T.J. BRAXTON 6972

CYWI 4-001302

EMPLOYMENT APPLICATION

AMERICAN CYANAMID COMPANY

All applicants will be given equal consideration regardless of Race, Sex, Age, Color, National Origin, Marital Status, Religion or Physical Disability. Any answers to questions on this form will not be used to discriminate against any applicant.

CONFIDENTIAL
INFORMATION
REDACTED

PLANT, OFFICE OR LABORATORY _____

DATE: 4-28-76

NAME (Last, First, Middle): BRAXTON TROZONE James

WHEN COULD YOU START?

PRESENT ADDRESS: LAWNDALE (STREET) CHICAGO (CITY) ILL (STATE) 60623 (ZIP CODE)

TELEPHONE NUMBER: [redacted]

PERMANENT ADDRESS: " (STREET) " (CITY) " (STATE) " (ZIP CODE)

TELEPHONE NUMBER: [redacted]

NOTIFY IN EMERGENCY: Ida M. BRAXTON 1421 SO. LAWNDALE (STREET) CHICAGO (CITY) ILL (STATE) 60623 (ZIP CODE)

TELEPHONE NUMBER: [redacted]

TYPE OF POSITION APPLIED FOR:

WHAT MINIMUM SALARY WOULD YOU ACCEPT?

SOCIAL SECURITY NUMBER: [redacted]

REFERRED TO THIS COMPANY BY: Charles MARTIN

HAVE YOU SEEK EMPLOYED BY THIS COMPANY BEFORE? ☐ YES ☑ NO

IF YES, LOCATION

ARE YOU PRESENTLY EMPLOYED? ☐ YES ☑ NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? ☑ YES ☐ NO NOT Employed

NA 6541

CYWI 4-001303

CONFIDENTIAL
INFORMATION
REDACTED

WOULD YOU BE WILLING TO RELOCATE? ☑ YES ☐ NO	ANY RESTRICTIONS? NO	ANY PREFERENCE AS TO LOCALITY? NO
ANY RESTRICTIONS ON OVERNIGHT TRAVEL? NO	IN WHAT STATE DO YOU HAVE A DRIVER'S LICENSE?	LICENSE NO.

IF NON-CITIZEN, WHAT TYPE OF VISA DO YOU CURRENTLY HOLD?

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE?

☑ NO ☐ YES If Yes, Explain _____

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THAT WOULD CONTINUE TO REQUIRE WORK OF YOU?

☑ NO ☐ YES If Yes, Explain _____

ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE?

☑ NO ☐ YES If Yes, Explain _____

IN WHAT BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS (excluding those which indicate race, religion, sex, age, color, national origin, marital status or physical disability) DO YOU HOLD MEMBERSHIP?

WHAT PROFESSIONAL LICENSES DO YOU HOLD?

HAVE YOU EVER SUPERVISED PEOPLE?

☑ NO ☐ YES HOW MANY? _____ WHERE? _____ HOW LONG? _____

PLEASE NOTE – IMPORTANT – COMPLETE NEXT TWO LINES IF APPLICATION FOR SALES EMPLOYMENT

WHAT PRODUCTS OR SERVICES HAVE YOU SOLD? [redacted]

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED? ☐ NO ☐ YES If Yes, Why?

U. S. MILITARY HISTORY

BRANCH OF SERVICE	DATE ENTERED	DATE OF DISCHARGE

WHAT WAS THE NATURE OF YOUR PRINCIPAL SERVICE ASSIGNMENT?	WAS DISCHARGE OTHER THAN DISHONORABLE?

EMPLOYMENT HISTORY

IMPORTANT – LIST EVERY EMPLOYMENT WHETHER OR NOT IT SEEMS RELEVANT TO POSITION APPLIED FOR. IF LAPSES OCCURRED BETWEEN PERIODS OF EMPLOYMENT, GIVE DATES OF, AND REASON FOR UNEMPLOYMENT.

PRESENT OR LAST EMPLOYER

NAME OF EMPLOYER Jobber Midwest	ADDRESS OF EMPLOYER 3620 Chico Ave	DATE EMPLOYED FROM MO. 1 DAY 15 YR. 74 TO MO. 8 DAY 27 YR. 74
TELEPHONE OF EMPLOYER 584-5555	SUPERVISOR'S NAME & TITLE Joe	DEPARTMENT Warehouse
POSITION OR TITLE Checker	REASON FOR LEAVING Lay off	RATE OF PAY Start [redacted] Finish [redacted]

DESCRIPTION OF DUTIES.

CYWI 4-001304

[redacted]

CONFIDENTIAL
INFORMATION
REDACTED

EMPLOYMENT HISTORY (continued)

NEXT PREVIOUS EMPLOYER

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE EMPLOYED FROM MO. DAY YR.	TO MO. DAY YR.
Mouse-Jcher	3620. Ohio Ave. St. Charles Il	1 15 74	8 23 74

TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT	RATE OF PAY
584-5555	Joe	Warehouse	Start [redacted] Finish [redacted]

POSITION OR TITLE	REASON FOR LEAVING
Checker	Lay off

DESCRIPTION OF DUTIES:

NEXT PREVIOUS EMPLOYER

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE EMPLOYED FROM MO. DAY YR.	TO MO. DAY YR.
Herzl. School	3000 W. Douglas	1 [redacted] 73	6 [redacted] 73

TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT	RATE OF PAY
	Principal		Start [redacted] Finish [redacted]

POSITION OR TITLE	REASON FOR LEAVING
Teacher Aid	Lay off

DESCRIPTION OF DUTIES:

EDUCATION HISTORY

TYPE OF SCHOOL	DATE FROM Mo./Yr.	DATE TO Mo./Yr.	NAME AND ADDRESS	MAJOR COURSE	GRADUATE Yes (✓)	GRADUATE No (✓)	ACADEMIC AVERAGE	DEGREE
1. Grade School	59	61		[redacted]	✓		[redacted]	[redacted]
2. High School	61	64				✓		[redacted]
3. College								
4. Post-Grad								
5. Business or Trade								
6. Other								

UNDERGRAD. CLASS RANK (Example: 10th in 100)	% COLLEGE EXPENSES EARNED	
WHAT OFFICE MACHINES CAN YOU USE?	TYPING SPEED	SHORTHAND SPEED

WHAT FOREIGN LANGUAGES DO YOU SPEAK, READ OR WRITE

FOR THOSE WHO HAVE ATTENDED COLLEGE

HONORS AND PROFESSIONAL MEMBERSHIPS

LIST NAMES OF PRINCIPAL COLLEGE INSTRUCTORS. *(If attended within the last 5 years)*

PUBLICATIONS

SUBJECT OF THESIS

CYWI 4-001305

LIST BELOW THREE REFERENCES, NOT PREVIOUSLY MENTIONED AND NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST THREE YEARS

NAME	ADDRESS, STREET, CITY, ZIP & STATE	NATURE OF BUSINESS	TELEPHONE NO.
TROZONE BRAXTON	1421 S. LAWNDALE Chicago IL, 60623	A-Sob	522-0529

I HEREBY AFFIRM that my answers to the foregoing questions are true and correct, and I understand that misrepresentation or omission of facts called for in this application or other company records, may be cause for immediate dismissal without notice if subsequently employed. I authorize inquiry with regard to my character, ability and habits of any and all persons and agree to hold such persons harmless with respect to any information they may give.

I AM AWARE that the Company generally requires that an employment agreement be signed at the time of employment that contains clauses requiring (A) non-disclosure and non-use of confidential information both during employment and thereafter, and (B) for not more than one year after termination of employment, restrictions on employment by others involving similar products or processes worked on for the Company within two years of termination of employment, and (C) appropriate notice by either party in event of termination.

I further understand that all new employees will be subject to a medical examination as a condition of employment. These examinations are to be made by a physician designated by the Company.

When employed, the following must be furnished:

Social Security Card
Birth Certificate or Other Proof of Age and Citizenship
Military Discharge, If a Veteran
If Non-Citizen, Visa

SIGNATURE OF APPLICANT	DATE
Trozone J. Braxton	4-28-76

APPLICANT NOT TO USE SPACE BELOW

INTERVIEWED BY	DATE	DEPT.	GENERAL IMPRESSION

PERSONNEL WILL COMPLETE AFTER ACCEPTANCE OF EMPLOYMENT

TO REPORT TO	DIVISION & DEPARTMENT	DATE OF BIRTH	STARTING DATE

EXEMPTION STATUS	ADDITION OR REPLACEMENT	EMPLOYED AS (CLASSIFICATION)

LEVEL AND RATE RANGE	RATE OF PAY	CITIZENSHIP	MILITARY STATUS	APPROVED BY MEDICAL DEPT.

PCA REMARKS:

CYWI 4-001306

UC (III) Ben-134 P
(Rev. 4-74)

STATE OF ILLINOIS – DEPARTMENT OF LABOR
BUREAU OF EMPLOYMENT SECURITY
DIVISION OF UNEMPLOYMENT COMPENSATION

NOTICE OF CLAIMS ADJUDICATOR'S DETERMINATION

Date 4-4-77

S. S. NO. - - -

NAME

Address all communications regarding this matter to:
Division of Unemployment Compensation

1024 S. Wabash
Chicago, Illinois 60605
and refer to this S.S. NO. and Name above

In connection with the claim for unemployment compensation benefits filed by the above named claimant, the following determination has been made.

APR 7 1977

Further information is given in the paragraph checked below:

1. ☒ As a party entitled to notice of the claims adjudicator's determination (see reprint of Regulation 14, Section B, on the other side), your attention is called to Section 800 of the Unemployment Compensation Act, which provides that *"unless the claimant or any other party entitled to notice of the claims adjudicator's ... 'determination' ... within nine (9) calendar days after such notification was mailed to his last known address, files an appeal therefrom, such ... 'determination' shall be final, as to all parties given notice thereof."*

   APPEAL RIGHTS: IF YOU DISAGREE WITH THIS DETERMINATION, You may file an appeal, in person or by mail. Your appeal must be FILED in this office within nine (9) days after the date of this notice if it was mailed to you. or within seven (7) days after the date of this notice if it was given to you. Any appeal submitted by mail must bear a postmark date within the applicable time limit for filing. A LETTER WILL SUFFICE IF YOU DO NOT HAVE APPEAL FORMS.

2. ☐ Your attention is called to Regulation 14, Section B, which is reprinted on the other side of this letter. Our records indicate that you did not submit a Notice of Possible Ineligibility giving the required information for this claimant within the time limit prescribed by this regulation. The information you submitted was, however, considered when the above determination was made. This letter is sent to you for information only. Under the provisions of Regulation 14, this information may not be made the basis of an appeal.

If you desire any further information concerning this claim, please communicate with the claims adjudicator at the local office or phone number given above.

Claims Adjudicator

CYWI 4-001307

Reprint of Regulation 14, Section B, as amended persuant to the provisions of the Illinois Unemployment Compensation Act

B. Notices to Indicate Possible Ineligibility for Benefits

1. An employing unit shall mail Form UC (Ill) Ben-22, Notice of Possible Ineligibility, within the time limit and to the address specified by this paragraph, if:
   a. The worker was discharged for misconduct connected with his work; or
   b. The worker was discharged because of the commission of a felony or theft in connection with his work, for which the employing unit was in no way responsible; or
   c. The worker left work voluntarily or has been absent for reasons unknown to the employing unit; or
   d. The worker refused to accept suitable work; or
   e. During any period which includes the date of the claim or any date subsequent thereto, the worker has been unable to work or unavailable for full-time work; or
   f. During any period which includes the date of the claim or any date subsequent thereto, the worker has not been unemployed; or
   g. For any period which includes the date of the claim or any date subsequent thereto, the worker has received or will receive a retirement payment, some or all of the cost of which has been or is paid by an employing unit for which the worker performed services; or
   h. During his base period, the worker was paid wages for employment in an instructional, research or principal administrative capacity performed for an institution of higher education.

   The employing unit shall mail the Notice of Possible Ineligibility within seven calendar days after the date of the Form UC (Ill) Ben-31, Notice to Last Employing Unit, or of the Form UC (Ill) Ben-183, Notice of Additional Claim, which has been mailed to it. If it employed the worker during his base period and Form UC (Ill) Ben-31 or Form UC (Ill) Ben-183 has not been mailed to it, the employing unit shall mail the Notice of Possible Ineligibility within seven calendar days after the date of the Form UC (Ill) Ben-305P, Preliminary Notice of Claim to Base Period Employer, which has been mailed to it or, if such form has not been mailed to it, then within seven calendar days after the date of the Form UC (Ill) Ben-305, Notice of Finding to Base Period Employer, which has been mailed to it. The Notice of Possible Ineligibility shall be mailed to the Director at the local office designated on the Form UC (Ill) Ben-31, or Form UC (Ill) Ben-183, or Form UC (Ill) Ben-305P, or Form UC (Ill) Ben-305, as the case may be.

2. If a worker refuses to accept suitable work after an employing unit has received any notice of the filing of a claim for benefits, the employing unit shall mail Form UC (Ill) Ben-22, Notice of Possible Ineligibility, within seven calendar days after the date of such refusal, to the Director at the local office designated on the form received by the employing unit.

3. Whenever, for any period which includes the date of his claim or any date subsequent thereto, a worker has been or will be paid vacation pay, vacation pay allowance, pay in lieu of vacation, standby pay, or wages in lieu of notice, the employing unit shall mail Form UC (Ill) Ben-22, Notice of Possible Ineligibility, within seven calendar days after the date of the Form UC (Ill) Ben-31, Notice to Last Employing Unit, or of the Form UC (Ill) Ben-183, Notice of Additional Claim, which has been mailed to it. If it employed the worker during his base period and Form UC (Ill) Ben-31 or Form UC (Ill) Ben-183 has not been mailed to it, the employing unit shall mail the Notice of Possible Ineligibility within seven calendar days after the date of the Form UC (Ill) Ben-305P, Preliminary Notice of Claim to Base Period Employer, which has been mailed to it or, if such form has not been mailed to it, then within seven calendar days after the date of the Form UC (Ill) Ben-305, Notice of Finding to Base Period Employer, which has been mailed to it. The employing unit may designate on the Notice of Possible Ineligibility the period to which such payment shall be allocated. The Notice of Possible Ineligibility shall be mailed to the Director at the local office designated on the Form UC (Ill) Ben-31, or Form UC (Ill) Ben-183, or Form UC (Ill) Ben-305P, or Form UC (Ill) Ben-305, as the case may be.

   Whenever the employing unit extends the period to which vacation pay, vacation pay allowance, or pay in lieu of vacation shall be allocated, it shall mail Form UC (Ill) Ben-22, Notice of Possible Ineligibility, not later than the beginning date of such extension, to the Director at the local office designated on the form which has been mailed to the employing unit. The employing unit may designate on the Notice of Possible Ineligibility the beginning and ending dates of the period covered by such extension.

4. Except as specified in Paragraph 5, below, any employing unit which fails to mail Form UC (Ill) Ben-22, Notice of Possible Ineligibility, to the Director within the time limits and to the office prescribed above shall not be entitled to receive a notice of the determination of the claims adjudicator which relates to the ineligibility alleged to exist, or to notice of any reconsideration thereof, and it shall not be entitled to prosecute an appeal therefrom to a Referee. The claims adjudicator may, however, use the information disclosed on such form, if any, in making his determination or in a reconsideration thereof, except that
   a. If an allegation pursuant to Paragraph 1 b, above, is not made within the prescribed time limit, the benefit rights of the worker shall not be canceled; and
   b. If an allegation that an individual has been or will be paid vacation pay, vacation pay allowance, or pay in lieu of vacation, is not made within the time limits or in the manner prescribed in Paragraph 3, above, or if the period to which such payment shall be allocated is not designated as prescribed in the aforesaid paragraph, and the payment is in connection with a separation or layoff of the individual other than for the duration of a shutdown for the taking of inventory or for vacation purposes, or both, it shall not be attributed nor be deemed payable to him with respect to any week after such separation or layoff.

5. a. An employing unit to which neither Form UC (Ill) Ben-31, Notice to Last Employing Unit, nor Form UC (Ill) Ben-183, Notice of Additonal Claim, nor Form UC (Ill) Ben-305P, Preliminary Notice of Claim to Base Period Employer, nor Form UC (Ill) Ben-305, Notice of Finding to Base Period Employer, has been mailed, and which mails Form UC (Ill) Ben-22, Notice of Possible Ineligibility, to the Director at any local office or at 165 North Canal Street, Chicago, Illinois 60606, alleging that the worker is ineligible for benefits for any of the reasons set forth in Paragraphs 1, 2, or 3 above, shall be entitled to receive a notice of the claims adjudicator's determination, or reconsidered determination, if any, which relates to the ineligibility alleged to exist, and shall be entitled to prosecute an appeal therefrom to a Referee.

   b. An employing unit which, after the time limit prescribed by Paragraph 1, above, mails Form UC (Ill) Ben-22, Notice of Possible Ineligibility, to the Director at the local office in which the claim is filed, or, if the local office is unknown, to the Director at 165 North Canal Street, Chicago, Illois 60606, alleging that the worker (1) is unable to work or is unavailable for full-time work, or (2) is not unemployed, or (3) has received or will receive a retirement payment described in Paragraph 1 g, above, shall be entitled to receive a notice of the claims adjudicator's determination, or reconsidered determination, if any, which relates to the ineligibility alleged to exist, but not with respect to any week or weeks which occurred prior to the week in which such form is received. The employing unit shall be entitled to prosecute an appeal to a Referee from such determination or reconsidered determination.

6. An employing unit which, within the time limits and in the manner prescribed by this Regulation, has mailed Form UC (Ill) Ben-22, Notice of Possible Ineligibility, to the Director, alleging that the worker named thereon (1) is unable to work or is unavailable for full-time work, or (2) is not unemployed, or (3) has received or will receive a retirement payment described in Paragraph 1 g, above, shall be entitled to receive a notice of the claims adjudicator's determination, or reconsidered determination, if any, which relates to the ineligibility alleged to exist, and shall be entitled to prosecute an appeal to a Referee from such determination or reconsidered determination, with respect to all weeks for which a claim is filed in the calendar year in which the form is mailed (except as is otherwise provided in Paragraph 5 b, above) and in the calendar year which immediately follows; except that an employing unit shall not be so entitled with respect to any week which follows a week in which a determination, or a reconsidered determination, if any, by the claims adjudicator or a decision by the Referee or the Board of Review that the individual is eligible for benefits has been permitted by the employing unit to become final.

7. Whenever Form UC (Ill) Ben-22, Notice of Possible Ineligibility, is required in accordance with the provisions of this Regulation, the form shall be completed in accordance with the instructions thereon, or a letter giving the information called for on the form may be filed in lieu thereof.

CYANAMID

PERSONNEL STATUS NOTIFICATION

WORK LOCATION: Chicago, Ill.

PAYROLL LOCATION: [illegible]

☐ EMPLOYMENT ☐ CHANGE IN DEPARTMENT ☒ TERMINATION

☐ CHANGE IN RATE ☐ CHANGE IN JOB TITLE ☐ OTHER

NAME: T. Braxton

PAYROLL NO.: [illegible]

SOCIAL SECURITY: [redacted]

DETAIL	FROM	TO
DEPARTMENT		
JOB TITLE		
EFFECTIVE DATE	12/29/76	
RATE		

EXPLANATION:

[redacted]

last day worked 12/15/76

REQUESTED BY: C.A. Dedio

APPROVED BY: H. C. Caffrey

APPROVED BY:

NA-293 REV. 3-70 PRINTED IN U.S.A. 3-70

EMPLOYEE RELATIONS DEPARTMENT

BY: _____

CYWI 4-001309

CONFIDENTIAL INFORMATION REDACTED

CYANAMID

PERSONNEL STATUS NOTIFICATION

☐ EMPLOYMENT ☐ CHANGE IN DEPARTMENT ☐ TERMINATION

☒ CHANGE IN RATE ☐ CHANGE IN JOB TITLE ☐ OTHER

NAME

T. Braxton

DETAIL	FROM	
DEPARTMENT		
JOB TITLE		
EFFECTIVE DATE	12/8/76	
RATE	[redacted]	[redacted]

EXPLANATION:

automatic increase

REQUESTED BY: M. C. Gaffney

APPROVED BY: [redacted]

APPROVED BY: [redacted]

NA-293 REV. 3-70 PRINTED IN U.S.A. 8-70

EMPLOYEE RELATIONS DEPART

BY:

CONFIDENTIAL
INFORMATION
REDACTED

CYWI 4-001311

CYANAMID

PERSONNEL STATUS NOTIFICATION

WORK LOCATION: Chicago, Ill. | W.P., N. Va. | 8/29/76

- ☐ EMPLOYMENT
- ☐ CHANGE IN DEPARTMENT
- ☐ TERMINATION
- ☒ CHANGE IN RATE
- ☐ CHANGE IN JOB TITLE
- ☐ OTHER

NAME: T. Braxton

PAYROLL NO.: [redacted]

CAPITAL APPROPRIATION NO.:

DETAIL	FROM	TO
DEPARTMENT		
JOB TITLE		
EFFECTIVE DATE	8/29/76	
RATE	[redacted]	[redacted]

EXPLANATION:

automatic increase

REQUESTED BY: C. A. Bodine

APPROVED BY: M. C. [redacted]

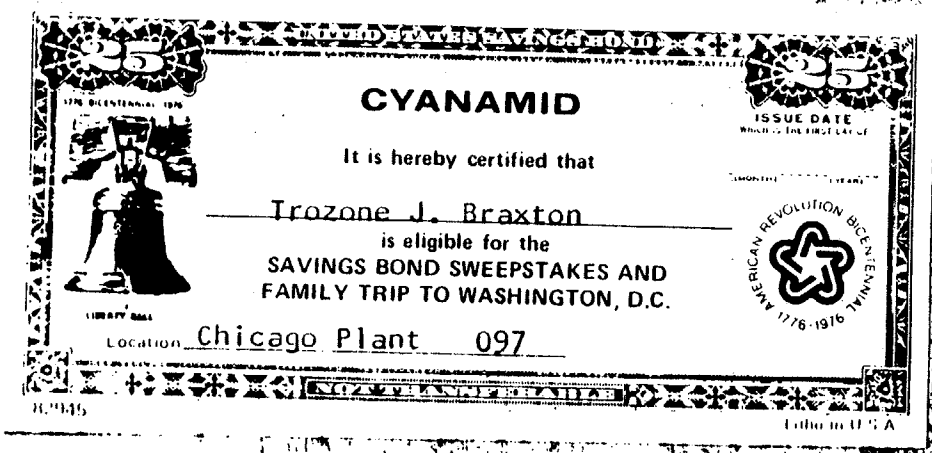
APPROVED BY:

NA-295 REV. 9-70 PRINTED IN U.S.A. 8-70

EMPLOYEE RELATIONS DEPARTMENT

BY: _____

CONFIDENTIAL
INFORMATION
REDACTED



CYANAMID

ISSUE DATE

It is hereby certified that

Trozone J. Braxton

is eligible for the
SAVINGS BOND SWEEPSTAKES AND
FAMILY TRIP TO WASHINGTON, D.C.

Location Chicago Plant 097

AMERICAN REVOLUTION BICENTENNIAL 1776-1976

CONFIDENTIAL
INFORMATION
REDACTED

T. J. BRAXTON (IMPRINT OR TYPE EMPLOYEE'S NAME HERE) | (Dept. or Section) | 6972 (Check or Badge Number)

I hereby authorize my employer AMERICAN CYANAMID COMPANY (Name of company or organization)

to withhold and set apart $[redacted] my pay each payday, beginning 6/17/1976. When these withholdings equal the cost of the Bond I check here, have Bond issued registered as shown below.

[ ] $50 Bond [ ] $75 Bond [ ] $100 Bond [X] 25.00 Other Denomination Bond

$25 Bond Cost $18.75
$200 Bond Cost $150
$500 Bond Cost $375

OWNER
Mr. Trozone J. Braxton
Mrs. (First) (Middle) (Last)
Miss

[redacted] (Social Security No – See NOTE)

Address 1421 S. Lawndale, Chicago, Ill. 60623 (Street)

CO-OWNER X OR BENEFICIARY (If check only one of either is desired)

Mr. A [illegible] Braxton
Mrs.
Miss

June 7, 1976

U.S. SAVINGS BONDS PAYROLL SAVINGS [redacted]

CYWL 4-001312

UI(ILLI Ben-134P
(Rev. 10-75) Stock 4105

STATE OF ILLINOIS – DEPARTMENT OF LABOR
BUREAU OF EMPLOYMENT SECURITY
DIVISION OF UNEMPLOYMENT INSURANCE

Cath
Call an
claim
JUN 9 197

NOTICE OF CLAIMS ADJUDICATOR'S DETERMINATION

Date _____

S. S. NO. - -

NAME

Address all communications regarding this matter to:
Division of Unemployment Insurance

1024 S. Wabash
Chicago, Illinois 60605

and refer to this S.S. NO. and Name above

In connection with the claim for unemployment insurance benefits filed by the above named claimant, the following determination has been made.

[redacted]

AMERICAN CYANAMID CO
4500 W. 15th St.
CHICAGO, ILL. 60023

JUN 10 1977

Further information is given in the paragraph checked below:

1. ☒ As a party entitled to notice of the claims adjudicator's determination (see reprint of Regulation 14, Section B, on the other side), your attention is called to Section 800 of the Unemployment Insurance Act, which provides that *"unless the claimant or any other party entitled to notice of the claims adjudicator's ... 'determination' ... within nine (9) calendar days after such notification was mailed to his last known address, files an appeal therefrom, such ... 'determination' shall be final, as to all parties given notice thereof."*

   APPEAL RIGHTS: IF YOU DISAGREE WITH THIS DETERMINATION, You may file an appeal, in person or by mail. Your appeal must be FILED in this office within nine (9) days after the date of this notice if it was mailed to you, or within seven (7) days after the date of this notice if it was given to you. Any appeal submitted by mail must bear a postmark date within the applicable time limit for filing. A LETTER WILL SUFFICE IF YOU DO NOT HAVE APPEAL FORMS.

2. ☐ Your attention is called to Regulation 14, Section B, which is reprinted on the other side of this letter. Our records indicate that you did not submit a Notice of Possible Ineligibility giving the required information for this claimant within the time limit prescribed by this regulation. The information you submitted was, however, considered when the above determination was made. This letter is sent to you for information only. Under the provisions of Regulation 14, this information may not be made the basis of an appeal.

If you desire any further information concerning this claim, please communicate with the claims adjudicator at the local office or phone number given above.

Claims Adjudicator

CYWI 4-001313

Reprint of Regulation 14, Section B, as amended pursuant to the provisions of the Illinois Unemployment Insurance Act

B. Notices to Indicate Possible Ineligibility for Benefits

1. An employing unit shall mail Form UC (Ill) Ben-22, Notice of Possible Ineligibility, within the time limit and to the address specified by this paragraph, if
   a. The worker was discharged for misconduct connected with his work, or
   b. The worker was discharged for the commission of a felony or theft in connection with his work, for which the employing unit was in no way responsible, or
   c. The worker left work voluntarily or has been absent for reasons unknown to the employing unit; or
   d. The worker refused to accept suitable work; or
   e. During any period which includes the date of the claim or any date subsequent thereto, the worker has been unable to work or unavailable for full-time work; or
   f. During any period which includes the date of the claim or any date subsequent thereto, the worker has not been unemployed; or
   g. For any period which includes the date of the claim or any date subsequent thereto, the worker has received or will receive a retirement payment, some or all of the cost of which has been or is paid by an employing unit for which the worker performed services; or
   h. During his base period, the worker was paid wages for employment in an instructional, research or principal administrative capacity performed for an institution of higher education.

   The employing unit shall mail the Notice of Possible Ineligibility within seven calendar days after the date of the Form UC (Ill) Ben-31, Notice to Last Employing Unit, or of the Form UC (Ill) Ben-183, Notice of Additional Claim, which has been mailed to it. If it employed the worker during his base period and Form UC (Ill) Ben-31 or Form UC (Ill) Ben-183 has not been mailed to it, the employing unit shall mail the Notice of Possible Ineligibility within seven calendar days after the date of the Form UC (Ill) Ben-305P, Preliminary Notice of Claim to Base Period Employer, which has been mailed to it or, if such form has not been mailed to it, then within seven calendar days after the date of the Form UC (Ill) Ben-305, Notice of Finding to Base Period Employer, which has been mailed to it. The Notice of Possible Ineligibility shall be mailed to the Director at the local office designated on the Form UC (Ill) Ben-31, or Form UC (Ill) Ben-183, or Form UC (Ill) Ben-305P, or Form UC (Ill) Ben-305, as the case may be.

2. If a worker refuses to accept suitable work after an employing unit has received any notice of the filing of a claim for benefits, the employing unit shall mail Form UC (Ill) Ben-22, Notice of Possible Ineligibility, within seven calendar days after the date of such refusal, to the Director at the local office designated on the form received by the employing unit.

3. Whenever, for any period which includes the date of his claim or any date subsequent thereto, a worker has been or will be paid vacation pay, vacation pay allowance, pay in lieu of vacation, standby pay, or wages in lieu of notice, the employing unit shall mail Form UC (Ill) Ben-22, Notice of Possible Ineligibility, within seven calendar days after the date of the Form UC (Ill) Ben-31, Notice to Last Employing Unit, or of the Form UC (Ill) Ben-183, Notice of Additional Claim, which has been mailed to it. If it employed the worker during his base period and Form UC (Ill) Ben-31 or Form UC (Ill) Ben-183 has not been mailed to it, the employing unit shall mail the Notice of Possible Ineligibility within seven calendar days after the date of the Form UC (Ill) Ben-305P, Preliminary Notice of Claim to Base Period Employer, which has been mailed to it or, if such form has not been mailed to it, then within seven calendar days after the date of the Form UC (Ill) Ben-305, Notice of Finding to Base Period Employer, which has been mailed to it. **The employing unit may designate on the Notice of Possible Ineligibility the period to which such payment shall be allocated. The Notice of Possible Ineligibility shall be mailed to the Director at the local office designated on the Form UC (Ill) Ben-31, or Form UC (Ill) Ben-183, or Form UC (Ill) Ben-305P, or Form UC (Ill) Ben-305, as the case may be.**

   Whenever the employing unit extends the period to which vacation pay, vacation pay allowance, or pay in lieu of vacation shall be allocated, it shall mail Form UC (Ill) Ben-22, Notice of Possible Ineligibility, not later than the beginning date of such extension, to the Director at the local office designated on the form which has been mailed to the employing unit. The employing unit may designate on the Notice of Possible Ineligibility the beginning and ending dates of the period covered by such extension.

4. Except as specified in Paragraph 5, below, any employing unit which fails to mail Form UC (Ill) Ben-22, Notice of Possible ineligibility, to the Director within the time limits and to the office prescribed above shall not be entitled to receive a notice of the determination of the claims adjudicator which relates to the ineligibility alleged to exist, or to notice of any reconsideration thereof, and it shall not be entitled to prosecute an appeal therefrom to a Referee. The claims adjudicator may, however, use the information disclosed on such form, if any, in making his determination or in a reconsideration thereof, except that
   a. If an allegation pursuant to Paragraph 1 b, above, is not made within the prescribed time limit, the benefit rights of the worker shall not be canceled; and
   b. If an allegation that an individual has been or will be paid vacation pay, vacation pay allowance, or pay in lieu of vacation, is not made within the time limits or in the manner prescribed in Paragraph 3, above, or if the period to which such payment shall be allocated is not designated as prescribed in the aforesaid paragraph, and the payment is in connection with a separation or layoff of the individual other than for the duration of a shutdown for the taking of inventory or for vacation purposes, or both, it shall not be attributed nor be deemed payable to him with respect to any week after such separation or layoff.

5. a. An employing unit to which neither Form UC (Ill) Ben-31, Notice to Last Employing Unit, nor Form UC (Ill) Ben-183, Notice of Additonal Claim, nor Form UC (Ill) Ben-305P, Preliminary Notice of Claim to Base Period Employer, nor Form UC (Ill) Ben-305, Notice of Finding to Base Period Employer, has been mailed, and which mails Form UC (Ill) Ben-22, Notice of Possible Ineligibility, to the Director at any local office or at 910 So. Michigan Ave., Chicago, Illinois 60605, alleging that the worker is ineligible for benefits for any of the reasons set forth in Paragraphs 1, 2, or 3 above, shall be entitled to receive a notice of the claims adjudicator's determination, or reconsidered determination, if any, which relates to the ineligibility alleged to exist, and shall be entitled to prosecute an appeal therefrom to a Referee.

   b. An employing unit which, after the time limit prescribed by Paragraph 1, above, mails Form UC (Ill) Ben-22, Notice of Possible Ineligibility, to the Director at the local office in which the claim is filed, or, if the local office is unknown, to the Director at 910 So. Michigan Ave., Chicago, Illinois 60605, alleging that the worker (1) is unable to work or is unavailable for full-time work, or (2) is not unemployed, or (3) has received or will receive a retirement payment described in Paragraph 1 g, above, shall be entitled to receive a notice of the claims adjudicator's determination, or reconsidered determination, if any, which relates to the ineligibility alleged to exist, but not with respect to any week or weeks which occurred prior to the week in which such form is received. The employing unit shall be entitled to prosecute an appeal to a Referee from such determination or reconsidered determination.

6. An employing unit which, within the time limits and in the manner prescribed by this Regulation, has mailed Form UC (Ill) Ben-22, Notice of Possible Ineligibility, to the Director, alleging that the worker named thereon (1) is unable to work or is unavailable for full-time work, or (2) is not unemployed, or (3) has received or will receive a retirement payment described in Paragraph 1 g, above, shall be entitled to receive a notice of the claims adjudicator's determination, or reconsidered determination, if any, which relates to the ineligibility alleged to exist, and shall be entitled to prosecute an appeal to a Referee from such determination or reconsidered determination, with respect to all weeks for which a claim is filed in the calendar year in which the form is mailed (except as is otherwise provided in Paragraph 5 b, above) and in the calendar year which immediately follows; except that an employing unit shall not be so entitled with respect to any week which follows a week in which a determination, or a reconsidered determination, if any, by the claims adjudicator or a decision by the Referee or the Board of Review that the individual is eligible for benefits has been permitted by the employing unit to become final.

7. Whenever Form UC (Ill) Ben-22, Notice of Possible Ineligibility, is required in accordance with the provisions of this Regulation, the form shall be completed in accordance with the instructions thereon, or a letter giving the information called for on the form may be filed in lieu thereof.

INOIS-DEPARTMENT OF LABOR
F EMPLOYMENT SECURITY

REPORT NO: RB101010

O LAST EMPLOYING UNIT
CLAIM FOR UNEMPLOYMENT

LAST DAY WORKED	REASON FOR UNEMPLOYMENT	UI PROGRAM	SUB PGM	TYPE OF CLAIM
12/27/76	LACK OF WORK	STATE	REG	NEW

BLE [illegible] BENEFITS FOR ANY REASON, MAIL A NOTICE OF POSSIBLE INELIGIBILITY
NCE [illegible] RESPONSE FROM YOU. THIS DETERMINATION WILL BE MADE ON THE

CYWI 4-001316

NA 246 REV. 3-74 ☐ 3-74

ABSENTEE CALENDAR

1975

CODES

CB - COMPANY BUSINESS
D - DEATH IN FAMILY
H - HOLIDAY
IF - ILLNESS IN FAMILY
J - INJURY AT JOB
J - JURY
L - LATE
L/A - LEAVE OF ABSENCE
M - MILITARY
OJI - OFF-THE-JOB INJURY
P - PERSONAL BUSINESS
R - RELIGIOUS
S - SICKNESS
TD - TRANSPORTATION DELAY
V - VACATION
X - UNAUTHORIZED

NAME: T. J. BRAXTON 6972

DIVISION

DEPARTMENT

DATE EMPLOYED: 4/29/76

TOTAL ABSENCES FOR YR. (EXCLUDING H. & V.)

JANUARY							TOTAL
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

FEBRUARY							TOTAL
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28		

MARCH							TOTAL
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

APRIL							TOTAL
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29 (STRIKE)	30				

MAY							TOTAL
				1	2	3	
4	5	6	7	8	9	10	
P 11	P 12	P 13	P 14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	

JUNE							TOTAL
1	2	3	4	5	6	7	
8	9	5/P 10	11	12	13	14	
15	16	17	X 18	19	20	21	
22	23	24	25	26	27	28	
29	30						

JULY							TOTAL
		1	2	3	4	X 5	
6	7	8	X 9	10	X 11	X 12	
13	14	X 15	16	17	18	19	
20	21	22	X 23	24	25	26	
27	28	29	30	31			

AUGUST							TOTAL
					1	2	
3	4	5	6	7	8	9	
10	11	X 12	X 13	14	15	16	
17	18	19	X 20	21	22	23	
24	25	26	27	L 28	29	30	
31							

SEPTEMBER							TOTAL
	1	2	X 3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	X 17	18	19	20	
P/8 21	22	23	24	25	26	27	
28	29	6/P 30					

OCTOBER							TOTAL
			X 1	2	3	X 4	
X 5	6	7	X 8	9	10	X 11	
X 12	X 13	X 14	X 15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

NOVEMBER							TOTAL
						1	
2	3	4	X 5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	H 25	H 26	27	28	29	
30							

DECEMBER							TOTAL
	1	X 2	3	4	5	6	
7	8	9	10	L 11	12	13	
14	15	X 16	X 17	X 18	X 19	V 20	
V 21	V 22	V 23	V 24	V 25	V 26	X 27	
28	29	30 (Turn)	31				

CALENDAR YEAR - 1975

CYWI 4-001317

CYANAMID

PERSONNEL STATUS NOTIFICATION

WORK LOCATION	PAYROLL LOCATION	DATE ISSUED
Chicago, Ill.	W.I., W.Va.	5/21/76

☐ EMPLOYMENT ☐ CHANGE IN DEPARTMENT ☐ TERMINATION

☒ CHANGE IN RATE ☐ CHANGE IN JOB TITLE ☐ OTHER _____

NAME: T. Braxton

PAYROLL NO.: 6972 [redacted]

DETAIL	FROM	TO
DEPARTMENT		
JOB TITLE		
EFFECTIVE DATE	5/29/76	
RATE	[redacted]	[redacted]

EXPLANATION:

automatic increase

REQUESTED BY	APPROVED BY	APPROVED BY
C.A. Dadko	H. C. Caffney	

NA-299 REV. 5-70 PRINTED IN U.S.A. 5-70

EMPLOYEE RELATIONS DEPARTMENT

BY: _____

CONFIDENTIAL
INFORMATION
REDACTED

PUBLIC AFFAIRS DIVISION 10/21

Mr. Gaffney:

Enclosed is the bond won by Tyrone Braxton in the Savings Bond contest.

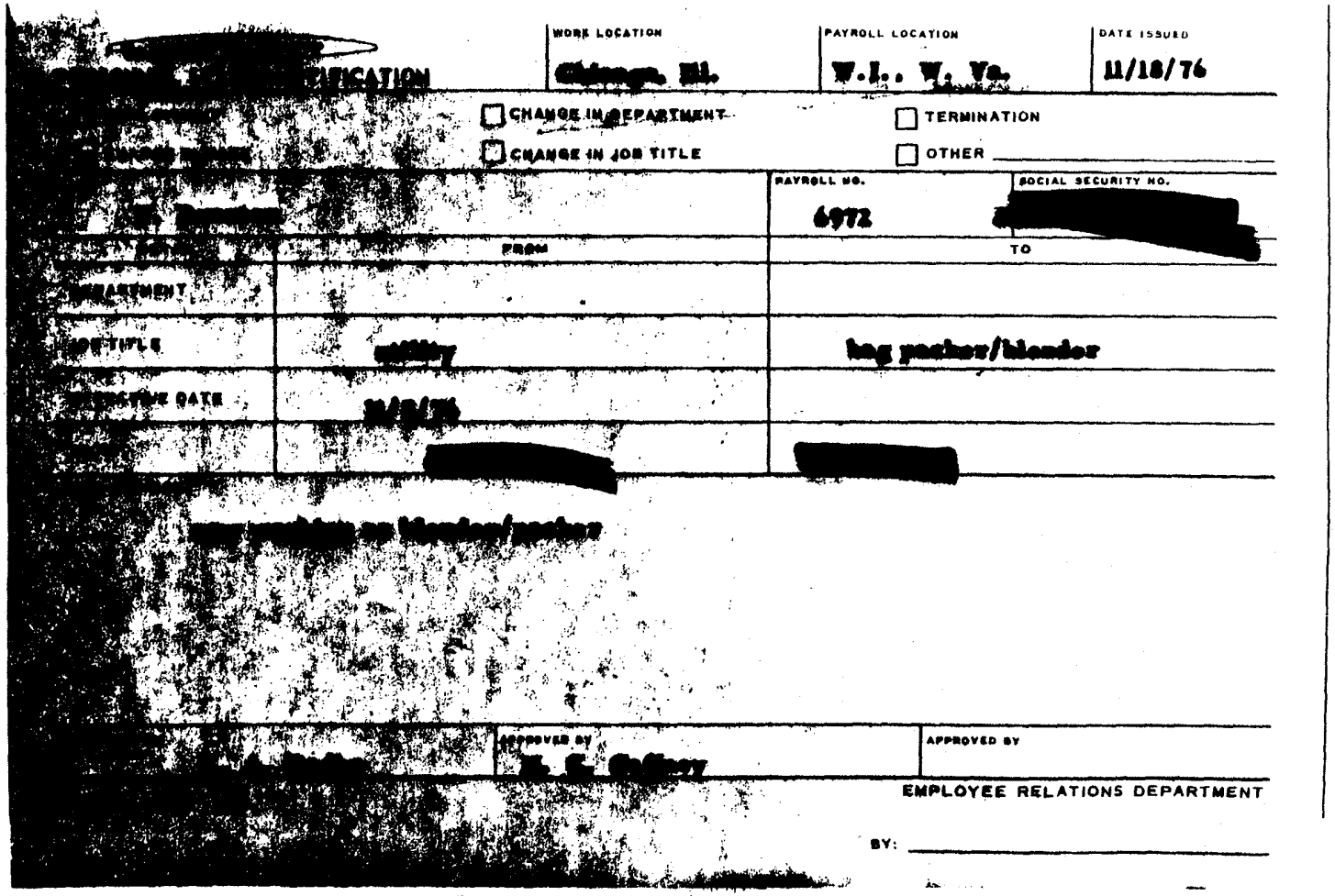
Please pass it on to him.

Thanks

Joe Starkey

Delivered 10/22 at Taft in ES Lunchroom

CYWI 4-001319



WORK LOCATION: Chicago, Ill.
PAYROLL LOCATION: W.I., W. Va.
DATE ISSUED: 11/18/76

☐ CHANGE IN DEPARTMENT ☐ TERMINATION
☐ CHANGE IN JOB TITLE ☐ OTHER

PAYROLL NO.: 6972
SOCIAL SECURITY NO.: [redacted]

	FROM	TO
DEPARTMENT		
JOB TITLE	[illegible]	bag packer/blender
EFFECTIVE DATE	11/8/76	
	[redacted]	[redacted]

[illegible] as Packer/Blender

APPROVED BY: [illegible]
APPROVED BY:

EMPLOYEE RELATIONS DEPARTMENT

BY: _____

CONFIDENTIAL
INFORMATION
REDACTED

CYWI 4-001320

[redacted] ID

PERSONNEL STATUS NOTIFICATION

WORK LOCATION	PAYROLL LOCATION	DATE ISSUED
Chicago, Ill.	W.I., W. Va.	10/18/76

☐ [redacted] ☐ CHANGE IN DEPARTMENT ☐ TERMINATION

☑ CHANGE IN RATE ☐ CHANGE IN JOB TITLE ☐ OTHER _____

NAME [redacted] PAYROLL NO. 6972 SOCIAL SECURITY NO. [redacted]

[redacted]	FROM	TO
DEPARTMENT		
JOB TITLE	Process Operator	Utility Worker
EFFECTIVE DATE	10/17/76	
RATE	[redacted]	[redacted]

[redacted]

[redacted] E. E. Gaffney | APPROVED BY C. A. Dadio | APPROVED BY

EMPLOYEE RELATIONS DEPARTMENT

BY: _____

CONFIDENTIAL INFORMATION REDACTED

CYWI 4-001321

CYANAMID

PERSONNEL STATUS NOTIFICATION

WORK LOCATION	PAYROLL LOCATION	DATE ISSUED
Chicago, Ill.	W.I., W.Va.	7/6/76

☐ EMPLOYMENT ☐ CHANGE IN DEPARTMENT ☐ TERMINATION

☒ CHANGE IN RATE ☐ CHANGE IN JOB TITLE ☐ OTHER _____

NAME	PAYROLL NO.	SOCIAL SECURITY NO.
T. Brenton	6972	[redacted]

DETAIL	FROM	TO
DEPARTMENT		
JOB TITLE		
EFFECTIVE DATE	6/29/76	
RATE	[redacted]	[redacted]

EXPLANATION:

automatic increase

REQUESTED BY	APPROVED BY	APPROVED BY
C. Blake	M.C. Gaffney	

NA-253 REV. 8-70 PRINTED IN U.S.A. 8-70

EMPLOYEE RELATIONS DEPARTMENT

BY: _____

CONFIDENTIAL
INFORMATION
REDACTED

CYANAMID

PERSONNEL STATUS NOTIFICATION

WORK LOCATION	PAYROLL LOCATION	DATE ISSUED
Chicago, Ill.	W.I., W. Va.	7/27/76

☐ EMPLOYMENT ☐ CHANGE IN DEPARTMENT ☐ TERMINATION

☐ CHANGE IN RATE ☐ CHANGE IN JOB TITLE ☐ OTHER _____

	PAYROLL NO.	SOCIAL SECURITY NO.
[redacted]	6972	[redacted]

DETAIL	FROM	TO
DEPARTMENT		
JOB TITLE		
EFFECTIVE DATE	7/28/76	
RATE	[redacted]	[redacted]

EXPLANATION: [redacted]

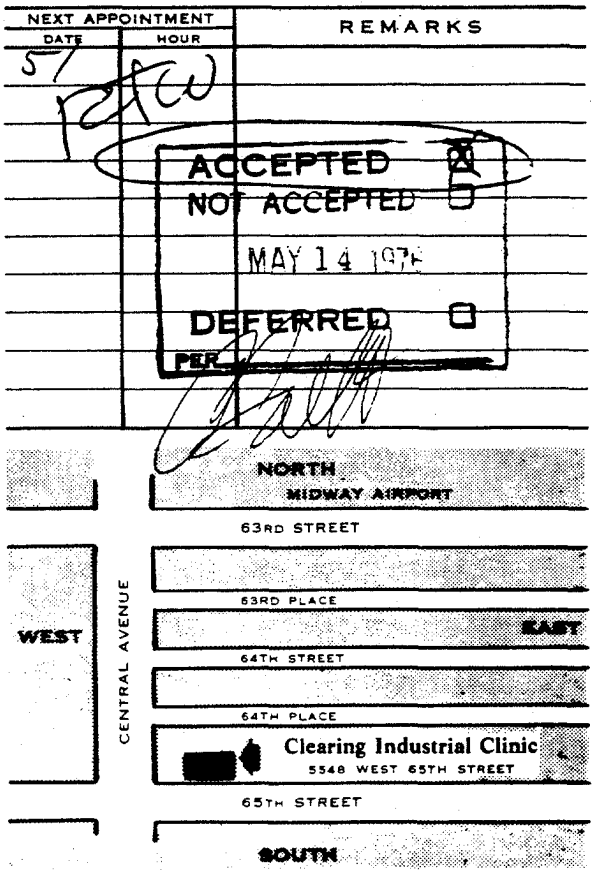
	APPROVED BY	APPROVED BY
[redacted]	[redacted]	

EMPLOYEE RELATIONS DEPARTMENT

BY: _____

CONFIDENTIAL
INFORMATION
REDACTED

CYWI 4-001324



CYWI 4-001325

Phone: 76

CLEARING INDUSTRIAL CLINIC

5548 WEST 65TH STREET • CHICAGO, ILLINOIS 60638

PHILIP FALK, M.D., DIRECTOR

Please Render Bearer: Date 5-14-7

Trozone Boston Check No.

Address:

☐ Treatment for injuries received while in our employ. ☐ Physical exami

☐ Private case—bill patient directly.

Name of Company Am Cyanamid

Per Mr. Lafond

☞ HOSPITALS — PLEASE NOTIFY DR. FALK AT ONCE UPON PRESENTATION OF THIS CARD.

(SEE OVER)

CYWI 4-001326

CLEARING MEDICAL CLINIC

5548 W. 65TH STREET, CHICAGO, ILLINOIS 60638

SEROLOGICAL REPORT — SYPHILIS

STATE REG. No. 328

PATIENT'S NAME Trozone Braxton

ADDRESS 1421 S Lawndale

AGE 30 SEX F CW ____

MARITAL STATUS M ____ S X W ____ D ____

DATE COLLECTED 11-4-76

COMPANY Clinician Ground

REMARKS: By Me

DIAGNOSTIC	☒
TREATMENT CONTROL	☐
MARRIAGE LICENSE	☐
PREGNANCY	☐
REPEAT TEST	☐

LABORATORY FINDINGS:

[redacted]

Dr. Philip Falk, Director

CONFIDENTI
INFORMATI
REDACTE

CYWI 4-001328

+ Pap + EKG taken 9 7794

NA 255 REV. 11-66 ☞ 11-68

CYANAMID

AMERICAN CYANAMID COMPANY
REQUEST FOR PHYSICAL EXAMINATION

TO DR. Fred

DATE 5/20/76

PLEASE PERFORM A Chest
X-Ray + E C G

☐ PRE-EMPLOYMENT
☐ PERIODIC
☐ SPECIAL

PHYSICAL EXAMINATION ON: T. J. Braxton
TO EVALUATE PHYSICAL FITNESS.

TYPE OF WORK: General Factory	AT (COMPANY LOCATION): Chicago, Ill.
REQUESTED BY: O R Dodds / TITLE: Plt Supt.	DIVISION & DEPT.: Polymer Additives
REQUESTOR'S ADDRESS: 4500 W 15th St. Chgo, Ill.	BILL TO CODE # (IF UNKNOWN, INDICATE DIV & DEPT)

PHYSICIANS REPORT

CLASSIFICATION
1 2 3 4
(ENCIRCLE ONE)

WORK RESTRICTIONS

_____ M.D.
SIGNATURE

DISTRIBUTION (UPON COMPLETION)

ORIGINAL – RETURN AT ONCE TO PERSON REQUESTING EXAMINATION.

COPY – ATTACH TO SUMMARY OF PHYSICAL EXAMINATION FORM, GOF-271, AND BILL, MAIL TO:
CORPORATE MEDICAL DIRECTOR AMERICAN CYANAMID COMPANY, WAYNE, N.J. 07470

6972

NA 255 REV. 11-66 ☎ 11-68

CYANAMID

AMERICAN CYANAMID COMPANY
REQUEST FOR PHYSICAL EXAMINATION

TO DR. Falk

DATE 4/28/76

PLEASE PERFORM A ☒ PRE-EMPLOYMENT ☐ PERIODIC ☐ SPECIAL PHYSICAL EXAMINATION ON: T. J. Brayton TO EVALUATE PHYSICAL FITNESS.

TYPE OF WORK: General Factory		AT (COMPANY LOCATION): Chicago Dee
REQUESTED BY: C A Dudley	TITLE: Plt. Supt.	DIVISION & DEPT.: Polymer Addition
REQUESTOR'S ADDRESS: 4500 W 15th St Chgo Dee		BILL TO CODE # (IF UNKNOWN, INDICATE DIV & DEPT)

PHYSICIANS REPORT

CLASSIFICATION (ENCIRCLE ONE): (1) 2 3 4

WORK RESTRICTIONS: None.

O Falk M.D.
SIGNATURE

DISTRIBUTION (UPON COMPLETION)
ORIGINAL - RETURN AT ONCE TO PERSON REQUESTING EXAMINATION.
COPY - ATTACH TO SUMMARY OF PHYSICAL EXAMINATION FORM, GOF-271, AND BILL, MAIL TO: CORPORATE MEDICAL DIRECTOR AMERICAN CYANAMID COMPANY, WAYNE, N.J. 07470

CYWI 4-001329

AMERICAN CYANAMID COMPANY AND SUBSIDIARIES
PERSONAL PROTECTION PROGRAM—COMPREHENSIVE MEDICAL

PLEASE PRINT

Trozone (First Name) James (Middle Initial) Braxton (Last Name)

Plant or Office: Chicago 097

1421 S. Lawndale, Chicago, Ill. 60623 (Address: Street, Town, State)

Employee No.: 6972

Date Born: 12/12/45 (Month Day Year)

Date Employed: 4/29/76 (Month Day Year)

Social Security No.: [redacted]

☒ Male ☐ Female

☒ Single ☐ Widowed ☐ Married ☐ Divorced

DEATH BENEFITS TO BE PAID TO (Example: Mary A. Doe, not Mrs. John J. Doe)

GROUP LIFE: Ida (First Name) M. (Initial) Braxton (Last Name) — Mother (Relationship)

First Name: same — Initial — Last Name — Relationship

Address: Street — Town — State

WORK RELATED: same (First Name) — Initial — Last Name — Relationship

First Name — Initial — Last Name — Relationship

Address: Street — Town — State

LIST DEPENDENTS ON REVERSE SIDE

I hereby authorize my employer to deduct from my wages until further notice the contributions required of me for enrollment under the Cyanamid Personal Protection Program and I elect the following Hospital semi-private Room & Board benefit (check one) ☐ ($20/day limit) ☒ (in full, with $25 deductible).

4/29/ (Date) 19 76

Trozone J. Braxton (Signature of Employee) (Sign Full Name)

CONFIDENTIAL INFORMATION REDACTED

CYANAMID

Plant or Office location: Chicago 097

Your name (print): Trozone (First Name) James (Initial) Braxton (Last Name)

Date of birth: December (Month) 12 (Day) 1945 (Year) ☒ Male ☐ Female

Date of employment: April 29, 1976

As a contributing member of the Personal Protection Program, I hereby elect to enroll in the Cyanamid

LONG-TERM DISABILITY INCOME

and authorize the Company to deduct the required contributions from my earnings until further notice.

Trozone J. Braxton (Signature) 4/29/76 (Date)

Form IL-W-4 — ILLINOIS DEPARTMENT OF REVENUE

EMPLOYEE'S ILLINOIS WITHHOLDING EXEMPTION CERTIFICATE

PRINT FULL NAME: Trozone James Braxton

SOCIAL SECURITY NO.: [redacted]

HOME ADDRESS: 1421 S. Lawndale, Chicago, Ill. 60623

EMPLOYEE:

File this form with your employer. Otherwise he must withhold Illinois income tax from your wages without exemption.

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too great an exemption, please inform the Illinois Dept. of Revenue.

HOW TO CLAIM YOUR ILLINOIS WITHHOLDING EXEMPTION

1. Write number of exemptions to which you are ENTITLED on your Federal Income Tax Return (Form 1040) ..... [redacted]

2. To claim your full Illinois exemption, enter the amount shown on Line 1. If you elect to reduce the amount of your Illinois exemption for purposes of withholding Illinois income tax, enter a lesser number ..... [redacted]

I CERTIFY that the withholding exemption claimed on this certificate does not exceed the amount to which I am entitled.

CYWI - 4001330

CONFIDENTIAL
INFORMATION
REDACTED

CYWI 4-001331

CYANAMID
AMERICAN CYANAMID COMPANY

EMPLOYEE'S ELIGIBILITY RECORD – EMPLOYEES RETIREMENT PLAN

TO THE PENSION COMMITTEE:

Please enroll eligible for membership in the above plan based on the following facts:

1 – NAME Braxton Trozone James MR. XXXX
LAST FIRST MIDDLE

2 – SOCIAL SECURITY NO. [redacted] DATE OF BIRTH 12/12/45
MONTH DAY YEAR

3 – STARTING DATE OF PRESENT CONTINUOUS EMPLOYMENT 4/29/76
MONTH DAY YEAR

4 – PREVIOUS EMPLOYMENT (IF ANY) FROM _____ DATE TO _____ DATE

5 – COMPANY American Cyanamid DIVISION Organic Chemicals LOCATION Chicago 097

6 – TYPE OF PROOF OF AGE SUBMITTED
ACCEPTABLE PROOF OF AGE IN ORDER OF DESIRABILITY IS:

X (1) BIRTH CERTIFICATE
(2) INFANT BAPTISM CERTIFICATE
(3) FAMILY BIBLE RECORD
(4) NATURALIZATION PAPERS
(5) PASSPORT
(6) SCHOOL AGE RECORD
(7) LIFE INSURANCE POLICY
(8) ARMY OR NAVY RECORD
(9) MARRIAGE CERTIFICATE

DATE 4/30/76 EMPLOYEE'S SIGNATURE Trozone J. Braxton

TO BE COMPLETED BY PENSION REPRESENTATIVE

PAID FROM _____ PLAN MEMBER ON 1st _____ _____
DAY MONTH YEAR

I hereby certify that the date of birth, the starting date of present continuous employment, and the dates of previous employment, (if any), shown hereon are confirmed by the personnel data as to the above named employee, contained in the company's employment records, which I have examined.

SIGNED T. Kaminska LOCATED AT Chicago Sec. DATE 4/30/76
PENSION REPRESENTATIVE

[redacted]

CERTIFIED COPY OF RECORD OF BIRTH

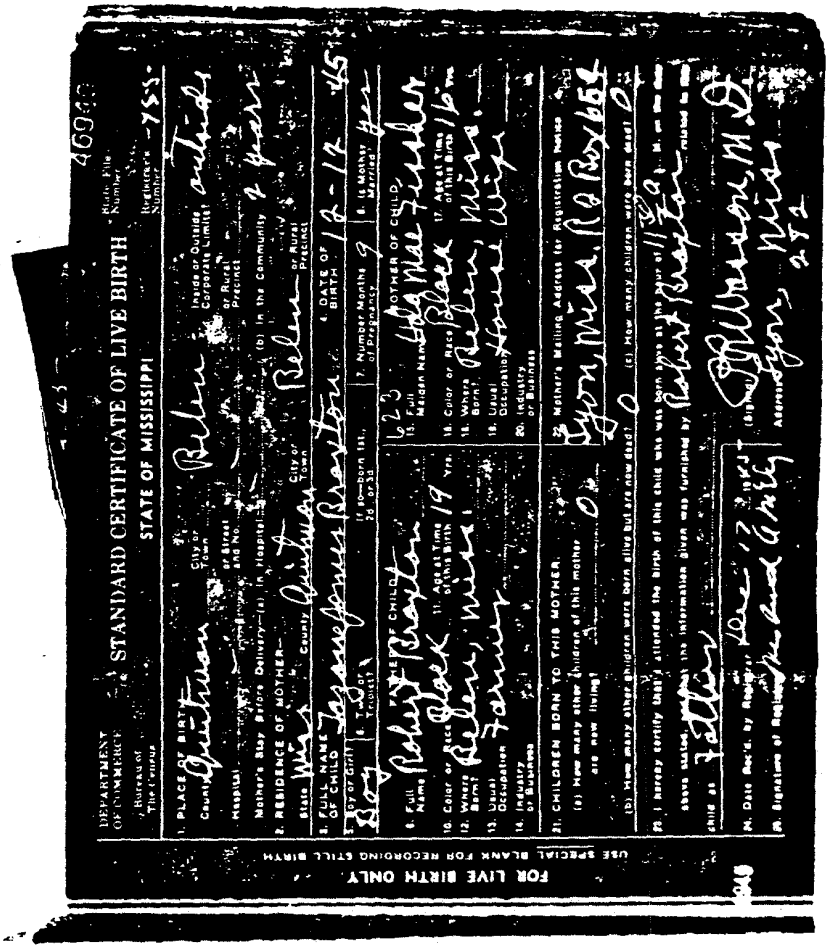
[illegible] hereby certify that the following is a true [illegible] as recorded in the [illegible] Register of Births for [illegible] County, Mississippi. The original being on file in [illegible] office.

Given at Jackson, Mississippi, under my signature and under the [illegible] seal of my office, this the

23rd day of August 1954.

FELIX J. UNDERWOOD, M. D.
State Registrar

By [illegible] M. D.
Deputy State Registrar



TC

5201. +
31010. +
36211. *I

TC

Fowler
522-5267
Gunther
637-9601

CYANAMID

PERSONNEL STATUS NOTIFICATION

WORK LOCATION	PAYROLL LOCATION	DATE ISSUED
Chicago, Ill.	W.I., W.Va.	4/29/76

☒ EMPLOYMENT ☐ CHANGE IN DEPARTMENT ☐ TERMINATION

☐ CHANGE IN RATE ☐ CHANGE IN JOB TITLE ☐ OTHER _____

NAME	PAYROLL NO.	SOCIAL SECURITY NO.
Trozone James Braxton	6972	[redacted]

DETAIL	FROM	TO
DEPARTMENT		
JOB TITLE		
EFFECTIVE DATE	4/29/76	
RATE	3/72	

EXPLANATION:

Birthdate: 12/12/45
address: 1421 S. Lawndale, Chicago, Ill. 60623

single, [redacted]

REQUESTED BY	APPROVED BY	APPROVED BY
C. A. Dadko	H. C. Gaffney	

NA-299 REV. 3-70 PRINTED IN U.S.A. 3-70

EMPLOYEE RELATIONS DEPARTMENT

BY: _____

CONFIDENTIAL INFORMATION REDACTED