



South Carolina
Department of Employment and Workforce



21741280

Please return to:

SC DEW
PO BOX 1477
COLUMBIA SC 29202
Fax: 803-737-0621

15580
DOT 4/28/22



Claimant's Name: SYDNEY A TYSON

Name Worked Under:

Employer's Account #: [REDACTED]

SS#: [REDACTED] Claimant ID [REDACTED]

Date Mailed: 05/23/2022

Return with in 10 days

of the above date to:

Fax Number: 803-737-0621

BYE: 05/20/2023

Employer's Name & Address:
GREENVILLE COUNTY COUNCIL
301 UNIVERSITY RIDGE STE 500
GREENVILLE SC 29601-3660

This person has filed a claim for Unemployment Insurance Benefits and named you as a previous employer. Please select the reason this person no longer works for you and answer the questions that follow so that a determination can be made on eligibility for benefits. If you reply by letter, fax, or email, you must include all information requested, as well as the claimant's name and social security number. For instructions about responding by email, please visit the agency website at www.dew.sc.gov. YOU WILL RECEIVE A DETERMINATION ON THIS CLAIM ONLY IF IT IS FOUND THAT YOU ARE THE BONA FIDE AND/OR CHARGEABLE EMPLOYER.

CLAIMANT'S Reason for Separation: UNKNOWN

SEPARATION INFORMATION: Please check the explanation below that applies and answer the questions that are related to that section.

LACK OF WORK: (NO ADDITIONAL WRITTEN EXPLANATION IS NECESSARY.)

DISCHARGE:

When was the claimant discharged?

4/28/2022

What was the reason for the discharge?

Violation of County Substance Abuse Policy
Disciplinary Action Attached

Does your company have a policy regarding this reason for discharge? Yes No
If Yes, what is your company policy?

Policy Attached

South Carolina
Department of Employment and Workforce

8582

Had the claimant been warned? Yes No

If Yes, provide dates, reasons for warnings, who gave the warnings, and how the warnings were communicated:
Please attach copies of any written warnings.



Date of the final incident:

What was the final incident that caused the discharge?

VOLUNTARY QUIT/OTHER REASON:

Did the claimant quit in lieu of termination? Yes No

If Yes, please complete the discharge portion of the form.

If No, why did the claimant quit?

Explain the employer's understanding of the reason the claimant left:

STILL WORKING:

What were the hours agreed upon when the claimant was hired to work and why were the hours reduced?

South Carolina
Department of Employment and Workforce

858

Has there been a reduction in the claimant hours worked? Yes No
If Yes, what are the hours the claimant is currently working?

Is the claimant accepting all work offered? Yes No

VACATION SHUTDOWN:

What are the dates of your company's vacation policy?

LAYOFF DUE TO CORONAVIRUS: (NO ADDITIONAL WRITTEN EXPLANATION IS NECESSARY.)

REDUCED HOURS DUE TO CORONAVIRUS: (NO ADDITIONAL WRITTEN EXPLANATION IS NECESSARY.)

OTHER SEPARATION DUE TO CORONAVIRUS:

Please explain below.

Information below required for all separations:

Dates of employment: From: 11/02/2020 To: 4/28/2022

During all terms of employment, have you paid this claimant as much as: \$2,608.00 Yes No
If No, how much have you paid this claimant in all terms of employment? \$ _____

Are you paying, or WILL YOU PAY, this claimant a pension or retirement pay? Yes No
If Yes, what amount? \$ _____ PER _____

Did claimant contribute to pension plan? Yes No If Yes, what percent? 9.75 %

Is claimant receiving any paid leave? Yes No

Employer name: GREENVILLE COUNTY COUNCIL Account number: 125663

Employer Signature: ** Rae Bresner

Title: Manager, Human Resources

Telephone Number: 864-2167-4156

Date: 10/01/2022

** FORM MUST BE SIGNED IN ORDER FOR INFORMATION TO BE CONSIDERED



**Department of Public Safety
Records Management Services Division**

**Jinny Moran, Captain
County Records Manager
jmoran@greenvillecounty.org
(864) 467-5211
www.greenvillecounty.org**

April 25, 2022

Sydney Tyson
341 Cornelison Drive
Greer, SC 29651

Dear Ms. Tyson:

This letter serves as notification that you are being placed on Administrative Leave without pay due to an ongoing investigation in which you are aware of the various concerns. You will be contacted at a later date regarding any follow up meeting or interviews.

Please contact me if you have any questions.

Sincerely,

Jinny Moran, Captain (e-signed)

Captain Jinny Moran
County Records Manager

CC: John E. Vandermosten, Assistant County Administrator
Personnel File

**RECEIVED
DATE
MAY 4 - 2022
Human
Resources**



Greenville County, SC
EMPLOYEE DISCIPLINARY ACTION FORM

Revised 2/2021

RECEIVED

DATE

MAY 4 - 2022

**Human
Resources**

Date of Notice 04/28/2022

Employee Information

Employee Name	Last <u>Tyson</u>	First <u>Sydney</u>	MI <u> </u>
Employee Number & Position Title	Number <u> </u>	Title <u>Records Specialist</u>	
Supervisor/Manager Name	Last <u>Moran</u>	First <u>Jenny</u>	MI <u> </u>

Department/Office & Division

Disciplinary Action Taken

<input type="checkbox"/> <u>Verbal Warning</u>	<input type="checkbox"/> <u>Written Warning</u>	<input type="checkbox"/> <u>Final Written Warning</u>
<input type="checkbox"/> <u>Administrative Leave/Suspension w/o Pay</u>	From <u> </u>	Through <u> </u>
<input checked="" type="checkbox"/> <u>Termination*</u>	Effective Date <u>04/28/2022</u>	*Schedule an exit interview with HR

Type of Violation Personnel Handbook 12.3.1

<input type="checkbox"/> Possession of unauthorized property.	<input type="checkbox"/> Failing to follow safety rules and regulations.
<input type="checkbox"/> Reporting to work under the influence of alcohol or drugs, or possession or use of alcoholic beverages, intoxicants of any kind, or illegal drugs on County premises or County work sites during County work hours.	<input type="checkbox"/> Insubordination to County supervisor or officials.
<input type="checkbox"/> Dishonesty and/or falsifying records.	<input type="checkbox"/> Unauthorized sleeping on the job.
<input type="checkbox"/> Possession of unauthorized firearms, dangerous weapons, explosives, etc. on County premises.	<input type="checkbox"/> Refusal to perform assigned duties or to obey work-related instructions.
<input type="checkbox"/> Obtaining or conveying, without proper authority, confidential information about County operations.	<input type="checkbox"/> Immoral or indecent conduct on County property.
<input type="checkbox"/> Your performance has been found unsatisfactory for the reason(s) set forth below.	<input type="checkbox"/> Harassment of employees and/or public.
<input type="checkbox"/> Failure to perform satisfactorily during the introductory period of employment.	<input type="checkbox"/> Conduct unbecoming a County employee.
<input type="checkbox"/> Failure to report to work for three consecutive working days without notifying the County of the circumstances.	<input type="checkbox"/> Misuse of County funds.
<input type="checkbox"/> Conviction of or plea of guilty or no contest to a charge of theft, violation of drug laws, sexual misconduct, offense involving moral turpitude or offense which, in the County's opinion, affects the County's reputation.	<input type="checkbox"/> Participation in any action that would in any way seriously disrupt or disturb the normal operation of the County or any segment of County government.
<input type="checkbox"/> Fighting on County property.	<input type="checkbox"/> Loss of any necessary license, certification or other job requirement.
<input type="checkbox"/> Gambling on County property.	<input type="checkbox"/> Loafing or neglecting work.
<input type="checkbox"/> Damage or destruction of County Property.	<input type="checkbox"/> Leaving job without permission.
	<input type="checkbox"/> Unauthorized, negligent, careless or improper use of County machines, tools, vehicles or equipment.
	<input type="checkbox"/> Unauthorized posting of materials or defacing materials on County bulletin boards.
	<input type="checkbox"/> Violation of no-solicitation/distribution policy.
	<input type="checkbox"/> Failing to report accidents or injuries or having excessive accident record.

Continued on next page

Type of Violation (Continued)

<input type="checkbox"/> Inefficiency or inability to perform required duties.	<input type="checkbox"/> Tardiness.
<input type="checkbox"/> Smoking in unauthorized areas.	<input type="checkbox"/> Failure to maintain satisfactory and harmonious working relationship with the public and employees.
<input type="checkbox"/> Failing to do acceptable quantity and/or quality work.	<input type="checkbox"/> Threats against an employee, including "joking" threats.
<input type="checkbox"/> Horseplay.	<input type="checkbox"/> Indecent exposure.
<input type="checkbox"/> Taking excessive or unauthorized breaks.	<input type="checkbox"/> Gross misconduct (defined in section 3.2.30).
<input type="checkbox"/> Waste of materials or supplies.	<input type="checkbox"/> Failure to perform supervisory or management responsibilities.
<input type="checkbox"/> Unauthorized starting or stopping work early.	<input checked="" type="checkbox"/> Other Violation Of County Substance Abuse Policy
<input type="checkbox"/> Unauthorized absence from work or excessive absences.	

Brief Description of Violation(s) (if applicable) (500 character limit)

On 11-22-21 you took a drug test by order of DSS. The results of this test showed you were positive for marijuana. During an internal investigation you provided a copy of this test to me. This positive test was a violation of the County Substance Policy. Your employment is being terminated immediately.

Expected Improvement (if applicable) (500 character limit)

On 2.0 PROHIBITED CONDUCT

d. Engaging in any illegal or unauthorized use of drugs at any time while on or off duty. This includes, but is not limited to, while an employee is on or off their work premises, as well as during the employee's meal and other break periods.

NOTE: Failure to remedy your infraction(s) and/or poor performance issues will lead to further disciplinary action, up to and including immediate termination of employment.

Grievance Rights

Regular employees (full-time or part-time) have the grievance process available to them. Please review section 12.4 of the Personnel Handbook that outlines the grievance procedures. Please note that specific time limits must be adhered to in order for a grievance to be considered. You may contact Human Resources should you have questions concerning the grievance process. An introductory or temporary employee does not have the right of grievance, appeal, or hearing.

Signatures

By my signature, I am not attesting that I agree or disagree with the content herein, but that I acknowledge receiving the information, reading it, and that I understand what it says.

Employee Signature

Sidney C. Jones

Date 04-28-22

Manager Signature

J. L. Smith

Date 4-28-22

Witness Signature (if applicable)

Date



South Carolina
Department of Employment and Workforce
RECEIVED
DATE
MAY 31 2022

21741280

857:

May 23, 2022

Human Resources

Claimant ID:

**ATTENTION: FAILURE TO RESPOND TIMELY OR ADEQUATELY TO DEW'S REQUEST
FOR INFORMATION MAY NEGATIVELY IMPACT YOUR UNEMPLOYMENT TAXES**

Request for Information from the Employer Forms Instructions

A claim for unemployment insurance was filed by an individual who has identified you as a previous employer.

If you would like to respond to this request electronically, you may do so by logging in to your SC DEW Employer Self Service portal at <https://scuihub.dew.sc.gov/ESS/> using your SC DEW account number, FEIN and PIN. You may also respond using the State Information Data Exchange Service (SIDES) e-response. To register for SIDES, go to <https://www.research.net/s/SCDEW-SIDES-Registration>. This will allow you to respond electronically to future requests for separation information, rather than on paper, by mail or fax. You are strongly urged to take advantage of the ability to respond electronically. The advantages include savings of time and money, reduced staff time and paperwork, and a standardized format for all information. Complete and accurate separation information is critical in making sound decisions on claims for unemployment insurance, which helps to keep tax rates as low as possible.

Specific questionnaires regarding the most common reasons for separation are enclosed. These are

Lack of Work – Work is not available (loss of job, long-term unemployment)

Lack of Work – Work is not available (layoff, furlough, etc.)
Discharge/Employer-initiated termination

Discharge/Fired – Employer initiated separation
Voluntary Quit – Claimant initiated separation

Voluntary Quit - Claimant initiated separation.
Still Working - Still employed.

Still Working – Still employed but working reduced hours.
Vacation Shutdown – The job is not available.

Vacation Shutdown – The claimant is not working per your Company's General/Other – See page 13.

General/Other – Separated

Layoff due to Coronavirus

Reduced hours due to Coronavirus

If this individual is a member of your household, check the box.

Please complete and return the form within 10 calendar days to ensure that a timely and accurate response is made.

If you believe this unemployment claim to be fraudulent and/or made in error, please notify SCDEW immediately. Notifications can be made on the SCDEW website through our Fraud Alert reporting tool (https://survey.dew.sc.gov/n_ReportUIFraud.aspx) or contacting us through our toll-free 1-800-333-1724.

South Carolina
Department of Employment and Workforce

8580



Last Transaction

Date	Time	Type	Station ID	Duration	Pages	Result
Digital Fax						
Jun 1,	3:38pm	Fax Sent	18037370621	9:38 N/A	21	OK



South Carolina
Department of Employment and Workforce

85:

Emailed
6/1/22



21741608

05/23/2022

4234 1 AB 0.458

P:4234 / T:14 / S: LQWRE

GREENVILLE COUNTY COUNCIL
301 UNIVERSITY RIDGE STE 500
GREENVILLE SC 29601-3660

SYDNEY A TYSON
Claimant SSN: [REDACTED]
Claimant ID: [REDACTED]



Lag Quarter Wage Request

Dear Employer:

SYDNEY A TYSON has filed for unemployment compensation and indicated that they were employed with your company from 11/05/2020 to 04/29/2022. The wage information we have on file does not fully cover the base period for this claim. Please use this document to provide us with the wage information for the quarter(s) listed below. This information is needed to satisfy the alternate base period provision of 41-27-150 of the SC Code of Laws. Please respond to this request within 10 business days from the mail date. Upon completion of this document, please return by fax to 803-737-2829.

Company Name: GREENVILLE COUNTY COUNCIL
DEW Employer Account Number: 125663

Dates of Employment from: 11/02/2020 to: 4/28/2022

Was the employment in the most recently completed quarter in South Carolina? YES NO
If not in SC, which state? _____

Quarter Ends:	Quarter Ends:	Quarter Ends:	Quarter Ends:
06/30/2021	09/30/2021	12/31/2021	03/31/2022
\$0.00	\$0.00	\$0.00	\$ 8,039.36
\$ 5,381.69	\$ 7,425.37	\$ 9,810.82	\$

Redetermination Unit

South Carolina Department of Employment and Workforce
Employer Representative

Signature: Ma. Brossier

Job Title: Manager, Human Resources

Phone number: (864) 467-7156

Fax number: (864) 467-4131

Email: lbrossier@greenvillencounty.org

Date: 6/10/2022

MEMBER CHANGE OF ADDRESS
SC Budget and Control Board
South Carolina Retirement Systems
P.O. Box 11960, Columbia, SC 29211-1960

SOCIAL SECURITY NUMBER: [REDACTED]

LAST NAME & SUFFIX:

Tyson

FIRST/MIDDLE NAME:

Sydney

SELECT ONE OF THE FOLLOWING:

ACTIVE MEMBER (You are currently employed by a covered employer)
 INACTIVE MEMBER (You are NOT currently employed by a covered employer)
 ANNUITANT (You are currently receiving monthly checks from the Retirement Systems)

PREVIOUS ADDRESS

ADDRESS: [REDACTED]

PHONE NUMBER: [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP CODE: [REDACTED]

NEW ADDRESS

ADDRESS: [REDACTED]

PHONE NUMBER: [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP CODE: [REDACTED]

Sydney Tyson
Member Signature

03/28/22
Date

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND
DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE
SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

For more information, please contact Customer Services at 803-737-6800, 800-868-9002 (within SC only), or www.retirement.sc.gov.


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Employee Identification

Employee *		SSN 	Last Name TYSON	First Name SYDNEY	Middle Name ALEXANDRA
------------	---	--	--------------------	----------------------	--------------------------

[MAIN](#) [OTHER](#)

Action Information

Effective Date *	04/25/2022 	Last Date Worked	04/24/2022 
Action Code *	L100 - LEAVE	User	AFarrell
Reason/Auth	L02 - ADMINISTRATIVE LEAVE-NO PAY	Entry Date	04/26/2022
Supporting Action		Entry Time	10:08:11
On/Off Boarding Code	<input checked="" type="checkbox"/> Create Action History Record <input type="checkbox"/> Employee Initiated <input type="checkbox"/> Create Employee Task Lists	<input type="checkbox"/> Checklist <input type="checkbox"/> Notes <input type="checkbox"/> ESS Comments	
Action Category	L LEAVE		
Action Number	11650 		
Approval Date			
Status	X - IN PROGRESS		

Comment

ONGOING ADMINISTRATIVE INVESTIGATION

Electronic File Path

Workflow

[My Approvals](#) [Approve](#) [Reject](#) [Hold](#) [Forward](#) [Approvers](#)



**Department of Public Safety
Records Management Services Division**

**Jinny Moran, Captain
County Records Manager
jmoran@greenvillecounty.org
(864) 467-5211
www.greenvillecounty.org**

April 25, 2022

Sydney Tyson
341 Cornelison Drive
Greer, SC 29651

Dear Ms. Tyson:

This letter serves as notification that you are being placed on Administrative Leave without pay due to an ongoing investigation in which you are aware of the various concerns. You will be contacted at a later date regarding any follow up meeting or interviews.

Please contact me if you have any questions.

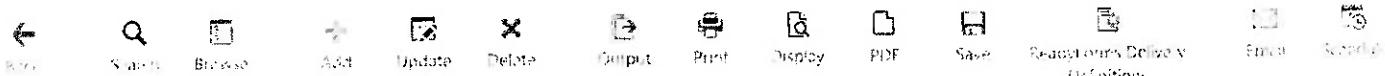
Sincerely,

Jinny Moran, Captain (e-signed)

Captain Jinny Moran
County Records Manager

CC: John E. Vandermosten, Assistant County Administrator
Personnel File

**RECEIVED
DATE
MAY 4 - 2022
Human
Resources**



Employee Identification

Employee *	SSN	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	TYSON	SYDNEY	ALEXANDRA

[MAIN](#) [OTHER](#)

Action Information

Effective Date *	04/28/2022	Last Date Worked	04/24/2022
Action Code *	T100 - TERMINATE	User	HWood
Reason/Auth	T12 - WITH CAUSE NO-REHIRE NO-VACA	Entry Date	04/28/2022
Supporting Action		Entry Time	16:56:59
On/Off Boarding Code			<input type="checkbox"/> Checklist <input type="checkbox"/> Notes <input type="checkbox"/> ESS Comments
Action Category	T TERMINATE		
Action Number	11714		
Approval Date			
Status	X - IN PROGRESS		

Comment

Electronic File Path

Workflow

[My Approvals](#) [Approve](#) [Reject](#) [Hold](#) [Forward](#) [Approvers](#)




Greenville County, SC
EMPLOYEE DISCIPLINARY ACTION FORM

Revised 2/2021

RECEIVED

BRT

MAY 4 - 2022

**Human
Resources**

Date of Notice 04/28/2022

Employee Information

Employee Name Last Tyson First Sydney MI _____

Employee Number & Position Title Number ██████████ Title Records Specialist

Supervisor/Manager Name Last Moran First Jenny MI _____

Department/Office & Division _____

Disciplinary Action Taken

Verbal Warning Written Warning Final Written Warning _____

Administrative Leave/Suspension w/o Pay From _____ Through _____

Termination* Effective Date 04/28/2022 _____

*Schedule an exit interview with HR

Type of Violation Personnel Handbook 12.3.1

- Possession of unauthorized property.
- Reporting to work under the influence of alcohol or drugs, or possession or use of alcoholic beverages, intoxicants of any kind, or illegal drugs on County premises or County work sites during County work hours.
- Dishonesty and/or falsifying records.
- Possession of unauthorized firearms, dangerous weapons, explosives, etc. on County premises.
- Obtaining or conveying, without proper authority, confidential information about County operations.
- Your performance has been found unsatisfactory for the reason(s) set forth below.
- Failure to perform satisfactorily during the introductory period of employment.
- Failure to report to work for three consecutive working days without notifying the County of the circumstances.
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- Violation of no-solicitation/distribution policy.
- Failing to report accidents or injuries or having excessive accident record.

Continued on next page

Type of Violation (Continued)

- Inefficiency or inability to perform required duties.
- Smoking in unauthorized areas.
- Failing to do acceptable quantity and/or quality work.
- Horseplay.
- Taking excessive or unauthorized breaks.
- Waste of materials or supplies.
- Unauthorized starting or stopping work early.
- Unauthorized absence from work or excessive absences.
- Tardiness.
- Failure to maintain satisfactory and harmonious working relationship with the public and employees.
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- Other Violation Of County Substance Abuse Policy

Brief Description of Violation(s) (if applicable) (500 character limit)

On 11-22-21 you took a drug test by order of DSS. The results of this test showed you were positive for marijuana. During an internal investigation you provided a copy of this test to me. This positive test was a violation of the County Substance Policy. Your employment is being terminated immediately.

Expected Improvement (if applicable) (500 character limit)

On 2.0 PROHIBITED CONDUCT

d. Engaging in any illegal or unauthorized use of drugs at any time while on or off duty. This includes, but is not limited to, while an employee is on or off their work premises, as well as during the employee's meal and other break periods.

NOTE: Failure to remedy your infraction(s) and/or poor performance issues will lead to further disciplinary action, up to and including immediate termination of employment.

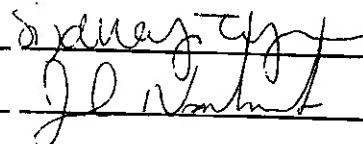
Grievance Rights

Regular employees (full-time or part-time) have the grievance process available to them. Please review section 12.4 of the Personnel Handbook that outlines the grievance procedures. Please note that specific time limits must be adhered to in order for a grievance to be considered. You may contact Human Resources should you have questions concerning the grievance process. An introductory or temporary employee does not have the right of grievance, appeal, or hearing.

Signatures

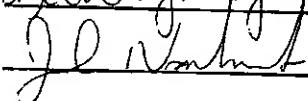
By my signature, I am not attesting that I agree or disagree with the content herein, but that I acknowledge receiving the information, reading it, and that I understand what it says.

Employee Signature



Date 04-28-22

Manager Signature



Date 4-28-22

Witness Signature (if applicable)

Date _____



COUNTY OF GREENVILLE HUMAN RESOURCES
301 University Ridge, Suite 500
Greenville, SC 29601
Phone: 864-467-7150 Fax: 864-467-7051

RECEIVED

DATE

MAR 30 2022

Human
Resources

CC

NAME/ADDRESS CHANGE FORM

DATE: 03/28/22

EMPLOYEE NUMBER: [REDACTED]

DEPARTMENT: Police Records

INFORMATION CURRENTLY ON FILE

NAME: Sydney Tyson

ADDRESS: [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

NEW INFORMATION TO UPDATE FILE

NAME: Sydney Tyson

ADDRESS: [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

COMMENTS: [REDACTED]

PLEASE NOTE: This form only changes your name/address in your personnel record and payroll record. You will need to fill out other forms to change information for your health insurance and retirement. The retirement form is available on the Intranet under Retirement System. The insurance forms are available in Human Resources (County Square, Suite 500).

Revised 3/2020



**Greenville
County**

REGULAR EMPLOYEE

RECEIVED

DATE

NOV 2 2021

**Human
Resources**

Employee Name: **TYSON, SYDNEY A**
Department: **4100**
Classification Band: **HH**
Period Reviewed: **11/02/2020 - 11/02/2021**
Evaluation Type: **Anniversary**

Employee Number: **[REDACTED]**
Position Title: **ADMIN SUPPORT SPECIALIST
PSH**
Effective Date of Evaluation: **11/15/2021**

MAJOR POSITION RESPONSIBILITIES					
Knowledge of policies, procedures and applicable laws in managing and storage of department and County Government records (filing, sorting, retention, purges) as related to assigned duties.	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to process various records regarding the receipt, data entry, review, scan, indexing and quality assurance of law enforcement and detention documents and records as related to assigned duties.	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Effectively communicates and responds to requests from the general public and various local, state and federal agencies.	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ability to utilize necessary skills in the operation of various types of office equipment and numerous law enforcement, detention and county computer applications; to include state and FBI/NCIC computer systems	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to use expertise and follow established policy and regulations when processing court ordered expungements, copy over, research of court records, NCIC validation, assisting with SLED / FBI NCIC audits, stolen and recovered property validation, RTA review, ID Pack processing, Archives Storage, Juvenile Records management, and assist with training new employees as related to assigned duties.	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PERFORMANCE FACTORS					

Position Expertise Effectiveness with which the employee applies professional/managerial/technical and/or non-technical skills and knowledge to the job. (Competency and Technical Skills)	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sydney has done a terrific job learning the various tasks assigned to the Police Counter. Sydney's effectiveness will continue to grow as her knowledge of assigned job duties increase.
Approach To Work Characteristics the employee demonstrates while performing job assignments including creativity, flexibility, initiative, accountability, planning and organization, time management, ethical behavior, process improvement, and/or professional development.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sydney arrives ready to work with a positive attitude and stays on task. She does well with time management, maintaining her workload and excels at multi-tasking.
Quantity of Work Employee's success in producing the required amount of work including priority setting, productivity, and timeliness.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sydney's quantity of work has increased as she becomes more knowledgeable in SCIBRS coding. Sydney strives to increase her data entry speed while maintaining a low error rate. This appraiser commends Sydney on processing more complex reports to further her knowledge of data entry.
Quality of Work Manner in which the employee completes job assignments including accuracy, responsiveness, follow-through, reliability, and compliance assurance.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sydney's quality of work has improved and will often process more complex reports with minimal errors. She is eager to learn and asks engaging questions to better understand SCIBRS coding. Good job, Sydney!
Decision Making/Policy Compliance Manner in which the employee reviews all facts objectively before decisions are made; proposes creative solutions when needed/appropriate; fully evaluates options and outcomes before making a judgment. Decisions are made accurately and decisively. Follows department and organization policies, procedures, and regulations.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sydney exhibits good decision making skills and communicates those decisions clearly. She will refer to available resources or request assistance from this appraiser when making decisions regarding SCIBRS coding.
Communication Skills The extent to which employee is able to present thoughts and ideas clearly, logically, tactfully, professionally, verbally, and in writing across all levels of the organization. Employee is effective in keeping his/her manager and others updated regarding work assignments and information.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sydney is professional and polite when communicating in person or via email. She can be discreet and is always professional in her responses.
Interpersonal Skills Effectiveness of the employee to establish and maintain effective and productive interactions and working relationships with members of management, peers, as well as internal and external customers. Measures employee's development and maintenance of positive and constructive internal/external relationships. Consideration should be given to the employee's demonstrated willingness to function as a team player, give and receive constructive criticism, accept supervision, resolve conflicts, recognize needs and sensitivities of others, and treat others in a fair and equitable manner.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sydney's team skills are excellent. She has established good working relationships with her co-workers and is always willing to assist them.

Customer Service The extent to which the employee is responsive to external and internal customers; timely action; seeks to understand customer's needs; creates possibilities (can do attitude); offers alternatives; values and seeks customer input; promotes the philosophy that the customers are the most important asset; shows flexibility to meet customer needs; values diversity; demonstrates ability to handle several tasks at one time.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sydney's customer service skills are outstanding! She is courteous and professional while assisting customers at the police counter. Sydney does very well at prioritizing assigned job duties.
Attendance/Punctuality The extent to which the employee can be depended upon to be available for work and to fulfill position responsibilities. Reports to work on time, communicates schedule changes promptly to supervisor, and maintains regular attendance.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sydney's attendance is very good. She transitioned from part time to full time in August of this year. Sydney was absent a total of 8 hours for sick time. Sydney needs to be mindful of her leave balances and to properly communicate schedule changes. Her punctuality is outstanding!
Safety Consciousness/Crisis Action Demonstrates proficiency in evaluating and appropriately responding to potential or actual unsafe conditions. Follows safety rules and demonstrates safe work practices. Exhibits good safety/security practices during both routine and stressful operations and potentially hazardous situations. Follows specific supervisory directives regarding safety/security measures. Works effectively under pressure, such as heavy workloads or deadline situations; productivity remains consistent with given conditions.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney adheres to all security policies and performs her assigned job duties safely.
Overall Rating	3.800	Exceeds Expectations

Rating Scale

1.0 - 1.599: Unsatisfactory Performance
1.6 - 2.599: Needs Improvement
2.6 - 3.599: Meets Expectations
3.6 - 4.599: Exceeds Expectations
4.6 - 5.000: Exceptional Performance

OVERALL PERFORMANCE SUMMARY BY EVALUATOR

Sydney transitioned from part time to full time on August 23, 2021. She is a very polite and professional employee. Sydney has excellent customer service skills and has done well in establishing good working relationships with customers and co-workers. Sydney's quantity and quality of work has improved by continuing to process incidents reports with minimal errors, accident reports, and Jury Lists. She is commended by this appraiser for focusing on complex reports to enhance knowledge on SCIBRS coding. Sydney has very good attendance and excellent punctuality. Her professionalism, positive attitude, and enthusiasm towards assigned job duties are an asset to this appraiser and the Records Division.

CAREER DEVELOPMENT GOALS

Data Entry - increase your data entry speed while maintaining a minimal error rate.
Data Entry - continue to focus on processing more difficult incident reports.
NCIC - continue to do NCIC entries, modifications, inquiries, and cancellations when necessary.
Quality Assurance - begin to participate in quality assurance projects as related to data entry and SCIBRS coding.
Attendance - be mindful of leave balances, properly communicate schedule changes, and how attendance affects job performance.

REVIEWER COMMENTS

FARRELL, ARLENE: I agree with the evaluator's ratings and comments. Sydney's data entry skills continue to grow and her eagerness to process more complex reports is admirable. Her attention to detail and research skills are a valuable asset when processing jury lists. Sydney's customer service is always professional and prompt.

MORAN, VIRGINIA G: I agree with the ratings and summary comments. Sydney has many positive traits and a skill set that is exceptional in completing job tasks. She is commended for her effort on training and comprehension of report processing and data entry. Your hard work is very much appreciated.

Evaluator's Name: WITHERSPOON, CINDY D

Evaluator's Signature: Cindyleighspoon

Date Evaluation Meeting Conducted: 10/27/21

Dates Counselor During This Reporting Period:

Date	Supervisor Initial	Date	Supervisor Initial	Date	Supervisor Initial	Date	Supervisor Initial
<input checked="" type="checkbox"/> I DO	I DO NOT	agree with my rating:	<u>Sydney</u> Employee Signature	10/27/21			

EMPLOYEE COMMENTS

Reviewer

Date

Reviewer

Date

Employee Initials

RETIREMENT PLAN ENROLLMENT
S.C. Public Employee Benefit Authority
Retirement Benefits
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960

Print or type in black ink

Please read the instructions on Page 2 before completing this form.

ACTION REQUESTED (Check One):

NEW ENROLLEE (First-time membership)
 OPEN ENROLLMENT (Irrevocable election from State ORP)
 CHANGE OF EMPLOYER (Transfer)/**DUAL EMPLOYMENT**
 CHANGE OF INFORMATION

Name (Prior Name): _____
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)
 Address
 SSN (Old Number): _____
 Date of Birth: _____

SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)

1. Last Name & Suffix Tyson	2. First/ Middle Name Sydney	3. Social Security Number [REDACTED]	4. Date of Birth [REDACTED]	5. Email Address [REDACTED]
6. Gender <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female	7. Date of Birth [REDACTED]	8. Gender [REDACTED]	9. Date of Birth [REDACTED]	10. Email Address [REDACTED]
12. Have you ever participated in a retirement system?		13. If item 12 is "Yes", indicate the name(s) of your former employer: Did you withdraw your contributions? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
14. Do you currently have a pending refund request?		15. Are you now receiving or have you applied to receive a monthly benefit from any of PEBA's retirement systems? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Application in Process		
16. Retirement Plan Election (CHOOSE ONE) <input checked="" type="checkbox"/> SCRS <input type="checkbox"/> PORS (See Instructions) <input type="checkbox"/> State ORP (If State ORP, please complete item 17.) <input type="checkbox"/> JSRS (Judge, Solicitor, Circuit Public Defender, or Administrative Law Court)		17. Select State ORP Vendor <input type="checkbox"/> MassMutual <input type="checkbox"/> MetLife <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> VALIC		

18. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), or individuals first elected to the S.C. General Assembly in and after November 2012, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State Optional Retirement Program (State ORP). The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until PEBA receives from me a properly executed beneficiary form.

My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 16 above.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE PUBLIC EMPLOYEE BENEFIT AUTHORITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee's Signature Sydney Tyson Date 08/23/21 Witness _____
(Required only when signed by mail)

SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)

19. Employer Code	20. Employer Name	21. Please indicate if you are the employee's primary or secondary employer. <input type="checkbox"/> Primary Employer <input checked="" type="checkbox"/> Secondary Employer		
22. Original Date of Hire with Employer listed in Items 19-20		23. Date of Membership	24. Employee's Position Title	25. Employee's Annual Salary
26. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.				
Employer Signature _____			Date _____	
Work Telephone _____				

For more information, please contact Customer Services at 803-737-6800, 800-868-9002 (within S.C. only), or www.retirement.sc.gov

ACTIVE MEMBER BENEFICIARY FORM

**BENEFICIARY DESIGNATION, CONTINGENT BENEFICIARY FOR
ACTIVE MEMBERS ONLY. RETIREES USE FORM 7201**

Print or type in black ink

Please read the instructions on the
reverse (Page 2) before completing
this form.

SC Public Employee Benefit Authority
South Carolina Retirement Systems
P.O. Box 11960, Columbia, SC 29211-1960

Use for designation of active member beneficiaries and contingent beneficiaries. You
may wish to consult with an attorney/estate planner before completing this form.

CHECK ONE:

New Enrollee
 Change of Beneficiary

Retirement System (check one)

SCRS PORS
 GARS JSRS

Section I

PERSONAL INFORMATION

1. Last Name & Suffix Tyson	2. First/Middle Name Sydney Alayandra	3. Social Security Number [REDACTED]
4. Date of Birth [REDACTED]	5. Address [REDACTED]	7. State [REDACTED]
6. City [REDACTED]		8. ZIP [REDACTED]

ALL SECTIONS MUST BE COMPLETED

Section II-A BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following
PRIMARY beneficiary(ies) to receive my Retirement Systems refund of contributions or survivor benefits if eligible.

1. Name of Beneficiary (ONE PERSON) [REDACTED]	Social Security # [REDACTED]	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship [REDACTED]
2. Name of Beneficiary (ONE PERSON) [REDACTED]	Social Security # [REDACTED]	Sex <input type="checkbox"/> M- <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship [REDACTED]
3. Name of Beneficiary (ONE PERSON) [REDACTED]	Social Security # [REDACTED]	Sex <input type="checkbox"/> M- <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship [REDACTED]

Contingent Beneficiaries Have No Rights Unless All Primary Beneficiaries Have Died - I designate the following CONTINGENT beneficiary(ies) to receive my
Section II-B Retirement Systems refund of contributions or applicable survivor benefits. If the contingent beneficiary designation below is blank all previous contingent
beneficiaries will be revoked and your estate will become your contingent beneficiary.

1. Name of Beneficiary (ONE PERSON) [REDACTED]	Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship [REDACTED]
2. Name of Beneficiary (ONE PERSON) [REDACTED]	Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship [REDACTED]
3. Name of Beneficiary (ONE PERSON) [REDACTED]	Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship [REDACTED]

Section III BENEFICIARY(IES) FOR INCIDENTAL DEATH BENEFIT (You may not designate contingent beneficiaries for the Incidental Death
Benefit). I designate the following beneficiary(ies) to receive my Retirement Systems' Incidental Death Benefit:

1. Name of Beneficiary (ONE PERSON) [REDACTED]	Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship [REDACTED]
2. Name of Beneficiary (ONE PERSON) [REDACTED]	Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship [REDACTED]
3. Name of Beneficiary (ONE PERSON) [REDACTED]	Social Security # [REDACTED]	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth [REDACTED]	Relationship [REDACTED]

Section IV

CERTIFICATION AND CONDITIONS

IMPORTANT: Please read the Certification and Conditions sections of the instructions on the reverse (Page 2) before signing this form. I hereby certify I
have read and understand the information on the reverse (Page 2), including the certification and conditions, and I agree to the provisions stated.

MEMBER'S SIGNATURE Sydney Tyson WITNESS _____
(Do not print) (Required only when signed by mark)

STATE OF South Carolina COUNTY OF Greenville

Acknowledged before me this date 8/23/2021 NOTARY NAME Patricia Hudson

My Commission Expires 01/13/2025 NOTARY SIGNATURE Patricia Hudson
(Out of state, requires Seal)

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A
CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS
RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

COUNTY OF GREENVILLE
ACKNOWLEDGEMENT BY EMPLOYEE
OF RECEIPT OF HANDBOOK AND DISCLAIMER OF CONTRACT

DISCLAIMER

THIS HANDBOOK IS INTENDED TO SUMMARIZE DESIGNATED POLICIES, PROCEDURES AND PRACTICES OF THE COUNTY OF GREENVILLE. THE EMPLOYEE IS ADVISED THAT BECAUSE CONDITIONS AND CONSIDERATIONS MAY CHANGE FROM TIME TO TIME, THE COUNTY OF GREENVILLE RESERVES THE RIGHT TO MODIFY, AMEND, ELIMINATE OR DEVIATE FROM ANY OR ALL OF ITS POLICIES, PROCEDURES AND PRACTICES IN ITS SOLE DISCRETION AS IT MAY CONSIDER APPROPRIATE FOR ITS PURPOSES. THIS HANDBOOK SUPERCEDES AND REPLACES ANY PRIOR HANDBOOK OR RULES WHICH ARE HEREBY REVOKED, AND DECLARED NULL AND VOID.

ALL EMPLOYEES ARE FURTHER ADVISED THAT THIS HANDBOOK IS NOT A CONTRACT OF EMPLOYMENT. THE EMPLOYMENT RELATIONSHIP BETWEEN THE COUNTY OF GREENVILLE AND ITS EMPLOYEES IS AT-WILL AND VOLUNTARY. THIS MEANS THAT EITHER THE COUNTY OF GREENVILLE OR AN EMPLOYEE CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT-WILL AND AT ANY TIME WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. THE EMPLOYMENT-AT-WILL STATUS OF EACH EMPLOYEE CANNOT BE ALTERED BY ANY ORAL STATEMENT OR REPRESENTATION, BUT CAN ONLY BE CHANGED BY A WRITTEN CONTRACT, WHICH MUST BE SIGNED BY THE COUNTY COUNCIL CHAIRPERSON AND ADMINISTRATOR OF THE COUNTY OF GREENVILLE.

ACKNOWLEDGEMENT

MY SIGNATURE BELOW ACKNOWLEDGES RECEIPT OF THE NEW HANDBOOK WHICH TAKES EFFECT IMMEDIATELY. I HAVE READ THE DISCLAIMER WRITTEN ABOVE AND I UNDERSTAND AND ACKNOWLEDGE THAT THE HANDBOOK IS NOT AN EMPLOYMENT CONTRACT. I KNOW THAT MY EMPLOYMENT IS "AT-WILL" AND VOLUNTARY AS DESCRIBED ABOVE.

Sydney Tyson
EMPLOYEE'S SIGNATURE

08/23/21
DATE

Sydney P. Tyson
PRINT NAME

INSTRUCTIONS: This form is to be signed and submitted to Human Resources, Suite 500.

Pending Employee Job/Salary [Greenville County]

L

Back Search Browse Add Update Delete Output Print Display PDF Save Excel Word Email Schedule Attach Duplicate Text Recalc Reset Pay Mid-Year View History Reset

Employee Identification

Employee ' SSN Last Name TYSN

First Name SYDNEY
 MI A Suffix
 Status A - ACTIVE

MAIN CYCLES/OTHER

Job Class ' 2047 ... ADMIN SUPPORT SPECIALIST PSH

Summary Job Class Position ' 10820 ... ADMIN SUP SPEC PSH

Pay Type ' 105 ... HOURLY NON EXEMPT

Effective Date ' 08/23/2021

Primary Job/Position

NEXT CHANGE

CIVIL SERVICE

Job Class ' 2047 ... ADMIN SUPPORT SPECIALIST PSH

Summary Job Class Position ' 10820 ... ADMIN SUP SPEC PSH

Pay Type ' 105 ... HOURLY NON EXEMPT

Effective Date ' 08/23/2021

Primary Job/Position

CIVIL SERVICE

Job Class ' 2047 ... ADMIN SUPPORT SPECIALIST PSH

Summary Job Class Position ' 10820 ... ADMIN SUP SPEC PSH

Pay Type ' 105 ... HOURLY NON EXEMPT

Effective Date ' 08/23/2021

Primary Job/Position

Position Start/End

Location ' 4100 - RECORDS

Group/BU ' 2000 - PUBLIC SAFETY

Status ' 10 - FULL TIME

Risk Code ' 8810 ... CLERICAL OFFICE EMPLOYEES NOC

Pay Start/End ' 08/23/2021

Pay Freq ' B - BIWEEKLY

Grade/Step ' HH ... /

Allocation ' 0 ... HH 2080

Allocation Detail

PA Type Project String

Org 104100 Object 51010 Project 4100 Loc Grant

Amount 131928 Hours 80.00 Percent 100.000000

Pay Amounts

FTE % ' 1.0000

Hourly Rate 16.4910

Daily Rate 131.9280

Period Pay 1,319.28

Annual Pay 34,301.28

Remaining .00

34,301.28

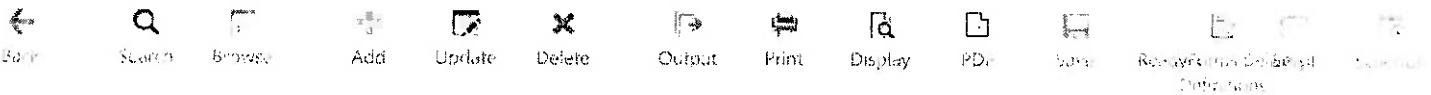
PT-FT

Employee Identification		Address		Demographics		Payroll		Mail Sort		Last Change		User Defined		Benefit Types		Org Chart					
Employee	SSN	Line 1	Line 2	City, State, Zip	Country	County	City Code	Email	Alt Email	Prior Name	FOIA exempt	Supervisor	Spouse	Text Opt-In	Note	Unlisted	First Name	Middle Name	Mi	Suffix	Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
																SYDNEY	ALEXANDRA	A		A - ACTIVE	

Additional Information

Addresses Dependents Benefits Contacts

Personnel Action Entry [Greenville County]



Employee Identification

Employee *	5901	Last Name	TYSON	First Name	SYDNEY	Middle Name	ALEXANDRA
------------	------	-----------	-------	------------	--------	-------------	-----------

[MAIN](#) [OTHER](#)

Action Information

Effective Date *	08/23/2021	Last Date Worked *	
Action Code *	O100 - OTHER	User	AFarrell
Previous Auth	O02 - TRANSFER TO FULLTIME	Entry Date	08/12/2021
Supporting Action		Entry Time	14:31:21
On-Off Boarding Code	<input checked="" type="checkbox"/> Create Action History Record <input type="checkbox"/> Employee Initiated <input type="checkbox"/> Create Employee Task Lists	<input type="checkbox"/> Checklist	
Action Category	<input type="radio"/> OTHER 6901	<input type="checkbox"/> Notes	
Action Number		<input type="checkbox"/> ESS Comment	
Approval Date			
Status	X - IN PROGRESS		

Comments

FROM PART TIME TO FULL TIME/ NO SALARY CHANGE

Electronic File Path

Workflow

[My Approvals](#) [Approve](#) [Reject](#) [Hold](#) [Forward](#) [Approvers](#)



Department of Public Safety
Records Management Services Division

Jinny Moran, Captain
County Records Manager
jmoran@greenvillecounty.org
(864) 467-5211
www.greenvillecounty.org

J

MEMORANDUM

DATE: August 9, 2021
TO: John Vandermosten, Interim Assistant County Administrator
FROM: Arlene Farrell, Records Supervisor 
Re: Sydney Tyson (Status Change – PT Regular to FTE)

We recently advertised for a FT - Administrative Support Specialist for second (2nd) shift. We have selected Ms. Sydney Tyson who is currently a part time regular employee in Records. She recently completed her introductory period in May 2021.

Ms. Tyson already knows how to do 80 percent of the job duties while proving to be a valued team member on Second Shift. She is eager to learn and continues to advance her skill set and knowledge of law enforcement report processing. Sydney has excellent customer service skills and is already NCIC Full Function Certified.

She is to begin her new FT position on Monday, August 23. 2021. Her hourly rate will remain the same.

Cc: Captain Jinny Moran

14son, Sydney

PAGE ONE

Equal Opportunity

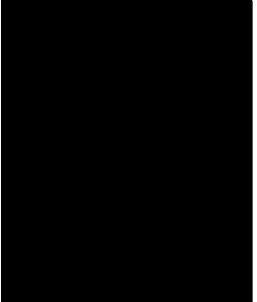
THIS APPLICATION IS NOT A CONTRACT. THE EMPLOYMENT RELATIONSHIP BETWEEN THE COUNTY OF GREENVILLE AND ITS EMPLOYEES IS AT-WILL AND VOLUNTARY. THIS MEANS THAT EITHER THE COUNTY OF GREENVILLE OR AN EMPLOYEE CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT-WILL AND AT ANY TIME WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. THE EMPLOYMENT AT-WILL STATUS OF EACH EMPLOYEE CANNOT BE ALTERED BY ANY ORAL STATEMENT OR REPRESENTATION, BUT CAN ONLY BE CHANGED BY A WRITTEN CONTRACT, WHICH MUST BE SIGNED BY THE COUNTY COUNCIL CHAIRPERSON AND ADMINISTRATOR OF THE COUNTY OF GREENVILLE.

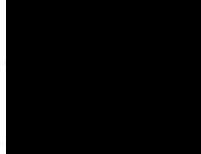
Personal Information

Last Name: **TYSON**

First Name: **SYDNEY**

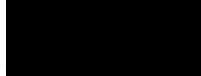
Middle Name: **A**

Address Line 1: 

Address Line 2: 

City: 

State: 

Zip Code: 

Primary Phone: 

Additional Phone: 

E-mail: 

PAGE TWO

Employment Eligibility

Are you at least 18 years of age? Yes

Are you eligible for work in the US? Yes

Have you ever been discharged or asked to resign from a job? No

If yes, please explain: N/A

Have you ever been convicted of a felony or other crime other than a minor traffic accident? No

If yes, please explain (include Date, Where Convicted, Nature of Charge, and Disposition): N/A

Availability

Available Start Date: 08/02/2021

Have you previously worked for Greenville County? Yes

How did you hear about this job? GREENVILLE COUNTY WEBSITE

PAGE THREE

PAGE FOUR

Education

Please complete for every degree you have earned:

Degree Completed: **BACHELORS**

Graduation Date (or expected completion date): **12/17/2018**

Area of Study: **LAW**

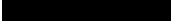
EDUCATIONAL INSTITUTION (choose Other if not listed): **UNIVERSITY OF SOUTH CAROLINA UPSTATE**

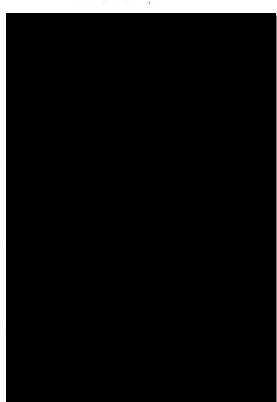
Additional Comments (indicate Institution if not in list): **CRIMINAL JUSTICE**

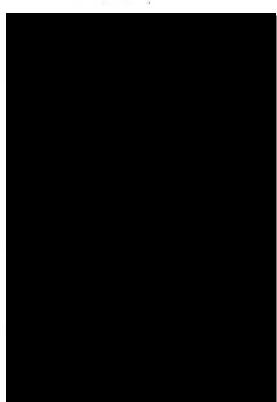
PAGE FIVE

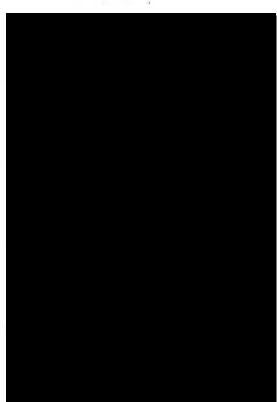
Employment History

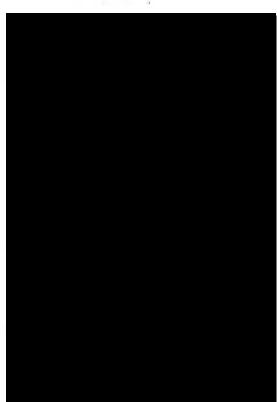
Company Name: **SITEL**

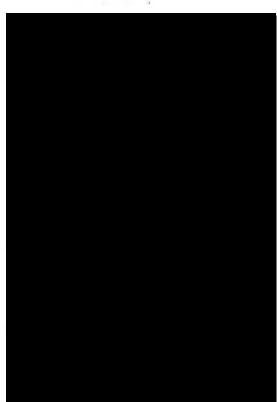
Telephone: 

Address Line 1: 

Address Line 2: 

City: 

State: 

Zip Code: 

Start Date: **03/10/2017**

End Date:

10/02/2017

Position Title

INSURANCE SPECIALIST

Reason for Leaving:

CHANGE IN CAREER

Supervisor Name:

Supervisor Telephone:

May we contact this person?

Yes

Comments:

N/A

Employment History

Company Name:

HARRIS TEETER

Telephone:

7048411810

Address Line 1:

3100 WEDDINGTON ROAD

Address Line 2:

City:

MATTHEWS

State:

NORTH CAROLINA

Zip Code:

28105

Start Date:

07/10/2012

End Date:

10/31/2014

Position Title

CUSTOMER SERVICE REPRESENTATIVE

Reason for Leaving:

RELOCATION

Supervisor Name:

Supervisor Telephone:

May we contact this person?

Yes

Comments:

N/A

Employment History

Company Name:

CAROLINA ADVENTURE WORLD

Telephone:

8034823534

Address Line 1:

1515 ARROWHEAD ROAD

Address Line 2:

City:

WINNSBORO

State:

SOUTH CAROLINA

Zip Code:

29180

Start Date:

04/16/2009

End Date:

10/31/2015

Position Title:

ASSISTANT MANAGER

Reason for Leaving:

RELOCATION

Supervisor Name:

Supervisor Telephone:

May we contact this person?

Yes

Comments:

N/A

Employment History

Company Name:

PINNACLE COATING AND CONVERTING

Telephone:

8645748400

Address Line 1:

212 NATIONAL AVE

Address Line 2:

City:

SPARTANBURG

State:

SOUTH CAROLINA

Zip Code:

29303

Start Date:

11/24/2017

End Date:

07/17/2018

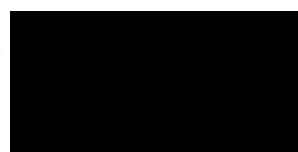
Position Title:

ADMINISTRATIVE ASSISTANT

Reason for Leaving:

CONTINUING EDUCATION

Supervisor Name:



Supervisor Telephone:

May we contact this person?

Yes

Comments:

N/A

Employment History

Company Name: **BORN AGAIN AUTO**

Telephone: **8645662160**

Address Line 1: **11 WEDGEFIELD DRIVE**

Address Line 2:

City: **BOILING SPRINGS**

State: **SOUTH CAROLINA**

Zip Code: **29316**

Start Date: **10/01/2015**

End Date: **08/31/2020**

Position Title: **OPERATIONS MANAGER**

Reason for Leaving: **CLOSED BUSINESS**

Supervisor Name: **SELF**

Supervisor Telephone: **[REDACTED]**

May we contact this person? **Yes**

Comments: **N/A**

Employment History

Company Name: **GREENVILLE COUNTY DEPARTMENT OF PUBLIC SAFETY**

Telephone: **8644675278**

Address Line 1:

4 MCGEE STREET

Address Line 2:

City:

GREENVILLE

State:

SOUTH CAROLINA

Zip Code:

29601

Start Date:

11/02/2020

End Date:

Position Title:

ADMINISTRATIVE SUPPORT SPECIALIST-PT

Reason for Leaving:

STILL EMPLOYED

Supervisor Name:

ARLENE FARRELL

Supervisor Telephone:

8644675202

May we contact this person?

Yes

Comments:

N/A**PAGE SIX**

Skills

List your knowledge, skills and abilities that you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc. If you have none that apply, type "None".

QUICK THINKER, COMMUNICATION, COMPUTER, LEADERSHIP, MICROSOFT PROGRAMMING, CONFLICT RESOLUTION, TIME-MANAGEMENT, ABILITY TO WORK UNDER PRESSURE, SELF-MOTIVATION, CUSTOMER SERVICE, CRITICAL THINKING, EFFICIENCY, ORGANIZATIONAL MANAGEMENT, OFFICE RESEARCH, NCIC CERTIFIED

References

Please list 3 references (not relatives)

Please include mailing address or email address:

Name:

Address:

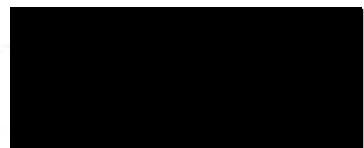
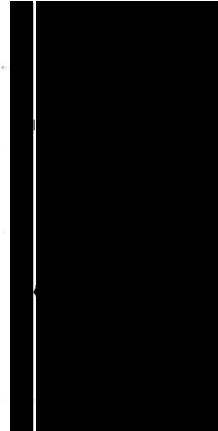
City:

State:

Zip Code:

Email:

Telephone:



What is this person's relation to you? (i.e. supervisor, mentor, etc.)

SUPERVISOR

May we contact this person?

Yes

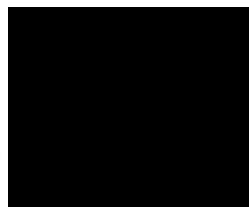
References

Please list 3 references (not relatives)

Please include mailing address or email address:

Name:

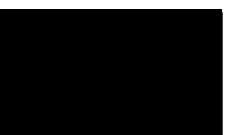
Address:



City



State



Zip Code

Email:

Telephone:

What is this person's relation to you? (i.e. supervisor, mentor, etc.)

SUPERVISOR

May we contact this person?

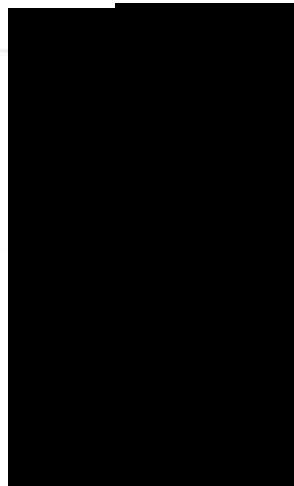
Yes

References

Please list 3 references (not relatives)

Please include mailing address or email address:

Name



Address:

City

State

Zip Code

Email:

Telephone:

What is this person's relation to you? (i.e. supervisor, mentor, etc.)

SUPERVISOR

May we contact this person?

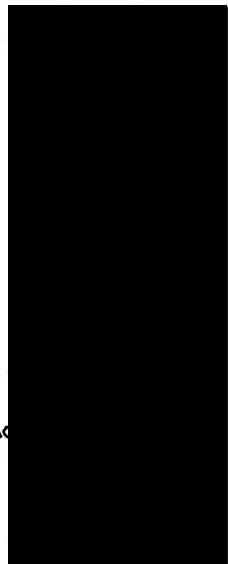
Yes

References

Please list 3 references (not relatives)

Please include mailing address or email address:

Name:



Address:

City:

State:

Zip Code:

Email:

TMAC

Telephone:

What is this person's relation to you? (i.e. supervisor, mentor, etc.)

SUPERVISOR

May we contact this person?

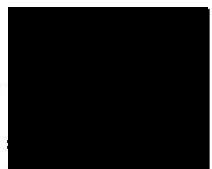
Yes

References

Please list 3 references (not relatives)

Please include mailing address or email address:

Name:



Address:

City:

State:

Zip Code:

Email:

Telephone:

What is this person's relation to you? (i.e. supervisor, mentor, etc.)

May we contact this person?

MO

Yes

PAGE EIGHT

Student Loan

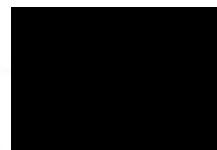
State law (59-111-50) prohibits employment with the County to people who have defaulted on certain student loans, unless they can prove satisfactory arrangements have been made for repayment. By signature, I certify that I am not currently in default on a student loan.

I agree

Yes

Signature:

Date:



PAGE NINE

Attachments

If applicable, please attach your cover letter and resume:

Cover Letter:

Resume:

SydneyTysonsResume.docx

PAGE TEN

Applicant's Certification Agreement

1 I authorize the County to conduct an investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the County from all liability that might result from making its investigation. I authorize all former employers to answer any and all questions asked, and information sought, in connection with this application. If I have indicated that my present employer not be contacted, I understand that an offer of employment may be conditioned upon acceptable information and verification from that employer.

2 I certify that facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

3 I understand and agree that as part of the application process for employment an investigation of my criminal history will be conducted by the County of Greenville which may include local, state, and out-of-state history information, and may require fingerprinting.

4 I understand that, if hired, my employment will be at-will, meaning that either party can end the employment relationship at any time and for any or no reason.

5 I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements in this Certification Agreement. By checking below, I certify that I understand all parts and have answered all questions completely and fully.

I agree

Yes

Signature:

SYDNEY TYSON

Date:

07/19/2021

Sydney Alexandra Tyson

Boiling Springs, SC 29316

Professional Summary:

Motivated and highly professional administrative assistant with 6 years of proven managerial experience. Organized and versatile with exceptional communication, computer, research, and process optimization skills. Seeking a full-time position within the criminal justice field that utilizes my skills, education, and experience while contributing to the success of the business.

Skills:

Communication
Problem Solving
Tech Savvy

Initiative-taking
Leadership
Intellectual/Creativity

Research
Customer Service
Data Analysis

Education:

June 2011	Great Falls High School	Great Falls, SC
August 2014-December 2018	University of South Carolina	Spartanburg, SC

• Graduated top 10 percentile

• Bachelor of Science

➢ Major: Criminal Justice

+ Related coursework: Criminal Procedure, Juvenile Delinquency, Criminal Courts, & Research Methods

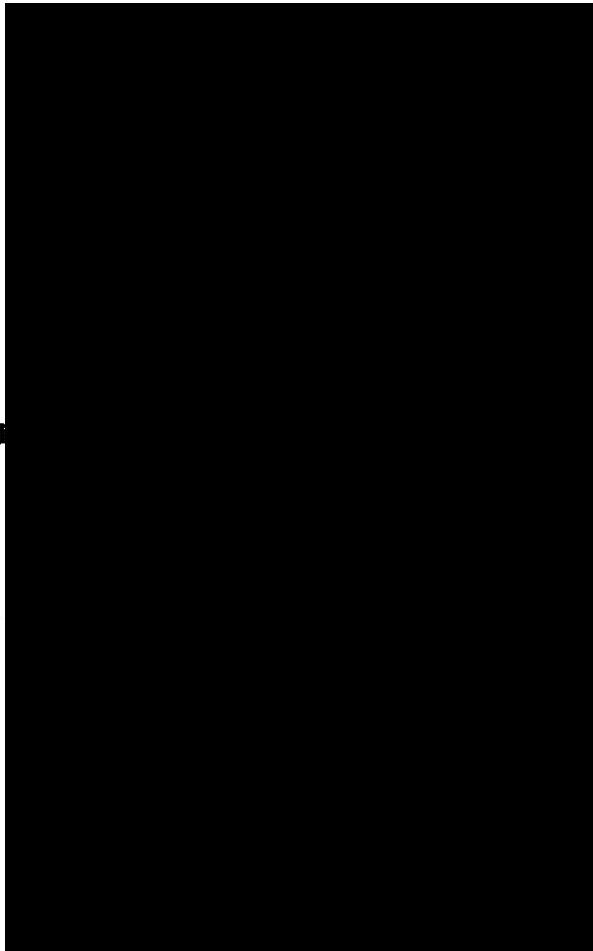
Professional Experience:

November 2020-Current	Greenville County, Administrative Support	Greenville, SC
	• Case coding for SLED using SCIBRS manual	
	• Clock and file records for Greenville County and City law officials	
	• Run reports for stolen vehicles, guns, articles, and securities using NCIC database	
	• Enter accidents, tow reports, and police reports into VConnect program	
October 2015-August 2020	Born Again Auto, Operations Manager	Spartanburg, SC
	• Assisted customers with filing auto insurance claims	
	• Ordered parts and assisted with part installation	
	• Negotiate, draft, and close on all auto sales agreements	
	• Advertised/Marketed products and services through online platforms	
November 2017-July 2018	Pinnacle, Administrative Assistant	Spartanburg, SC
	• Data entry for customer orders using Infor database and Microsoft Outlook	
	• Reconstructed and planned production scheduling resulting in a 20% efficiency increase using Excel	
	• Performed secretarial tasks; filing, printing, taking calls, organizing documents, emails	
	• Invoiced customer orders exceeding \$100,000	
March 2017-October 2017	SITEL, Insurance Specialist	Spartanburg, SC
	• Facilitate the financial security of the United Service Automobile Association (USAA) insurance members	
	• Serviced auto insurance policies using Citrix database	
	• Received and managed 100+ calls per day	
	• Oversaw customer complaints, inquires, quotes, and billing	
July 2012-November 2014	Harris Teeter, Customer Service	Matthews, NC
	• Ensured customers are satisfied with the products and services	
	• Assisted accountant with reconciliation on all registers and store accounts	
	• Participated in physical inventory count every quarter/restocked inventory every week	
	• Shipping and receiving goods; scanning new items from deliveries into inventory	
April 2009-October 2015	Carolina Adventure World, Assistant Manager	Winnsboro, SC
	• Recruited, interviewed, and trained new employees for proper job structure	
	• Top performer for 3 consecutive years	
	• Oversaw day-to-day operations	
	• Created daily expense and profit reports using Excel	

Sydney Alexandra Tyson



References



COUNTY OF GREENVILLE

COUNTY OF GREENVILLE
ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING
OF THE HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

I, Sydney Tyson, hereby acknowledge that I have received and read the Health Insurance Marketplace Coverage Options Notice, and have had an opportunity to have any aspect of the policy which I did not understand fully explained.

Signature Sydney Tyson Date 08/23/21

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING
OF THE NOTICE OF PRIVACY PRACTICES/HIPAA

I, Sydney Tyson, hereby acknowledge that I have received and read the Notice of Privacy Practices, and have had an opportunity to have any aspect of the policy which I did not understand fully explained. I also understand when the County of Greenville and Planned Administrators Incorporated may use and disclose my medical information.

Signature Sydney Tyson Date 08/23/21

COUNTY OF GREENVILLE
ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING
OF THE INITIAL NOTICE OF COBRA

I, Sydney Tyson, hereby acknowledge that I have received and read the General Notice of COBRA Continuation Coverage Rights, and have had an opportunity to have any aspect of the policy which I did not understand fully explained.

Signature Sydney Tyson Date 08/23/21

County of Greenville
Part-Time To Full-Time Orientation Checklist

Name Sydney Tyson

Date 08/23/21

Position Records

Department Dept. of public Safety

I ACKNOWLEDGE THE ITEMS LISTED ABOVE ON THIS PAGE WHICH I CHECKED OFF WERE EXPLAINED TO ME, AND I UNDERSTAND THEM.

SIGNATURE Smith 

FULL TIME EMPLOYEES PLEASE SIGN: I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE COUNTY OF GREENVILLE PERSONNEL HANDBOOK AND/OR THAT IT WAS EXPLAINED TO ME THAT THIS HANDBOOK IS AVAILABLE ON THE COUNTY OF GREENVILLE INTRANET SITE. I ACKNOWLEDGE THAT THIS HANDBOOK DOES NOT CREATE A CONTRACTUAL OBLIGATION ON THE PART OF THE COUNTY OF GREENVILLE AND DOES NOT ALTER MY AT-WILL RELATIONSHIP

SIGNATURE sydney



**Greenville
County**

REGULAR EMPLOYEE

RECEIVED

DATE

APR 15 2021

**Human
Resources**

b3

Employee Name: **TYSON, SYDNEY A**
 Department: **4100**
 Classification Band: **HO**
 Period Reviewed: **11/02/2020 - 05/02/2021**
 Evaluation Type: **Complete Introductory (6 month)**

Employee Number: **[REDACTED]**
 Position Title: **ADMIN SUPPORT SPECIALIST PT**
 Effective Date of Evaluation: **05/03/2021**

MAJOR POSITION RESPONSIBILITIES

Knowledge of policies, procedures and applicable laws in managing and storage of department and County Government records (filing, sorting, retention, purges) as related to assigned duties.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney has a good understanding of department policies and procedures as related to her assigned job duties.
Ability to process various records regarding the receipt, data entry, review, scan, indexing and quality assurance of law enforcement and detention documents and records as related to assigned duties.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney capably performs data entry, filing, and police counter functions.
Effectively communicates and responds to requests from the general public and various local, state and federal agencies.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney is professional, polite, and prompt when interacting with customers.
Ability to utilize necessary skills in the operation of various types of office equipment and numerous law enforcement, detention and county computer applications; to include state and FBI/NCIC computer systems.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney is capable of utilizing office equipment correctly and software necessary in the performance of job duties.
Ability to use expertise and follow established policy and regulations when processing court ordered expungements, copy over, research of court records, NCIC validation, assisting with SLED / FBI NCIC audits, stolen and recovered property validation, RTA review, ID Pack processing, Archives Storage, Juvenile Records management, and assist with training new employees as related to assigned duties.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney respectfully follows division and departmental policies and procedures.

PERFORMANCE FACTORS

Position Expertise Effectiveness with which the employee applies professional/managerial/technical and/or non-technical skills and knowledge to the job. (Competency and Technical Skills)	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney's effectiveness in position expertise meets expectations.
Approach To Work Characteristics the employee demonstrates while performing job assignments including creativity, flexibility, initiative, accountability, planning and organization, time management, ethical behavior, process improvement, and/or professional development.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney displays a very positive approach to work and eagerly accepts new learning opportunities.
Quantity of Work Employee's success in producing the required amount of work including priority setting, productivity, and timeliness.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney's productivity is congruent with her level of training.
Quality of Work Manner in which the employee completes job assignments including accuracy, responsiveness, follow-through, reliability, and compliance assurance.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney's quality of work is congruent with her level of training. She is able to process reports with minimal errors.
Decision Making/Policy Compliance Manner in which the employee reviews all facts objectively before decisions are made; proposes creative solutions when needed/appropriate; fully evaluates options and outcomes before making a judgment. Decisions are made accurately and decisively. Follows department and organization policies, procedures, and regulations.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney displays solid decision making skills and communicates those decisions clearly.
Communication Skills The extent to which employee is able to present thoughts and ideas clearly, logically, tactfully, professionally, verbally, and in writing across all levels of the organization. Employee is effective in keeping his/her manager and others updated regarding work assignments and information.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney is a good communicator who asks insightful questions to further knowledge about assigned job duties.
Interpersonal Skills Effectiveness of the employee to establish and maintain effective and productive interactions and working relationships with members of management, peers, as well as internal and external customers. Measures employee's development and maintenance of positive and constructive internal/external relationships. Consideration should be given to the employee's demonstrated willingness to function as a team player, give and receive constructive criticism, accept supervision, resolve conflicts, recognize needs and sensitivities of others, and treat others in a fair and equitable manner.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sydney's team skills are excellent. She gets along very well with her co-workers and is always willing to assist them.

Customer Service The extent to which the employee is responsive to external and internal customers; timely action; seeks to understand customer's needs; creates possibilities (can do attitude); offers alternatives; values and seeks customer input; promotes the philosophy that the customers are the most important asset; shows flexibility to meet customer needs; values diversity; demonstrates ability to handle several tasks at one time.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sydney has excellent customer service skills. She is courteous while assisting customers on the phone or at the police counter. Sydney does very well at multi-tasking her assigned job duties.
Attendance/Punctuality The extent to which the employee can be depended upon to be available for work and to fulfill position responsibilities. Reports to work on time, communicates schedule changes promptly to supervisor, and maintains regular attendance.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney is a part-time regular employee who was absent for 3.5 hours during this evaluation period.
Safety Consciousness/Crisis Action Demonstrates proficiency in evaluating and appropriately responding to potential or actual unsafe conditions. Follows safety rules and demonstrates safe work practices. Exhibits good safety/security practices during both routine and stressful operations and potentially hazardous situations. Follows specific supervisory directives regarding safety/security measures. Works effectively under pressure, such as heavy workloads or deadline situations; productivity remains consistent with given conditions.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sydney adheres to all security policies and performs her job duties safely.
Overall Rating	3.133	Meets Expectations

Rating Scale

1.0 - 1.599: Unsatisfactory Performance
1.6 - 2.599: Needs Improvement
2.6 - 3.599: Meets Expectations
3.6 - 4.599: Exceeds Expectations
4.6 - 5.000: Exceptional Performance

OVERALL PERFORMANCE SUMMARY BY EVALUATOR

Sydney is a very professional employee. She has excellent customer service skills at the police counter and with co-workers. Sydney's quantity and quality of work is congruent with her level of training. She is eager to further her knowledge and is showing improvement in her data entry skills. Sydney has successfully completed her introductory training period.

Sydney has completed the following training during this evaluation period:
Bloodborne Pathogens, Customer Service, Diversity, Grievances, Health and Safety, Lifting and Your Back, Workplace Harassment, Workplace Violence, Active Shooter.

CAREER DEVELOPMENT GOALS

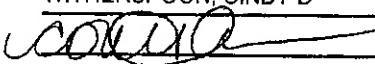
Data Entry - learn to code both GPD and GSO reports based on the SCIBRS manual
Data Entry - continue to increase your knowledge on data entry software
NCIC - will be NCIC certified before June 30, 2021

REVIEWER COMMENTS

FARRELL, ARLENE: I concur with the appraiser's comments and ratings. Sydney is a very pleasant and efficient employee. She is doing well performing basic tasks assigned to the Police Counter. Welcome to Records!

MORAN, VIRGINIA G: I agree with the ratings and summary comments. Sydney is learning job assignments very well and completes tasks with ease. She is friendly and has a positive disposition that contributes to a good work environment. She is commended for her skill set and dependability. Keep up the good effort. Your work strengths and excellent customer service skills are very much appreciated.

Evaluator's Name: WITHERSPOON, CINDY D

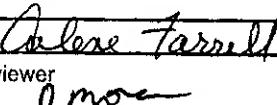
Evaluator's Signature: 

Date Evaluation Meeting Conducted:

Dates Counseled During This Reporting Period:

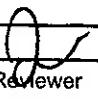
Date	Supervisor Initial	Date	Supervisor Initial	Date	Supervisor Initial	Date	Supervisor Initial
<input checked="" type="checkbox"/> I DO	<input type="checkbox"/> I DO NOT	agree with my rating:			Employee Signature	08 APR 21	Date

EMPLOYEE COMMENTS

 Reviewer

4/12/21

Date

 Reviewer

4/12/21

Date

 ST
Employee Initials

Sydney Tyson

December 9, 2020

Mr. John Vandermosten
Assistant County Administrator, DPS
20 McGee Street
Greenville, SC 29601

RECEIVED
DATE
DEC 17 2020
Human
Resources

REF: Request for Leave of Absence Without Pay due to Maternity Reasons

Dear Mr. Vandermosten,

This letter serves as a request for personal absence due to medical reasons (Maternity). My expected due date is December 16th, 2020. Attached is medical certification from my physician. I understand as a new employee in the introductory period, I am not eligible for FMLA. I am requesting 4-6 weeks recovery for this absence without pay and to begin the leave on December 15th as advised by my physician.

I do plan return to my position (PT Regular – 2nd shift) when released by my physician. Thank you in advance for your consideration and assistance.

Sincerely,

Sydney Tyson

Sydney Tyson

Cc: Captain Jinny Moran

*Received
12/9/20
jmw*

Letter by Delahunty, Nigel Patrick, MD on 12/7/2020



Sydney Tyson

Date of Birth: [REDACTED]
Today's Date: 12/7/2020

To Whom it May Concern:

Sydney Tyson was seen in my office on 12/7/2020. Her estimated due date is 12/16/2020. She will begin her maternity leave on 12/15/2020.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Nigel Patrick Delahunty, MD
GREER OB/GYN
325 MEDICAL PARKWAY
SUITE 100
GREER SC 29650-2458
864-797-9200

RECEIVED
DATE
DEC 17 2020
Human
Resources

COUNTY OF GREENVILLE
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

TO: Greenville County

Company Federal Tax ID Number: 57-6000356

I hereby authorize the COUNTY OF GREENVILLE, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debt entries and adjustments for any credit entries in error to my INSTITUTION (Bank), hereinafter called INSTITUTION.

INSTITUTION #1 CHECKING ACCOUNT SAVINGS ACCOUNT

AMOUNT \$ _____ or NET CHECK

INSTITUTION #2 CHECKING ACCOUNT SAVINGS ACCOUNT

INSTITUTION NAME (i.e., your bank)

INSTITUTION TRANSIT/ABA NUMBER

CHECKING/SAVING ACCT. #

AMOUNT \$ _____ or NET CHECK _____

INSTITUTION #3 CHECKING ACCOUNT SAVINGS ACCOUNT

INSTITUTION NAME (i.e., your bank)

INSTITUTION TRANSIT/ABA NUMBER

CHECKING/SAVING ACCT. #

AMOUNT \$ _____ or NET CHECK _____

NOTE: Attach a VOIDED CHECK or a copy of the SAVINGS ACCOUNT CARD or Letter from bank that includes routing and account numbers for each account, for use as number verification. DEPOSIT and WITHDRAWAL SLIPS CANNOT BE USED. The form will be returned unprocessed in the event of incompleteness or incorrect attachments. This authority is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such manner as to afford the COMPANY and INSTITUTION a reasonable opportunity to act on it.

Sydney Tyson
Employee Printed Name

Social Security Number

Sydney
Employee Signature

Date

Limit 3 accounts per Employee – Return the completed form to the Payroll Department

Direct Deposit / Automatic Payment Information Form



The fastest, most convenient way to manage your everyday financial transactions - and it's free!

Benefits To You

Convenient - Your money is deposited automatically for you, even when you are ill, on vacation or too busy to get to the bank. Your check is deposited electronically into your Wells Fargo account.

Fast - You have immediate access to your money on the day of deposit.

Safe - Never worry about checks getting lost, delayed or stolen.

Automatic saving - Watch your account grow when you have at least part of your pay directed to your account.

Automatic Payment** You can also use your routing number (RTN) and account number to setup automatic payment of your recurring bills from your account.

**** Note for Prepaid Cards Only:** Prepaid cards are not eligible for Automatic Payments. See the Terms and Conditions for your card for more information.

Three Easy Steps to Set up Direct Deposits or Automatic Payments

Step 1. Use Account Information Provided Below

You must provide your information about the account where the money will be deposited or withdrawn.

Step 2. Contact Your Employer or Payor

Use the table below to find the correct contact to learn if your payor offers direct deposit services and to provide your account information.

Your payor may need you to complete a form or provide a voided check to process your request.

Type of Direct Deposit	Existing Enrollment (To change the bank currently receiving deposits electronically)	New Enrollment (To change your paper checks to electronic deposits)
• Salary/Wages • Pension • Dividend/Investment Income	Contact your employer or other payor directly with the information on this form	
• Social Security (SSA) • Supplemental Security Income (SSI)	Call 1-800-772-1213 (1-800-325-0778 TTY)	Visit a Wells Fargo Bank Branch near you or for New Enrollments only, you can also visit www.godirect.org or call Go Direct at 1-800-333-1795
• Railroad Retirement	Call 1-877-772-5772 (1-312-751-4701 TTY)	
• Civil Service Retirement (Office of Personnel Management)	Call 1-888-767-6738 (1-800-878-5707 TTY)	
• Veterans Compensation and Pension	Call 1-877-838-2778 (1-800-829-4833 TTY)	
• Other Federal Agency Benefits	Contact the agency directly. Or call Go Direct at 1-800-333-1795 to get the telephone numbers of many federal agencies.	

Step 3. Monitor Your Account

For Direct Deposit, it can take one to two months for a payor to process your request and to begin receiving electronic deposits.

Questions? Wells Fargo Phone BankSM is available 24/7 at 1-800-TO-WELLS (1-800-869-3557)

10/28/2020

Pending Employee Job/Salary - Munis [Greenville County]

Pending Employee Job/Salary - Munis [Greenville County]

HOME ? X

Search Browse Add Update Delete Print Text file PDF Word Excel Email Schedule Attach Audit Text Recalc Mid-Year Reset Single Emp Increase Return

Confirm Search Actions Output Office Tools More Menu

15580 **SYSON** **SYDNEY** A - ACTIVE

Cycles/Other Civil Service

Job Class	9038 ...	ADMIN SUPPORT SPECIALIST PT	Calc Code	01	Hours/Day	5.90
Summary Class			Num Pays	26.000	Hours/Year	1534.00
Pay Type	190 ...	PART TIME NON EXEMPT	Days/Year	260.00	Days/Period	10
Work Start/End	11/02/2020 <input type="checkbox"/> / 12/31/9999 <input type="checkbox"/>		Sched Hours	59.00	Factor	1.0000
Position	12583	... ADMIN SUP SPEC PT	Pay Basis	H	Remain	26.000
Location	4100 - RECORDS				Off-Step/Frozen	N - No
Group/BU	9000 - PART TIME				Pay Status	A - ACTIVE
Status	20 - PART TIME REGULAR					
Risk Code	8810 ...	CLERICAL OFFICE EMPLOYEES NOC				
Pay Freq	B - BIWEEKLY					
Start Date	11/02/2020 <input type="checkbox"/>					
End Date	12/31/9999 <input type="checkbox"/>					
Project String	1000-404-4100-0000-0000-0000-0000-511020-		FTE %	1.0000	Recurring Pay	
Allocation	0 <input type="checkbox"/>		Hourly Rate	16.0888	16.0888	
Org	104100 ...	RECORDS	Daily Rate	.0000	.0000	
Object	511020 ...	SALPT	Period Pay	.00	.00	
Project			Annual Pay	.00	.00	
			Remaining	.00		
			Reference	.00		
Eff Date	11/02/2020 <input type="checkbox"/>					
Grade	HO ...	HO 2080				
Step	1 ...					

Position	PA Type	Project String	Org	Object	Project	Loc	Position FTE	Amount	Hours	Per
12583			104100	511020		4100	1.0000	0.00	59.00	100

1 of 2 < >

DM
Scanned
11/5/2020

10/28/2020

Pending Employee Master - Munis [Greenville County]

Pending Employee Master - Munis [Greenville County]

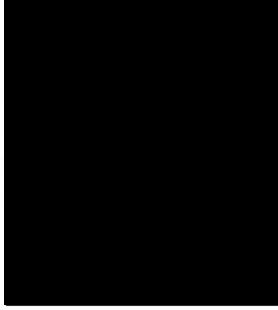
ADMINISTRATIVE SUPPORT SPECIALIST-PT-REGULAR (2ND SHIFT)

PAGE ONE**Equal Opportunity**

THIS APPLICATION IS NOT A CONTRACT. THE EMPLOYMENT RELATIONSHIP BETWEEN THE COUNTY OF GREENVILLE AND ITS EMPLOYEES IS AT-WILL AND VOLUNTARY. THIS MEANS THAT EITHER THE COUNTY OF GREENVILLE OR AN EMPLOYEE CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT-WILL AND AT ANY TIME WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. THE EMPLOYMENT AT-WILL STATUS OF EACH EMPLOYEE CANNOT BE ALTERED BY ANY ORAL STATEMENT OR REPRESENTATION, BUT CAN ONLY BE CHANGED BY A WRITTEN CONTRACT, WHICH MUST BE SIGNED BY THE COUNTY COUNCIL CHAIRPERSON AND ADMINISTRATOR OF THE COUNTY OF GREENVILLE.

Personal Information

Last Name: TYSON
First Name: SYDNEY
Middle Name: A
Address Line 1
Address Line 2
City
State
Zip Code
Primary Phone
Additional Phone
E-mail:



PAGE TWO**Employment Eligibility**

Are you at least 18 years of age? Yes
Are you eligible for work in the US? Yes
Have you ever been discharged or asked to resign from a job? No
If yes, please explain: N/A
Have you ever been convicted of a felony or other crime other than a minor traffic accident? No
If yes, please explain (include Date, Where Convicted, Nature or Charge, and Disposition): N/A

Availability

Available Start Date: 10/05/2020
Have you previously worked for Greenville County? No
How did you hear about this job? GREENVILLE COUNTY WEBSITE

PAGE THREE**Equal Employment**

The County of Greenville is subject to certain governmental recordkeeping and reporting requirements for the administration

of civil rights laws and regulations. In order to comply with these laws, the County of Greenville invites applicants and employees to voluntarily self-identify their ethnicity/race and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Race: CAUCASIAN

Gender: FEMALE

Are you a Veteran? No

PAGE FOUR

Education

Please complete for every degree you have earned:

Degree Completed: BACHELORS

Graduation Date (or expected completion date): 12/17/2018

Institution Name: SPARTANBURG

Area of Study: LAW

Additional Comments: CRIMINAL JUSTICE

PAGE FIVE

Employment History

Company Name: SITEL

Telephone: 8643816720

Address Line 1: 895 STATE ROAD 771

Address Line 2:

City: SPARTANBURG

State: SOUTH CAROLINA

Zip Code: 29303

Start Date: 03/10/2017

End Date: 10/02/2017

Position Title: INSURANCE SPECIALIST

Reason for Leaving: CHANGE IN CAREER

Supervisor Name:

Supervisor Telephone:

May we contact this person?

Comments:

Employment History

Company Name: HARRIS TEETER

Telephone: 7048411810

Address Line 1: 3100 WEDDINGTON ROAD

Address Line 2:

City: MATHEWS

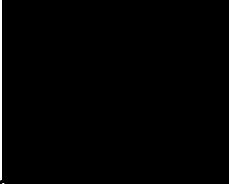
State: NORTH CAROLINA

Zip Code: 28105

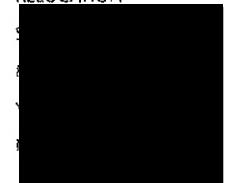
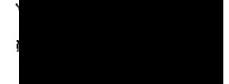
Start Date: 07/10/2012

10/29/2020

Application Copy

End Date: 10/31/2014
Position Title: CUSTOMER SERVICE REPRESENTATIVE
Reason for Leaving: RELOCATION
Supervisor Name: 
Supervisor Telephone:
May we contact this person?
Comments: 

Employment History 

Company Name: CAROLINA ADVENTURE WORLD
Telephone: 8034823534
Address Line 1: 1515 ARROWHEAD ROAD
Address Line 2:
City: Winnsboro
State: SOUTH CAROLINA
Zip Code: 29180
Start Date: 04/10/2009
End Date: 10/31/2015
Position Title: ASSISTANT MANAGER
Reason for Leaving: RELOCATION
Supervisor Name: 
Supervisor Telephone: 
May we contact this person?
Comments: 

Employment History 

Company Name: Pinnacle Coating and Converting
Telephone: 8645748400
Address Line 1: 212 NATIONAL AVE
Address Line 2:
City: Spartanburg
State: SOUTH CAROLINA
Zip Code: 29303
Start Date: 11/24/2017
End Date: 07/17/2018
Position Title: ADMINISTRATIVE ASSISTANT
Reason for Leaving: CONTINUING EDUCATION
Supervisor Name: 
Supervisor Telephone: 
May we contact this person?
Comments: 

Employment History 

Company Name: BORN AGAIN AUTO
Telephone: 8647542999
Address Line 1: 11 WEDGEFIELD DRIVE
Address Line 2:
City: BOILING SPRINGS

10/29/2020

Application Copy

State: SOUTH CAROLINA
Zip Code: 29316
Start Date: 10/01/2015
End Date: 06/30/2020
Position Title: OPERATIONS MANAGER
Reason for Leaving: CLOSED BUSINESS
Supervisor Name: SELF
Supervisor Telephone: 
May we contact this person? Yes
Comments: N/A

PAGE SIX

Skills

List your knowledge, skills and abilities that you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc. If you have none that apply, type "None".

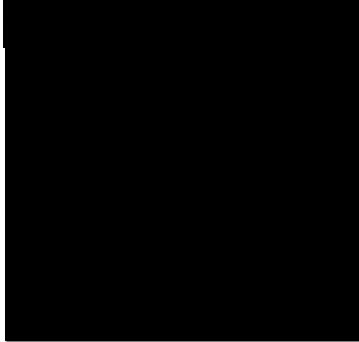
QUICK THINKER, COMMUNICATION, COMPUTER, LEADERSHIP, MICROSOFT PROGRAMMING, CONFLICT RESOLUTION, TIME-MANAGEMENT, ABILITY TO WORK UNDER PRESSURE, SELF-MOTIVATION, CUSTOMER SERVICE, CRITICAL THINKING, EFFICIENCY, ORGANIZATIONAL, MANAGEMENT, OFFICE, RESEARCH

PAGE SEVEN

References

Please list 3 references (not relatives)

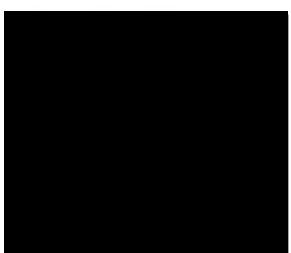
Please include mailing address or email address:

Name:
Address:
City:
State:
Zip Code:
Email:
Telephone:
What is this person's relation to you? (i.e. supervisor, mentor, etc)

May we contact this person? Yes

References

Please list 3 references (not relatives)

Please include mailing address or email address:

Name:
Address:
City:
State:
Zip Code:
Email:
Telephone:


10/29/2020

Application Copy

What is this person's relation to Supervisor
you? (i.e. supervisor, mentor,
etc.)

May we contact this person? Yes

References

Please list 3 references (not relatives)

Please include mailing address or email address:

Name:
Address:
City:
State:
Zip Code:
Email:
Telephone: 8888888888

What is this person's relation to Supervisor
you? (i.e. supervisor, mentor,
etc.)

May we contact this person? Yes

References

Please list 3 references (not relatives)

Please include mailing address or email address:

Name:
Address:
City:
State:
Zip Code
Email:
Telephone:
What is this person's relation to
you? (i.e. supervisor, mentor,
etc.)

May we contact this person? Yes

References

Please list 3 references (not relatives)

Please include mailing address or email address:

Name:
Address:
City:
State:
Zip Code:
Email:
Telephone:

What is this person's relation to supervisor

/you? (i.e. supervisor, mentor,

etc.)

May we contact this person? Yes

References

Please list 3 references (not relatives)

Please include mailing address or email address:

Name:

Address:

City:

State:

Zip Code:

Email:

Telephone:

What is this person's relation to you? (i.e. supervisor, mentor, etc.)

May we contact this person?

PAGE EIGHT

Student Loan

State law (59-111-50) prohibits employment with the County to people who have defaulted on certain student loans, unless they can prove satisfactory arrangements have been made for repayment. By signature, I certify that I am not currently in default on a student loan.

I agree. Yes

Signature SYDNEY TYSON

Date 10/05/2020

PAGE NINE

Attachments

If applicable, please attach your cover letter and resume:

Cover Letter:

Resume:

PAGE TEN

Applicant's Certification Agreement

1 I authorize the County to conduct an investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the County from all liability that might result from making its investigation. I authorize all former employers to answer any and all questions asked, and information sought, in connection with this application. If I have indicated that my present employer not be contacted, I understand that an offer of employment may be conditioned upon acceptable information and verification from that employer.

2 I certify that facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

3 I understand and agree that as part of the application process for employment an investigation of my criminal history will be conducted by the County of Greenville which may include local, state, and out-of-state history information, and may require fingerprinting.

4 I understand that, if hired, my employment will be at-will, meaning that either party can end the employment relationship at any time and for any or no reason.

5 I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements in this Certification Agreement. By checking below, I certify that I understand all parts and have answered all questions completely and fully.

Agree: Yes

Signature: SYDNEY TYSON

Date: 10/05/2020

OK
RWN
10/26/2020

INTERVIEW SUMMARY

Applicant: **Sydney Tyson**

Date: **October 26, 2020**

Position: Administrative Support Specialist – Part Time Regular (Records)

Employment History

Lapse between employments: Yes, worked temporary part time positions

Fired/Asked to resign: **No**

Education

H. S. Diploma – Great Falls High School, Great Falls, South Carolina (2011)
B.S in Criminal Justice – University of South Carolina (2018)

Comments

The interview was conducted on Thursday, October 15th, 2020 at 2:30 p.m. Ms. Tyson arrived on time and was dressed professionally for the interview. She completed a typing assessment and scored exceptionally well, with a typing speed of 48 WPM with zero (0) errors. Ms. Tyson is currently unemployed and is looking for employment more in line with her college degree.

Ms. Tyson states she understands the requirements of the job duties, starting salary, and assigned work days. She states there is not anything that would prevent her from performing the required job functions. Tyson's long range plans are to acquire experience in law enforcement and continue her education by attending law school in the future. She is interested in working for Greenville County because it is a government job and the hours for this position suit her. The NCIC background check was conducted by D. Saunders on 10/16/2020 and returned as Clear, no criminal history record found.

Employment Summary

Place of Employment	Length of Employment	Reason for Leaving	Nature of Separation
Born Again Auto	10/01/2015-06/30/2020	Business Closed	Laid Off
Pinnacle Coating and Converting	11/24/2017-07/17/2018	School	Resignation
Sitel	03/10/2017-10/02/2017	Change in Career	Resignation
Harris Teeter	07/10/2012-10/31/2014	Relocation	Resignation
Carolina Adventure World (Part time)	04/16/2009-10/31/2015	Relocation	Resignation

Completed by Arlene Farrell
October 26, 2020

Other

Ms. Tyson is currently unemployed and is eager to start back to work in a part-time capacity. She has in excess of eleven (11) plus years' experience in administrative/clerical functions and customer service. She provided positive responses to the interview questions and projects a very professional demeanor. She states her strengths are: strong computer skills, is a quick learner, is very organized and has exceptional communication skills. She feels she would be an asset to the operation as she is reliable, educated, has strong computer skills, projects positivity, and values teamwork and leadership.

Based on all the information gathered, it is the recommendation that Ms. Tyson be offered employment at the base entry level, plus ten (10) percent increase for a Bachelor's degree in Criminal Justice (\$16.0888) of an Administrative Support Specialist – Part Time Regular. Her expected start date is Monday, November 2, 2020. She is assigned to the second (2nd) shift and will be under the supervision of Arlene Farrell and Cindy Witherspoon.

Interviewers: Arlene Farrell, Records Supervisor and Capt. Jinny Moran

Sydney Alexandra Tyson

Professional Summary:

Motivated and highly professional administrative assistant with 6 years of proven managerial experience. Organized and versatile with exceptional communication, computer, research, and process optimization skills. Currently seeking a position within the criminal justice field that utilizes my skills, education, and experience while contributing to the success of the business.

Skills:

Communication
Problem Solving
Tech Savvy

Initiative-taking
Leadership
Intellectual/Creativity

Research
Customer Service
Data Analysis

Education:

June 2011	Great Falls High School	Great Falls, SC
• Graduated top 10 percentile		
August 2014- December 2018	University of South Carolina	Spartanburg, S.C
• Bachelor of Science		
◦ Major: Criminal Justice		
▪ Related coursework: Criminal Procedure, Juvenile Delinquency, Criminal Courts, & Research Methods in CJ		

Professional Experience:

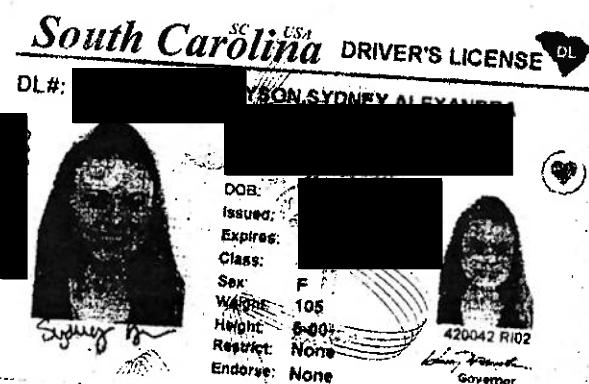
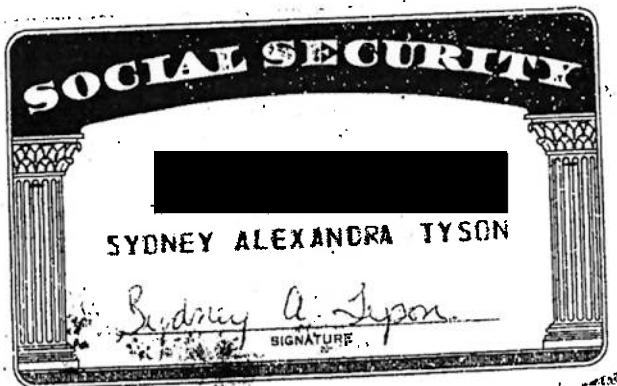
October 2015- June 2020	Born Again Auto, Operations Manager	Spartanburg, S.C
• Assisted customers with filing auto insurance claims		
• Ordered parts and assisted with part installation		
• Negotiate, draft, and close on all auto sales agreements		
• Advertised/Marketed products and services through online platforms		
November 2017-July 2018	Pinnacle, Administrative Assistant	Spartanburg, S.C
• Data entry for customer orders using Infor database and Microsoft Outlook		
• Reconstructed and planned production scheduling resulting in a 20% efficiency increase using Excel		
• Performed secretarial tasks; filing, printing, taking calls, organizing documents, emails		
• Invoiced customer orders exceeding \$100,000		
March 2017- October 2017	SITEL, Insurance Specialist	Spartanburg, S.C
• Facilitate the financial security of the United Service Automobile Association (USAA) insurance members		
• Serviced auto insurance policies using Citrix database		
• Received and managed 100+ calls per day		
• Handled customer complaints, inquires, quotes, and billing		
July 2012- November 2014	Harris Teeter, Customer Service	Matthews, N.C
• Ensured customers are satisfied with the products and services		
• Assisted accountant with reconciliation on all registers and store accounts		
• Participated in physical inventory count every quarter/restocked inventory every week		
• Shipping and receiving goods; scanning new items from deliveries into inventory		
April 2009-October 2015	Carolina Adventure World, Assistant Manager	Winnsboro, S.C
• Recruited, interviewed, and trained new employees for proper job structure		
• Top performer for 3 consecutive years		
• Oversaw day-to-day operations		
• Created daily expense and profit reports using Excel		

Sydney Alexandra Tyson



References





Verified Original
10/21/20

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

BIRTH CERTIFICATION

STATE FILE NUMBER: [REDACTED]

NAME OF REGISTRANT: *SYDNEY ALEXANDRA TYSON*

DATE OF BIRTH: [REDACTED]

SEX: FEMALE [REDACTED]

PLACE OF BIRTH: LANCASTER, SOUTH CAROLINA

COUNTY OF BIRTH: LANCASTER

MOTHER'S MAIDEN NAME: [REDACTED]

MOTHER'S PLACE OF BIRTH: SOUTH CAROLINA

FATHER'S NAME: [REDACTED]

FATHER'S PLACE OF BIRTH: SOUTH CAROLINA

DATE RECORD FILED: [REDACTED]

DATE ISSUED: [REDACTED]

SPECIAL INSTRUCTIONS:

NA

SC04718860

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Catherine E. Heigel
Catherine E. Heigel
Director and State Registrar

This is watermarked paper. Do not accept without noting watermark. Hold to light to verify watermark.

Revision Date: 07/31/2015

*Verbal Fix
10/6/20*



University of South Carolina



Let it be known to all
That the Board of Trustees by virtue of authority vested in it by the
State of South Carolina upon recommendation of the Faculty of the

University of South Carolina Upstate
has conferred upon

Sydney Alexandra Tyson

the degree of

Bachelor of Science
Criminal Justice

together with all the rights, honors, privileges, and responsibilities
to that degree appertaining.

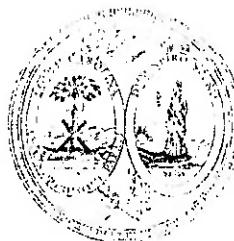
Given at Spartanburg, South Carolina this 17th day of December
in the year of Our Lord two thousand and eighteen and
in the two hundred and seventeenth year of the University's founding.

Hastides

President

B. R. Day

Chancellor



Henry M. Martin

President, Board of Trustees

Capt. R. J. F.

*Verified: R. J. F.
1/2/20*

RECEIPT OF SUBSTANCE ABUSE POLICY FOR EMPLOYEES

EMPLOYEE'S CERTIFICATION:

I hereby acknowledge that I received a copy of Greenville County's (the "County") Substance Abuse Policy for Applicants and Employees on the date noted below. I acknowledge and agree that I am responsible for reading the policy in full and complying with its requirements. I have also been advised and understand that the County will answer any questions which I may have regarding the policy and that my questions should be addressed to the Director of Human Resources or his/her designee. I also understand and acknowledge that in signing this receipt I am giving the County my consent to submit to the County's drug and alcohol tests under the terms and conditions described in the policy.

I also understand that the County's Substance Abuse Policy for Applicants and Employees is not a contract of employment and does not alter my status as an employee at-will, which means that my employment can be terminated either by me or the County at any time with or without cause and with or without notice.

Prior to signing this Receipt, I read it carefully and had an opportunity to ask questions regarding its content.

Signature of Employee: Sydney Tyson Date: 11/02/2020
Sydney Tyson
(print name)

COUNTY OF GREENVILLE
Electronic Media Access and Use of Electronic Systems
(Page 1 of 3)

5.7.1 The purpose of this policy is to establish the proper use of electronic equipment and/or systems provided by the County. The policy will ensure that privacy, security, and legal issues concerning the internet and other forms of electronic media including but not limited to e-mail, voice-mail, fax and bulletin boards are followed.

Violations of these policies may result in termination of access to the internet or other forms of electronic media, and may also result in disciplinary or legal action up to and including termination of employment and/or criminal or civil penalties or other legal action against the employee. Whether or not the employee's conduct violates this provision is in the sole discretion of the County.

5.7.2 The resources available to the County of Greenville employees from internet services and other electronic media will be used to further the goals and objectives of the County by providing an effective method to increase performance, communicate, perform research and obtain information while performing job-related tasks. Employees are expected and have an obligation to use good judgment when using the internet and other electronic communication tools. Employees should be professional and courteous when sending electronic messages. Employees should have no expectation of privacy in either sending or receiving electronic messages and accessing information on the internet. Electronic media, specifically the internet and e-mail, are not a secure communication network, and personal or privileged information sent via these media could potentially be read by others. Being given a password by the County does not create a right of privacy.

Employee correspondence in the form of electronic messages may be a public record subject to inspection under public law. The County reserves the right to access, monitor and disclose the contents of employee electronic messages and internet usage, but will do so only when a legitimate business need exists such as an investigation of suspected misuse of electronic media and/or internet, an investigation related to pending or anticipated litigation, general system failure, or compliance with applicable laws, ordinances or court orders.

Use of Electronic Media and Systems:

Use of the internet and other electronic communication tools by County employees constitutes acknowledgment of this policy. Allowable uses of electronic systems and information include the following, to the extent that these uses are for the purpose of conducting County business:

- To facilitate performance of job functions,
- To facilitate the communication of information in a timely manner,
- To coordinate meetings of individuals, locations, and County resources,
- To communicate with departments throughout the County, and
- To communicate with outside organizations and individuals as required in order to perform an employee's job function.

Prohibited use of the electronic system and information include, but are not limited to, the following:

- Transmitting any material or messages in violation of local, State or Federal law or County policy, including sexually, racially, or ethnically offensive comments, jokes, slurs, threats, harassment, slanders, or defamation.

Employee's Initial ST

COUNTY OF GREENVILLE
Electronic Media Access and Use of Electronic Systems
(Page 2 of 3)

- Accessing or distributing obscene or suggestive images or material, or offensive graphical images or material.
- Distributing sensitive or confidential inappropriate information.
- Broadcasting mass unsolicited messages, pyramid or chain e-mails unless authorized by the County Administrator, Deputy County Administrator, an Assistant County Administrator, or a Division Manager of Information Systems.
- Distributing unauthorized broadcast messages or solicitations.
- Using County provided electronic media to accomplish personal gain or to manage a business.
- Distributing copyrighted material not owned by the County, including software, photographs, or any other media.
- Downloading of copyrighted information or software, unless permission has been obtained previously.
- Developing or distributing programs that are designed to infiltrate or disrupt computer systems internally or externally.
- Accessing or downloading any resource for which there is a fee without prior appropriate approval from the manager.
- Attempting to access any system in which an employee is not authorized to access (hacking).
- Listening to voice mail or reading electronic mail of another employee without prior written approval of the employee's department director.
- Conducting personal activities that interfere with the employee's performance and responsibilities.
- Political endorsements.

Laptop and Mobile Computers

At the discretion of their manager, division level or higher, some employees are provided with laptop or mobile computers for use in performing their duties. Like all computers, these computers are subject to the Greenville County Electronic Use Policy. Except for MDTs, MDBs, and other devices used by law enforcement and EMS, confidential data should not be stored or placed on laptop or mobile computers. Under no circumstances should an employee load sensitive or confidential information from a County system onto a laptop and remove it from County property where it would be subject to being lost or stolen.

E-mail Retention and E-Discovery

All users should either save to disk, or print and retain a hard copy of any e-mails that they consider to be important or that should be retained. Greenville County Information Systems does not maintain archival back-ups of e-mail. Information Systems has no way of knowing which e-mails are valuable and which are not. Each user must make that decision based on the content of the e-mail. Under federal law, once an employee has been put on notice that an investigation is pending or ongoing, e-mail messages pertaining to the investigation in any way may not be deleted, modified, or destroyed.

Employee's Initial ST

COUNTY OF GREENVILLE
Electronic Media Access and Use of Electronic Systems
(Page 3 of 3)

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF ELECTRONIC MEDIA
ACCESS AND USE OF ELECTRONIC SYSTEMS

I, Sydney Tyson, hereby acknowledge that I have received and read the County's Electronic Media Access and Use of Electronic Systems policy, and have had an opportunity to have any aspect of the policy which I did not understand fully explained. I also understand that I must abide by the policy, and any violation may result in disciplinary action up to and including discharge.

I also understand that the Electronic Media Access and Use of Electronic Systems Policy and related documents are not intended to constitute a contract between the County and me. The undersigned further states that he/she has read the foregoing acknowledgement and knows the contents thereof and signs the same of his/her free will.

Signature: Sydney T Date: 11/02/2020

COUNTY OF GREENVILLE

JOB ACKNOWLEDGMENT

South Carolina Wage and Salary Law require each individual hired by the County to read and acknowledge the following guidelines:

1. All work/pay periods begin on Monday at 12:01 a.m. and end the following Sunday at midnight.
2. Payroll checks are direct deposited every other week (bi-weekly).
3. The County, through a paid-time-off program grants vacation time, holiday pay, and sick time to full-time regular employees. Employees will accrue vacation time based on hours worked on a pay-period basis. After completing the introductory period, full-time employees are eligible to use their accumulated vacation time.
4. Employees terminated from the County in good standing and working the appropriate notice shall be paid accrued vacation time as permitted by the Personnel Rules.
5. Eligible employees will receive a benefit enrollment form indicating the insurance benefits available. The cost for each benefit will be provided during the orientation sessions. Benefits will begin on the first day of the month following employment. Any premiums resulting from participation in the County's health and dental benefit programs will be deducted from the employee's paycheck prior to taxes under the County's premium conversion plan. The appropriate state and federal tax withholding will be deducted from the employee's earnings.
6. Other deductions to be made from wages include those that are required by law such as federal and state taxes, FICA and the SC Retirement Program; and any voluntary deductions that you opt to participate in such as voluntary insurance programs, Deferred Compensation, Credit Union and United Way.
7. Greenville County budgets all regular positions in the annual fiscal budget. Positions that are allocated by grants, federal, State, or any other non-County funds are subject to end when the non-County funds are no longer available.

Name: Tyson, Sydney A. Position Title: Administrative Support Specialist
Department: 4100 Hourly Rate: \$16.0888
Employment Status: Part-Time/Reg. Hours of Work: 59.00
Exempt: Non-Exempt: X
(not compensated for overtime hours) (compensated for overtime hours)

Signature: Sydney J. T. Date: 11/02/2020

W-4

Form
Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

OMB No. 1545-0074

2020

► Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 ► Give Form W-4 to your employer.
 ► Your withholding is subject to review by the IRS.

Step 1: Enter Personal information	(a) First name and middle initial Sydney A.	Last name Tyson	(b) Social security number [REDACTED]
	<p>► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.</p> <p>(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)</p>		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ►

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ► \$ <input type="text" value="0"/>	3	\$ <input type="text" value="0"/>
	Multiply the number of other dependents by \$500 ► \$ <input type="text" value="0"/>		
	Add the amounts above and enter the total here		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ <input type="text" value="0"/>
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator, if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

 **Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social-security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

SOUTH CAROLINA EMPLOYEE'S
WITHHOLDING ALLOWANCE CERTIFICATE

Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.

1 Your first name and middle initial	2 Last name		
Sydney A.	Tyson		
3 Home address (number and street or rural route)		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If Married filing separately, check "Married, but withhold at higher Single rate."	
		4 If your last name is different on your Social Security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5	6 <input type="checkbox"/>
6 Additional amount, if any, you want withheld from each paycheck		6 <input type="checkbox"/>	
7 I claim exemption from withholding for 2020. Check the box for the exemption reason and write "exempt" on line 7.			
<input type="checkbox"/> For tax year 2019, I had a right to a refund of all South Carolina Income Tax withheld because I had no tax liability, and for tax year 2020 I expect a refund of all South Carolina Income Tax withheld because I expect to have no tax liability.			
<input type="checkbox"/> I elect to use the same residence for tax purposes as my military servicemember spouse. I have provided my employer with a copy of my current military ID card and a copy of my spouse's latest Leave and Earnings Statement. State of domicile: _____			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (required) > <i>Sydney Tyson</i>		Date > 11/02/2020	
Employer: Complete boxes 8 and 10 if sending to the SCDOR and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.			
8 Employer's name and address	9 First date of employment	10 Employer identification number (EIN)	

SC W-4 Instructions

Complete SC W-4 so that your employer can withhold the correct South Carolina Income Tax from your pay. If you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Determine the number of withholding allowances you should claim for withholding for 2020 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Consider completing a new SC W-4 each year and when your personal or financial situation changes to keep your withholding accurate and help you avoid surprises when you file your South Carolina Individual Income Tax return.

For the latest information about South Carolina Withholding Tax and the SC W-4, visit dor.sc.gov/withholding.

Exemptions. You may claim exemption from South Carolina withholding for 2020 for one of the following reasons:

- For tax year 2019, you had a right to a refund of all South Carolina Income Tax withheld because you had no tax liability, and for tax year 2020 you expect a refund of all South Carolina Income Tax withheld because you expect to have no tax liability.
- Under the Servicemembers Civil Relief Act, you are claiming the same residence for tax purposes as your military servicemember spouse. You are only in South Carolina, or a bordering state, to be with your military spouse who is serving in the state in compliance with military orders. Provide your employer with a copy of your current military ID card and a copy of your spouse's latest Leave and Earnings Statement (LES). The military ID card must have been issued within the last four years. The assignment location on the LES must be in South Carolina or a bordering state. Enter your spouse's state of domicile on the line provided.

If you're exempt, complete only lines 1, 2, 3, 4, and 7. Check the box for the reason you are claiming an exemption and write "exempt" on line 7. Your exemption for 2020 expires February 17, 2021. If you are a military spouse and you no longer qualify for the exemption, you have 10 days to update your SC W-4 with your employer.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, you may want to add additional withholdings on Line 6 to ensure you are withholding enough. Each employer will require an SC W-4.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using SC 1040ES, Individual Declaration of Estimated Tax, or you can add additional withholding from this job's wages on Line 6. Otherwise, you may owe additional tax.

Instructions for employers. Employees should not complete box 8, 9, or 10. Employers will complete these boxes if necessary.

- **New hire reporting.** In accordance with Section 43-5-598 of the South Carolina Code of Laws and 42 USC Sec. 653a, employers must report newly hired employees within 20 days after the employee's first day of work. For more information go to newhire.sc.gov.
- **Box 8.** Employers should enter their name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.
- **Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from your service for at least 60 days, enter the rehire date.
- **Box 10.** Employers should enter their Employer Identification Number (EIN).

All employers reporting South Carolina wages or withholdings must submit the W-2s directly to the SCDOR. Submitting the W-2s to the Social Security Administration does not meet this requirement. You may submit W-2s using our free tax portal at MyDORWAY.dor.sc.gov. Withholding tax tables are available at dor.sc.gov/withholding.

Worksheet Instructions

Personal Allowances Worksheet. Complete the worksheet on page 3 first to determine the number of withholding allowances to claim.

- **Line C. Head of household.** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See IRS Pub. 501 for more information about filing status.
- **Line E. Federal child tax credit.** When you file your tax return, you may be eligible to claim a federal child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid Social Security Number. To learn more about this credit, see IRS Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.
- **Line F. Federal credit for other dependents.** When you file your tax return, you may be eligible to claim a federal credit for other dependents for whom a federal child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or Social Security Number requirement for the federal child tax credit, or a qualifying relative. To learn more about this credit, see IRS Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Enter the total from Line G of this worksheet on Line 5 of the SC W-4.

Deductions, Adjustments, and Additional Income Worksheet. Complete this optional worksheet if you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding.

- **Reduce withholding.** Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you reduce your withholding, your refund at the end of the year will be smaller, but your paycheck will be larger.
- **Increase withholding.** You can also use this worksheet to determine how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Enter the total from Line 10 of this worksheet on Line 5 of the SC W-4.

11. Electronic Communication Devices

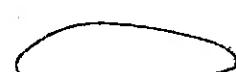
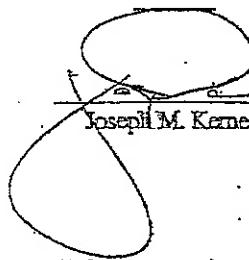
Employees are prohibited from text messaging on any electronic communication device while operating a County owned vehicle. Drivers are expected to exercise safe and sound judgement if required to utilize an electronic communication device while operating a County owned vehicle.

12. Other Requirements

1. The use of Tobacco products in vehicles is prohibited.
2. Use of seat belts/shoulder belt is mandatory.

III. RESPONSIBILITY FOR REVIEW

The Fleet Director will review this directive annually. This directive supersedes all previous procedures and/or practices regarding the issuance, operation and maintenance of County vehicles.



Joseph M. Kornell County Administrator

08/06/2009

Date

I have received a copy, read and understand the above administrative directive relative to vehicle/equipment use and agree to abide by these policies. I also understand that if my driving record changes to an unacceptable level I will be subject to disciplinary action up to and including dismissal.

11/02/2020
Date

Sydney T.
Employee

SC Retirement System Statement

Have you ever been a member of the following? **(please check)**

YES NO **SOUTH CAROLINA RETIREMENT SYSTEMS**

YES NO **SOUTH CAROLINA POLICE OFFICERS
RETIREMENT SYSTEM**

If YES to either of the above:

DID YOU WITHDRAW YOUR MONEY? YES NO

**ARE YOU CURRENTLY RECEIVING
RETIREE BENEFITS?** YES NO

SIGNATURE Sonya

DATE 11/02/2020

COUNTY OF GREENVILLE
Emergency Information

Effective Date 11/02/2020

Employee Name Sydney Tyson

Department Records Position/TITLE Admin. Support Specialist PT

IN CASE OF EMERGENCY CONTACT:

Name

Address

City

Telephone Number(s):

(Home) _____ (Work) _____ (Mobile) _____

Relationship

Please give us any other information that we need to know in case of an emergency:

NOTE: You should update this form when any essential information changes.

COUNTY OF GREENVILLE
THE WORKERS' COMPENSATION PROCESS

I acknowledge that the Workers' Compensation Process was explained to me, and that I understand it.

Signature Sydney T

Date 11/02/2020

COUNTY OF GREENVILLE

ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING OF THE HARASSMENT POLICY

I, Sydney Tyson, hereby acknowledge that I have received and read the County's Harassment Policy, and have had an opportunity to have any aspect of the policy which I did not understand fully explained. I also understand that I must abide by the policy, and any violation may result in disciplinary action up to and including discharge.

I also understand that the Harassment Policy and related documents are not intended to constitute a contract between the County and me. The undersigned further states that he/she has read the foregoing acknowledgment and know the contents thereof and signs the same of his/her own free will.

Signature Sydney T

Date 11/02/2020

COUNTY OF GREENVILLE

ACKNOWLEDGMENT OR RECEIPT AND UNDERSTANDING OF THE SAFETY POLICY

I, Sydney Tyson, hereby acknowledge that I have received and read the Safety Policy, and have had an opportunity to have any aspect of the policy which I did not understand fully explained. I also understand that I must abide by the policy, and any violation may result in disciplinary action up to and including discharge.

I also understand that the Safety Policy and related documents are not intended to constitute a contract between the County and me. The undersigned further states that he/she has read the foregoing acknowledgment and know the contents thereof and signs the same of his/her own free will.

Signature Sydney T

Date 11/02/2020

COUNTY OF GREENVILLE
ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING OF
VIOLENCE IN THE WORKPLACE DIRECTIVE

I, Sydney Tyson, hereby acknowledge that I have received and read the Violence in the Workplace Directive, and have had an opportunity to have any aspect of the directive which I did not understand fully explained. I also understand that I must abide by the directive, and any violation may result in disciplinary action up to and including discharge.

I also understand that the Violence in the Workplace Directive and related documents are not intended to constitute a contract between the County and me. The undersigned further states that he/she has read the foregoing acknowledgment and know the contents thereof and signs the same of his/her own free will.

Signature Sydney T Date 11/02/2020

COUNTY OF GREENVILLE
ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING OF
SUMMARY OF EMERGENCY EVACUATION PLAN

I, Sydney Tyson, hereby acknowledge that I have received and read the Summary of the Emergency Evacuation Plan, and have had an opportunity to have any aspect of the plan which I did not understand fully explained. I also understand that I must abide by the plan, and any violation may result in disciplinary action up to and including discharge.

I also understand that the Summary of the Emergency Evacuation Plan and related documents are not intended to constitute a contract between the County and me. The undersigned further states that he/she has read the foregoing acknowledgment and know the contents thereof and signs the same of his/her own free will.

Signature Sydney T Date 11/02/2020

COUNTY OF GREENVILLE
Conflict of Interest

EMPLOYEE NAME Sydney Tyson Date 11/02/2020

“Conflict of Interest” is defined as any situation in which a conflict arises between an employee’s obligation to Greenville County and his own self interest or personal gain; any situation in which an employee’s ability to render unbiased, professional judgment or service could be questioned.

(1) Are you a director, officer, owner, partner or employee of, or consultant or advisor to, any business enterprise that to your knowledge or belief:

(a) supplies Greenville County with any property, goods or services? Yes No ✓
(b) engages in any business that may be competitive with Greenville County? Yes No ✓

If your answer to either part of this question is “yes,” please identify such business enterprise and describe your relationship to it in the section beneath question 1.

(2) Do you or any member of your immediate family have any direct or indirect interest in any business enterprise that to your knowledge or belief:

(a) Supplies Greenville County with any property, goods or services? Yes No ✓
(b) engages in any business that may be competitive with Greenville County? Yes No ✓

If your answer to either part of this question is “yes,” please identify such business enterprise and indicate the nature and extent of the financial interest in the section beneath question 2.

(3) In the past 12 months, have you received any compensation, loan, gift or unusual hospitality from any supplier to, or competitor of Greenville County? Yes No ✓

If your answer is “yes,” please give details in the section beneath question 3.

(4) In the past 12 months, have you had any business or personal relationships with a person or company not covered in your answers to questions 1 through 3 that could reasonable appear to be a conflict of interest? Yes No ✓

If your answer is “yes” please give details in the section beneath question 4.

SIGNATURE Sydney T DATE 11/02/2020
JOB TITLE Administrative Support Specialist DEPARTMENT Records



Self-Identification Form

The County of Greenville is an Equal Opportunity and Affirmative Action Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Plan. This information is voluntary and will not affect your opportunity for employment or conditions of employment.

Print Name: Sydney Tyson

Job Title: Admin. Support Specialist

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify).

White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the races listed.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Please return this completed form to the Human Resources Department.

Signature: Sydney

Date: 11/02/2020



PLEASE READ
BEFORE
ENTERING!

UPON ARRIVAL TO THIS FACILITY, NEW HIRES MUST VERIFY THE BELOW STATEMENTS REGARDING ANY ILLNESS OR SYMPTOMS RELATED TO CORONAVIRUS DISEASE. ONLY THOSE WHO AFFIRM A "TRUE" ANSWER TO ALL THREE STATEMENTS WILL BE ALLOWED ENTRY.

Your Name (Print):	Your Telephone Number:
Sydney Tyson	[REDACTED]

NEW HIRE SELF-DECLARATION		
1	I have not experienced any new or worsening flu-like symptoms, such as fever (100.4 F or greater), cough, or shortness of breath;	
	<input checked="" type="checkbox"/> TRUE	<input type="checkbox"/> FALSE
2	I have not in the last 14 days traveled or have had family members travel in an airplane or to high-risk area for transmission of COVID-19;	
	<input checked="" type="checkbox"/> TRUE	<input type="checkbox"/> FALSE
3	I have not been in close contact with someone under evaluation for COVID-19 infection or with someone who has a confirmed infection of COVID-19.	
	<input checked="" type="checkbox"/> TRUE	<input type="checkbox"/> FALSE

If your answer is "FALSE" to any of the above, return to your vehicle and contact your supervisor.

Your Signature: Sydney Tyson Date: 11/02/2020

For completion by a Greenville County representative only		
Access to Facility (circle one):	Approved	Denied

County of Greenville
ORIENTATION CHECKLIST
PART-TIME, TEMPORARY, INTERN

Name Sydney Tyson Date 11/02/2020

Position Admin Support Specialist Department Records

Item	Initials	Item	Initials
Welcome Introduction	ST	Emergency Information	ST
Employment At-Will	ST	Alcohol & Drug Policy Acknowledgment	ST
Mission Statement	ST	Electronic Media Access and Use Acknowledgement	ST
Customer Service	ST	Harassment Policy Acknowledgement	ST
Organizational Structure	ST	Workplace Violence Acknowledgement	ST
Employee Assistance Program	ST	Emergency Evacuation Plan Acknowledgment	ST
Grievances	ST	Employment Eligibility (I-9) *(Must be completed within 3 days after date of hire).	ST
Alcohol & Drug Policy	ST	Conflict of Interest	ST
Workplace Violence Directive	ST	Safety Policy Acknowledgement	ST
Electronic Media Access & Use Directive	ST	County Vehicle Directive Acknowledgement	ST
Emergency Evacuation Plan	ST	W-4 Form	ST
Harassment Policy	ST	Job Acknowledgement	ST
Credit Union	ST	Direct Deposit Form	ST
Reduction and Recycling Program	ST	Insurance Marketplace Acknowledgement	
United Way Option	ST	Self Identification Form	ST
Introductory Period	ST	SC Retirement Systems Statement	ST
Performance Appraisal	ST	SC Retirement Systems Enrollment or Non-Election Form	ST
Safety Policy and Safety Video	ST	SC Retirement Beneficiary Form	ST
Worker's Compensation	ST	Diversity and Inclusion Statement	ST
County Vehicle Directive	ST		
Pay Dates & Check Distribution	ST		
Family and Medical Leave Act of 1993	ST		
Deferred Compensation	ST		
Sexual Harassment Prevention	ST		
Online Training	ST		
Employment Discrimination	ST		
KEEP THE ABOVE ITEMS		TURN IN THE ABOVE ITEMS	

Signature: Sydney T Date: 11/02/2020

**S.C. Public Employee Benefit Authority
Retirement Benefits
Retirement Plan Enrollment Confirmation**

**THIS FORM IS FOR YOUR RECORDS ONLY
DO NOT SEND THIS CONFIRMATION RECORD TO PEBA**

Demographic Information

Name: SYDNEY TYSON

Suffix:

SSN: [REDACTED]

Gender: Female

Date Of Birth: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Position Summary

Employer: 723.05 - Greenville County Council

Position Title: ADMINISTRATIVE SUPPORT SPECIALIST

Annual Salary: \$24,680.22

Hire Date: 11-02-2020

Retirement Plan Information

Retirement Plan: South Carolina Retirement System (SCRS)

Election Made: 11-16-2020 - 12:19:42 AM

Plans Offered: SCRS

Last Modified By: PATRICIA D HUDSON

Enrollment Completion Date: 11-16-2020

Employee acknowledged they terminated from the following other employers:

Spartanburg County Council (SCRS)

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY (PEBA). PEBA RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

RETIREMENT PLAN ENROLLMENT
S.C. Public Employee Benefit Authority
Retirement Benefits
Attention: Enrollment
202 Arbor Lake Drive
Columbia, SC 29223

Print or type in black ink

Please read the instructions on Page 2 before completing this form.

ACTION REQUESTED (Check One):

NEW ENROLLEE (First-time membership)
 OPEN ENROLLMENT (Irrevocable election from State ORP)
 CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT
 CHANGE OF INFORMATION
 Name (Prior Name): _____
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)
 Address _____
 SSN (Old Number): _____
 Date of Birth _____

SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)

1. Last Name & Suffix	2. First/ Middle Name	3. Social Security Number	
Hyson	Sydney	[REDACTED] (If changing SSN)	
4. Address	5. City	6. State	7. ZIP+4
[REDACTED]			
8. Gender	9. Date of Birth	10. Telephone Number	11. Email Address
<input type="checkbox"/> Male			
<input checked="" type="checkbox"/> Female			
12. Have you ever been a member of PEBA's retirement systems? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
13. If item 12 is "Yes", indicate the name(s) of your former employer: Did you withdraw your contributions? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
14. Do you currently have a pending refund request? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
15. Are you now receiving or have you applied to receive a monthly benefit from any of PEBA's retirement systems? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Application in Process			
16. Retirement Plan Election (CHOOSE ONE) <input checked="" type="checkbox"/> SCRS <input type="checkbox"/> PORS (See Instructions) <input type="checkbox"/> State ORP (If State ORP, please complete item 17.) <input type="checkbox"/> JSRS (Judge, Solicitor, Circuit Public Defender, or Administrative Law Court)		17. Select State ORP Vendor <input type="checkbox"/> MassMutual <input type="checkbox"/> MetLife <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> VALIC	

18. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), or individuals first elected to the S.C. General Assembly in and after November 2012, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State Optional Retirement Program (State ORP). The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until PEBA receives from me a properly executed beneficiary form.

My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 16 above.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE PUBLIC EMPLOYEE BENEFIT AUTHORITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee's Signature Sydney T Date 11/02/2020 Witness _____
(Required only when signed by mark)

SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)

19. Employer Code	20. Employer Name	21. Please indicate if you are the employee's primary or secondary employer. <input type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer		
22. Original Date of Hire with Employer listed in Items 19-20		23. Date of Membership	24. Employee's Position Title	25. Employee's Annual Salary
26. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.				
Employer Signature _____			Date _____	
Work Telephone _____				

INSTRUCTIONS
(PLEASE READ BEFORE COMPLETING AND SIGNING THIS FORM)

Complete this form: to enroll a new member; to change a member's employer, name, address, date of birth, or Social Security number; for employees who have had a break-in-service (those who return from a leave-without-pay status of more than 13 months); or when changing from one retirement system to another, regardless of prior membership.

ACTION REQUESTED - (CHECK APPROPRIATE BOX) (THE EMPLOYER MAKES THESE SELECTIONS.)

NEW ENROLLEE: Enrolling in the Retirement Systems for the first time.

OPEN ENROLLMENT: Irrevocable election from State ORP - Employee previously participated in State ORP, but is now irrevocably electing membership in SCRS during open enrollment period, after the first annual anniversary but before the fifth annual anniversary of the person's initial enrollment in State ORP.

CHANGE OF EMPLOYER/Dual-employment: A member of the Retirement Systems transferring or accepting a position with another employer or a new hire with funds on deposit in the Retirement Systems.

CHANGE OF INFORMATION: Changing any of the listed information and to request that the Retirement Systems update its records on the employee accordingly.

Name (Prior Name): Attach a copy of the marriage license or other legal document authorizing the name change.

Indicate the employee's **old name** in the space provided and list his **new name** in items 1-3 in Section I.

Address: List employee's new address (items 4-7 in Section I).

SSN (Old Number): Change/correct an employee's Social Security number by listing **old Social Security number** in the space provided and completing items 1-3 in Section I. (The employee's **new Social Security number** should be listed in item 3 in Section I). Include a copy of Social Security card with correct SSN.

Date of Birth: Change an employee's date of birth by completing items 1-9 in Section I.

SECTION I - ITEMS 1-18 INSTRUCTIONS (THE EMPLOYEE COMPLETES AND SIGNS THIS SECTION.)

Items 1 - 11: Complete items 1-11 by providing the requested information.

Item 12: Indicate if you have prior membership in any of the five retirement plans (SCRS, State ORP, PORS, GARS, or JSRS).

Item 13: If item 12 is "yes," provide the name(s) of the employer(s) for whom you worked and through which you contributed to one of PEBA's retirement systems or State ORP, and indicate whether or not you received a refund of your contributions.

Item 14: Indicate whether or not you currently have a pending refund request.

Item 15: Indicate whether or not you are receiving or have applied to receive a monthly benefit from the PEBA.

Item 16: Select the retirement plan of your choice (check appropriate box). You must be eligible for membership in the retirement plan you select. To be eligible for PORS membership, an employee must be required by the terms of his employment, by election or appointment, to preserve public order, protect life and property, and detect crimes in the state; to prevent and control property destruction by fire; be a coroner in a full-time permanent position; or be a peace officer employed by the Department of Corrections, the Department of Juvenile Justice, or the Department of Mental Health. Probate judges and coroners may elect membership in PORS. Magistrates are required to participate in PORS for service as a magistrate. PORS members, other than magistrates and probate judges, must also earn at least \$2,000 per year and devote at least 1,600 hours per year to this work, unless exempted by statute. By signing this form as an employer, you are certifying that the employee meets these eligibility requirements. GARS is closed to members of the General Assembly who are first elected to serve in and after November 2012; however, these members may elect to join SCRS, State ORP, or non-membership.

Item 17: If you elected State ORP, you must check the appropriate box to indicate your vendor selection.

Item 18: Please sign and date the form after you have completed items 1-17.

Your employer will complete the remainder of the form (Section II).

SECTION II - ITEMS 19-25 INSTRUCTIONS (THE EMPLOYER COMPLETES AND SIGNS THIS SECTION.)

Items 19-20: Indicate the five-digit employer code assigned to your organization by PEBA and list the name of your organization.

Item 21: Indicate if this will be the employee's primary or secondary employer.

Item 22: List the date the employee was originally hired by the current employer.

Item 23: List the date the employee will begin making contributions to his chosen retirement plan through the current employer. If an employee is electing irrevocable membership in SCRS during the State ORP open enrollment period, the effective date must be April 1 of the current year.

Item 24: Indicate the employee's position title.

Item 25: List the employee's annual salary. If the employee is part-time, the salary may be listed as an hourly wage.

Item 26: Please sign and date the form, and provide your work telephone number so that the Enrollment staff may contact you if necessary.

WE THE PEOPLE

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common Defense,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

