORM

SS#



02/02/15

EMPLOYEE INFORMATION

LAST NAME		FIRST	INIT	SEX	RACE	VET	EDUC	TIER 1/2	DATE OF BIRTH
ZACHARIAS		PIUS		M	O	N	6	1	

STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE	NATL ORIG
		016	IL		050

PAY PLAN	PAY GRADE	PAY STEP	SALARY	PAY RATE	FULL/TIME	FUNDING BRD.COM	PAYROLL DEPT.	CODE APPROP	CORRECTED SOCIAL SECURITY NO.	BARGAINING UNIT CODE	PERF-CODE
B	00	08	6581.00	M	F	90	50	210		RC062	

CONTINUOUS SERVICE DATE	SENIORITY/DATE	CREDITABLE SERVICE DATE	APPY. EXPIRATION DATE	STA-TUS	SUSPENSION/LOA RETURN DATE	APPY. REQ.NO.	DISAB ILITY
05-21-07	05-16-07	05-01-14	NO DATE	A	NO DATE		000

POSITION INFORMATION

POSITION TITLE (NAME) AND OPTION	POSITION NUMBER	EXMT CODE	WORK COUNTY	A/I AUTH.	AUDIT	POS DES COMP.
ACCOUNTANT SUPERVISOR	00135-50-90-112-00-01	0	016			

TRANSACTION INFORMATION

TRANSACTION NAME	TRANS CODE	EFFECTIVE DATE	PRIORITY
1 CHANGE ADDRESS	AC003	02-02-15	
2			
3			
4			

STATUS	EXEMPT
A-CERTIFIED	5-NOT EXEMPT
B-PROBATIONARY 6 MOS	1-PRIVATE SEC & CONF ASSTNT
C-PROBATIONARY 6 MOS	3-ADMINISTRATIVE HEAD
D-PROVISIONAL	4-POLICY MAKER
E-3 MONTHS CERTIFICATION	4-PREVALING RATE/TRADE
F-EXEMPT	5-LICENSED PROFESSIONAL
G-TEMPORARY	6-OUT OF STATE
H-EMERGENCY	7-TECH ADVSR W.C. COMM
I-8 MONTHS CERTIFICATION	8-PARTIAL EXTENSION
J-TRAINEE (DC LIST)	9-PARTIAL EXMPT BY STATUTE
K-TRAINEE (TRAINEE PERMIT)	
L-TRAINEE (AGENCY SELECTED)	
M-8 MONTHS CERTIFICATION	
N-12 MONTH CERTIFICATION	
O-137 DAYS	
P-18 MONTHS (LMP)	
Q-INTERIM ASSIGNMENT	

REMARKS

Blank area for remarks.

EMPLOYEES SIGNATURE (REQ ON VOL ACTION)	DATE	AGENCY APPROVAL (OPTIONAL)	DATE
SIGNATURE OF PERSON SERVING SUS/DISC BY MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/>	DATE	AGENCY BUDGETARY (OPTIONAL)	DATE
DIRECTOR OF CENTRAL MANAGEMENT SERVICES	DATE	AGENCY HEAD APPROVAL	DATE