



**Motor Carrier Attachment 35:  
Reliable Transportation Documents**

**Baltimore, MD; 11/1/2016**

**HWY17MH007**

(53 pages)

## Reliable Transportation

2310 Chesapeake Avenue  
Baltimore, Maryland 21222  
Phone: 410-355-2080  
Fax: 410-355-2081



October 17, 2017

Mr. Ed Kendall  
Mr. Michael S. Fox  
Highway Accident Investigator  
490 L'Enfant Plaza East, S.W.  
Washington, D.C. 20594

Dear Messrs. Kendall and Fox,

Please find the attached responses to your Subpoena Duces Tecum served on Reliable Professional Services, LLC d/b/a Reliable Transportation. I would also remind you that Reliable responded to a previous document request in November 2016, therefore you may find some duplicate materials. Also, note that Reliable reserves the right to supplement any responses.

In response to the information requested. Please see the answers below:

1. Mr. Glenn Chappell's supervisors while at Reliable Transportation.

ANSWER: Mr. Chappell's direct supervisors were Karla Wingate and Jerald Wicks.

2. The company dispatcher(s) for May 2016-December 2016 at Reliable Transportation.

ANSWER: Reliable utilized a customer service department that communication with the bus monitors as the primary communication while the buses were in operation. The customer service department had several employees working there on an indefinite basis.

3. The company mechanic(s) for Reliable Transportation from May 2016 to December 2016.

ANSWER: Understand, that Reliable has hired permanent and temporary help in its maintenance department from time to time. However, in effort to respond to this subpoena, we would state that Reliable employed mechanic(s) during this time period as best as we can identify were:

Larry Ford-Still employed at this time.

SSN: [REDACTED]

Birth Date: [REDACTED]

Address:

[REDACTED]

United States  
Mobile Phone

[Redacted]

Andre E Warren Jr-Not employed at this company any longer.

SSN: [Redacted]

Birth Date: [Redacted]

Address: [Redacted]

[Redacted]

Baltimore, MD 21224

United States

Roland C Dempsey-Not employed at this company any longer.

SSN: [Redacted]

Birth Date: [Redacted]

Address [Redacted]

[Redacted]

Baltimore, MD 21207

United States

- 4. The bus aide(s) that rode with Mr. Glenn Chappell his time at Reliable Transportation.

Name Rebecca White

SSN: [Redacted]

Birth Date: [Redacted]

[Redacted]

Baltimore, MD 21217

United States

Mobile Phone

[Redacted]

Home Phone

[Redacted]

Sincerely,

[Redacted Signature]

Timothy M. Dixon



\$ 17.00

Reliable Transportation  
2310 Chesapeake Ave  
Baltimore, MD 21222  
410-335-2080

Company Name \_\_\_\_\_ Date 5/23/16

Please Print Clearly

**APPLICATION FOR EMPLOYMENT**

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For School bus driver (list only one) Name Glenn R. Chappell

Telephone Number [redacted] Alternate/Cellular Telephone Number ( ) \_\_\_\_\_

Present Address [redacted]

Baltimore Street, Apartment, or Unit Number \_\_\_\_\_  
City State Zip Md 21239

How long have you lived there 301 Years/Months Email Address (optional) \_\_\_\_\_

Desired Salary/Hourly Rate 16.00 hourly

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes  No

Type of employment desired? Full-time  Part-time  (Specify Hours) 5/25/16

Are you willing to work overtime? Yes  No  Date on which you can start work if hired \_\_\_\_\_

Have you previously applied for employment with this Company? Yes  No

If Yes, when and where did you apply? \_\_\_\_\_

Have you ever been employed by this Company? Yes  No

If Yes, provide dates of employment, location, and reason for separation from employment.

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE
C+T	School bus driver	C+T Transportation		410/6853290
Citywide	School bus driver	Citywide		410/8891

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN
Maurice J. Truck driver				4 years
Linda Brown	City worker			3 years

**APPLICANT CERTIFICATION**

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature [Signature] Date 5/23/16

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian \_\_\_\_\_ Witness \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have read and understand the above statement.**

Applicant Signature [Signature] Date 5/23/16

**UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.**

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

AUTHORIZATION FOR DISCLOSURE OF HEALTH CARE INFORMATION

Patient Name: GLENN R. Chappell

Date of Birth: [REDACTED]

1. I authorize the use or disclosure of the above named individual's health information as described below:

2. The following individual or organization is authorized to make the disclosure:

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

- problem list
- medication list
- list of allergies
- immunization record
- most recent history and physical
- most recent discharge summary
- laboratory results from (date) \_\_\_\_\_ to \_\_\_\_\_
- x-ray and imaging reports from (date) \_\_\_\_\_ to (date) \_\_\_\_\_
- consultation reports from (doctors' names) \_\_\_\_\_
- entire record
- other

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Reliable Professional Services d/b/a Reliable Transportation  
Address: 2310 Chesapeake Ave., Baltimore, Maryland 21222, Ph#: 410-355-2080  
for the purpose of: Any and all employment uses

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to my employer. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will not expire during my term of employment.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. However, my failure to sign may have employment consequences, up to and including termination. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for unintentional unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Human Resources Dept. or a designee of my employer.

8. I understand that I am making this authorization as a condition of my employment and my employer may use it for any use it deems appropriate.

[Signature]  
Signature of Employee

\_\_\_\_\_  
Date



Authorization to Release Driving Record

I hereby authorize Reliable Professional Services, LLC d/b/a Reliable Transportation and its agents or designees to request any information concerning my driving records of Maryland and any other State or the District of Columbia. I hereby authorize any persons having knowledge thereof to provide such information to Reliable Professional Services, LLC d/b/a Reliable Transportation and/or its agents, and I hereby release from liability and agree to hold harmless Reliable Professional Services, LLC d/b/a Reliable Transportation and any person who furnishes such information in good faith.

Finally, I authorize Reliable Professional Services, LLC d/b/a Reliable Transportation to disclose any documentation to any governmental entity involved or in any legal proceeding or investigation connected with my employment.

I understand that only duly-authorized Reliable Professional Services, LLC officers, employees, and agents will have access to information furnished or obtained in connection with this release; that they will maintain and protect the confidentiality of such information to the extent possible; and that they will share such information only to the extent necessary to make employment and legal decisions and to respond to inquiries or notices related to legitimate business of the company.

A copy of this form shall have the same effect as the original.

Glenn R. Chappell  
Print Complete Formal Name

[REDACTED]  
Social Security Number

Maryland  
State

[REDACTED]  
Driver's License Number

[REDACTED]  
Date of Birth

[REDACTED]  
Address

Balto Md 21239  
City / State / Zip Code

[REDACTED]  
Signature

# Concentra™

(Patient Must Present Photo ID at Time of Service)

## Authorization for Examination or Treatment

Patient Name: Glenn Chappell Social Security Number: [REDACTED]

Employer: Reliable Transportation Date of Birth: [REDACTED]  
2340 Chesapeake Ave  
Baltimore, MD 21222

Street Address: [REDACTED] Location Number: \_\_\_\_\_

Temporary Staffing Agency: \_\_\_\_\_

### Work Related

Injury  Illness

Date of Injury \_\_\_\_\_

Substance Abuse Testing\* (check all that apply)

Regulated drug screen  Breath alcohol

Collection only  Hair collect

Non-regulated drug screen  Rapid drug screen

Other \_\_\_\_\_

### Type of Substance Abuse Testing

Preplacement  Reasonable cause

Post-accident  Random

Follow-up

### Physical Examination

Preplacement  Baseline  Annual  Exit

### DOT Physical Examination

Preplacement  Recertification

### Special Examination

Asbestos  Respirator  Audiogram

Human Performance Evaluation\*

HAZMAT  Medical Surveillance

Other \_\_\_\_\_

### Billing (check if applicable)

Employee to pay charges

Special instructions/comments: \_\_\_\_\_

Please Fax Results

Fax # 410 928-1910

Authorized by: [REDACTED] Please print

Phone: [REDACTED]

Title: Owner

Date: 6/20/16

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at [www.concentra.com](http://www.concentra.com))

**BUSINESS PROTECTION AGREEMENT**

This BUSINESS PROTECTION AGREEMENT is made this 23 day of May, 2016 ("Effective Date"), by and between Reliable Professional Services, LLC doing business as Reliable Transportation (hereinafter referred to as the "Company"), and the signatory hereto (hereinafter referred to as "Employee").

WHEREAS, the Company desires to employ the Employee or continue such employment in the position set forth beneath the Employee's signature and the Employee desires to become employed or continue employment by the Company in said position; and

WHEREAS, the Company is engaged in a highly competitive enterprise, and as such the solicitation of customers, contractors, or clients of the Company by the Employee on behalf of the Employee or any person or entity in competition with the Company, and the unauthorized disclosure or use of the Confidential Information of the Company, as that term is defined herein and as protected under this Agreement, could cause immediate and irreparable injury to the business and goodwill of the Company; and

WHEREAS, the Company will provide and/or pay for training and licensing to enhance the Employee's skills and enable Employee to act in the Business of the Company; and

WHEREAS, the execution of this Agreement by the Employee is a necessary prerequisite to and a condition of the employment and/or continued employment of the Employee by the Company, and that the Company would not otherwise employ or continue to employ the Employee without the Employee's execution of this Agreement.

NOW, THEREFORE, in consideration of the employment of the Employee by the Company, the mutual covenants and agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which hereby are acknowledged, the Employee and Company agree as follows:

1. Employment. Reliable Professional Services, LLC hereby employs the Employee and the Employee accepts employment in the position below the Employee's signature line (the "Position"). Said employment shall commence or did commence on the date shown under the signature line and shall continue until that date on which the employment relationship is terminated at the will of either party.

2. Definitions.

a. "Company" means Reliable Professional Services, LLC which does business as Reliable Transportation and any affiliates, parent companies, subsidiaries, or related entity and any successor-in-interest thereto or assignee thereof, for which the Employee may have performed any work or services or about which the Employee may have obtained Confidential Information, as defined herein.

  
*S. K. C.*

business; that it is the property of the Company; that the Company's business interests require a confidential relationship between the Company and the Employee and the fullest possible protection of Reliable Professional Services, LLC Confidential Information; and that all such information is protected from unauthorized disclosure or use under this Agreement.

Notwithstanding the foregoing, Confidential Information will not include any information that has become publicly known or available through no act or failure to act of Employee.

3. Employee's Representations and Acknowledgments. The Employee hereby recognizes and acknowledges that during Employee's employment with the Company, Employee will be given access to, will become familiar with, and will acquire knowledge of the Company, its Customers, clients, sources of customers, operations, Vendors, as well as other Confidential Information of the Company. The Employee recognizes that Employee will or may become the Company's primary contact with its Customers, Clients, and Vendors and will engage the loyalty of Customers and develop close relationships with Vendors. The Employee recognizes that Employee's disclosure or use of such Confidential Information in competition with the Company would be greatly prejudicial and detrimental to the Company and would cause the Company immediate and irreparable injury. The Employee further recognizes that Employee is in a position to unfairly convert the Company's business and Customer accounts, its goodwill, its relationship with Vendors, and its Confidential Information for Employee's own use or for competition with Reliable Professional Services, LLC. The Employee hereby represents, acknowledges and agrees that the Employee's skills and experience are readily transferrable and of such breadth that Employee can employ them to Employee's advantage in many other fields of endeavor, and that consequently the terms of this Agreement will not unreasonably impair the Employee's ability to engage in business activity after termination of Employee's employment with Reliable Professional Services, LLC.

4. Non-Disclosure of Confidential Information. At no time during the Employee's employment with the Company, nor at any time thereafter, shall the Employee directly or indirectly disclose, reveal or use for Employee or others, or aid others in obtaining, any Confidential Information of the Company, without the prior express written permission of the Reliable Professional Services, LLC, other than in the ordinary performance of Employee's duties on behalf of the Reliable Professional Services, LLC and as authorized by the Reliable Professional Services, LLC. The Employee agrees to keep confidential all such Confidential Information, both during Employee's employment and subsequent thereto.

5. Return of Company Property. All records, files, documents and other tangible material related to the Company's business whatsoever, including, but not limited to, Confidential Information, and all copies of any such documents, files, records and information that were received, acquired or produced by the Employee during Employee's employment with the Company, is the exclusive property of the Company and shall be returned to the Company upon the termination of the Employee's employment. The Employee shall not make or retain any copies of any documents or any items that are the Reliable Professional Services, LLC's

contractor of the Company to become employed in or provide service to any business for any reason whatsoever.

8. Training and Licensing Costs. From time to time, Employee may be required to attend and successfully complete various classes relating to Employee's ability to perform the tasks of his/her job. The Company shall pay for the cost of such classes and licenses; however, if Employee resigns or does not return to work after employment is offered, within the one year period following his/her completion of the class, Employee hereby agrees, upon the conclusion of employment, to reimburse the Company for the cost of the any classes or training, any other administrative costs to include physicals, background checks, drug testing based on the following schedule:

If Employee leaves voluntarily within 6 months of completing class, Employee shall reimburse the Company 100% of the cost of the class.

If Employee leaves voluntarily between 6 months and 1 year of completing class, Employee shall reimburse the Company 50% of the cost of the class.

Further, Employee hereby authorizes the Company to deduct, to the maximum extent permitted by law, from Employee's final paycheck any amounts owed by Employee upon the conclusion of his/her employment for said training and/or licensing. Any balance owed by Employee shall be paid to the Company within ten (10) calendar days after Employee's employment ends.

9. Termination. The Employee and the Company hereby understand, acknowledge and agree that the obligations and restrictions imposed upon Employee in Sections 6 and 7 of this Agreement shall apply only if Employee voluntarily resigns his position with the Company or if the Employee is terminated for Cause. For avoidance of doubt, the parties acknowledge and agree that the obligations and restrictions set forth in Sections 6 and 7 will not be imposed upon Employee if Employee is terminated without Cause.

10. Waiver. The failure of the Company to enforce any term of this Agreement shall not constitute a waiver of any rights or deprive the Company of the right to insist thereafter upon strict adherence to that or any other term of this Agreement, nor shall a waiver of any breach of this Agreement constitute a waiver of any preceding or succeeding breach. No waiver of a right under any provision of this Agreement shall be binding on the Company unless made in writing and signed by the President of the Company.

11. Injunctive Relief. Any breach of the provisions contained in this Agreement will cause the Company immediate and irreparable injury and damage, for which there is no adequate remedy at law. Accordingly, in the event of a breach of any of the terms of this Agreement, in addition to any other remedies it may have at law or in equity, the Company shall be entitled immediately to seek enforcement of this Agreement in a court of competent jurisdiction by means of a decree of specific performance, an injunction without the posting of a bond or the requirement of any other guarantee, and any other form of equitable relief. The

IN WITNESS WHEREOF, the parties have duly executed this Agreement as of the day and year first above written.

WITNESS:

\_\_\_\_\_

RELIABLE PROFESSIONAL SERVICES,  
LLC

By: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

"Company"

WITNESS:

*[Handwritten signature]*  
\_\_\_\_\_  
*[Redacted signature]*

Name: Glenn R. Chappell

Position: School bus driver

Date of Employment: \_\_\_\_\_

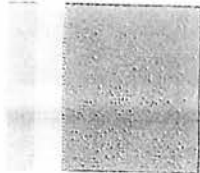
Home Address: \_\_\_\_\_

Baltimore, MD 21239

"Employee"

*[Handwritten signature]*  
\_\_\_\_\_  
*[Redacted signature]*

Reliable Transportation  
 2310 Chesapeake Avenue  
 Baltimore, Maryland 21222  
 Phone: 410-355-2080  
 Fax: 410-355-2081



Date: 6/2/2016

REQUEST FOR CERTIFICATION MATERIALS

Dear Glenn Chappell,  
 PRINTED NAME OF EMPLOYEE

In order to keep your certification(s) current and to continue to be eligible for employment with Reliable Professional Services, LLC you must provide this company with the materials indicated below by the date stated:

Items Needed	Date Due	Received by
Current Department of Transportation Physical (ALL PAGES)	7/31/16	
Current Department of Transportation Physical Card	7/31/16	
Current Motor Vehicle Administration Driving Record		
Social Security Card		
Driver's License/ State Identification Card		
Signed & Executed Employment Agreement		
Executed Medical Records Release Form		
Executed Driver's Information Release Form		
Current Motor Vehicle Administration Driving Record		
Other:		

If the materials requested are not received by the date requested it may have a negative effect on employment with Reliable. **YOU MAY FAX OR EMAIL THIS FORM AND THE REQUESTED MATERIALS TO:**

[Redacted] 410-928-4882 [Redacted]  
 Human Resources (Printed Name) Fax # Email Address

OFFICE USE ONLY: THE ABOVE MATERIALS WERE RECEIVED BY:

\_\_\_\_\_  
 Printed Name Date

\_\_\_\_\_  
 Signed Name of Employer Receiving Materials

BALTIMORE CITY PUBLIC SCHOOL SYSTEM  
DEPARTMENT OF PEPL TRANSPORTATION  
SAFETY OFFICE  
REQUEST FOR INFORMATION

DATE: 5/23/16

TO: SAFETY OFFICE

CONTRACTOR: Reliable

DRIVER MONITOR  
(CIRCLE or UNDERLINE ONE)

I would like you to check the file for GLENN R. Chappell. The  
Social security number is [REDACTED] Date of Birth [REDACTED]. This  
person worked for AAA Fordable Transportation

The above person needs the following:

- Physical (Driver) Expires \_\_\_\_\_ Expired \_\_\_\_\_
- MVA Record (complete \_\_\_\_\_ 36 month \_\_\_\_\_)
- Expires \_\_\_\_\_ Expired \_\_\_\_\_
- Copy of CDL with "P & S" endorsements
- Pre-service \_\_\_\_\_
- \_\_\_\_\_ Certification Expires \_\_\_\_\_
- Pre-employment drug test results (Must have actual results to attend class).
- Criminal Background Check (completed by B.C.P.S.S)
- Social Security Card \_\_\_\_\_
- Currently Certified Driver \_\_\_\_\_ Monitor \_\_\_\_\_

**\*\*If you hire the above person DO NOT forget to send in an Add/Delete form. \*\***  
**\*\*Must bring Social Security Card to Pre-service Class. \*\***  
**\*\*Criminal Background Check (Can be completed in class or sent before class.)**

\_\_\_\_\_ MSDE database checked

Thank You,

\_\_\_\_\_  
\*Bcps staff signs only \*



BALTIMORE CITY PUBLIC SCHOOL SYSTEM  
DEPARTMENT OF PUPIL TRANSPORTATION & GENERAL SERVICES  
SAFETY OFFICE  
INFORMATION NEEDED TO COMPLETE AN APPLICATION FOR  
CRIMINAL BACKGROUND REQUEST

All information must be completed  
PLEASE PRINT CLEARLY

Contractor: Reliable Date: 5/23/10

Name: Chappell Last Glenn First Ronie Middle (FULL NAME)

Maiden Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip code: Baltimore, Md. 21239  
Telephone Number: \_\_\_\_\_ Evening Number: Same  
Date of Birth: \_\_\_\_\_

Place of Birth: Maryland (STATE)  
Citizenship: yes (COUNTRY)  
Color of your eyes: D. Brown Color of your hair: D. Brown  
Height: 5 ft. 11 Weight: 190 Sex: male  
Race: Black

Social Security Number: \_\_\_\_\_  
Maryland Driver License Number: \_\_\_\_\_

Circle One: School Bus Driver School Bus Monitor Taxi Cab Driver  
I certify that the above information was completed by and states the truth about myself.

Signature: \_\_\_\_\_


OFFICE USE ONLY DO NOT WRITE BELOW

Tracking Number: \_\_\_\_\_

CDL Class Commercial  
Endors: A Driver's License Maryland  
TPNS LIC #: [REDACTED]

[REDACTED] GLENN R CHAPPELL  
[REDACTED] BALTIMORE MD 21239  
[REDACTED]

BIRTH DATE: [REDACTED]  
EXPIRES: [REDACTED] 2018  
Sex M HT 5-11 WT 202  
Restr M Type D2  
Issue Date 09-08-2015 [REDACTED]



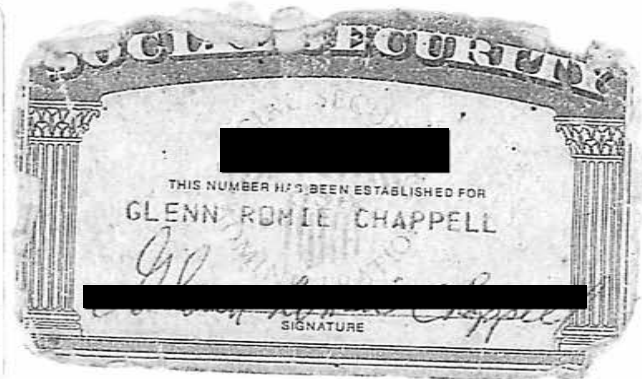
SOCIAL SECURITY

[REDACTED]

THIS NUMBER HAS BEEN ESTABLISHED FOR  
GLENN ROMIE CHAPPELL

[REDACTED]

SIGNATURE



BALTIMORE CITY PUBLIC SCHOOL SYSTEM  
DEPARTMENT OF PEPL. TRANSPORTATION  
SAFETY OFFICE  
REQUEST FOR INFORMATION

DATE: 5/23/16

TO: SAFETY OFFICE

CONTRACTOR: Reliable

DRIVER MONITOR  
(CIRCLE or UNDERLINE ONE)

I would like you to check the file for GLENN R. CHAPPEL. The  
Social security number is [REDACTED] Date of Birth [REDACTED]. This  
person worked for AAA Forcible Transportation

The above person needs the following:

- Physical (Driver) Expires Expired
- MVA Record (complete 36 month)
  - Expires Expired
- Copy of CDL with "P & S" endorsements
- Pre-service.
- Certification Expires
- Pre-employment drug test results (Must have actual results to attend class).
- Criminal Background Check (completed by B.C.P.S.S)
- Social Security Card
- Currently Certified      Driver  Monitor

\*\*If you hire the above person **DO NOT** forget to send in an Add/Delete form. \*\*  
\*\*Must bring Social Security Card to Pre-service Class. \*\*  
\*\*Criminal Background Check (Can be completed in class or sent before class.)

MSDB database checked

Thank You,  
[REDACTED SIGNATURE]  
\*Hops staff sign only\*

# Concentra™

(Patient Must Present Photo ID at Time of Service)

## Authorization for Examination or Treatment

Patient Name: Glenn Chappell Social Security Number: [REDACTED]

Employer: Reliable Transportation  
2310 Chesapeake Ave  
Baltimore, MD 21222 Date of Birth: [REDACTED]

Street Address: [REDACTED] Location Number: \_\_\_\_\_

Temporary Staffing Agency: \_\_\_\_\_

### Work Related

Injury  Illness

Date of Injury: \_\_\_\_\_

### Substance Abuse Testing\* (check all that apply)

Regulated drug screen  Breath alcohol

Collection only  Hair collect

Non-regulated drug screen  Rapid drug screen

Other: \_\_\_\_\_

### Type of Substance Abuse Testing

Preplacement  Reasonable cause

Post-accident  Random

Follow-up

Special instructions/comments: \_\_\_\_\_

Please Fax Results

Fax # 410 928-1910

Authorized by: [Signature] Title: Owner

One: [REDACTED] Date: 6/2/16

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at [www.concentra.com](http://www.concentra.com))

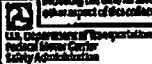
\* Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.



Form MCSA-5875 (Rev. 02/08/2015)

OMB No. 2120-0000 Expiration Date 2/21/2018

Public Release Statement: A Federal agency may not conduct or sponsor and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB control number. The OMB control number for this information collection is 2120-0000. Public reporting burden for this collection of information is estimated to average approximately 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Project, Federal Motor Carrier Safety Administration, MCPSA, 1250 New Jersey Avenue, SE, Washington, DC 20590.



Medical Examiner's Certificate (For Commercial Driver Medical Certification)

I certify that I have examined Last Name Chappell, First Name Glenn <sup>72</sup> in accordance with (please check only one):

The Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.60) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

The Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.60) with any applicable State variations (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses     Accompanied by a \_\_\_\_\_ waiver/exemption     Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid     Accompanied by a SMI Performance Evaluation (SPE) Certificate     Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 6/20/2017

Medical Examiner's Name: [Redacted] Medical Examiner's Telephone Number: 410.633.3600 Date Certificate Signed: 6/20/2016

Medical Examiner's Name (please print or type): Jarrett Wigg, PA-C

Medical Examiner's State License, Certificate, or Registration Number: [Redacted]

Issuing State: MD National Registry Number: 5427926492

MD     Physician Assistant     Advanced Practice Nurse

DO     Chiropractor     Other Practitioner (specify): \_\_\_\_\_

Driver's Name: [Redacted] Driver's License Number: [Redacted] Issuing State/Province: Maryland

Driver's Address: [Redacted] City: Balto State/Province: md Zip Code: 21239  Yes  No

Street Address: [Redacted]

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined Glen R. Chappell II in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a \_\_\_\_\_ waiver/exemption
- Non-commercial class C driver operating a CMV 10,001 to 26,000 lbs., Interstate (MD Motor Vehicle Law 25-111(v))
- driving within an exempt intrastate zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>Edward L. Bird, PA-C</i>		TELEPHONE 410-247-9595	DATE 08/31/2015
MEDICAL EXAMINER'S NAME (PRINT) EDWARD L. BIRD, PA-C		<input type="checkbox"/> MD <input checked="" type="checkbox"/> DO <input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE [REDACTED]		NATIONAL IDENTIFICATION NUMBER 0873867650	
SIGNATURE OF DRIVER • <i>Glen R. Chappell II</i>	INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NO. [REDACTED] STATE • MD
ADDRESS OF DRIVER • [REDACTED] 21739			
MEDICAL CERTIFICATION EXPIRATION DATE 08/31/2016			

C2121DOT

**TIMECARD REPORT -reliableprofessional**

17 of 91 **Glenn Chappell**

Pay Period : 05/29/16 - 06/11/16

DATE	DEPT	IN	OUT	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Sun 05/29/16											
Mon 05/30/16											
Tue 05/31/16	0002	05:41 AM	10:01 AM								
	0002	02:26 PM	03:54 PM	5:48							5:48
Wed 06/01/16	0002	05:40 AM	09:04 AM								
	0002	02:00 PM	04:12 PM	5:36							5:36
Thu 06/02/16	0002	05:43 AM	09:23 AM								
	0002	02:00 PM	04:25 PM	6:05							6:05
Fri 06/03/16	0002	05:39 AM	08:58 AM								
	0002	02:00 PM	04:14 PM	5:33							5:33
Sat 06/04/16											
Sun 06/05/16											
Mon 06/06/16	0002	05:46 AM	08:59 AM								
	0002	02:01 PM	04:13 PM	5:25							5:25
Tue 06/07/16	0002	05:45 AM	09:44 AM								
	0002	02:00 PM	04:17 PM	6:16							6:16
Wed 06/08/16	0002	05:44 AM	08:50 AM								
	0002	02:00 PM	04:33 PM	5:39							5:39
Thu 06/09/16	0002	05:45 AM	08:50 AM								
	0002	02:00 PM	04:32 PM	5:37							5:37
Fri 06/10/16	0002	05:43 AM	08:53 AM								
	0002	02:00 PM	05:17 PM	6:27							6:27
Sat 06/11/16											

Hours Worked Week 1: 23:02 | Week 2: 29:24

	<b>REG</b>	<b>OT1</b>	<b>OT2</b>	<b>VAC</b>	<b>HOL</b>	<b>SIC</b>	<b>OTH</b>	<b>TOTAL</b>
Total Hours	52:26							52:26

DEPT	DEPARTMENT TRANSFER	TOTAL	PAY CODE	ACCRUED	USED	AVAIL
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Approved By / Date

Employee / Date





**TIMECARD REPORT -reliableprofessional**

17 of 91 **Glenn Chappell**

Pay Period : 06/12/16 - 06/25/16

DATE	DEPT	IN	OUT	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Sun 06/12/16											
Mon 06/13/16	0002	06:00 AM	09:09 AM								
	0002	02:00 PM	04:29 PM	5:38							5:38
Tue 06/14/16	0002	06:00 AM	09:00 AM								
	0002	02:00 PM	04:16 PM	5:16							5:16
Wed 06/15/16	0002	05:42 AM	09:02 AM								
	0002	01:51 PM	04:08 PM	5:37							5:37
Thu 06/16/16	0002	05:40 AM	08:46 AM								
	0002	11:27 AM	01:00 PM								
	0002	02:05 PM	03:58 PM	6:32							6:32
Fri 06/17/16	0002	05:47 AM	11:21 AM								
	0002	02:00 PM	04:00 PM	7:34							7:34
Sat 06/18/16											
Sun 06/19/16											
Mon 06/20/16	0002	05:42 AM	08:57 AM								
	0002	02:00 PM	03:32 PM	4:47							4:47
Tue 06/21/16	0002	05:43 AM	08:57 AM								
	0002	10:43 AM	12:14 PM	4:45							4:45
Wed 06/22/16											
Thu 06/23/16											
Fri 06/24/16											
Sat 06/25/16											

Hours Worked Week 1: 30:37 | Week 2: 9:32

	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Total Hours	40:09							40:09

DEPT	DEPARTMENT TRANSFER	TOTAL	PAY CODE	ACCRUED	USED	AVAIL
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Approved By / Date

Employee / Date



**TIMECARD REPORT -reliableprofessional**

17 of 91 **Glenn Chappell**

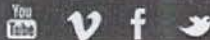
Pay Period : 06/26/16 - 07/09/16

DATE	DEPT	IN	OUT	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Sun	06/26/16										
Mon	06/27/16										
Tue	06/28/16										
Wed	06/29/16										
Thu	06/30/16	0002	09:58 AM	-----							
Fri	07/01/16										
Sat	07/02/16										
Sun	07/03/16										
Mon	07/04/16										
Tue	07/05/16	0002	06:51 AM	09:17 AM							
		0002	02:01 PM	04:28 PM	4:53						4:53
Wed	07/06/16	0002	06:56 AM	06:57 AM							
		0002	09:09 AM	01:56 PM							
		0002	04:32 PM	-----	4:48						4:48
Thu	07/07/16										
Fri	07/08/16	0002	06:55 AM	09:35 AM							
		0002	01:48 PM	03:52 PM	4:44						4:44
Sat	07/09/16										
				Hours Worked Week 1:   Week 2: 14:25							
				<b>REG</b>	<b>OT1</b>	<b>OT2</b>	<b>VAC</b>	<b>HOL</b>	<b>SIC</b>	<b>OTH</b>	<b>TOTAL</b>
Total Hours				14:25							14:25

DEPT	DEPARTMENT TRANSFER	TOTAL	PAY CODE	ACCRUED	USED	AVAIL
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Approved By / Date

Employee / Date



**TIMECARD REPORT -reliableprofessional**

17 of 91 **Glenn Chappell**

Pay Period : 07/10/16 - 07/23/16

DATE	DEPT	IN	OUT	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Sun 07/10/16											
Mon 07/11/16	0002	06:40 AM	08:55 AM								
	0002	02:33 PM	04:47 PM	4:29							4:29
Tue 07/12/16	0002	06:50 AM	08:50 AM								
	0002	02:30 PM	04:45 PM	4:15							4:15
Wed 07/13/16	0002	06:37 AM	08:55 AM								
	0002	02:30 PM	04:45 PM	4:33							4:33
Thu 07/14/16	0002	06:43 AM	08:44 AM								
	0002	01:00 PM	02:30 PM	3:31							3:31
Fri 07/15/16	0002	06:25 AM	08:47 AM								
	0002	02:19 PM	04:56 PM	4:59							4:59
Sat 07/16/16											
Sun 07/17/16											
Mon 07/18/16	0002	06:42 AM	08:55 AM								
	0002	02:29 PM	04:31 PM	4:15							4:15
Tue 07/19/16	0002	06:29 AM	08:55 AM								
	0002	02:16 PM	04:30 PM	4:40							4:40
Wed 07/20/16	0002	06:36 AM	10:08 AM								
	0002	02:25 PM	04:29 PM	5:36							5:36
Thu 07/21/16	0002	06:24 AM	08:55 AM								
	0002	02:21 PM	04:29 PM	4:39							4:39
Fri 07/22/16	0002	06:20 AM	08:55 AM								
	0002	02:17 PM	04:17 PM	4:35							4:35
Sat 07/23/16											

Hours Worked Week 1: 21:47 | Week 2: 23:45

REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Total Hours	45:32						45:32

DEPT	DEPARTMENT TRANSFER	TOTAL	PAY CODE	ACCRUED	USED	AVAIL
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Approved By / Date

Employee / Date



**TIMECARD REPORT -reliableprofessional**

17 of 91 **Glenn Chappell**

Pay Period : 07/24/16 - 08/06/16

DATE	DEPT	IN	OUT	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Sun 07/24/16											
Mon 07/25/16	0002	06:19 AM	06:34 AM	:15							:15
Tue 07/26/16	0002	06:16 AM	08:44 AM								
	0002	02:22 PM	04:31 PM	4:37							4:37
Wed 07/27/16	0002	06:15 AM	08:39 AM								
	0002	02:16 PM	04:28 PM	4:36							4:36
Thu 07/28/16	0002	06:13 AM	08:43 AM								
	0002	02:16 PM	05:45 PM	5:59							5:59
Fri 07/29/16											
Sat 07/30/16											
Sun 07/31/16											
Mon 08/01/16	0002	06:18 AM	09:03 AM								
	0002	02:14 PM	04:26 PM	4:57							4:57
Tue 08/02/16	0002	06:19 AM	09:10 AM								
	0002	02:15 PM	04:29 PM	5:05							5:05
Wed 08/03/16	0002	06:19 AM	10:30 AM								
	0002	01:54 PM	04:07 PM	6:24							6:24
Thu 08/04/16	0002	06:19 AM	10:30 AM								
	0002	02:17 PM	04:16 PM	6:10							6:10
Fri 08/05/16	0002	06:33 AM	08:48 AM								
	0002	11:02 AM	12:32 PM	3:45							3:45
Sat 08/06/16											

Hours Worked Week 1: 15:27 | Week 2: 26:21

REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Total Hours	41:48						41:48

DEPT	DEPARTMENT TRANSFER	TOTAL	PAY CODE	ACCRUED	USED	AVAIL
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Approved By / Date

Employee / Date





**TIMECARD REPORT -reliableprofessional**

17 of 91 **Glenn Chappell**

Pay Period : 08/07/16 - 08/20/16

DATE	DEPT	IN	OUT	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Sun 08/07/16											
Mon 08/08/16	0002	07:45 AM	10:53 AM								
	0002	02:03 PM	04:34 PM	5:39							5:39
Tue 08/09/16	0002	07:17 AM	10:14 AM	2:57							2:57
Wed 08/10/16	0002	07:16 AM	10:24 AM								
	0002	01:08 PM	03:40 PM	5:40							5:40
Thu 08/11/16	0002	07:02 AM	10:08 AM								
	0002	01:21 PM	03:42 PM	5:27							5:27
Fri 08/12/16	0002	07:44 AM	10:35 AM								
	0002	01:26 PM	03:40 PM	5:05							5:05
Sat 08/13/16											
Sun 08/14/16											
Mon 08/15/16											
Tue 08/16/16											
Wed 08/17/16											
Thu 08/18/16											
Fri 08/19/16											
Sat 08/20/16											

Hours Worked Week 1: 24:48 | Week 2:

	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Total Hours	24:48							24:48

DEPT	DEPARTMENT TRANSFER	TOTAL	PAY CODE	ACCRUED	USED	AVAIL
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Approved By / Date

Employee / Date



TIMECARD REPORT -reliableprofessional

17 of 91 Glenn Chappell

Pay Period : 08/21/16 - 09/03/16

DATE	DEPT	IN	OUT	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Sun 08/21/16											
Mon 08/22/16											
Tue 08/23/16											
Wed 08/24/16											
Thu 08/25/16											
Fri 08/26/16	0002	02:34 PM	04:30 PM	1:56							1:56
Sat 08/27/16											
Sun 08/28/16											
Mon 08/29/16											
Tue 08/30/16											
Wed 08/31/16											
Thu 09/01/16											
Fri 09/02/16											
Sat 09/03/16											

Hours Worked Week 1: 1:56 | Week 2:

REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Total Hours	1:56						1:56

DEPT	DEPARTMENT TRANSFER	TOTAL	PAY CODE	ACCRUED	USED	AVAIL
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Approved By / Date

Employee / Date



**EMPLOYEE EARNINGS RECORD**

(Requested Check Dates 12/31/13 - 11/04/16)

CHECK DATE	DESCR	HOURS, EARNINGS, AND REIMBURSEMENTS & OTHER PAYMENTS					WITHHOLDINGS					NET	
		REGULAR HOURS	OVERTIME HOURS	REGULAR AMOUNT	OVERTIME AMOUNT	TOTAL EARNINGS	REIMB & OTHER PAYMENTS	SOC SEC + MED	FEDERAL TAX	STATE TAX	LOCAL TAX	OTHER	PAY
06/03	Reg	17.13		291.21		291.21		22.28					268.93
06/17	Reg	52.93		899.81		899.81		68.83	57.42	45.85			727.71
07/01	Reg	40.15		682.55		682.55		52.22	28.45	28.58			573.30
07/15	Reg	12.00		204.00		204.00		15.60					188.40
07/29	Reg Trip Pay	46.53		791.01 50.00		841.01		64.34	48.60	41.18			686.89
08/12	Reg Trip Pay	36.85		626.45 25.00		651.45		49.84	25.34	26.11			550.16
08/26	Reg	24.80		421.60		421.60		32.25	2.35	8.92			378.08
09/09	Reg	1.93		32.81		32.81		2.51					30.30
This Period Total	Regular Trip Pay	232.32		3949.44 75.00									
	This Per	232.32		4024.44		4024.44		S 249.52 M 58.35	162.16	MD 150.64			3403.77

<b>Chappell, Glenn R</b> Soc Sec# [REDACTED] Baltimore, MD 21239	ID 327 Home Dept: 110 Driver Sex: Male Birthdate: [REDACTED] Hire Date: 05/25/2016 Inactive Date: Rehire Date:	Term Date: Pay Frequency: Bi-weekly Standard Hrs: Rate 1 / Salary: 17.00/Hour Last Raise Date:	Withholding Method: Earnings:	Federal: Single, 2 MD: Single, 2, Baltimore City	Deductions:
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**EMPLOYEE EARNINGS RECORD**  
(Requested Check Dates 12/31/13 - 11/04/16)

EMPLOYEE NAME

ID

EMPLOYEE NAME

ID

EMPLOYEE NAME

ID

EMPLOYEE NAME

ID

\*\*\* 110 DRIVER / 100 PAYROLL  
Chappell, Glenn R 327

1 Person(s)



**EMPLOYEE EARNINGS RECORD**

(Requested Check Dates 12/31/13 - 11/04/16)

CHECK DATE	DESCRIPTION	HOURS, EARNINGS, AND REIMBURSEMENTS & OTHER PAYMENTS				TOTAL EARNINGS	REIMB & OTHER PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET
		REGULAR HOURS	OVERTIME HOURS	REGULAR AMOUNT	OVERTIME AMOUNT					PAY
This Period Total	Regular Trip Pay	232.32		3949.44 75.00		4024.44		Social Security Medicare Fed Income Tax MD Income Tax	249.52 58.35 162.16 150.64	
This Period Total						4024.44			620.67	3403.77

---

**Glen R. Chappell**

1 message

---

Hicks-Leeper, Cynthia <[REDACTED]>  
To: "reliabletransportationllc@gmail.com" <reliabletransportationllc@gmail.com>  
Cc: "James, Steve A." <[REDACTED]>

Mon, Aug 29, 2011 at 9:58 AM

Ms. Sutton,

This will serve as a reminder that Mr. Chappell has not met the requirements necessary for in-service in that he failed to complete all of the required paperwork in class on 8-11-2011. Several attempts have been made since that date to rectify this situation through your company but as of the writing of this email Mr. Chappell has yet to report to this office to complete his required documents. Upon arrival at your company for work Mr. Chappell will need to take care of this before working as this is a mandatory part of his certification. Any questions you may contact my supervisor Mr. Steven James.

Respectfully

Cynthia Hicks-Leeper

Driver Trainer

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---

**Glen R. Chappell**

3 messages

---

Hicks-Leeper, Cynthia <[REDACTED]>  
To: "reliabletransportationllc@gmail.com" <reliabletransportationllc@gmail.com>  
Cc: "James, Steve A." <[REDACTED]>

Tue, Aug 30, 2011 at 2:17 PM

This will serve as notification that Mr. Glen R. Chappell reported to 1210 E. 20<sup>th</sup> Street on August 30, 2011 at 2:00pm to fulfill his in-service obligation that was incomplete from his previous class on August 11, 2011. Mr. Chappell has now officially completed the requirements of in-service training for the 2011-2012 school year.

Cynthia Hicks-Leeper

Driver Trainer

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---

James, Steve A. <[REDACTED]>  
To: "Hicks-Leeper, Cynthia" <[REDACTED]>, "reliabletransportationllc@gmail.com" <reliabletransportationllc@gmail.com>  
Cc: "James, Steve A." <[REDACTED]>

Tue, Aug 30, 2011 at 3:30 PM

Thank you.

---

**From:** Hicks-Leeper, Cynthia  
**To:** reliabletransportationllc@gmail.com <reliabletransportationllc@gmail.com>  
**Cc:** James, Steve A.  
**Sent:** Tue Aug 30 14:17:16 2011  
**Subject:** Glen R. Chappell

[Quoted text hidden]

---

Reliable <reliabletransportationllc@gmail.com>  
To: "Hicks-Leeper, Cynthia" <[REDACTED]>

Tue, Aug 30, 2011 at 4:12 PM

Ok Thanks!

Sent from my iPhone

[Quoted text hidden]

---

**Add/ Delete Sheet**

2 messages

**Patricia Sutton** <reliabletransportationllc@gmail.com>

Mon, Sep 26, 2011 at 7:48 AM

To: Steve James &lt;[REDACTED]&gt;

Steve,

Please ask your staff to double check your fax for the Add/ Delete sheet that I fax yesterday. I have deleted two drivers and one aide from my companies rooster. The removed drivers are Chantel Manuel, Glenn Chappell. The bus attendant is Peter Williams. If you need me to resend please let me know. Thanks!

---

**James, Steve A.** <[REDACTED]>

Mon, Sep 26, 2011 at 8:16 AM

To: Patricia Sutton &lt;reliabletransportationllc@gmail.com&gt;

Cc: "James, Steve A." &lt;[REDACTED]&gt;

Got it. Thanks.

Steven A. James

Safety and Training Manager

Baltimore City Public Schools

1210 E. 20th Street

Baltimore, Md. 21218

410-396-7440 (Phone)

410-396-6086 (Fax)

---

**From:** Patricia Sutton [mailto:reliabletransportationllc@gmail.com]**Sent:** Monday, September 26, 2011 7:48 AM**To:** James, Steve A.**Subject:** Add/ Delete Sheet

Steve,

Please ask your staff to double check your fax for the Add/ Delete sheet that I fax yesterday. I have deleted two drivers and one aide from my companies rooster. The removed drivers are Chantel Manuel, Glenn Chappell. The bus attendant is Peter Williams. If you need me to resend please let me know. Thanks!

NOTICE: The information contained in this e-mail may be confidential and is intended solely for the use of the named addressee. Access, copying or re-use of the e-mail or any information contained herein by any other person is not authorized. If you are not the intended recipient please notify us immediately by returning the e-mail to the originator.



**From:** Ms. Sutton-Richardson reliabletransportationllc@gmail.com

**Subject:** Bus Accident

**Date:** July 19, 2016 at 3:38 PM

**To:** Hicks-Leeper, Cynthia [REDACTED] Steve James [REDACTED], Smith, Tangela J.  
[REDACTED] Williams, Camille S. [REDACTED]

**Bcc:** Timothy Dixon [REDACTED]

Bus 1739 at approximately 3:25pm (covering 1726 237A \*402) was involved in a mirror accident on Milton St. While making a turn on to Milton Street the Driver Glenn Chappell scraped a parked car. There were two Students on the bus at the time of the accident [REDACTED] and Shanel Griffin. We have called the Parents and have called the police. The Driver will bring his report tomorrow and undergo the mandatory testing today. Please contact my office with any additional questions. Thanks.

--  
Angel Richardson  
Chief Executive Officer/Owner  
Reliable Transportation  
2310 Chesapeake Avenue  
Baltimore, MD 21222  
[REDACTED] Direct Line  
(410) 355-2080 Office  
(410) 355-2081 Fax

The Following Documents are Excerpts from the Reliable  
Transportation Employee Manual

# **RELIABLE TRANSPORTATION**

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**Employee Manual**

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## **Article 1 Introduction**

### **Section 1.1. Introduction and Purpose of this Manual**

This Manual has been prepared to inform you about the philosophy, employment practices, and policies of Reliable Transportation, as well as the benefits provided to you as a valued employee. No employee manual can answer every question, nor would we want to restrict the normal question and answer interchange among us. This is not an employee contract. It is our person-to-person conversations that enable us to better know each other, express our views, and work together in a harmonious relationship. We believe you will enjoy your work and your fellow employees at Reliable Transportation.

We depend on all of our employees. Your success is our success. If you have a question about a policy or procedure, please refer to this Manual first. If your question is not answered in this Manual, please see Timothy Dixon. We do not pretend to have addressed every conceivable circumstance in this Manual. Please note that Reliable Transportation's policies, benefits and rules, as explained in this Manual, may be changed from time to time, proactively or retroactively, as business, employment legislation, and economic conditions dictate.

Each employee will be provided with an emailed copy of this Manual. We ask that you read this Manual carefully and become familiar with the policies set out in this Manual.

Reliable Transportation may also be referred to in this Manual as "Reliable Professional Services, LLC," "Reliable," or simply as the "Reliable Transportation." The Chief Executive Officer or Manager or Owner of Reliable Transportation may also be referred to in this Manual as "we," "us" or "I".

### **Section 1.2. Reliable Transportation History**

Reliable Transportation was established in 2000 by Angel Sutton-Richardson. Mrs. Richardson started Reliable Transportation with only one van and now Reliable Transportation is one of the largest school bus companies in Baltimore City. Reliable Transportation is dedicated in delivering safe, reliable, quality service throughout the Baltimore Metropolitan area.

### **A WELCOME FROM THE OWNER**

An interesting and challenging experience awaits you as an employee of Reliable Transportation. On behalf of Reliable, I would like to welcome you to the best transportation Reliable Transportation in Baltimore and wish you every chance at success here. To ensure that success, this handbook has been prepared to provide you with a clear understanding of our policies, as well as your responsibilities as an employee. You should read it thoroughly and retain it for future reference. No one can anticipate every situation or circumstance that employees may face. Reliable Transportation reserves the right to change at its discretion, all policies, procedures,

benefits and other programs without any notice. If you have any questions regarding this handbook, please ask management.

## **Our Mission Statement**

**TO PROVIDE SUCH A HIGH DEGREE OF SERVICE AND EXCELLENCE TO OUR SCHOOL DISTRICTS AND CUSTOMERS.**

### **Section 1.3. Notice**

The policies in this Manual are to be considered as guidelines. The Company, at its option, may change, delete, suspend or discontinue any parts of the policies in this Manual at any time, without prior notice. Any such actions shall apply to existing as well as future employees with continued employment being the consideration between the Company and the employee. No promise or statement by anyone else may be interpreted as a change in policy nor will it constitute an agreement with an employee.

This Employee Manual is not subject to the normal rules of construction, which requires that any ambiguities be construed against the drafting party. This Employee Manual shall be construed and interpreted according to the ordinary meaning of the words used so as to fairly accomplish the purposes and intentions of all parties hereto. Each provision of this Employee Manual shall be interpreted in a manner to be effective and valid under applicable law, but if any provision shall be prohibited or ruled invalid under applicable law, the validity, legality and enforceability of the remaining provisions shall not, except as otherwise required by law, be affected or impaired as a result of such prohibition or ruling.

This manual replaces all other previous office policy manuals for Reliable Transportation as of the effective date stated on the cover page.

### **Section 1.4. What Reliable Transportation Expects from You**

Your first responsibility is to know your duties and how to do them promptly, correctly, and pleasantly. Secondly, you are expected to cooperate with everyone who is employed at Reliable Transportation and maintain a good team attitude. How you interact with fellow personnel, supervisors and managers and how you accept direction will affect the success of our Company. Whatever your position, you have an important assignment: perform every task to the very best of your ability. The result will be better performance for the Company overall and personal satisfaction for you.

You are encouraged to grasp opportunities for personal development that are offered to you.

We strongly believe you should have the right to make your own choices in matters that concern and control your life. We believe in direct and positive communication between the management and the staff.

Remember, each member of the Company must work to create a pleasant and efficient workplace. If everyone makes the effort, each working day can be rewarding and enjoyable. It is important that all personnel files be kept up to date. Please notify the head of the director of human resources to update your information.

### **Section 1.5. You Are Part of Our Team**

Each employee is a part of the Reliable Transportation team. As part of this team, you will be expected to contribute your talents and energies to improve the environment and quality of the Company by following rules, policies and procedure.

The only things we require from you in exchange for employment, compensation, advancement, and benefits are (a) your best efforts, (b) a good team attitude, and (c) attention to the policies set forth in this Manual. Remember, however, all employment at this Company is “at will,” yours or the Company’s.

THIS SPACE WAS INTENTIONALLY

LEFT BLANK

## **Article 2 Fundamental Policies**

### **Section 2.1. All Reliable Transportation Employees Are At-Will**

ALL EMPLOYMENT AT RELIABLE TRANSPORTATION IS “ATWILL.” This means that any employee may be terminated from employment with Reliable with or without cause. Any representation by any Reliable Transportation officer or employee contrary to this policy is not binding upon Reliable Transportation.

### **Section 2.2. Equal Employment Opportunity**

Reliable Transportation recognizes all federal, state and local equal opportunity employment laws and is committed to an equal employment opportunity workplace for all employees. Reliable Transportation does not discriminate against any employee or applicant. Reliable Transportation is committed to providing equal opportunity for all employees and applicants without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, disability, or any other class protected under federal, state or local law. Reliable Transportation’s policy regarding equal employment opportunity applies to all aspects of employment, including recruitment, hiring, job assignments, promotions, working conditions, scheduling, benefits, wage and salary administration, disciplinary action, termination, and social, educational and recreational programs. Reliable Transportation will not tolerate any form of discrimination in the workplace. Any employee who believes that they may have mistreated in violation of the Equal Employment Opportunity Policy should report the possible violation to Human Resources or any manager immediately. If Reliable Transportation determines that a violation of this policy has occurred, it will take appropriate disciplinary action against the violating party, which can include up to and including the following actions toward the violating employee: counseling, warnings, suspensions, and termination. Reliable has a no retaliation policy for those who report, in good faith, violations of this policy and employees who cooperate with investigations into alleged violations of this policy will not be subject to retaliation. Reliable Transportation is also committed to complying fully with applicable disability discrimination laws, and ensuring that equal opportunity in employment exists at Reliable Transportation for qualified persons with disabilities to include making accommodations, feasible for employees with disabilities.

### **Section 2.3. Americans with Disabilities Act**

Reliable Transportation recognizes and complies with the Americans with Disabilities Act (ADA). Reliable Transportation does not discriminate against qualified individuals with disabilities in any aspect of the employment relationship, and does provide reasonable accommodations as required by law to otherwise qualified employees or applicants with disabilities.

Reliable Transportation is committed to providing equal employment opportunities to qualified individuals with disabilities. Employment decisions, including interviewing, hiring, advancement, discharge, compensation, job training, and other terms, conditions, and privileges of employment, are based (1) on the ability of a person to perform all the essential functions of the job with or without reasonable accommodation, and (2) on business needs. Because Reliable Transportation is prohibited by law from inquiring about applicants' disabilities, it is the responsibility of the individual to notify a supervisor or manager of the need for an accommodation. Upon being so informed, the supervisor or manager should refer the individual to the Director of Human Resources, who may ask the employee for input concerning the feasibility of the requested accommodation. Also, when appropriate, the individual may be required to provide additional information from a physician or other medical or rehabilitation professionals.

The use of illegal drugs is specifically excluded from the ADA's protection.

### **Pregnancy**

Under Maryland's Reasonable Accommodations for Disabilities Due to Pregnancy Act, pregnant employees have a right to a reasonable accommodation if the pregnancy causes or contributes to a temporary disability and the accommodation does not impose an undue hardship on Reliable Transportation.

If an employee requests a reasonable accommodation, Reliable Transportation will explore with the employee all possible means of providing the reasonable accommodation, including: changing the employee's job duties, changing the employee's work hours, relocating the employee's work area, providing mechanical or electrical aids, transferring the employee to a less strenuous or less hazardous position, or providing leave.

What kinds of accommodations are "reasonable" will depend on the facts and circumstances as they are applied to a number of factors specified in the relevant law. Reliable Transportation may require certification from the employee's health care provider concerning the medical advisability of a reasonable accommodation to the same extent certification is required for other temporary disabilities.

Any employee who is pregnant or who has given birth, and who believes that they are temporarily disabled and in need of reasonable accommodation should contact Human Resources. No employee will be retaliated against for exercising or attempting to exercise their right to request and obtain an accommodation under the law.



## **Section 2.12. Disciplinary Policy**

Whenever a large number of people work together there are bound to be some “people problems,” and there must be an understanding of work rules designed for the welfare of all. We have standards of conduct for our common guidance, although it is impossible to identify a standard of conduct for every circumstance. If you have any questions about these standards of conduct, please contact your supervisor.

Forms of discipline include oral counseling, written warnings, conditional status, suspension from work, and/or termination. The degree of discipline will be decided by your managers and depends on several factors, including but not limited to the gravity of the offense, the circumstances under which it occurred, and the offending employee’s prior work record.

Generally, for minor offenses, progressive discipline will be used. The procedure for progressive discipline is as follows:

### **Step 1: Verbal/Oral Warning**

First a verbal/oral warning may be given to an employee for the first minor offense in violation of each rule, policy, or practice and indicate the improvement expected in a face-to-face meeting. The supervisor will make a written notation of the discussion for his or her own records to document the oral warning was given.

### **Step 2: Written Reprimand**

A written reprimand may be given to an employee for each subsequent minor offense in violation of any rule, policy or practice for which you have already received a verbal warning. If the unsatisfactory performance continues or reoccurs, the supervisor will again discuss the problem with the employee and the employee will be given a written reprimand which will state the nature of the unsatisfactory performance, the improvement expected, and the time frame in which the improvement should occur. A copy of the letter will be sent to the Director of Human Resources and placed in the employee's file. Reprimands for violations of the same or different rules, policies and practices are cumulative towards suspension and discharge.

### **Suspension or Discharge**

If the expected improvement is not achieved by the date specified or if the problem reoccurs, the employee may be suspended without pay or separated from Reliable Transportation employment, depending on the severity of the problem(s). The employee will be provided with written notice of the action taken by the supervisor. In the case of a suspension without pay, a reoccurrence of the problem upon return to work will result in immediate separation from Reliable Transportation employment.

### **Examples of Offenses**

Generally, the following offenses are examples of the type that will subject an employee to disciplinary action, depending upon the particular circumstances:

1. Poor job performance.
2. Failure to fulfill the responsibilities of the job in a competent manner to the extent that might or does cause injury to a person or substantial damage to or loss of product, machinery, equipment, facilities or other property.

3. Unauthorized use of Reliable Transportation property.

Generally, the following offenses are examples of the type that will subject an employee to immediate and/or suspension subject to termination, depending upon the particular circumstances:

1. Continued unsatisfactory work performance.
2. Refusal to carry out orders or instructions of a supervisor.
3. Falsification of hours worked, employment application, or other organizational records.
4. Being under the influence of an intoxicant and consuming intoxicants on Reliable Transportation premises or during work hours.
5. Theft or damage to Reliable Transportation property.
6. Unauthorized disclosure of confidential business information.
7. Possession of, being under the influence of, or use or sales of alcohol and all forms of narcotics, depressants, stimulants or hallucinogens, or the misuse of prescription drugs, excepting only the taking of a prescribed drug under the direction of a physician.
8. Disorderly or immoral conduct, while on Reliable Transportation premises or business.
9. Violation of a posted safety, fire prevention, health, or safety rule.
10. Threatened or actual physical violence or threatening or harassing language towards another employee.
11. Harassment, including but not limited to unwelcome advances, verbal and physical conduct, with regard to race, color, religion, age, sex, national origin or other inappropriate factors, where such harassment has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, or offensive work environment.

If an employee becomes subject to termination for failure to follow one or more of the above standards of conduct, the employee may initiate an appeal to the President. Reliable Transportation's decision is final and binding on the disciplined employee.

Remember that you are always an at-will employee and therefore, Reliable Transportation always reserves the right to terminate or otherwise discipline any employee whom it feels should be disciplined, without resorting to any steps set forth in this policy.



## **Section 4.2. Exempt and Non-exempt Employees**

All employees are characterized as either exempt or non-exempt within the meaning of federal and state wage laws.

**Non-exempt Employees.** – Non-exempt Employees are paid hourly and will be paid overtime at time-and-a-half for every hour worked in excess of 40 hours in a week. No overtime should be worked by a non-exempt employee except with the advance permission of his or her supervisor.

**Exempt Employees.** – Exempt are salaried professionals or executives and are ineligible for overtime.

## **Section 4.3. Documentation**

Reliable Transportation requires that all employees maintain functional written materials, some may be in a digital media or format, all must be in the format provided by Reliable Transportation. Every employee is responsible for accurately recording his or her records. These materials provide a record for employees and Reliable Transportation of all hours worked, sick time, vacation, holidays, absences, work, performance, quality control, and other necessary information for Reliable to efficiently conduct company business. Altering, falsifying, tampering with any records, or recording on another employee's record may result in disciplinary action, up to and including termination of employment.

All reports should be completed each day and must be turned in to the employee's supervisor at the end of each pay period, prior to each payday. If an employee knows that he or she will be out on the day that reports are due they should submit them in advance. Employees who are out unexpectedly on a day when the reports are due should speak to their supervisor to arrange for the supervisor to retrieve any completed timesheets. Supervisors are responsible for verifying employee reports.

## **Section 4.4. Absence or Late Arrival**

Attendance is a key factor in your job performance. Punctuality and regular attendance are expected of all employees. Excessive absences (whether excused or unexcused), tardiness or leaving early is unacceptable. Excused absence is a scheduled day off approved by your supervisor in writing. An unexcused absence is an absence that was not prescheduled and approved by an employee's supervisor.

If you are absent for any reason or plan to arrive late or leave early, you must notify your supervisor in writing and request to be excused as far in advance as possible. If the absence is not considered justified by Reliable it will be considered unexcused and you may be subject to disciplinary actions.

In the event of an emergency, you must notify your supervisor as soon as possible. Supervisors will monitor their employees' attendance on a regular basis and address unsatisfactory attendance in a timely and consistent manner. Employees who make excessive amount of call outs will result in disciplinary action up to and including termination of employment.



### **Section 4.5. Call-Out Policy**

Employees who call out the day of their morning, afternoon or both shifts will receive an UNEXCUSED ABSENCE. An unexcused absence is an absence from work without prior approval from the supervisor. An employee must also call the operations manager at 410-355-2080. An employee who calls out may be subject to the following disciplinary action:

- The first instance of an unexcused call out may result up to 1 day suspension without pay and may result in termination if during your introductory period.
- The second instance of a call out may result to up to 3 days suspension without pay and may result in termination if during your introductory period.
- The third call out may result in termination of your job.

### **Section 4.6. No Call/No Show**

Not reporting to work and not calling to report the absence is an UNEXCUSED ABSENCE.

- The first instance of a no call/no show in a 12 month period may result in up to 3 days suspension without pay, or in termination.
- The second instance a no call/no show in a 12 month period may result in up to 5 days suspension, or in termination.
- The third instance in a 12 month period may result in immediate termination.

Attendance is a key factor in your job performance. Punctuality and regular attendance are expected of all employees. Excessive absences (whether excused or unexcused), tardiness or leaving early is unacceptable. Excused absence is a scheduled day off approved by your supervisor.

For all absences extending longer than one day, you must telephone your immediate supervisor prior to the start of each scheduled workday. When reporting an absence, you should indicate

the nature of the problem causing your absence and your expected return-to-work date. A physician's statement may be required as proof of the need for any illness-related absence regardless of the length of the absence.

Except as provided in other policies, an employee who is absent from work for three consecutive days without notification to his or her supervisor will be considered to have voluntarily terminated his or her employment. The employee's final paycheck will be mailed to the last mailing address on file with Reliable Transportation.

#### **Section 4.7. Overtime**

Overtime compensation is paid to all non-exempt, hourly employees who work in excess of 40 hours in a given workweek, in accordance with federal and state wage and hour laws. For purposes of determining whether overtime is due, Reliable Transportation does not consider paid leave time to be hours worked; whether an employee has worked more than 40 hours in a given workweek, pay is based on the number of hours actually worked during that week. Overtime rate is one and one-half time (1½) the employee straight time rate

Reliable Transportation requires a supervisor's advance authorization before any employee works overtime hours. Employees who work overtime without prior authorization may be subject to discipline, up to and including termination.

#### **Section 4.8. Payroll Information**

It is the employee's responsibility to notify the Human Resources of changes in name, address, telephone number, tax exemptions, etc. and to keep information current in the personnel record at all times. It is vital that an emergency contact be maintained in the personnel file in the event of an accident or injury to the employee during working hours.

#### **Section 4.9. Deductions from Wages**

There are certain amounts that by law must be deducted or withheld from your paycheck. Among these may be federal or state income tax, Social Security/Medicare taxes. All deductions may be explained by appointment.

#### **Section 4.10. Garnishments**

Reliable Transportation is required by law to accept and process garnishments served by officials of a court of law. Other mandated payments such as child support, tax levies, educational loans, etc. may be deducted from an employee's salary upon receipt of official notice from the appropriate agency. Employees with concerns may contact Human Resources.

## Article 5 Time Off From Work

### Section 5.1. Vacation/ Personal Time Off

. Part-Time and non-exempt full-time employees are not eligible for paid vacation or personal leave. Certain exempt employees who are full-time employees and work a minimum of a 40 hour work week on a permanent basis are considered exempt employees. Time off provides opportunities for rest, relaxation, and personal pursuits are encouraged. Paid vacation time can be used in minimum increments of one day. To take vacation or personal leave, employees must request advance approval from their supervisors. Requests will be reviewed based on a number of factors, including business needs and staffing requirements.

Vacation time off is paid at the employee's base pay rate at the time of vacation. It does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differentials.

As stated above, employees are encouraged to use available paid vacation time for rest, relaxation, and personal pursuits.

**All non-exempt employees requesting personal leave must give at least 5 business days' written notice and must fill out a leave request form. All leave must be approved in writing by an employee's supervisor. Employees must keep a copy of the signed approval and produce the copy if requested. Failure to do so may result in the denial of leave and disciplinary action.**



### Section 5.2. Sick Leave

Reliable Transportation provides paid sick leave benefits to certain eligible permanent full-time employees as stated in their employment agreement for periods of temporary absence due to illnesses or injuries.

Paid sick leave can be used in minimum increments of one day. An eligible employee may use sick leave benefits for an absence due to his or her own illness or injury, or that of a child, parent, or spouse of the employee.

Employees who are unable to report to work due to illness or injury should notify their direct supervisor before the scheduled start of their workday if possible. The direct supervisor must also be contacted on each additional day of absence. If an employee is absent for longer one day or on multiple occasions due to illness or injury, Reliable Transportation may require a physician's statement verifying the illness or injury and its beginning and expected ending dates. The physician's certificate provided must:

- a. state the nature of the illness;
- b. the duration of the illness;
- c. specify when the employee may return to work;

- d. have a live or original signature of attending physician (not a stamp) and cannot be signed by a nurse or clerk in the doctor's office; and
- e. state that the employee may return to full duties, without restriction(s).

Employees who call out sick will be considered an unexcused absence.

### **Section 5.3. Leave Without Pay**

Any full time employee unable to return to work after exhausting all accumulated sick leave, vacation leave, and leave under the Family Medical Leave Act, may request an extension of sick leave without pay. Such sick leave without pay must be approved by the employee's supervisor and the director of human resources.

### **Section 5.4. Family Medical Decisions Leave Act**

Any employee who has been employed on a one-half time basis or greater for at least twelve consecutive months is eligible for up to twelve weeks of family leave under conditions authorized by the Family Medical Leave Act. FMLA leave is unpaid.



### **Section 5.5. Holidays**

Reliable Transportation will grant holiday time off to all employees on the holidays listed below:

- New Year's Day
- Martin Luther King, Jr. Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas
- New Year's Eve

Reliable Transportation will grant paid holiday time off to certain full-time classified employees as agreed upon immediately upon assignment. Holiday pay will be calculated based on the employee's straight-time pay rate (as of the date of the holiday) times the number of hours the employee would otherwise have worked on that day. Eligible employee classification(s):

Permanent full-time employees only