

# **Exhibit B**

Administrative Order

MIAMI-DADE

Administrative Order No.: 7-37

Title: Unlawful Harassment

Ordered: 4/11/2000

Effective: 4/21/2000

**AUTHORITY:**

Section 4.02 of the Miami-Dade County Home Rule Amendment and Charter; Sections 2-42 and 11A-34 through 37 of the Code of Miami-Dade County; and Administrative Order 7-6.

**POLICY:**

The policy of Miami-Dade County is to ensure that all employees are able to enjoy a work environment free from all forms of discrimination, including harassment, on the basis of race, sex, color, national origin, religion, retaliation, age, disability, ancestry, marital status, pregnancy, sexual orientation, or the exercise of their constitutional or statutory rights. Administrative Order 7-28 was adopted in 1987 specifically to protect County employees from sexual harassment. Administrative Order 7-28 and Administrative Order 7-6, Personnel Policy on Equal Employment Opportunity, have since been interpreted to extend similar protection to employees who believe they have been harassed for unlawful reasons other than sex. This Administrative Order is intended to make clear that all County employees who believe they have been unlawfully harassed **must notify the County's Office of Fair Employment Practices or their Departmental Affirmative Action Officer and may file a complaint for prompt and proper investigation.** Employees who are found guilty of unlawfully harassing other employees shall be subject to appropriate sanctions, depending on the circumstances. These may range from counseling up to and including termination.

***Miami-Dade County will not tolerate adverse treatment of employees because they report harassment or provide information related to such complaints. The County, in exercising reasonable care to prevent and promptly correct harassment or retaliation for reporting harassment, will protect victims from further unlawful harassment and retaliation.***

**DEFINITION:**

Unlawful harassment consists of unsolicited, offensive or retaliatory behavior based on race, sex, color, national origin, religion, age, disability, ancestry, marital status, pregnancy, sexual orientation, or an employee's exercise of their constitutional or

statutory rights. It does not refer to occasional comments of a socially acceptable nature to a *reasonable person*; it refers to behavior that is not welcome, that is personally offensive, that lowers morale, and that, therefore, interferes with the work environment.

*Offensive comments about an employee's race, sex, color, national origin, religion, age, disability, ancestry, marital status, pregnancy, sexual orientation, or the exercise of their constitutional or statutory rights constitutes unlawful harassment when (1) submission to such conduct is made either explicitly or implicitly a term of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual, (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment. Harassment may also take the form of adverse employment actions, such as termination, demotion, or other adverse employment decisions which effect an employee's working conditions, if such actions are taken on the basis of an employee's race, sex, color, national origin, religion, age, disability, ancestry, marital status, pregnancy, sexual orientation, or an employee's exercise of their constitutional or statutory rights. Employment actions that are based on an employee's performance or other legitimate reasons are not harassment.*

#### **IMPLEMENTATION:**

In order to effectively implement the above policy, all County employees must refrain from:

1. Threatening or insinuating, either explicitly or implicitly, that an employee's race, sex, color, national origin, religion, age, disability, ancestry, marital status, pregnancy, sexual orientation, or the exercise of their constitutional or statutory rights will adversely affect their employment, performance evaluations, wages, promotion, assigned duties, shifts, or any other condition of employment or career development.
2. Creating a harassing environment by making offensive racial, ethnic or sexual comments, jokes or slurs, or such other conduct that has the purpose or effect of unreasonably interfering with an individual's work performance or creating an unlawfully intimidating, hostile or offensive working environment.
3. Taking retaliatory action of any kind against any other employee because of that person's seeking redress for, complaining of, or witnessing of, unlawful discrimination or harassment under this policy or through other legitimate channels.
4. Exhibiting any other conduct that falls within the above-stated definition of unlawful harassment.

It shall be the responsibility of each County supervisor to maintain his or her work place free of unlawful harassment. This duty includes discussing this policy with all employees and assuring them that they need not endure insulting, degrading, or explosive treatment on the basis of race, sex, color, national origin, religion, age, disability, ancestry, marital status, pregnancy, sexual orientation, or the exercise of their constitutional or statutory rights, and informing employees of their right to file complaints about such conduct.

#### **COMPLAINT PROCEDURE:**

Employees who believe they have been the subject of harassment prohibited by this Administrative Order, *must notify the County's Office of Fair Employment Practices or their Departmental Affirmative Action Officer and, if they choose, may file a formal complaint with the County's Office of Fair Employment Practices.* Employees may, if they desire, also report such incidents of unlawful harassment to their supervisor but are under no obligation to do so. *Employees are encouraged to report harassment before it becomes severe or pervasive. This will facilitate early mediation and effective resolution of potential unlawful harassment complaints.*

All complaints of harassment, subsequent investigations and corrective actions shall be handled on a confidential basis to the extent possible under the law. Protective measures will be instituted to protect the complainant. Miami-Dade County has established procedures for resolving, filing and processing complaints of unlawful harassment.

If the investigation confirms the existence of unlawful harassment, the Fair Employment Practices Office will pursue prompt corrective action, including remedial relief for the victim, and appropriate disciplinary action against the offender.

#### **COMPLIANCE:**

It shall be the responsibility of the Office of Fair Employment Practices to provide compliance information to *all employees concerning* the County's harassment policy, the gravity of such conduct, and the procedures to be employed in conducting harassment investigations, as follows:

1. The Office of Fair Employment Practices shall provide necessary unlawful harassment training to managers and supervisors.
2. *Department Directors shall be responsible for ensuring that employees are apprised of this Administrative Order and mandatory training is conducted.*
3. *The Office of Fair Employment Practices and the Employee Relations Department will monitor departmental training.*
4. The unlawful harassment policy and procedures will be incorporated in countywide training offered by the Employee Relations Department.

**This Administrative Order is hereby submitted to the Board of County Commissioners of Miami-Dade County, Florida.**

**\*Miami-Dade County Procedures Manual, Procedure Number 414, Filing Discrimination/ Unlawful Harassment Complaint.**

**M. R. Silerheim  
County Manager**

# Exhibit C



December 3, 2004

Annie Grimes  
12200 NE 6 Avenue, #209  
Miami, FL 33161

Dear Ms. Grimes:

Based on your interest in employment with the Miami-Dade Aviation Department (MDAD), and your recent interview, we are pleased to offer you the position of Airport Office Support Specialist 2.

If you accept this position you will work under the general direction of Melvin Payne, Manager, Aviation Facilities Maintenance Division. The bi-weekly rate for this position is \$853.54.

This offer is contingent upon satisfactory completion of a FBI fingerprint-based criminal history check and a pre-employment physical, which includes screening for alcohol and drug use. You are scheduled to report to the Mt. Sinai Medical Center / Occupational Health Center, Greenspan Building, 4300 Alton Road, Miami Beach, on Monday, December 6, 2004 at 11:30 a.m. Information regarding the result of your FBI fingerprint-based criminal history check and pre-employment physical will be made known to MDAD Personnel within ten (10) days of the scheduled appointments. Upon notification you will be contacted with further information concerning the effective date of your employment with the Miami-Dade Aviation Department.

According to Miami-Dade County Ordinance 97-216 applicants not currently employed by Miami-Dade County must agree to establish and maintain permanent residence in Miami-Dade County within three (3) months of completing the required probationary period from the original appointment date. For those positions without a probationary period, residence must be established and maintained in Miami-Dade County within six (6) months of employment from the original appointment date. Failure to comply with this requirement may result in dismissal from County service.

Furthermore, you are advised that you are subject to further extensive security screening including, but not limited to fingerprint checks, employment verification, and such other procedures as may be mandated by Federal Law. The security clearance required by Federal law is a continuing condition of employment with MDAD.

When you sign your offer letter you are required to present your original Social Security Card and a current picture identification, i.e., valid drivers license, passport, etc.

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MIAMI-DADE AVIATION DEPARTMENT ♦ P.O. BOX 592075 AMF ♦ MIAMI, FLORIDA 33159  
PHONE: 305.876.7000

[www.miami-airport.com](http://www.miami-airport.com)



01000574

Page 2, Offer Letter

We look forward to your joining the Aviation Department.

Sincerely,



Cynthia C. Collins  
Chief, Aviation Human Resources

\*\*\*\*\*  
 Accept/ decline (circle one) this offer of the Airport Office Support Specialist 2 position with the Miami-Dade  
County Aviation Department.

Date: 12/06/2007

Signature: 

#5001010

# Exhibit D

---REVISED IN ACCORDANCE WITH ORD. 97-216---



**PERSONNEL CHANGE DOCUMENT**  
Employee Relations Department

SOCIAL SECURITY [REDACTED] EFFECTIVE DATE RECEIVED 13 04  
NAME GRIMES Annie L  
Last First Initial

1)  ORIGINAL APPOINTMENT  RE-EMPLOYMENT  RETIRED  RE-EMPLOYED

Dept. 063 Div. 14 Loc. 33 Employee Status Code AB

Classification AIRPORT OFFICE Support Spec Occupational Code 5306

Complete only if other than step 01 &/or 080 hours. Step 01 Bi-Wkly Hrs. 080

Complete only if Pay Step is 99: Bi-Wkly Rate \$ MTA Hly \$

Will position last for more than 6 months? Yes No Enrolled in Retirement? Yes No

Pay Exceptions Codes 4C (Attach supporting documents when required)

Req. # Eligible List# Index Code Entity Sub Entity Uniform Allow.

4630137 725671 04 01 Yes No

2)  TRANSFER  STATUS  REALLOCATION  RATE CHANGE  PROMOTION  OTHER  DEMOTION

FROM: Dept. Div. Loc. Released by:

TO: Dept. Div. Loc. Employee Status Code

Classification Occupational Code

Complete only if Pay Step is 99: Bi-Wkly Rate \$ 853.57

Pay Exceptions Codes (Attach supporting documents when required)

Req. # Eligible List# Index Code Entity Sub Entity Uniform Allow.

Yes No

3)  SEPARATION  RESTORATION  PERSONAL  LEAVE OF ABSENCE  OTHER Reason Code

FROM: TO: No. of Days

4) Remarks: New hire - Probational STATUS (A/B) Budget STATUS I

5) Authorization: [Signature] 12/15/04 [Signature] 12/14/04  
Dept. Appointing Authority Office of Mgmt. & Budget Employee Relations Dept

DO NOT WRITE BELOW THIS LINE

Step	Bi-Wkly \$	Status Date	Bud St	Sex	Race	Citizenship	DOB	Educ
01	903.54	12/20/04	1	F		A	7-22-49	
Anny	Martial	Tax Ex	With Code	With Amt	Ex FICA	Ret Code	Ret Amt	Retro Adj
12/20/04	5	0				21		

PP Date 12/19/04

DISTRIBUTION: CANARY TO ADMINISTRATIVE SERVICES DIVISION - WHITE RETAINED BY DEPARTMENT

# **Exhibit E**

MIAMI-DADE COUNTY

EMPLOYEE PERFORMANCE EVALUATION

RECEIVED

01/03/2005 01/01/2006 (K OF SECOND PAGE)

JAN 2 2006

TIMES  
PT OFF SUPP SPEC 2  
STATUS  
PROBATIONAL  
PROB END 01/01/2006  
MIAMI-DADE AVIATION DEPARTMENT  
MAINTENANCE WAREHSES

ANNIE L 063-14-018  
MERIT INCR LATE

(INITIAL)	Period Covered
	ADMINISTRATIVE SERVICES
From	Mo Day Yr
	Mo Day Yr
If Prob. Date Ends	Social Security Number
	Unit

TO PERSONNEL BY DEC 30 2005 DPO 12/18/2005

REASON FOR REVIEW

Merit Raise  Status Change  Annual Review  Other  Due Back to Personnel Section by

Raters: It is understood that the importance of each category will vary with job classification and department. Explain your rating in terms of performance in each category. Mark the appropriate box. Use additional sheets if necessary.

1. QUANTITY OF WORK: Includes amount of work performed.

RATING:  Unsatisfactory  Needs Improvement  Satisfactory  Above Satisfactory  Outstanding  
Explain Why:

2. QUALITY OF WORK: Includes accuracy, achievement of objectives, effectiveness, initiative and resourcefulness and, neatness of work product.

RATING:  Unsatisfactory  Needs Improvement  Satisfactory  Above Satisfactory  Outstanding  
Explain Why:

3. WORK HABITS: Includes attendance, observation of work hours, completion of work on schedule, compliance with rules, policies, and directives, safety practice and use of tools and equipment.

RATING:  Unsatisfactory  Needs Improvement  Satisfactory  Above Satisfactory  Outstanding  
Explain Why:

4. INTERPERSONAL SKILLS: Includes participation and teamwork; contribution to unit morale; working cooperatively with the public, peers, and subordinates; and accepting advice and counseling from superiors.

RATING:  Unsatisfactory  Needs Improvement  Satisfactory  Above Satisfactory  Outstanding  
Explain Why:

**RATER'S OVERALL EVALUATION** — Only one rating factor to be checked.

- Unsatisfactory:** Performance is inadequate and must be corrected.
- Needs Improvement:** Performance does not fully meet job requirements as indicated below.
- Satisfactory:** Employee is performing as required and expected in a satisfactory manner.
- Above Satisfactory:** Performance surpasses job requirements.
- Outstanding:** Consistently conspicuous, distinguished performance. Employee displays initiative and creativity. Employee has substantially enhanced departmental efficiency and/or effectiveness.

If an employee is eligible for a merit increase, check following:  **Granted**  **Deferred, reevaluate in** \_\_\_\_\_ **months**

If an employee is eligible for permanent status, check following:  **Granted**  **Denied**  **Extended** \_\_\_\_\_ **months with the Employee's written permission. (Attached) (Probationary period may not be extended beyond one year.)**

**WAYS THE EMPLOYEE CAN OR MUST IMPROVE PERFORMANCE:** (If overall rating is Needs Improvement or Unsatisfactory, a written plan of action for improvement must be included in this section. Optional if Satisfactory or better).

*see attached*

This report is based on my observations, knowledge of employee's performance and review of applicable information. It represents my best judgment of the employee's performance.

RATER'S SIGNATURE *Kenneth D. Thorne* DATE *1-23-06*  
 Print Name *Kenneth D. Thorne* TITLE *AC SUPV (CC)*

I have reviewed this report and discussed it with the rater. It represents an accurate appraisal of the employee's performance in accordance with Administrative Order. I concur in the recommendation, if any, as to merit raise and/or permanent status.

REVIEWER'S SIGNATURE *Joe Fernandez* DATE *1-23-06*  
 Print Name *JOE FERNANDEZ* TITLE *SUPERINTENDENT*

I acknowledge that I received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor. In signing the evaluation, I do not necessarily agree with the conclusions. I understand that I may write my comments below or on another sheet of paper.

A permanent employee who has received an overall evaluation of "Unsatisfactory" or "Needs Improvement," must first request a review of the Performance Evaluation by the Department Director within ten (10) calendar days. If the decision of the Director is not acceptable to the employee, the employee may continue the appeal within ten (10) calendar days after receipt of the Director's decision by making a request in writing to the Personnel Division Director, of the Employee Relations Department.

I have read and understand the above appeal process.

**EMPLOYEE COMMENTS:**

EMPLOYEE'S SIGNATURE *Ken L. ...* DATE *01/23/2006*  
108.01-6A 2/02

**DISTRIBUTION:** White copy to employee — Green copy to Personnel — Yellow copy to departmental personnel office — Blue copy to reviewer.

**EMPLOYEE PERFORMANCE EVALUATION**

Annie Grimes

Period Covered  
from: 01/03/2005 to 01/01/2006

SS# [REDACTED]

**QUANTITY OF WORK:**

**ABOVE SATISFACTORY**

A.G.

Ms. Grimes performs all tasks assigned in a professional manner. She is always willing to work on special projects when asked and expedites emergency requests in a timely manner. Annie works on various types of software and she is always trying new procedures to increase productivity in the utilities division.

**QUALITY OF WORK:**

**ABOVE SATISFACTORY**

A.G.

Ms. Grimes is creative in her view of quality work. She is able to logically and efficiently solve problems, regardless of the complexity or magnitude. Annie has worked successfully on our Work order system, performing key functions such as creating technically detailed work orders and efficiently completing these tasks very competently. Annie has also been able to create tables for various purposes utilized by the A/C shop, Plumbing shop and Electrical shop.

**WORK HABITS**

**SATISFACTORY**

A.G.

Ms. Grimes is usually on time and schedules her days off in advance. Annie complies with the Department's policies and shows good safety practices as well as encouraging others she works with to work safely. Annie effectively follows directives and manages her time wisely and whenever possible increasing productivity.

**INTERPERSONAL SKILLS:**

**SATISFACTORY**

A.G.

Annie contributes to maintaining good shop morale; she gets along well with her peers, lead workers and supervisor.

**RATER'S OVERALL EVALUATION:**

**SATISFACTORY**

A.G.

**WAYS THE EMPLOYEE CAN OR MUST IMPROVE PERFORMANCE:**

A.G.

Annie would benefit from training on Microsoft Excel, unfortunately at this time the Aviation Department is not offering these classes as they did in the past. As soon as training is offered Annie should be scheduled for these classes thus improving her value to the utilities division as well as the entire department.

**EMPLOYEE MUST INITIAL EACH PARAGRAPH**

# Exhibit F

MIAMI DADE COUNTY  
PERSONNEL CHANGE DOCUMENT COPY 1

REASON:  
3% WAGE ADJUSTMENT

EFFECTIVE DATE  
07/03/2006

EMPLOYEE NAME ANNIE L SOC SEC NUMBER ██████████ DEPT DIV LOC BADGE-NBR  
GRIMES 063 14 018

DEPARTMENT NAME MIAMI-DADE AVIATION DEPARTMENT OCC CODE 005306 CLASSIFICATION TITLE ARPT OFF SUPP SPEC 2

DATE HIRED	PAY STEP	BI-WEEKLY HOURS	BI-WEEKLY RATE	HOURLY RATE	BASE	BI-WEEKLY RATE	BASE HOURLY RATE
05/21/2001	02	80	986.16			936.16	

----- P A Y E X C E P T I O N S -----  
CODE \*\*\*\*\* REASON \*\*\*\*\* CODE \*\*\*\*\* REASON \*\*\*\*\*  
4C PREMIUM PAY

EMPL. STATUS	STATUS DATE	BUDGET SHIFT STATUS	ANNIV. DATE	INDEX CODE	BARG. UNIT	ENTITY	SUB-ENTITY
AA	01/02/2006	1	01/02/2006	725671	G	04	01

STREET ADDRESS	CITY	STATE	ZIP CODE
12200 NE 6 AVE #209	NORTH MIAMI	FL	33161

SEX RACE	CITZ. SHIP	EDUC. LEVEL	DATE OF BIRTH	MARITAL STATUS	TAX EXEMPT	WITHOLDING CODE/AMOUNT	EXEMPT FICA	RETIREMENT CODE/ PCT
F B	A	12	07/22/1949	S	00	0	0	21 9.85

THIS PCD REFLECTS YOUR CURRENT PERSONNEL PAYROLL RECORD.  
PLEASE CONTACT YOUR DEPARTMENT PERSONNEL OFFICER FOR CORRECTIONS  
OR INQUIRIES

# Exhibit G

PROGRAM: PAYB3510  
JOB/STEP: J353500/S353500C

MIAMI-DADE COUNTY

PAGE: 1189  
DATE: 11/19/2006  
TIME: 20:18

PERSONNEL CHANGE DOCUMENT COPY 1

REASON: MERIT STATUS LONGEVITY PERF RPT ONLY EFFECTIVE DATE  
X 01/01/2007

EMPLOYEE NAME GRIMES ANNIE L SOC SEC NUMBER DEPT DIV LOC  
063 14 018

DEPARTMENT NAME MIAMI-DADE AVIATION DEPARTMENT OCC CODE CLASSIFICATION TITLE  
5306 AROFSUPSP2

----- P A Y E X C E P T I O N S -----

CODE REASON CODE REASON  
4C PREMIUM PAY

FROM:	PAY STEP	BI-WK HOURS	BI-WK RATE	HOURLY RATE	PAY ANNIV	STATUS CODE	STATUS DATE
	02	80	986.16		01/02/2006	AA	01/02/2006
TO:	PAY STEP	BI-WK HOURS	BI-WK RATE	HOURLY RATE	PAY ANNIV	STATUS CODE	STATUS DATE
	03	80	1026.06		01/01/2007	AA	01/02/2006

APPOINTING AUTHORITY OFFICE OF MGNT. & BUDGET EMPLOYEE RELATIONS DEPT.

FILED  
JAN 18 2007

ADMINISTRATIVE SERVICES

BY: *[Signature]*

# Exhibit H



# Exhibit I



**RATER'S OVERALL EVALUATION** — Only one rating factor to be checked.

- Unsatisfactory:** Performance is inadequate and must be corrected.
- Needs Improvement:** Performance does not fully meet job requirements as indicated below.
- Satisfactory:** Employee is performing as required and expected in a satisfactory manner.
- Above Satisfactory:** Performance surpasses job requirements.
- Outstanding:** Consistently conspicuous, distinguished performance. Employee displays initiative and creativity. Employee has substantially enhanced departmental efficiency and/or effectiveness.

If an employee is eligible for a merit increase, check following:  Granted  Deferred, reevaluate in \_\_\_\_\_ months

If an employee is eligible for permanent status, check following:  Granted  Denied  Extended \_\_\_\_\_ months with the Employee's written permission. (Attached) (Probationary period may not be extended beyond one year.)

**WAYS THE EMPLOYEE CAN OR MUST IMPROVE PERFORMANCE:** (if overall rating is Needs Improvement or Unsatisfactory, a written plan of action for improvement must be included in this section. Optional if Satisfactory or better).

This report is based on my observations, knowledge of employee's performance and review of applicable information. It represents my best judgment of the employee's performance.

RATER'S SIGNATURE [Signature] DATE 12.19.7  
Print Name JOE FERNANDEZ TITLE SUPERVISOR

I have reviewed this report and discussed it with the rater. It represents an accurate appraisal of the employee's performance in accordance with Administrative Order. I concur in the recommendation, if any, as to merit raise and/or permanent status.

REVIEWER'S SIGNATURE [Signature] DATE 12/19/07  
Print Name: RICHARD L. JAFFE TITLE SUPERVISOR

I acknowledge that I received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor. In signing the evaluation, I do not necessarily agree with the conclusions. I understand that I may write my comments below or on another sheet of paper.

A permanent employee who has received an overall evaluation of "Unsatisfactory" or "Needs Improvement," must first request a review of the Performance Evaluation by the Department Director within ten (10) calendar days. If the decision of the Director is not acceptable to the employee, the employee may continue the appeal within ten (10) calendar days after receipt of the Director's decision by making a request in writing to the Personnel Division Director, of the Employee Relations Department.

I have read and understand the above appeal process.

EMPLOYEE COMMENTS:

*11/26/07*  
*[Handwritten notes and checkmarks]*

EMPLOYEE'S SIGNATURE [Signature] DATE: 01/07/2008

RECEIVED 20 PM 1:23  
JAN 7 2008

DISTRIBUTION: White copy to employee — Green copy to Personnel — Yellow copy to departmental personnel office — Blue copy to reviewer.

*CR220108*

### INSTRUCTIONS

1. This form is to be typed.
2. This form is to be used for all classifications covered under bargaining units and not subject to the management or field/operational form.
3. The immediate supervisor (the rater) reviews the job description, the employee's performance of those duties, and the Personnel Records Summary Sheet prior to completing this form. Material in the Personnel Record Summary Sheet written during the period covered by the evaluation, should be appropriately mentioned in the report.
4. The rater considers each of the factors and rates the performance as Unsatisfactory, Needs Improvement, Satisfactory, Above Satisfactory and Outstanding. Unsatisfactory performance is defined as performance that must be corrected immediately or disciplinary action will be initiated. Performance that is classified as Needs Improvement is acceptable for retaining employment but is below the supervisor's standards of performance for the position. Satisfactory performance is performance that fulfills the supervisor's standards of performance for the position. When the level of performance is at a level above the standards for the position, the Above Satisfactory category should be marked. **SPECIFIC EXAMPLES OF PERFORMANCE OR INCIDENTS MUST BE GIVEN TO SUPPORT THE RATINGS.**
5. The rater evaluates overall performance and it should be consistent with the individual factor ratings. Rater should determine which aspects of the position are to be most significant for an overall rating. A rating of Unsatisfactory means that the employee must immediately improve performance to retain employment. The employee whose performance is sufficient to warrant continued employment but does not fully meet the standards of the supervisor should be evaluated as Needs Improvement. The rater will defer a merit raise for an "Unsatisfactory" employee for 3-6 months and 1-6 months for an employee who is evaluated as "Needs Improvement." To receive a merit raise and/or permanent status an employee must be rated Satisfactory or above. The employee who performs at a level greater than the standards for the position must be rated Above Satisfactory or Outstanding.
6. If an employee is eligible for a merit raise or permanent status, the rater determines whether it is to be granted. If a merit raise is deferred, the rater states when the next evaluation will be conducted. A merit raise may not be granted if probational status is extended. There will be no extension of probationary period for any employee whose classification is covered under the bargaining unit of AFSCME, Local 1363. **IF AN EMPLOYEE'S PERIOD COVERED DATE ELAPSES WITH NO ACTION TAKEN, PERMANENT STATUS IS GRANTED AUTOMATICALLY.**
7. The rater recommends in what ways the employee can or must improve performance. If an employee has received a rating of Unsatisfactory or Needs Improvement, a written plan of action for improvement must be included in this section.
8. The rater confers with the reviewer. If the rating is accurate and the standards used to judge the level of performance are consistent, the reviewer must sign and date the evaluation first. **NO UNILATERAL CHANGES WILL BE MADE BY THE RATER.** If the rater and reviewer cannot agree, then the Department Director or Division Director must be consulted for a final decision.
9. After the reviewer signs and dates the evaluation, the rater then prepares for a conference with the employee to discuss meeting or performance standards. The department personnel officer or administrative officer should check the evaluation for compliance with rules and procedures prior to the employee conference.
10. The signed or completed form is discussed with the employee who may add his/her comments and signs the form. If the employee refuses to sign, a third party must sign and date it as a witness acknowledging that the employee saw the evaluation. Employee's refusal to sign does not stop completion of the evaluation process. If an employee disagrees with the rater's evaluation, the employee must write comments at the line or indicate on the form that comments are forthcoming.
11. If an employee receives an overall rating of Needs Improvement or Unsatisfactory and has permanent status in the position, the employee who signs the evaluation or raters then raters is eligible for an Appeal Hearing. First a request for review of the evaluation must be made to the Department Director within 10 calendar days. If the employee is dissatisfied with the Department Director's decision, a request for an Appeal Hearing must be submitted to the Personnel Division Director, within 10 calendar days.
12. If an employee receives an overall rating of Needs Improvement or Unsatisfactory and is not eligible for an Appeal Hearing, a copy of the evaluation and a copy of the Administrative Services Division's Appeal Hearing Request Form must accompany the evaluation and be submitted to the Administrative Services Division.
13. The employee, the Personnel Division, the department file, and the reviewer should receive copies of the completed form.

**EMPLOYEE PERFORMANCE EVALUATION**

Annie Grimes

SS# [REDACTED]

from 01/01/2007 to 12/30/2007

**QUANTITY OF WORK:**

**ABOVE SATISFACTORY**

A.G.

Annie has performed well in this category during this evaluation period. As part of Annie's accomplishments has been timely data input of daily work orders; both closing and generating work orders, generating Honeywell requests, and parts requests. Annie works well with her supervisor and lead worker and is always available to become involved in new projects. Annie has assisted this rater with maintaining P-1 work orders and p-2 work orders to acceptable standards.

**QUALITY OF WORK:**

**ABOVE SATISFACTORY**

A.G.

Annie is cognizant of what is expected of her; she is very responsible in completing her daily assignments regardless of their magnitude. During this evaluation period Annie has strived in producing good quality work and has assured to follow directions on follow ups on documents or generated work orders. Annie is quick to point out ways she may deem important or that may improve efficiency. Annie is always willing to accept additional work. This rater is pleased with Annie's performance during this evaluation period.

**WORK HABITS**

**ABOVE SATISFACTORY**

A.G.

Annie is usually on time; she follows departmental policies when scheduling her time off. Ms Grimes employs a good safety conscience and follows departmental policies adequately in this category. Annie effectively manages her time, is self motivated and a reliable employee requiring very little supervision. During this evaluation Annie has shown initiative and a willingness to complete work assigned to her.

**INTERPERSONAL SKILLS:**

**SATISFACTORY**

A.G.

Annie has developed a good rapport with her lead worker and supervisor; she gets along well with her peers and contributes to good shop morale.

**RATER'S OVERALL EVALUATION:**

**ABOVE SATISFACTORY**

A.G.

**WAYS THE EMPLOYEE CAN OR MUST IMPROVE PERFORMANCE:**

Annie would benefit from becoming proficient in Microsoft Excel and Microsoft Power point. Proficiency in this software will increase Annie's value to the Maintenance Department.

A.G.

**EMPLOYEE MUST INITIAL EACH PARAGRAPH**

**PROCESSED**

FEB 21 2008

ADMINISTRATIVE  
SERVICES

BY: \_\_\_\_\_

# Exhibit J

PROGRAM: PAY83510  
 JOB/STEP: J353500/S353500C

MIAMI-DADE COUNTY

PAGE: 1325  
 DATE: 11/18/2007  
 TIME: 19:46

PERSONNEL CHANGE DOCUMENT COPY 1

REASON: MERIT STATUS LONGEVITY PERF RPT ONLY EFFECTIVE DATE  
 X 12/31/2007

EMPLOYEE NAME GRIMES ANNIE L SOC SEC NUMBER DEPT DIV LOC  
 063 14 018

DEPARTMENT NAME MIAMI-DADE AVIATION DEPARTMENT OCC CODE CLASSIFICATION TITLE  
 5306 AROFSUPSP2

----- P A Y E X C E P T I O N S -----

CODE	REASON	CODE	REASON
4C	PREMIUM PAY		

FROM: PAY STEP	BI-WK HOURS	BI-WK RATE	HOURLY RATE	PAY ANNIV	STATUS CODE	STATUS DATE
03	80	1055.34		01/01/2007	AA	01/02/2006
TO: PAY STEP	BI-WK HOURS	BI-WK RATE	HOURLY RATE	PAY ANNIV	STATUS CODE	STATUS DATE
04	80	1093.19		12/31/2007	AA	01/02/2006

RECEIVED  
 DEC 04 2007  
 ADMINISTRATIVE SERVICES

APPOINTING AUTHORITY OFFICE OF MGMT. & BUDGET EMPLOYEE RELATIONS DEPT.

FILED  
 DEC 05 2007  
 ADMINISTRATIVE SERVICES  
 BY: *[Signature]*

# Exhibit K

M I A M I D A D E C O U N T Y  
P E R S O N N E L C H A N G E D O C U M E N T C O P Y 1

REASON: 4% WAGE ADJUSTMENT EFFECTIVE DATE  
06/30/2008

EMPLOYEE NAME GRIMES ANNIE L SOC SEC NUMBER ██████████ DEPT DIV LOC 063 14 018 BADGE-NBR

DEPARTMENT NAME MIAMI-DADE AVIATION DEPARTMENT OCC CODE 005306 CLASSIFICATION TITLE AROFSUPSP2

DATE HIRED	PAY STEP	BI-WEEKLY HOURS	BI-WEEKLY RATE	HOURLY RATE	BASE	BI-WEEKLY RATE	BASE HOURLY RATE
05/21/2001	04	80	1134.92			1084.92	

----- P A Y E X C E P T I O N S -----  
 CODE \*\*\*\*\* REASON \*\*\*\*\* CODE \*\*\*\*\* REASON \*\*\*\*\*  
 4C PREMIUM PAY

EMPL. STATUS	STATUS DATE	SHIFT	BUDGET STATUS	ANNIV. DATE	INDEX CODE	BARG. UNIT	ENTITY	SUB-ENTITY
AA	01/02/2006		1	12/31/2007	725671	G	04	01

STREET ADDRESS 12200 NE 6 AVE #209 CITY NORTH MIAMI STATE FL ZIP CODE 33161

SEX	RACE	SHIP	CITZ. LEVEL	EDUC. LEVEL	DATE OF BIRTH	MARITAL STATUS	TAX EXEMPT	WITHOLDING CODE/AMOUNT	EXEMPT FICA	RETIREMENT CODE/ PCT
F	B	A	12		07/22/1949	S	00	0	0	21 9.85

THIS PCD REFLECTS YOUR CURRENT PERSONNEL PAYROLL RECORD.  
 PLEASE CONTACT YOUR DEPARTMENT PERSONNEL OFFICER FOR CORRECTIONS  
 OR INQUIRIES

SEQ #: 000019441

# **Exhibit L**

**MIAMI-DADE COUNTY  
EMPLOYEE PERFORMANCE EVALUATION**

*(INSTRUCTIONS ON BACK OF SECOND PAGE)*

00138677 GRIMES AIRPORT OFFICE SUPP SPEC 2 MERIT PERMANENT	12/31/2007 12/28/2008 ANNIE L 063-14-018	(INITIAL)	Period Covered From <u>Mo</u> <u>Day</u> <u>Yr</u> To <u>Mo</u> <u>Da</u> <u>Yr</u>
MIAMI-DADE AVIATION DEPARTMENT MAINTENANCE WAREHUSES	PROB PP: 26	Prob. Date Ends	Social Security Number
TO PERSONNEL BY <u>FEB - 6 2009</u>		Unit	
DPO 12/14/2008			

**REASON FOR REVIEW**

Merit Raise     Status Change     Annual Review     Other     Due Back to Personnel Section by \_\_\_\_\_

Raters: It is understood that the importance of each category will vary with job classification and department. Explain your rating in terms of performance in each category. Mark the appropriate box. Use additional sheets if necessary.

**1. QUANTITY OF WORK:** Includes amount of work performed.

RATING:     Unsatisfactory     Needs Improvement     Satisfactory     **RECEIVED**     Outstanding  
Explain Why:

FEB 04 2009

FACILITIES MAINTENANCE  
REGISTRATION & MANAGEMENT SERVICES

**2. QUALITY OF WORK:** Includes accuracy, achievement of objectives, effectiveness, initiative and resourcefulness and, neatness of work product.

RATING:     Unsatisfactory     Needs Improvement     Satisfactory     Above Satisfactory     Outstanding  
Explain Why:

ELL  
FEB 11 2008

**3. WORK HABITS:** Includes attendance, observation of work hours, completion of work on schedule, compliance with rules, policies, and directives, safety practice and use of tools and equipment.

RATING:     Unsatisfactory     Needs Improvement     Satisfactory     Above Satisfactory     Outstanding  
Explain Why:

WRIGHT'S  
AUDIT

**4. INTERPERSONAL SKILLS:** Includes participation and teamwork; contribution to unit morale; working cooperatively with the public, peers, and subordinates; and accepting advice and counseling from superiors.

RATING:     Unsatisfactory     Needs Improvement     Satisfactory     Above Satisfactory     Outstanding  
Explain Why:

**RECEIVED**  
FEB 06 2009  
AdmServices

02/24/09

**RATER'S OVERALL EVALUATION** — Only one rating factor to be checked.

- Unsatisfactory:** Performance is inadequate and must be corrected.
- Needs Improvement:** Performance does not fully meet job requirements as indicated below.
- Satisfactory:** Employee is performing as required and expected in a satisfactory manner.
- Above Satisfactory:** Performance surpasses job requirements.
- Outstanding:** Consistently conspicuous, distinguished performance. Employee displays initiative and creativity. Employee has substantially enhanced departmental efficiency and/or effectiveness.

If an employee is eligible for a merit increase, check following:  Granted  Deferred (re-evaluate in \_\_\_\_\_ months)

If an employee is eligible for permanent status, check following:  Granted  Denied  Extended \_\_\_\_\_ months with the Employee's written permission. (Attached) (Probationary period may not be extended beyond one year.)

**WAYS THE EMPLOYEE CAN OR MOST IMPROVE PERFORMANCE:** (If overall rating is Needs Improvement or Unsatisfactory, a written plan of action for improvement must be included in this section. Optional if Satisfactory or better.)

WRIGHTS  
AUDIT

This report is based on my observations, knowledge of employee's performance and review of applicable information. It represents my best judgment of the employee's performance.

RATER'S SIGNATURE: *[Signature]* DATE: 1/20/09  
Print Name: JOE FERRANDEZ TITLE: SUPERVISOR

I have reviewed this report and discussed it with the rater. It represents an accurate appraisal of the employee's performance in accordance with Administrative Order. I concur in the recommendation, if any, as to merit raise and/or permanent status.

REVIEWER'S SIGNATURE: *[Signature]* DATE: 1/20/09  
Print Name: W. B. [unclear] TITLE: SUPERVISOR

I acknowledge that I received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor. In signing this evaluation, I do not necessarily agree with the conclusions. I understand that I may write my comments below or on another sheet of paper.

A permanent employee who has received an overall evaluation of "Unsatisfactory" or "Needs Improvement" must first request a review of the Performance Evaluation by the Department Director within ten (10) calendar days. If the decision of the Director is not acceptable to the employee, the employee may continue the appeal within ten (10) calendar days after receipt of the Director's decision by making a request in writing to the Personnel Division Director, of the Employee Relations Department.

I have read and understand the above appeal process.

EMPLOYEE COMMENTS:  
  
  
EMPLOYEE'S SIGNATURE: *[Signature]* DATE: 01/20/2009

DISTRIBUTION: White copy to employee — Green copy to Personnel — Yellow copy to departmental personnel office — Blue copy to reviewer.

### INSTRUCTIONS

1. This form is to be typed
2. This form is to be used for all classifications covered under bargaining units and not subject to the management or field/operational form.
3. The immediate supervisor or (the rater) reviews the job description, the employee's performance of those duties, and the Personnel Records Summary Sheet prior to completing this form. Material in the Personnel Record Summary Sheet written during the period covered by the evaluation should be appropriately mentioned in the report.
4. The rater considers each of the factors and rates the performance as Unsatisfactory, Needs Improvement, Satisfactory, Above Satisfactory and Outstanding. Unsatisfactory performance is defined as performance that must be corrected immediately or disciplinary action will be initiated. Performance that is classified as Needs Improvement is acceptable for retaining employment but is below the supervisor's standards of performance for the position. Satisfactory performance is performance that fulfills the supervisor's standards of performance for the position. When the level of performance is at a level above the standards for the position, the Above Satisfactory category should be marked. **SPECIFIC EXAMPLES OF PERFORMANCE OR INCIDENTS MUST BE GIVEN TO SUPPORT THE RATINGS.**
5. The rater evaluates overall performance and it should be consistent with the individual factor ratings. Rater should determine what aspects of the position are to be most significant for an overall rating. A rating of Unsatisfactory means that the employee must immediately improve performance to retain employment. The employee whose performance is sufficient to warrant continued employment but does not fully meet the standards of the supervisor should be evaluated as Needs Improvement. The rater will defer a merit raise for an "Unsatisfactory" employee for 3-6 months and 1-6 months for an employee who is evaluated as "Needs Improvement." To receive a merit raise and/or permanent status an employee must be rated Satisfactory or above. The employee who performs at a level greater than the standards for the position is to be rated Above Satisfactory or Outstanding.
6. If an employee is eligible for a merit raise or permanent status, the rater determines whether it is to be granted. If a merit raise is deferred, the rater states when the next evaluation will be conducted. A merit raise may not be granted if probational status is extended. There will be no extension of probationary period for any employee whose classification is covered under the bargaining unit of AFSCME, Local 1369. **IF AN EMPLOYEE'S PERIOD COVERED DATE ELAPSES WITH NO ACTION TAKEN, PERMANENT STATUS IS GRANTED AUTOMATICALLY.**
7. The rater recommends in what ways the employee can or must improve performance. If an employee has received a rating of Unsatisfactory or Needs Improvement, a written plan of action for improvement must be included in this section.
8. The rater confers with the reviewer. If the rating is accurate and the standards used to judge the level of performance are consistent, the reviewer must sign and date the evaluation first. **NO UNILATERAL CHANGES WILL BE MADE BY THE REVIEWER.** If the rater and reviewer cannot agree, then the Department Director or Division Director must be consulted for a final decision.
9. After the reviewer signs and dates the evaluation, the rater then prepares for a conference with the employee to discuss the rating and performance standards. The department personnel officer or administrative officer should check the evaluation for compliance with rules and procedures prior to the employee conference.
10. The signed completed form is discussed with the employee who may add his/her comments and signs the form. If the employee refuses to sign, a third party must sign and date it as a witness acknowledging that the employee saw the evaluation. Employee's refusal to sign does not stop completion of the evaluation process. If an employee disagrees with any or all of the evaluation he/she must write comments at the time or indicate on the form that comments are forthcoming.
11. If an employee receives an overall rating of Needs Improvement or Unsatisfactory and has permanent status in the classification in which the evaluation occurs then he/she is eligible for an Appeal Hearing. First a request for review of the evaluation should be made to the Department Director within 10 calendar days. If the employee is dissatisfied with the Director's response, to be done within 10 calendar days, then a request for an Appeal Hearing must be submitted in writing to the County Personnel Division Director, within 10 calendar days.
12. If an employee is granted a merit raise and/or permanent status, an Advice of Personnel Action must accompany the evaluation and be forwarded to the Administrative Services Division.
13. The employee, the Personnel Division, the departmental file, and the reviewer should receive copies of the completed form.

**EMPLOYEE PERFORMANCE EVALUATION**

Annie Grimes

From 12/31/2007 to 12/28/2008

SS#                     

**QUANTITY OF WORK:**

**ABOVE SATISFACTORY**

AG

Annie has performed well in this category; she has maintained a positive outlook and diligence closing priority 1 and 2 work orders during the course of this evaluation period. Annie has been a vital asset to this rater minimizing surplus, unfinished or lost work orders.

When required, Annie has taken additional responsibilities, such as training other staff members or air port personnel complete mandated diversity Training. This rater is satisfied with Annie's performance.

**QUALITY OF WORK:**

**ABOVE SATISFACTORY**

AG

Annie is cognizant of what is expected of her; she is very responsible in completing her daily assignments regardless of their magnitude. During this evaluation period Annie has been very active with customer service.

Annie is quick to point out ways she feels may improve efficiency. Annie has played a major role in this rater's perception to optimize customer service, including the function of placing follow-up calls to ensure efficient customer service.

**WORK HABITS**

**SATISFACTORY**

AG

Annie is usually on time; she follows departmental policies and procedures as well as schedules her time off appropriately. Ms Grimes employs a good safety conscience and adheres to departmental policies. Annie effectively manages her time, is self motivated and a reliable employee.

**INTERPERSONAL SKILLS:**

**SATISFACTORY**

AG

Annie has developed a good rapport with her lead worker and supervisor; she has maintained a professional relationship with her peers.

**RATER'S OVERALL EVALUATION:**

**ABOVE SATISFACTORY**

AG

**WAYS THE EMPLOYEE CAN OR MUST IMPROVE PERFORMANCE:**

AG

Annie would benefit from becoming proficient in Microsoft Excel and Microsoft Power point. Proficiency in this software will increase Annie's value to the Maintenance Department. I would like to see Annie continue her quest taking county sponsored online courses.

**EMPLOYEE MUST INITIAL EACH PARAGRAPH**

# Exhibit M

PROGRAM: PAYB3510  
JOB/STEP: J353500/S353500C

MIAMI-DADE COUNTY

PAGE: 336  
DATE: 11/18/2008  
TIME: 20:43

#138677

PERSONNEL CHANGE DOCUMENT COPY 3

REASON: MERIT STATUS LONGEVITY PERF RPT ONLY EFFECTIVE DATE  
X 12/29/2008

EMPLOYEE NAME GRINES ANNIE L SOC SEC NUMBER DEPT DIV LOC  
063 14 018

DEPARTMENT NAME MIAMI-DADE AVIATION DEPARTMENT OCC CODE CLASSIFICATION TITLE  
5306 AROFSUPSP2

----- P A Y E X C E P T I O N S -----

CODE REASON CODE REASON  
4C PREMIUM PAY

FROM: PAY STEP	BI-WK HOURS	BI-WK RATE	HOURLY RATE	PAY ANNIV	STATUS CODE	STATUS DATE
04	80	1134.92		12/31/2007	AA	01/02/2006
TO: PAY STEP	BI-WK HOURS	BI-WK RATE	HOURLY RATE	PAY ANNIV	STATUS CODE	STATUS DATE
05	80	1174.33		12/29/2008	AA	01/02/2006

WRIGHTS  
AUDIT

ELL  
FEB 11 2008

APPOINTING AUTHORITY OFFICE OF NGMT. & BUDGET EMPLOYEE RELATIONS DEPT.

CLG #94-58  
C204 #7-88  
pd 7/27/09

# **Exhibit N**

PROGRAM: PAYB3510  
JCB/STEP: J353500/S353500C

MIAMI-DADE COUNTY

PAGE: 293  
DATE: 11/17/2009  
TIME: 20:36

AA

PERSONNEL CHANGE DOCUMENT

COPY 3

REASON: MERIT STATUS LONGEVITY PERF RPT ONLY  
X

EFFECTIVE DATE  
12/28/2009

S

EMPLOYEE NAME  
GRIMES

ANNIE

SOC SEC NUMBER  
L [REDACTED]

DEPT DIV LOC  
063 14 018

DEPARTMENT NAME  
AVIATION

OCC CODE CLASSIFICATION TITLE  
5306 AROFSUPSP2

PAY EXCEPTIONS

CODE	REASON	CODE	REASON
4C	PREMIUM PAY		

FROM: PAY STEP	BI-WK HOURS	BI-WK RATE	HOURLY RATE	PAY ANNIV	STATUS CODE	STATUS DATE
05	80	1174.33		12/29/2008	AA	01/02/2006
TO: PAY STEP	BI-WK HOURS	BI-WK RATE	HOURLY RATE	PAY ANNIV	STATUS CODE	STATUS DATE
06	80	1220.26		12/28/2009	AA	01/02/2006

ELL

FEB 05 2010

APPOINTING AUTHORITY OFFICE OF MGMT. & BUDGET EMPLOYEE RELATIONS DEPT.

C19 \$67.17  
C24 \$9.19  
2/2/10

GOODLY  
AUDIT

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
Miami Division

CASE NO. 10-23996 Civ-COOKE

ANNIE GRIMES,

Plaintiff,

v.

MIAMI-DADE COUNTY,

Defendant. /

**DEFENDANT'S NOTICE OF FILING**  
**AFFIDAVIT OF ELIEL FLORES**

Defendant, Miami-Dade County, files the attached Affidavit of Eliel Flores in support of its motion for summary judgment.

Respectfully submitted,

R. A. CUEVAS, JR.  
Miami-Dade County Attorney  
Stephen P. Clark Center  
111 N.W. 1<sup>st</sup> Street, Suite 2810  
Miami, Florida 33128

By: s/ Eric Rodriguez  
Eric Rodriguez, Assistant County Attorney  
Florida Bar No. 970875  
Phone: (305) 375-5151  
Fax: (305) 375-5634

CASE NO. 10-23996 Civ-COOKE

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing was served via transmission of Notices of Electronic Filing generated by CM/ECF/via Regular U.S. Mail on March 29, 2012 on all counsel or parties of record on the Service List below.

s/Eric Rodriguez

Assistant County Attorney

**SERVICE LIST**

Annie L. Grimes  
12200 N.E. 6<sup>th</sup> Avenue, Suite 209  
N. Miami, FL 33161  
Plaintiff

*Served via Regular U.S. Mail*

Eric Rodriguez  
Assistant County Attorney  
E-Mail: [car2@miami-dade.gov](mailto:car2@miami-dade.gov)  
Miami-Dade County Attorney's Office  
Stephen P. Clark Center  
111 N.W. 1<sup>st</sup> Street, Suite 2810  
Miami, Florida 33128  
Tel: (305) 375-5151  
Fax: (305) 375-5634  
Attorney for Defendant  
*No Service Made*

**AFFIDAVIT OF ELIEL FLORES**

STATE OF FLORIDA

SS:

COUNTY OF MIAMI-DADE

1. BEFORE ME, the undersigned authority, on this day personally appeared Eliel Flores, who, being first duly sworn, deposes and says as follows:

2. My name is Eliel Flores and I am over the age of eighteen.

3. I have personal knowledge of the facts contained within this affidavit.

4. I am employed by Miami-Dade County ("the County") in the County's Human Resources Department as the HR Records Supervisor. I am responsible for maintaining the County's official personnel records for its employees.

5. This is to certify that attached hereto as Exhibit 1 is a true and correct copy of an official County personnel record for Annie Grimes titled Personnel Change Document (PCD) indicating that Annie Grimes had an original date of hire effective May 21, 2001 as an Office Support Specialist 2 with Miami Dade County Housing Agency. This record is customarily maintained in the regular course of official government business and maintained in Annie Grimes' official personnel file.

6. This is to certify that attached hereto as Exhibit 2 is a true and correct copy of an official County personnel record for Annie Grimes titled Personnel Change Document (PCD) indicating that the code for the termination of Annie Grimes was changed in 2004 from Incompetency (DA) to Voluntary Resignation (BA) effective May 3, 2002. This record is customarily maintained in the regular course of official government business and maintained in Annie Grimes' official personnel file.

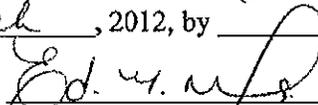
Further affiant sayeth naught.



Eliel Flores

Sworn to (or affirmed) and subscribed before me this 29 day of March, 2012, by \_\_\_\_\_

(sign)



(print)

EDWIN G. MORALES  
NOTARY PUBLIC,

State of Florida at large

NOTARY PUBLIC - STATE OF FLORIDA  
 EDWIN G. MORALES  
Commission # DD 816138  
Expires: Sept. 13, 2012  
BONDED THRU NATIONAL NOTARY ASSN.

My commission expires:

Personally known  OR Produced identification

Type of identification produced: \_\_\_\_\_

**EXHIBIT 1**



REVISED IN ACCORDANCE WITH ORD. 97-21F

**PERSONNEL CHANGE DOCUMENT**  
Employee Relations Department

SOCIAL SECURITY [REDACTED] EFFECTIVE DATE 05 21 01  
 NAME GRIMES ANNIE L  
 Last First Initial

1) A ORIGINAL APPOINTMENT B RE-EMPLOYMENT R RETIRED RE-EMPLOYED

Dept. 080 Div. 04 Loc. 01 Employee Status Code AE  
 Classification 0532 Occupational Code 0021  
 Complete only if other than step 01 &/or 080 hours. Step [ ] BI-Wkly Hrs. [ ]  
 Complete only if Pay Step is 99: Bi-Wkly Rate \$ [ ] MTA Hry \$ [ ]  
 Will position last for more than 6 months? Yes No Enrolled in Retirement? Yes No  
 Pay Exceptions Codes [ ]  
 (Attach supporting documents when required)  
 Req. # Eligible List# Index Code Entity Sub Entity Uniform Allow.  
 0800102 386508 0105 0102 Yes No

2) C TRANSFER D STATUS E REALLOCATION G RATE CHANGE J PROMOTION O OTHER N DEMOTION

FROM: Dept. [ ] Div. [ ] Loc. [ ] Released by: [ ]  
 TO: Dept. [ ] Div. [ ] Loc. [ ] Employee Status Code [ ]  
 Classification [ ] Occupational Code [ ]  
 Complete only if Pay Step is 99: Bi-Wkly Rate \$ [ ]  
 Pay Exceptions Codes [ ]  
 (Attach supporting documents when required)  
 Req. # Eligible List# Index Code Entity Sub Entity Uniform Allow.  
 [ ] [ ] [ ] [ ] [ ] [ ] No

3) F SEPARATION H RESTORATION I PERSONAL M LEAVE OF ABSENCE O OTHER Reason Code [ ]

FROM: [ ] TO: [ ] No. of Days [ ]

4) Remarks: New hire. Past-time placement

5) Authorization 5/18/01  
 Dept. Appointing Authority: Michael Frederick Office of Mgmt. & Budget  
 Employee Relations Dept. J. Dent S. Cy. 01

DO NOT WRITE BELOW THIS LINE

Step	Bi-Wkly \$	Status Date	Bud St	Medical Code	Sex	Race	Citizenship	DOB	Educ
01	728.82	5-28-01	3	5/11/01	F	B	A	7-22-49	12
Anniv	Marital	Tax Ex	With Code	With Amt	Ek FICA	Ret Code	Ret Amt	Retro Adj	PP Date
5-28-01	S	0				21	9.15	401K	5/27/01

**EXHIBIT 2**

---REVISED IN ACCORDANCE WITH ORD. 97-216---



**PERSONNEL CHANGE DOCUMENT**  
Employee Relations Department

SOCIAL SECURITY [REDACTED] [REDACTED] [REDACTED] EFFECTIVE DATE 05 03 02  
 NAME GRIMES ANNIE L  
Last First Initial

1) A ORIGINAL APPOINTMENT RE-EMPLOYMENT R RETIRED RE-EMPLOYED  
 Dept. [ ] [ ] [ ] Div. [ ] [ ] Loc. [ ] [ ] Employee Status Code \_\_\_\_\_  
 Classification \_\_\_\_\_ Occupational Code \_\_\_\_\_  
 Complete only if other than step 01 &/or 080 hours. Step [ ] [ ] Bi-Wkly Hrs. [ ] [ ] [ ]  
 Complete only if Pay Step is 99: BI-Wkly Rate \$ [ ] [ ] [ ] [ ] [ ] [ ] MTA Hrly \$ [ ] [ ] [ ] [ ] [ ] [ ]  
 Will position last for more than 6 months? Yes No Enrolled in Retirement? Yes No  
 Pay Exceptions Codes \_\_\_\_\_  
 (Attach supporting documents when required)  
 Req. # Eligible List# Index Code Entity Sub Entity Uniform Allow. Yes No

2) C TRANSFER D STATUS E REALLOCATION G RATE CHANGE J PROMOTION O OTHER N DEMOTION  
 FROM: Dept. [ ] [ ] [ ] Div. [ ] [ ] Loc. [ ] [ ] Released by: \_\_\_\_\_  
 TO: Dept. 080 Div. 04 Loc. 01 Employee Status Code DA  
 Classification \_\_\_\_\_ Occupational Code 0021  
 Complete only if Pay Step is 99: BI-Wkly Rate \$ [ ] [ ] [ ] [ ] [ ] [ ]  
 Pay Exceptions Codes \_\_\_\_\_  
 (Attach supporting documents when required)  
 Req. # Eligible List# Index Code Entity Sub Entity Uniform Allow. Yes No

3) F SEPARATION H RESTORATION I PERSONAL M LEAVE OF ABSENCE O OTHER Reason Code BA  
 FROM: [ ] [ ] [ ] [ ] [ ] [ ] TO: [ ] [ ] [ ] [ ] [ ] [ ] No. of Days [ ] [ ] [ ]

4) Remarks: To change termination code to resignation

5) Authorization  
 [Signature] Dept. Appointing Authority Office of Mgmt. & Budget Employee Relations Dept.  
 SEP 27 2004

**DO NOT WRITE BELOW THIS LINE**

Step	BI-Wkly \$	Status Date	Bud St	Medical Date	Sex	Race	Citizenship	DOB	Educ
Anniv	Marital	Tax Ex	With Code	With Amt	Ex FICA	Ret Code	Ret Amt	Retro Adj	PP Date

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
Miami Division

CASE NO. 10-23996 Civ-COOKE

ANNIE GRIMES,

Plaintiff,

v.

MIAMI-DADE COUNTY,

Defendant. /

**DEFENDANT'S NOTICE OF FILING**  
**AFFIDAVIT OF WILLIAM X. CANDELA**

Defendant, Miami-Dade County, files the attached Affidavit of William X. Candela in support of its motion for summary judgment.

Respectfully submitted,

R. A. CUEVAS, JR.  
Miami-Dade County Attorney  
Stephen P. Clark Center  
111 N.W. 1<sup>st</sup> Street, Suite 2810  
Miami, Florida 33128

By: s/ Eric Rodriguez  
Eric Rodriguez, Assistant County Attorney  
Florida Bar No. 970875  
Phone: (305) 375-5151  
Fax: (305) 375-5634

CASE NO. 10-23996 Civ-COOKE

**CERTIFICATE OF SERVICE**

**I hereby certify** that a true and correct copy of the foregoing was served via transmission of Notices of Electronic Filing generated by CM/ECF/via Regular U.S. Mail on March 29, 2012 on all counsel or parties of record on the Service List below.

s/Eric Rodriguez  
Assistant County Attorney

**SERVICE LIST**

Annie L. Grimes  
12200 N.E. 6<sup>th</sup> Avenue, Suite 209  
N. Miami, FL 33161  
Plaintiff  
*Served via Regular U.S. Mail*

Eric Rodriguez  
Assistant County Attorney  
E-Mail: [ear2@miami-dade.gov](mailto:ear2@miami-dade.gov)  
Miami-Dade County Attorney's Office  
Stephen P. Clark Center  
111 N.W. 1<sup>st</sup> Street, Suite 2810  
Miami, Florida 33128  
Tel: (305) 375-5151  
Fax: (305) 375-5634  
Attorney for Defendant  
*No Service Made*

**AFFIDAVIT OF WILLIAM X. CANDELA**

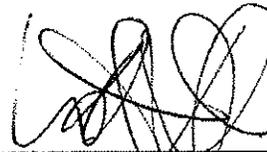
BEFORE ME, the undersigned authority, personally appeared William X. Candela, who after first being duly sworn, deposes and states:

1. I am currently employed by Miami-Dade County as an Assistant County Attorney and have been so employed since October 1988.

2. I represented Miami-Dade County in the charge filed by Annie Grimes with the Equal Employment Opportunity Commission, Charge No. 150-2003-03910 against the Housing Agency.

3. Attached as Exhibit A is true and correct copy of the Negotiated Settlement Agreement that I received from the EEOC resolving Annie Grimes EEOC Charge No. 150-2003-03910.

FURTHER AFFIANT SAYETH NOT.

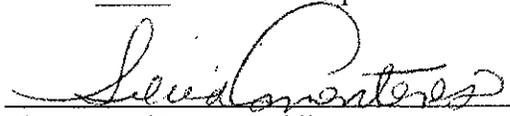


\_\_\_\_\_  
WILLIAM X. CANDELA

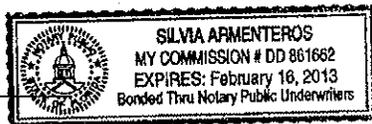
STATE OF FLORIDA     )  
                                  )  
COUNTY OF DADE )

SWORN TO AND SUBSCRIBED before me at Miami, Dade County, Florida on this 27<sup>th</sup> day of March, 2012 by William X. Candela.

Who is personally known to me  
 Who produced identification: \_\_\_\_\_  
Type of Identification

  
\_\_\_\_\_  
Signature of Notary Public  
State of Florida at Large

\_\_\_\_\_  
Print name of notary public



My commission expires:



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**  
**Miami District Office**

One Biscayne Tower  
2 South Biscayne Blvd. Suite 2700  
Miami, FL 33131  
(305) 536-4491  
TTY (305) 536-5721  
FAX (305) 536-4011

August 25, 2004

Miami-Dade County,  
County Attorney  
Mr. William Candela, Assistant County Atty.  
111 N.W. 1<sup>st</sup> Street, Suite 2810  
Miami, Florida 33128

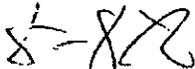
Re: Grimes vs. Miami Dade Housing Agency  
EEOC Charge No: 150 2003 03910

Dear Mr. Candela:

Please find enclosed a fully executed copy of the Negotiated Settlement Agreement in reference to the above named charge .

We would like to express our sincere appreciation for your efforts to resolve this matter.

Sincerely,

  
Donn Bernick,  
Investigator

SEP 7 2004  
MIA  
DNE  
ERD  
② send to  
m. Wadfeiter  
HWD

EXHIBIT  
A



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
Miami District Office

One Biscayne Tower  
2 South Biscayne Blvd, Suite 2700  
Miami, FL 33131  
(305) 536-4491  
TTY (305) 536-5721  
FAX (305) 536-4011

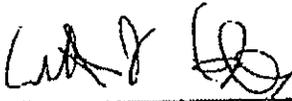
RECEIVED  
AUG 14 2004

*[Handwritten signature]*

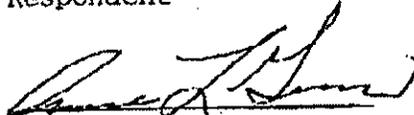
NEGOTIATED SETTLEMENT AGREEMENT

1. The following agreement refers to Charge No: 150-2003-03910 on file with the Equal Employment Opportunity Commission (EEOC) under Title VII of the Civil Rights Act of 1964, as amended.
2. In exchange for satisfactory fulfillment by Respondent of the promises contained in paragraph (3) of this Agreement, the Charging Party agrees not to institute a lawsuit with respect to the above referenced charge.
3. In exchange for the promises of Annis Grimes (Charging Party) contained in paragraph (2) of this Agreement, Miami Dade Housing Agency (Respondent) agrees to:
  - A) Expunge all off the negative references from the personnel records of the Charging Party. This also refers to entries contained within the Respondent's computer data base.
  - B) Assist and Guide the Charging Party in applying for other positions. The Respondent will make available a contact person to assist the Charging Party. Ms. Lillian Fernandez, a Representative of the Miami-Dade County Employee Relations Department, or successors, will assist the Charging Party.
4. It is understood that this Agreement does not constitute an admission by the Respondent of any violation of Title VII of the Civil Rights Act of 1964.
5. The Respondent agrees to provide written notice to the Director of the Miami District Office within 10 days of satisfying each obligation specified at paragraph (3) of this Agreement.
6. The parties agree that this Agreement may be specifically enforced in court and may be used as evidence in a subsequent proceeding in which any of the parties allege a breach of this Agreement.

page two  
charge no. 150-2003-03910

  
Respondent

Aug 23 04  
Date

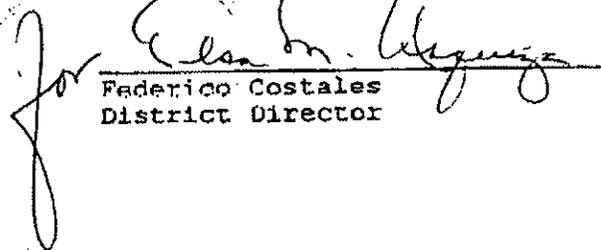
  
Charging Party

08/17/2004  
Date

7. In reliance on the promises made in paragraphs (2) and (3), (5) and (6) EEOC agrees to terminate the investigation which it has begun and not to use the above referenced charge as the jurisdictional basis for a civil action under Title VII of the Civil Rights Act. EEOC does not waive or in any manner limit its right to process or seek relief in any other charge or investigation including but not limited to, a charge filed by a member of the Commission against the Respondent.

On behalf of the Commission:

\_\_\_\_\_  
Date

  
Federico Costales  
District Director

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
Miami Division

CASE NO. 10-23996 Civ-COOKE

ANNIE GRIMES,

Plaintiff,

v.

MIAMI-DADE COUNTY,

Defendant. /

**DEFENDANT'S NOTICE OF FILING  
DECLARATION OF MELVIN PAYNE**

Defendant, Miami-Dade County, files the attached Declaration of Melvin Payne in support of its motion for summary judgment.

Respectfully submitted,

R. A. CUEVAS, JR.  
Miami-Dade County Attorney  
Stephen P. Clark Center  
111 N.W. 1<sup>st</sup> Street, Suite 2810  
Miami, Florida 33128

By: s/ Eric Rodriguez  
Eric Rodriguez, Assistant County Attorney  
Florida Bar No. 970875  
Phone: (305) 375-5151  
Fax: (305) 375-5634

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the foregoing was served via transmission of Notices of Electronic Filing generated by CM/ECF/via Regular U.S. Mail on March 29, 2012 on all counsel or parties of record on the Service List below.

s/Eric Rodriguez  
Assistant County Attorney

**SERVICE LIST**

Annie L. Grimes  
12200 N.E. 6<sup>th</sup> Avenue, Suite 209  
N. Miami, FL 33161  
Plaintiff  
*Served via Regular U.S. Mail*

Eric Rodriguez  
Assistant County Attorney  
E-Mail: [ear2@miami-dade.gov](mailto:ear2@miami-dade.gov)  
Miami-Dade County Attorney's Office  
Stephen P. Clark Center  
111 N.W. 1<sup>st</sup> Street, Suite 2810  
Miami, Florida 33128  
Tel: (305) 375-5151  
Fax: (305) 375-5634  
Attorney for Defendant  
*No Service Made*

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
Miami Division

CASE NO. 10-23996 CIV-COOKE

ANNIE GRIMES,

Plaintiff,

v.

MIAMI-DADE COUNTY,

Defendant.

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DECLARATION OF MELVIN PAYNE

1. My name is Melvin Payne, Jr. and I am over the age of eighteen.
2. I have personal knowledge of the facts contained within this affidavit.
3. I am employed by Miami-Dade County ("the County") in the County's Aviation Department. The Aviation Department operates Miami International Airport and other aviation facilities within Miami-Dade County.
4. At the Aviation Department, I am the Division Director for the Aviation Department's Facilities Management Division and have had the responsibilities associated with this position for at least the last ten years.
5. Annie Grimes was hired as an Airport Office Support Specialist 2 in late December 2004 to work in the Facilities Management Division of which I am the Director.
6. Annie Grimes was not demoted at any time during her employment with the Aviation Department. During 2007, 2008, and 2009, Annie Grimes was in the same

classification of Airport Office Support Services 2. During that time the Aviation Department did not reduce her pay.

7. As an Airport Office Support Specialist 2 working in the Division that I managed, Annie Grimes had various clerical duties including closing out work orders for maintenance work. One of Annie Grimes' multiple job tasks as an Office Support Specialist 2 was to track the procurement of parts and to monitor and enter requisitions on the Enterprise Resource Planning (ERP) system.

8. In and around the first few months of 2008, I made the decision to remove this ERP requisition assignment from Annie Grimes' responsibilities because I had received numerous complaints from Aviation Department employees that Annie Grimes was improperly creating requisitions, which created a backlog in procuring parts and hindered the operations of the Utilities section.

9. My decision in the first few months of 2008 to relieve Annie Grimes from working on requisitions in the ERP system did not in any way reduce Grimes' pay, salary or benefits. My decision did not change Annie Grimes' work location. There was no significant negative effect on Annie Grimes' classification, status or position as a result of my decision. My decision was not a demotion.

10. At the time I made the decision in 2008 to remove the ERP requisition assignment from the tasks that Annie Grimes was performing, I was not aware that Annie Grimes had filed an EEOC charge.

11. I have not been an employee of the County's Housing Agency nor did I work with Annie Grimes in the County's Housing Agency.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this 29<sup>th</sup> day of March, 2012.

  
MELVIN PAYNE

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

Case No. 10-23996-Civ-COOKE/TURNOFF

ANNIE L. GRIMES,

Plaintiff

vs.

MIAMI DADE COUNTY,

Defendant.

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**SUPPLEMENTAL SCHEDULING ORDER**

THIS CASE has been reassigned to me pursuant to Administrative Order 2012-16. All deadlines and requirements set forth in the Honorable Adalberto Jordan's Scheduling Order (ECF No. 38) shall remain in place except for the following changes:

1. **Trial Date and Calendar Call.** This case is set for trial on the Court's two-week trial period commencing **July 30, 2012, at 9:30 a.m.**, before the undersigned United States District Judge at the Federal Courthouse, Courtroom 11-2, 400 North Miami Avenue, Miami, Florida. Calendar Call shall be held on Wednesday, **July 25, 2012, at 3:00 p.m.**, at the same location. The case shall be assigned to the standard case management track.

2. **Pretrial Deadlines.** The remaining pretrial deadlines are as follows:

[June 20, 2012] (a) A Joint Pretrial Stipulation must be filed. The stipulation shall conform to Local Rule 16.1.E and include a joint, neutral summary of the claims and defenses in the case, not to exceed one short paragraph per litigant claim, to be read as an introduction for voir dire examination. The Court will not accept unilateral pretrial stipulations, and will strike sua sponte any such submissions. Should any of the parties fail to cooperate in the preparation of the joint pretrial stipulation, all other parties shall file a certification with the Court stating the circumstances. Upon receipt of such certification, the Court shall issue an order requiring the non-cooperating party or parties to show cause why such party or parties (and their respective attorneys) have failed to comply with the Court's order. A copy of the joint pretrial stipulation shall be delivered to chambers in Corel WordPerfect format at the time of filing via computer disk, or emailed to: [Cooke@flsd.uscourts.gov](mailto:Cooke@flsd.uscourts.gov)); and

(b) A Joint Summary of the Parties' Motion(s) *in Limine* must be filed. The joint summary shall contain a cover page providing the style of the case and an index of the motion(s) *in limine*. For each evidentiary issue, the joint summary must include: a one page argument identifying the evidence sought to be excluded or included at trial and citing legal authority supporting exclusion or inclusion; and a one page response to the argument citing legal authority in support of admission or exclusion of the disputed evidence. The parties shall work together to prepare the joint summary, and are encouraged to resolve evidentiary issues through stipulation. Motions *in limine* will not be accepted in any other form.

[July 20, 2012] (a) Final proposed jury instructions and verdict form must filed.<sup>1</sup> The parties shall submit a SINGLE, JOINT set of proposed jury instructions and verdict form, though the parties need not agree on the proposed language of each or any instruction or question on the verdict form. Where the parties do agree on a proposed instruction or question, that instruction or question shall be set forth in Times New Roman 14 point typeface. Instructions and questions proposed only by the plaintiff(s) to which the defendant(s) object shall be italicized. Instructions and questions proposed only the defendant(s) to which the plaintiff(s) object shall be bold-faced. Each jury instruction shall be typed on a separate sheet and must be supported by citations of authority. Each disputed jury instruction shall also state the basis for the objection(s) at the bottom of the sheet, before the citations of authority. In preparing their requested jury instructions, the parties shall utilize as a guide the Pattern Jury Instructions for Civil Cases approved by the United States Eleventh Circuit, including the Directions to Counsel contained therein. A copy of the proposed jury instructions and verdict form shall be delivered to chambers in Corel WordPerfect format at the time of filing via computer disk, or emailed to: [Cooke@flsd.uscourts.gov](mailto:Cooke@flsd.uscourts.gov));

(b) A trial witness list indicating each witness who will testify at trial, a one-sentence synopsis of the testimony, and in consultation with opposing counsel, indicate the amount of time needed for direct and cross examination;

(c) a list of witnesses with some identifying information (address or place of employment) to provide to jury; and

(d) Proposed Voir Dire questions specific to the case (general voir dire questions should not be included).

3. **Trial Instructions**. All exhibits must be pre-marked. The Plaintiff's exhibits shall be marked numerically preceded by the letter "P." Defendant's exhibits shall be marked numerically preceded by the letter "D." For example, Plaintiff's exhibit shall be marked P-1, P-2, P-3 etc. Likewise, Defendant's exhibit shall be marked D-1, D-2, D-3 etc. A typewritten exhibit list setting forth the number and letter, and description of each exhibit must be submitted at the time of trial.

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<sup>1</sup> If this action is to be set for a bench trial the Parties are directed to submit proposed findings of fact and conclusions of law in lieu of proposed jury instructions.

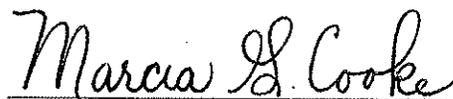
The parties shall submit said exhibit list on Form AO 187, which is available from the Clerk's office.

6. **Referral to Magistrate.** The above-styled action is referred to the Honorable William C. Turnoff, United States Magistrate Judge for the Southern District of Florida, for appropriate resolution of all non-dispositive pretrial matters, in accordance with 28 U.S.C. §§ 636(b)(1)(A) and (B). Motions in Limine and any motion affecting deadlines set by the Court's Scheduling Order are excluded from this referral, unless specifically referred by separate order. It shall be the responsibility of the respective parties in this case to note on all materials necessary to the resolution of the referred matters the name of Magistrate Judge Turnoff on the case number caption (i.e., Case No. 99-1234-CIV-COOKE/TURNOFF) and that courtesy copies of such materials shall be directed to his Chambers.

7. **Non-Compliance.** Non-compliance with any provision of this Order may subject the offending party to sanctions, including denial of the motion, dismissal of claims or striking of defenses. It is the duty of all counsel to enforce the timetable set forth herein in order to insure an expeditious resolution of this cause.

8. **Settlement.** If this case is settled, counsel are directed to inform the Court promptly by calling Chambers and submitting an appropriate order for dismissal within ten (10) days of notification of settlement to the Court, pursuant to Fed. R. Civ. P. 41(a)(1). The case will remain on the trial calendar until an order dismissing the action is entered by the Court.

**DONE and ORDERED** in chambers at Miami, Florida, this 12th day of April 2012.



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MARCIA G. COOKE  
United States District Judge

Copies furnished to:

*William C. Turnoff, U.S. Magistrate Judge  
Counsel of record*