Chicago
6514 - L. Maye

CY-RI 006873

Employees Savings Plan
Contribution Change Application

CYANAMID 6514 American Cyanamid Company

Read the Prospectus related to the Plan before filling out this form. Terms used are defined in the Appendix to the Prospectus.
This form must be forwarded by the Personnel or Employee Benefits Department Representative to ensure receipt by the Employees Savings Plan Supervisor, Clifton, New Jersey 07015, at least 10 days before the enrollment date on which you want the change(s) implemented.
PLEASE PRINT OR TYPE.

CLOCK CARD NO.	SOCIAL SECURITY NO.	WORK LOCATION	PAYROLL LOCATION	PAYROLL CODE
14-	4 1 1 3 4 7 7 7	CHICAGO PLANT	WILLOW ISLAND	[illegible]

EMPLOYEE NAME (Last Name (comma, space) First Name (space) Initial)

MAYE, LEROY C

CURRENT EMPLOYEE ADDRESS	NUMBER AND STREET		APT. NO.
	1247 W 95TH ST		
	CITY	STATE	ZIP CODE
	CHICAGO	IL	60643

In accordance with the Plan provisions, I authorize the Company and/or the Plan Trustee to:

CHANGE IN PERCENTAGE OF CONTRIBUTIONS

Matched Contribution:

☐ Change my Matched Employee Contribution to: ☐ 1% ☐ 2% ☐ 3% From: %

Unmatched Contribution:

☒ Change my Unmatched Employee Contribution to:

☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5% ☐ 6% ☐ 7% ☐ 8% ☐ 9% ☒ 10%

I understand that a change in the percentage of the matched and/or unmatched payroll deduction may be made as of any enrollment date, but not more than twice each in any 12-month period. I further understand that the first 3% of my contribution is matched by the Company at 50% and no unmatched is [illegible]

[redacted]

CY-RI 006874

[redacted]



JAN 11 1994

CY-RI 006875

Employees Savings Plan
Election on Termination of Employment

CYANAMID

American Cyanamid Company

Read the Prospectus related to the Plan befo[illegible]lling out this form. Terms used are defined in [illegible] Appendix to the Prospectus.
This form should be forwarded by the Personnel or Employee Benefits Representative to the Employees Savings Plan Supervisor, Clifton, New Jersey 07015.

PLEASE PRINT. FILL IN ALL APPLICABLE UNSHADED AREAS.

CLOCK CARD NO.	SOCIAL SECURITY NO.	WORK LOCATION	[redacted]
6514	418347649	CHICAGO	

EMPLOYEE NAME (Last Name (comma, space) First Name (space) Initial)	DATE OF BIRTH Mo. Day Year	DATE OF EMPLOYMENT Mo. Day Year
MAYE, LEROY	02 05 29	04 21 62

CURRENT EMPLOYEE ADDRESS	NUMBER AND STREET	APT. NO.
	1247 W. 95th PLACE	
	CITY: CHICAGO	STATE: IL / ZIP CODE: 60643

AUTHORIZATION FOR DISTRIBUTION OF FUNDS

I am terminating my employment with the Company on (date) 4/17/86
and authorize a distribution of the full value of my Individual Accounts and my Company Account in which I am vested in the form indicated below.

TYPE OF DISTRIBUTION

I hereby elect to have the full value of my Individual Accounts and the vested portion of my Company Account paid as follows:
(Check and complete only one option):

Option 1 ☐

50% joint and survivor annuity

When a member ceases to be an employee, if the member then has a spouse, the value of the accounts to which the member has a right, will be applied to the purchase of a non-transferable annuity providing monthly payments to the member for life and, thereafter, monthly payments of 50% of the monthly payment made to the member to such spouse, if surviving, for the life of such spouse. The annuity shall be determined by the insurance company issuing the annuity certificate, and shall be in accordance with its then applicable policies (including policies as to minimum monthly annuities).

SPOUSE'S NAME	SPOUSE'S BIRTHDATE	SPOUSE'S SOCIAL SECURITY NO.

Option 2 ☐

In installments of (circle one): 60, 120, 180, 240, 300, 360 equal monthly payments.
I hereby designate the following as [illegible] death occur before the final installment is paid:

	RELATIONSHIP	SOCIAL SECURITY NO.
[illegible]		

[illegible] Company Stock

[illegible] concerning distribution of my [illegible] effective valuation date) [illegible] in the investment [illegible]

[redacted]

CY-RI 006876

ADMINISTRATIVE PROFILE

PERSONAL DATA

PERSONNEL ACTION: ☐ NEW HIRE ☐ REHIRE ☐ REINSTATE. ☐ SAL. CHGE. ☐ L.O.A. ☐ TRANSFER ☐ LAYOFF/TERM. ☐ EMPLOYEE INFO. ☐ JOB CHGE. ☐ OTHER

EMPLOYEE NAME	FIRST	MID.	TITLE	DATE PREPARED	PROFILE DATE	L1	L2	EMPLOYEE NO.
MAYE	LEROY	C			86/07/28	10	9D	[redacted]L

BIRTH DATE	SEX	CITIZEN	RACE	MARITAL	VISA	ORIGINAL HIRE DATE	CURRENT HIRE DATE	(ADJ.) SERVICE DATE	PROJ. SERVICE DATE	EARNOUT DATE	SENIORITY PLANT	SENIORITY DEPT.	ALT. EMPLOYEE NO.	UNION CODE	SPLIT PAYROLL
29/02/05	M	Y	B	2		62/02/21	71/06/01						6514		☐

ORGANIZATION DATA

CEMIS I.H. CODE →

COMPANY	GROUP	DIVISION	PHYSICAL WORK LOCATION	PAY LOCATION	ACCOUNTING CODE	EFFECTIVE DATE
001 AMER CY CO	CHEM CHEMICAL	POL POLYMER	0097 CHICAGO-MC	0779 WILLOW ISL		

DEPARTMENT CODE AND NAME	DATE IN ORG.	ORG. CHGE	COST CENTER	PAYROLL	HRC/DIST/FOLDER
2636968110 PPD-CHICAGO-LITHARGE-PROD		55	NOT APPLICABLE/AVAILABLE	0681	CHICAGO-MC

TRANSACTION DATA

ALTERNATE ORG. CODE → ALTERNATE COST CENTER

DATE	TRANSACTION CODE AND DESCRIPTION	CATEGORY	L.O.A. RET. DATE	LAST DAY WK'D.	PAY THRU DATE	PAY IN LIEU OF	VACATION DUE	REHIRE	SOC. SEC. NO.
83/12/31	100 SYSTEM STARTUP	10							418347699

ADD'N. ☐ REPLACE ☐

NAME OF EMPLOYEE BEING REPLACED	SALARY	REASON: TERM. ☐ PROM. ☐ TRANS. ☐
POSITION TITLE	LEVEL	LAST DAY WK'D.

JOB EVALUATION DATA

ABOLISH PREVIOUS JOB ☐

EDUCATIONAL DATA

	HIGHEST	BACHELOR	ADDL
CODE	HS		
YEAR	48		

YEARS OF EDUCATION → 14

JOB DATA

LEVEL	POSITION TITLE	POSITION NO.	DATE IN POS.	JOB CHGE.	DIV.	FLSA	EEOC JOB	EEOC FAM.	NORMAL HRS./WK.	SHIFT	SHIFT DATE
J	SUPERVISOR MAINTENANCE	NC20VMNT01	79/08/01	88	POL	N	01	140	40.0	0	

SALES/PROD. INCENTIVE

AMOUNT	DATE	TP

SALARY DATA

L-OF-P=N

SAL. CHG. DATE	BASE SALARY	PER/FRQ	% C.P.	% G.L.	TOT. CHGE. AMT.	ITL.% CHGE.	TYPE	AMOUNT A	%	TYPE	AMOUNT B	%	TYPE	AMOUNT C	%	TYPE	PERFORMANCE DATE
86/08/01	[redacted]	MO	94.03	100.[redacted]	[redacted]	6.98	ME										
85/08/01	[redacted]	MO	99.01	99.[redacted]	[redacted]	6.00	ME										A85/12/02X
84/08/01	[redacted]	MO	88.35	98.[redacted]	[redacted]	8.05	ME										A84/08/15X-
83/08/01	[redacted]	MO	87.51	97.[redacted]	[redacted]	5.64	ME										A83/08/26X

SALARY STRUCTURE DATA

STRUCT.	LEVEL	DATE IN LEVEL	MIN.	1/3 - 1/3	GLR	2/3	MAX
86NF1	J	79/08/01	[redacted]				

BASE SALARY EQUIVALENTS

ANNUAL	MONTHLY	WEEKLY	PAY PERIOD
[redacted]	[redacted]	[redacted]	[redacted]

AUTHORITY FOR ADDITION TO STAFF

SIGNATURES AND DATES

INITIATOR

APPROVAL

CORPORATE

REMARKS

PART NO. 3

CY-RI 006877

PERSONAL DATA

PERSONNEL ACTION ☐ LAYOFF/TERM. ☐ NEW HIRE ☐ SAL. CHGE. ☐ EMPLOYEE INFO. ☐ REHIRE ☐ L.O.A. ☐ JOB CHGE. ☐ REINSTATE. ☐ TRANSFER ☐ OTHER

ADMINISTRA

1	EMPLOYEE NAME	FIRST	MID.	TITLE	DATE PREPARED	PROFILE DATE
☐	MAYE	LEROY	C			85/07/1

2 ☐	BIRTH DATE	SEX	CITIZEN	RACE	MARITAL	VISA	ORIGINAL HIRE DATE	CURRENT HIRE DATE	(ADJ.) SERVICE DATE	PROJ. SERVICE DATE	EARNOUT DATE	SENIORITY PLANT	SENIORITY DEPT.	ALT. EM
	29/02/05	M	Y	B	2		62/02/21	71/06/01						6514

ORGANIZATION DATA

CEMIS I.H

3 ☐	COMPANY	GROUP	DIVISION	PHYSICAL WORK LOCATION	PAY LOCATION	ACCOUNT
	001 AMER CY CO	CHEM CHEMICAL	POL POLYMER	0097 CHICAGO	0779 WILLOW ISL	

4 ☐	DEPARTMENT CODE AND NAME	DATE IN ORG.	ORG. CHGE	COST CENTER
	2636968110 PPD-CHICAGO-LITHARGE-PROD		55	NOT APPLICABLE/AVAILABLE

TRANSACTION DATA — ALTERNATE ORG. CODE →

ALTERNATE COST CE

5 ☐	DATE	TRANSACTION CODE AND DESCRIPTION	CATEGORY	L.O.A. RET. DATE	LAST DAY WK'D.	PAY THRU DATE	PAY IN LIEU OF	VACATIO
	83/12/31	100 SYSTEM STARTUP	10					

6 ☐	ADD'N. ☐	REPLACE ☐	NAME OF EMPLOYEE BEING REPLACED	SALARY	REASON: TERM. ☐ PROM. ☐ TRANS. ☐	POSITION TITLE	LEVEL	LAST DAY WK'D.

JOB EVALUATION DATA

ABOLISH PREVIOUS JOB ☐

JOB DATA

7 ☐	LEVEL	POSITION TITLE	POSITION NO.	DATE IN POS.	JOB CHGE.	DIV.	FLSA	EEOC JOB	EEOC FAM.	NORMAL HRS./WK.	SHIFT	SHIFT DATE
	J	SUPERVISOR MAINTENANCE	NC20VMNT01	79/08/01	85	POL	N	01	140	40.0	0	

SALARY DATA

8 ☐	SAL. CHG. DATE	BASE SALARY	PER/FRQ	% C.P.	% G.L.	TOT. CHGE. AMT.	TTL. % CHGE.	TYPE	AMOUNT A	%	TYPE	AMOUNT B	%	TYPE	AMOUNT C
	85/08/01	[redacted]	MO	99.01	99.0	[redacted]	6.06	ME							
	84/08/01	[redacted]	MO	88.35	98.0	[redacted]	6.05	ME							
	83/08/01	[redacted]	MO	87.51	97.0	[redacted]	5.64	ME							
	82/08/01	[redacted]	MO			1	8.00	ME							

SALARY STRUCTURE DATA

9 ☐	STRUCT.	LEVEL	DATE IN LEVEL	MIN.	1/3 - 1/4	GLR	3/4	MAX
	85NF1	J	79/08/01	[redacted]				00

BASE SALARY EQUIVALENTS

ANNUAL	MONTHLY	WEE
[redacted]	[redacted]	[redacted]

AUTHORITY FOR ADDITION TO STAFF

REMARKS

NC

SIGNATURES AND DATES

10 ☐

INITIATOR Rick Moore 8/6/85

APPROVAL

CORPORATE

CY-RI 006878

WI 749 1095 REV. 10/83

PAYROLL CHANGE AUTHORIZATION

AMERICAN CYANAMID CO.
WILLOW ISLAND, W VA.

DATE PREPARED 08/01/84

CHEM'S. GR.2

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE

FOR DIV USE ONLY

EMPLOYEE NO	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC CODE	PAYROLL LOCATION	W P C
6514	ACCO PPD (Q)	CHICAGO	0681	MFG.	097	W.I.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS (1 PERM, 2 TEMP)	EXEMPTION STATUS (1 EXEMPT, 2 NON EXEMPT)	P R NO
	MAYE, LEROY		02/05/29	06/01/71	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	DAY SUPERVISOR	J	[redacted]	[redacted] PER MO

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS-STREET	SEX (1 M, 2 F)	SOC SEC NO	DEGREE AS BS (YR, TYPE, COLL, DISC)	TYPE CODE (0 ASSOC, 1 TECH, 2 N TECH, 3 LLB, 4 MD, 5 DVM, 6 OTHER)	CITIZEN (1 YES, 2 NO)	NO EXEMPT
		[redacted]				

HOME ADDRESS-CITY & STATE	ZIP CODE	MARITAL STATUS (1 S, 2 M, 3 W, 4 D)	DEGREE MA LLB (YR, TYPE, COLL, DISC)	DEGREE PHD-OTHER (YR, TYPE, COLL, DISC)	W TAX STATUS (1 S, 2 M)	N Y RES (0 NO, 1 YES)

Check and complete appropriate section or sections below.

1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)

SALARY PER ☐ NEW HIRE ☐ RE HIRE IF REHIRE, LAST DATE WORKED

2 TRANSFER (ALSO COMPLETE 6 BELOW)

FROM: COMPANY AND DIVISION | PLANT OR OFFICE | JOB TITLE | DEPT AND OR SECTION | DEPT CODE | PAYROLL LOCATION | EEO | LEVEL

3 SALARY CHANGE — 08/01/84

FROM $ [redacted] /MO — PERF. POT. RATING X — PRESENT SALARY CHANGE $ [redacted] PER MO — TYPE AND % OF SALARY CHANGE 1 6.1 %

TO $ [redacted] /MO — LAST SALARY CHANGE DATE 08/01/83 $ [redacted] PER MO — 1

(1 MERIT, 2 GROWTH PROMOTION, 3 ADJUSTMENT, 4 DECREASE, 5 FROM NON-INCREASE, 6 PROMOTIONAL)

4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)

FROM: JOB TITLE | LEVEL | EXEMPTION CODE (1 EXEMPT, 2 NON-EXEMPT) | FUNCTION | EEO | PAYROLL NO

5 TERMINATION

LAST DAY WORKED | CONTINUOUS SERVICE DATE

VACATION PAY DUE WKS DAYS | EEO

PAY IN LIEU OF NOTICE MO. WKS DAYS | RECOMMENDED FOR REHIRE ☐ YES ☐ NO

REASON FOR TERMINATION
1 RESIGNATION-BETTER OPPORTUNITY
2 RESIGNATION-PERSONAL
3 DISCHARGE
4 TERMINATION-MUTUAL AGREEMENT
5 LAYOFF OR ELIMINATION OF JOB
6 MILITARY SERVICE
7 RETIREMENT
8 DEATH
9 EXPIRATION OF CONT SERVICE CREDIT

CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION

AUTHORIZED BY | DATE

6 ☐ 1 ADDITION 2 REPLACE. 3 ADV REPL.

NAME OF EMPLOYEE BEING REPLACED | JOB TITLE | LEVEL

SALARY $ PER | LAST DATE WORKED | REASON LEAVING JOB ☐ TERMINATION ☐ TRANSFER ☐ PROMOTION

LEAVE OF ABSENCE — FROM TO INCLUSIVE ☐ WITH PAY ☐ WITHOUT PAY

REINSTATE FROM LEAVE OF ABSENCE — ON LEAVE SINCE | LAST DATE WORKED | CSC EXPIRES

EVALUATION SCALE & DEGREE	
T-1	
T-2	
E-1	
E-2	
E-	
TOTAL	

BUDGET DATE AMOUNT

VARIATION TO NEAREST POINT OF RANGE: GL MINUS $51

REMARKS:

N.C.

Rm 8/2/84

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES | PERS REL DEPT APPROVAL & DATE | CONTROLLER'S APPROVAL & DATE

H. C. Hoffman

Daniel Sullivan

CY-RI 006879

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE

3 749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 06/10/83

AMERICAN CYANAMID CO
BOUND BROOK, N J

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE

FOR DIV USE ONLY

EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC CODE	PAYROLL LOCATION	J P C
6514	ACCO PPD Q	CHICAGO	0681	MFG.	097	CHEM. GR 2 W I	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS (1 PERM 2 TEMP)	EXEMPTION STATUS (1 EXEMPT 2 NON EXEMPT)	P P NO
	L. MAYE		02/05/29	06/01/71	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	DAY SUPERVISOR	J	$[redacted]	[redacted] PER MO

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS-STREET	SEX (1-M 2-F)	SOC SEC NO	DEGREE AS BS: YR / TYPE / COLL / DISC	TYPE CODE (0 ASSOC 1 TECH 2 N TECH 3 LLB 4 MD 5 DVM 6 OTHER)	CITIZEN (1 YES 2 NO)	NO EXEMPT

HOME ADDRESS-CITY & STATE	ZIP CODE	MARITAL STATUS (1-S 2-M 3-W 4-D)	DEGREE-MA/LLB: YR / TYPE / COLL / DISC	DEGREE PHD OTHER: YR / TYPE / COLL / DISC	W TAX STATUS (1 S 2 M)	N Y RES (1 NO 2 YES)

Check and complete appropriate section or sections below.

1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)
SALARY PER ☐ NEW HIRE ☐ RE-HIRE IF REHIRE, LAST DATE WORKED

2 TRANSFER (ALSO COMPLETE 6 BELOW)
FROM: COMPANY AND DIVISION | PLANT OR OFFICE | JOB TITLE | DEPT AND OR SECTION | DEPT CODE | PAYROLL LOCATION | EEO | LEVEL

3 SALARY CHANGE — 08/01/83
FROM $[redacted] /MO
TO $[redacted] /MO
PERF. POT. RATING X-
PRESENT SALARY CHANGE: $[redacted] PER MO
LAST SALARY CHANGE: DATE 08/01/82 $[redacted] PER MO
TYPE AND % OF SALARY CHANGE: T 5.6 %
(1 MERIT 2 GROWTH PROMOTION 3 ADJUSTMENT 4 DECREASE 5 PROM NONMERIT INCREASE 6 PROBATIONARY)

4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)
FROM: JOB TITLE | LEVEL | EXEMPTION CODE (1-EXEMPT 2-N/EXEMPT) | FUNCTION | EEO | PAYROLL NO

5 TERMINATION
LAST DAY WORKED | CONTINUOUS SERVICE DATE
VACATION PAY DUE WKS. DAYS | EEO
PAY IN LIEU OF NOTICE MO. WKS. DAYS | RECOMMENDED FOR REHIRE ☐ YES ☐ NO
REASON FOR TERMINATION: 1. RESIGNATION-BETTER OPPORTUNITY 2. RESIGNATION-PERSONAL 3. DISCHARGE 4. TERMINATION-MUTUAL AGREEMENT 5. LAYOFF OR ELIMINATION OF JOB 6. MILITARY SERVICE 7. RETIREMENT 8. DEATH 9. EXPIRATION OF CONT. SERVICE CREDIT

CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION
AUTHORIZED BY | DATE

6 ☐ 1 - ADDITION 2 - REPLACE. 3 - ADV. REPL.
NAME OF EMPLOYEE BEING REPLACED | JOB TITLE | LEVEL
SALARY $ PER | LAST DATE WORKED | REASON LEAVING JOB ☐ TERMINATION ☐ TRANSFER ☐ PROMOTION

LEAVE OF ABSENCE — FROM | TO | INCLUSIVE | ☐ WITH PAY ☐ WITHOUT PAY

REINSTATE FROM LEAVE OF ABSENCE — ON LEAVE SINCE | LAST DATE WORKED | C.S.C. EXPIRES

EVALUATION SCALE & DEGREE	
T-1	
T-2	
K-1	
K-2	
K-	
TOTAL	

DATE | AMOUNT | VARIATION TO NEAREST POINT OF RANGE
BUDGET | GL MINUS $83

REMARKS:

12 MO INTERVAL - 1ST LINE SUPERVISOR

N.C.

RM 6/13/83

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES | PERS REL DEPT APPROVAL & DATE | CONTROLLER'S APPROVAL & DATE

H. G. Hyfrager
W. L. Mer

CY-RI 006880

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE

9D

A & S [illegible]

Name L Maye Dept.

Badge # 6514

From	To	A & S Paid	Amount Deducted	Pay Ending	
11/11/82					
11/13/82	11/23/82	[redacted]	[redacted]	12/31/82	by B.B.
11/29/82	12/19/82			1/31/83	by B.B.
12/20/82	1/2/83				
1/3/83	1/9/83			2/15/83	by WI
1/10/83	1/16/83				
1/17/83	1/23/83			2/28/83	by WI
1/24/83	—			3/31/83	"

CY-RI 006881

© WILSON JONES COMPANY G7206 GREEN 7206 BUFF 880 MADE IN U.S.A.

PAYROLL CHANGE AUTHORIZATION

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE

DATE PREPARED: 12/01/82

PAYROLL LOCATION: CHEM. GR. 2 BOUND BROOK

COMPANY AND DIVISION	WORK LOCATION	DEPT. AND/OR SECTION	DEPT. CODE	JOB STATUS
ACCO OCD Q	CHICAGO	MFG.	0681	1 (1=NON TEMP., 2=TEMP.)

EMPLOYEE NAME	BIRTH DATE	CONT. SERVICE DATE	MPU LINE NO.	EXEMPTION STATUS
L. MAYE - 6514 WC-243	02/05/29	06/01/71		2 (1=EXEMPT, 2=NON EXEMPT)

JOB TITLE	JOB CODE	FUNCT. CODE	LEVEL	SALARY RANGE	ACTUAL SALARY
DAY SUPERVISOR			J		[redacted] PER MO

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE, TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS.

SEX	MARITAL STATUS	SOCIAL SECURITY NO.	CITIZEN OF	EMPLOYEE NO.
☐ 1—MALE 2—FEMALE	☐ 1—SINGLE 2—MARRIED			

DEGREE YEAR—EXAMPLE 55

AAS	AA	BA	BS	MA	MS	LLB	PHD	MD	PD

AAS—ASSOCIATE IN SCIENCE; AA—ASSOC. ARTS; PD—POST DOCTORATE

HOME ADDRESS

TYPE OF CHANGE	EFFECTIVE DATE	Check and complete appropriate section or sections below.
1 NEW EMPLOYEE (ALSO COMPLETE 8 BELOW)		SALARY $ PER; ☐ NEW HIRE ☐ RE-HIRE; IF REHIRE, LAST DATE WORKED
2 SALARY CHANGE		FROM $ PER; TO $ PER; PERF. POT. RATING; LAST SALARY CHANGE; PRESENT SALARY CHANGE DATE; AMOUNT OF CHANGE PER; TYPE; TYPE OF SALARY CHANGE (1. MERIT 2. GROWTH PROM. 3. ADJUSTMENT 4. DECREASE 5. PROM. NON CHARGEABLE 6. PROBATIONARY)
3 TRANSFER (ALSO COMPLETE 8 BELOW)		FROM COMPANY & DIVISION; PLANT OR OFFICE; PAYROLL LOCATION; DEPT. AND/OR SECTION; JOB TITLE; MPU NO.; LEVEL
4 RECLASSIFICATION (ALSO COMPLETE 8 BELOW)		FROM JOB TITLE; FUNCT. CODE; LEVEL; MPU NO.; EXEMPT STATUS (1. EXEMPT 2. NON EXEMPT)
5 LEAVE OF ABSENCE	11/11/82	FROM 11/11/82 TO 01/03/83 INCLUSIVE; ☒ WITH PAY ☐ WITHOUT PAY
6 REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE
7 TERMINATION		LAST DATE TO BE WORKED; CONTINUOUS SERVICE DATE; VACATION PAY DUE WKS. DAYS; M.P.U. LINE NO.; PAY IN LIEU OF NOTICE MO. WKS. DAYS; RECOMMENDED FOR REHIRE ☐ YES ☐ NO; REASON FOR TERMINATION NO. ☐ (1. RESIGNATION—BETTER OPPORTUNITY 2. RESIGNATION—PERSONAL 3. DISCHARGE 4. TERMINATION—MUTUAL AGREEMENT 5. LAYOFF OR ELIMINATION OF JOB 6. MILITARY SERVICE 7. RETIREMENT 8. DEATH 9. EXPIRATION OF CONT. SERVICE CREDIT)

CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION

AUTHORIZED BY: DATED:

8 ADDITION TO STAFF ☐ OR REPLACEMENT ☐

NAME OF EMPLOYEE BEING REPLACED; JOB TITLE; LEVEL

SALARY $ PER; LAST DATE WORKED; REASON LEAVING JOB ☐ TERMINATION ☐ TRANSFER ☐ PROMOTION

EVALUATION DEGREE

9

	TASK	K & S
1		
2		
3		
4		
5		
TOTAL		
GRAND TOTAL	LEVEL	

REMARKS:

Disability Leave with full pay less Weekly Benefits of [redacted]

A C Gaffney 1/17/83 Pharmacist
Wants his 1/17/83
Sfm

RH - to extend to 1/24
- to return to work
Hers to Return to work
11/28/83 for A C Gaffney
Sfm 1/19

RM 11/28/83

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATE

PERS. REL. DEPT. APPR'

CY-RI 006882

FOR PAYROLL DEPARTMENT USE

DEPT. CODE—FROM	DEPT. CODE—TO	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
17/17/83				

HA 3000 REV. 8-80 PRINTED IN U.S.A.

PAYROLL

12/31/82 [illegible]

$\frac{\text{GASS}}{(\text{SIC 24})}$

$\frac{\text{NCF}}{(\text{[illegible]})}$

PAYROLL CHANGE AUTHORIZATION

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE

DATE PREPARED: 01/12/83

PAYROLL LOCATION: CHEM. GR. 2 BOUND BROOK

COMPANY AND DIVISION	WORK LOCATION	DEPT. AND/OR SECTION	DEPT. CODE	JOB STATUS
ACCO PPD Q	CHICAGO	MFG.	0681	[1] 1—NON TEMP. 2—TEMP.

EMPLOYEE NAME	BIRTH DATE	CONT. SERVICE DATE	MPU LINE NO.	EXEMPTION STATUS
L. MAYE - 6514	02/05/29	06/01/71		[2] 1—EXEMPT 2—NON EXEMPT

JOB TITLE	JOB CODE	FUNCT. CODE	LEVEL	SALARY RANGE	ACTUAL SALARY
DAY SUPERVISOR			J		$ [redacted] PER MO

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE. TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS.

SEX	MARITAL STATUS	SOCIAL SECURITY NO.	CITIZEN OF	EMPLOYEE NO.
[ ] 1—MALE 2—FEMALE	[ ] 1—SINGLE 2—MARRIED			

DEGREE YEAR—EXAMPLE 55

AAS	AA	BA	BS	MA	AAS—ASSOCIATE IN SCIENCE
MS	LLB	PHD	MD	PD	AA—ASSOC. ARTS
					PD—POST DOCTORATE

HOME ADDRESS

TYPE OF CHANGE	EFFECTIVE DATE	Check and complete appropriate section or sections below.
1 NEW EMPLOYEE (ALSO COMPLETE 3 BELOW)		SALARY $ PER; [ ] NEW HIRE [ ] RE-HIRE; IF REHIRE, LAST DATE WORKED
2 SALARY CHANGE		FROM $ PER; PERF. POT. RATING; PRESENT SALARY CHANGE DATE; AMOUNT OF CHANGE PER; TYPE; TO $ PER; LAST SALARY CHANGE; TYPE OF SALARY CHANGE: 1. MERIT 2. GROWTH PROM. 3. ADJUSTMENT 4. DECREASE 5. PROM. NON CHARGEABLE 6. PROBATIONARY
3 TRANSFER (ALSO COMPLETE 5 BELOW)		FROM COMPANY & DIVISION; PLANT OR OFFICE; PAYROLL LOCATION; DEPT. AND/OR SECTION; JOB TITLE; MPU NO.; LEVEL
4 RECLASSIFICATION (ALSO COMPLETE 5 BELOW)		FROM JOB TITLE; FUNCT. CODE; LEVEL; MPU NO.; EXEMPT STATUS: 1. EXEMPT 2. NON EXEMPT
5 LEAVE OF ABSENCE	11/11/82	FROM 11/11/82 TO 01/24/83 INCLUSIVE; [ ] WITH PAY [ ] WITHOUT PAY
6 REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE 11/11/82
7 TERMINATION		LAST DATE TO BE WORKED; CONTINUOUS SERVICE DATE; REASON FOR TERMINATION NO.: 1. RESIGNATION—BETTER OPPORTUNITY 2. RESIGNATION—PERSONAL 3. DISCHARGE 4. TERMINATION—MUTUAL AGREEMENT 5. LAYOFF OR ELIMINATION OF JOB 6. MILITARY SERVICE 7. RETIREMENT 8. DEATH 9. EXPIRATION OF CONT. SERVICE CREDIT; VACATION PAY DUE WKS. DAYS; M.P.U. LINE NO.; PAY IN LIEU OF NOTICE MO. WKS. DAYS; RECOMMENDED FOR REHIRE [ ] YES [ ] NO

Doctor to put on work 1/21/83

Return to work 1/24/83

ADDITION TO STAFF [ ]

8 OR REPLACEMENT [ ]

CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION

AUTHORIZED BY ____ DATED ____

NAME OF EMPLOYEE BEING REPLACED	JOB TITLE	LEVEL

SALARY	LAST DATE WORKED	REASON LEAVING JOB
$ PER		[ ] TERMINATION [ ] TRANSFER [ ] PROMOTION

EVALUATION DEGREE

9

	TASK	K & S
1		
2		
3		
4		
5		
TOTAL		
GRAND TOTAL		LEVEL

REMARKS:

EXTENSION OF DISABILITY LEAVE from 01/03/83 TO 01/24/83.

em 1/28/83

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATE		PERS. REL. DEPT. APPROVAL & DATE

CY-RI 006884

FOR PAYROLL DEPARTMENT USE

DEPT. CODE—FROM	DEPT. CODE—TO	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE

NA 3988 REV. 8-69

PAYROLL

PAYROLL CHANGE AUTHORIZATION

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE

DATE PREPARED: 1/25/83

PAYROLL LOCATION: CHEM. GR. 2 BOUND BROOK

COMPANY AND DIVISION	WORK LOCATION	DEPT. AND/OR SECTION	DEPT. CODE	JOB STATUS
ACCO PPD Q	CHICAGO	MFG.	0681	1 (1—NON TEMP. 2—TEMP.)

EMPLOYEE NAME	BIRTH DATE	CONT. SERVICE DATE	MPU LINE NO.	EXEMPTION STATUS
L. MAYE - 6514	02/05/29	06/01/71		2 (1—EXEMPT 2—NON EXEMPT)

JOB TITLE	JOB CODE	FUNCT. CODE	LEVEL	SALARY RANGE	ACTUAL SALARY
DAY SUPERVISOR			J		$2,268.00 PER MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE, TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS.

SEX	MARITAL STATUS	SOCIAL SECURITY NO.	CITIZEN OF	EMPLOYEE NO.
☐ 1—MALE 2—FEMALE	☐ 1—SINGLE 2—MARRIED	[redacted]		

DEGREE YEAR—EXAMPLE 55

AAS	AA	BA	BS	MA	AAS—ASSOCIATE IN SCIENCE

MS	LLB	PHD	MD	PD	AA—ASSOC. ARTS; PD—POST DOCTORATE

HOME ADDRESS

TYPE OF CHANGE	EFFECTIVE DATE	Check and complete appropriate section or sections below.
1 NEW EMPLOYEE (ALSO COMPLETE 8 BELOW)		SALARY $ PER; ☐ NEW HIRE ☐ RE-HIRE; IF REHIRE, LAST DATE WORKED
2 SALARY CHANGE		FROM $ PER; TO $ PER; PERF. POT. RATING; LAST SALARY CHANGE; PRESENT SALARY CHANGE DATE; AMOUNT OF CHANGE PER; TYPE; TYPE OF SALARY CHANGE (1. MERIT 2. GROWTH FROM. 3. ADJUSTMENT 4. DECREASE 5. PROM. NON CHARGEABLE 6. PROBATIONARY)
3 TRANSFER (ALSO COMPLETE 8 BELOW)		FROM COMPANY & DIVISION; PLANT OR OFFICE; PAYROLL LOCATION; DEPT. AND/OR SECTION; JOB TITLE; MPU NO.; LEVEL
4 RECLASSIFICATION (ALSO COMPLETE 8 BELOW)		FROM JOB TITLE; FUNCT. CODE; LEVEL; MPU NO.; EXEMPT STATUS (1. EXEMPT 2. NON EXEMPT)
5 LEAVE OF ABSENCE		FROM TO INCLUSIVE; ☐ WITH PAY ☐ WITHOUT PAY
6 REINSTATE FROM LEAVE OF ABSENCE	1/25/83	ON LEAVE SINCE 11/11/82
7 TERMINATION		LAST DATE TO BE WORKED; CONTINUOUS SERVICE DATE; VACATION PAY DUE WKS. DAYS; M.P.U. LINE NO.; PAY IN LIEU OF NOTICE MO. WKS. DAYS; RECOMMENDED FOR REHIRE ☐ YES ☐ NO; REASON FOR TERMINATION NO. ☐ (1. RESIGNATION—BETTER OPPORTUNITY 2. RESIGNATION—PERSONAL 3. DISCHARGE 4. TERMINATION—MUTUAL AGREEMENT 5. LAYOFF OR ELIMINATION OF JOB 6. MILITARY SERVICE 7. RETIREMENT 8. DEATH 9. EXPIRATION OF CONT. SERVICE CREDIT)

ADDITION TO STAFF ☐

8 OR REPLACEMENT ☐

CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION

AUTHORIZED BY DATED

NAME OF EMPLOYEE BEING REPLACED | JOB TITLE | LEVEL

SALARY $ PER | LAST DATE WORKED | REASON LEAVING JOB ☐ TERMINATION ☐ TRANSFER ☐ PROMOTION

EVALUATION DEGREE

9

	TASK	K & S
1		
2		
3		
4		
5		
TOTAL		
GRAND TOTAL		LEVEL

REMARKS:

REINSTATED FROM DISABILITY LEAVE

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATE

M. J. Mee

PERS. REL. DEPT. APPROVAL & DATE

CY-RI 006885

FOR PAYROLL DEPARTMENT USE

DEPT. CODE—FROM	DEPT. CODE—TO	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
1/28/83				

NA 2666 REV. 5-69

PAYROLL

[redacted]

Personal Protection Program

CYANAMID

American Cyanamid Company

[redacted]

Leroy C. Maye

TO

12-6-82

DATE

YOUR CLAIM FOR ACCIDENT & SICKNESS BENEFITS UNDER THE ABOVE PLAN HAS BEEN APPROVED AND A DRAFT IN THE AMOUNT OF $[redacted]9 IN PAYMENT OF THE COMPENSABLE PERIOD FROM 11-13-82 TO 11-28-82 INCLUSIVE IS ENCLOSED HEREWITH.

CFW
253S
Bound Brook
Payroll
FDO:11-10-82
First

[redacted] Gross
[redacted]0 FICA
[redacted] Net

Requested from 12/31/82 Check

W. C. Gunter
Employee Benefits Department

[redacted]

CC: PAYROLL DEPT.

Send to M. W. Guess (Wilton Island Plant) After 12/31/82 Payroll is Run

NA 4726 REV. 10-77 PRINTED IN U.S.A. 9-82

CY-RI 006886

Personal Protection Program

CYANAMID

American Cyanamid Company

[redacted]

TO Leroy C. Maye

DATE 1-5-83

YOUR CLAIM FOR ACCIDENT & SICKNESS BENEFITS UNDER THE ABOVE PLAN HAS BEEN APPROVED AND A DRAFT IN THE AMOUNT OF $ [redacted] IN PAYMENT OF THE COMPENSABLE PERIOD FROM 11-29-82 TO 12-19-82 INCLUSIVE IS ENCLOSED HEREWITH.

CFW
253
FDO:11-10-82
BB Payroll

[redacted] Gross
[redacted] FICA
[redacted] Net

[redacted]

W. C. [signature]
Employee Benefits Department

Deducted for 1/31/83 Check SFM

CC: PAYROLL DEPT.

NA 4726 REV. 10-77 PRINTED IN U.S.A. 8-82

CY-RI 006887

Personal Protection Program

CYANAMID

American Cyanamid Company

[redacted]

TO Leory C. Maye

DATE 1-5-83

YOUR CLAIM FOR ACCIDENT & SICKNESS BENEFITS UNDER THE ABOVE PLAN HAS BEEN APPROVED AND A DRAFT IN THE AMOUNT OF $ [redacted] IN PAYMENT OF THE COMPENSABLE PERIOD FROM 12-20-82 TO 1-2-83 INCLUSIVE IS ENCLOSED HEREWITH.

CFW
253
FDO:11-10-82
BB Payroll

[redacted] Gross
FICA
Net

W. C. [signature]
Employee Benefits Department

CC: PAYROLL DEPT.

NA 4726 REV. 10-77 PRINTED IN U.S.A. 8-82

CY-RI 006888

[redacted]

Personal Protection Program

CYANAMID

American Cyanamid Company

TO Leroy Maye

DATE 1-12-83

YOUR CLAIM FOR ACCIDENT & SICKNESS BENEFITS UNDER THE ABOVE PLAN HAS BEEN APPROVED AND A DRAFT IN THE AMOUNT OF $[redacted] IN PAYMENT OF THE COMPENSABLE PERIOD FROM 1-3-83 TO 1-9-83 INCLUSIVE IS ENCLOSED HEREWITH.

DD
463S
FDO: 11-10-82

[redacted] Gross
[redacted] FICA
[redacted] Net

W. A. Trumbull
Employee Benefits Department

CC: PAYROLL DEPT.

NA 4726 REV. 10-77 PRINTED IN U.S.A. 8-82

CY-RI 006889

Personal Protection Program

CYANAMID

American Cyanamid Company

[redacted]

TO Leroy Maye

DATE 1-19-83

YOUR CLAIM FOR ACCIDENT & SICKNESS BENEFITS UNDER THE ABOVE PLAN HAS BEEN APPROVED AND A DRAFT IN THE AMOUNT OF $ [redacted] IN PAYMENT OF THE COMPENSABLE PERIOD FROM 1-10-83 TO 1-16-83 INCLUSIVE IS ENCLOSED HEREWITH.

DD
253/463S
FDO: 11-10-82

[redacted] Gross
[redacted] FICA
[redacted] Net

W. A. [signature]
Employee Benefits Department

CC: PAYROLL DEPT.

2/28/83

NA 4728 REV. 10-77 PRINTED IN U.S.A. 8-82

CY-RI 006890

Personal Protection Program

CYANAMID

American Cyanamid Company

[redacted]

TO Leroy Maye DATE 1-26-83

YOUR CLAIM FOR ACCIDENT & SICKNESS BENEFITS UNDER THE ABOVE PLAN HAS BEEN APPROVED AND A DRAFT IN THE AMOUNT OF $[redacted] IN PAYMENT OF THE COMPENSABLE PERIOD FROM 1-17-83 TO 1-23-83 INCLUSIVE IS ENCLOSED HEREWITH.

DD
253/463S
FDO:11-10-82

[redacted] Gross
[redacted] FICA
$[redacted]8 Net

W. L. Timmons
Employee Benefits Department

CC: PAYROLL DEPT.

NA 4726 REV. 10-77 PRINTED IN U.S.A. 8-82

2/28/83

CY-RI 006891

CYANAMID

American Cyanamid Company
Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

LEROY MAYE
1247 W 95TH PLACE
CHICAGO IL 60643

EXPLANATION OF BENEFITS
If you have any questions concerning this statement, call: (201) 365-6136
or write to:
American Cyanamid Company
Employee Benefits Department
P.O. Box 2068, Clifton, NJ 07015

DATE 02/28/83
EMPLOYEE SS # [redacted]
LOCATION 0253
DRAFT # 0442587
CLAIM # 83020762

YOUR CLAIM FOR ACCIDENT AND SICKNESS BENEFITS UNDER THE CYANAMID PERSONAL PROTECTION PROGRAM HAS BEEN APPROVED AND A PRUDENTIAL DRAFT CALCULATED AS FOLLOWS IS ATTACHED BELOW.

	PERIOD PAID		GROSS BENEFIT	*TAXABLE AMOUNT	TAXES			NET AMOUNT
	FROM	TO			FICA	FED W/T	OTHER	
CURRENT	12/02/82	12/02	[redacted]	[redacted]	2.00	0.00	0.00	[redacted]
YEAR TO DATE			[redacted]	[redacted]	2.00	0.00	0.00	[redacted]

*THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 93 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAY[redacted] DEPARTMENT: THIS EMPLOYEE WAS ON DISABILITY LEAVE OF ABSENCE WITH PAY LESS WEEKLY BENEFITS FOR THE PERIOD SHOWN ABOVE. PLEASE OFFSET THE NEXT PERIODIC PAYMENT BY THE CURRENT GROSS AMOUNT.

442587

EMPLOYEE NAME				SOCIAL SECURITY #	SCCC
[redacted]				[redacted]	8
GROSS	FICA	FED W/T	OTHER	NET	WBR/SSP/R
[redacted]	2.00	0.00	0.00	[redacted]	0442587
FROM	TO	LIAB. INCUR.	M-MALE F-FEMALE	MISC	STATE
12/02/82	12/02	F	M		IL

DISABILITY

POLICYHOLDER
AMERICAN CYANAMID COMPANY 00000 BRANCH 000

PAY [redacted] DOLLARS 14 CENTS [redacted] 14

NOT NEGOTIABLE

TO THE ORDER OF LEROY MAYE
1247 W 95TH PLACE
CHICAGO IL 60643

DATE 02/28/83

NOT NEGOTIABLE

COPY

This Is Not A Check

NOT NEGOTIABLE

CY-RI 006892

BB 749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED

AMERICAN CYANAMID CO
BOUND BROOK N J

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE 7/21/82

FOR DIV USE ONLY

EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC CODE	LABOR LOCATION	
6514	ACCO-OCD (Q)	CHICAGO	0681	MFG.	097	CHEM. GR 2 B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE/EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS (1 PREM 2 TEMP)	EXEMPTION STATUS (1 EXEMPT 2 NON EXEMPT)	PAYROLL NO
	L. MAYE		02/05/29	06/01/71	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	DAY SUPERVISOR	J	[redacted]	2268.00 PER MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS-STREET	SEX (1-M 2-F)	SOC SEC NO	DEGREE AS BS (YR TYPE COLL DISC)	TYPE CODE (0 ASSOC 1 TECH 2 N TECH 3 LLB 4 MD 5 DVM 6 OTHER)	CITIZEN (1 YES 2 NO)	NO EXEMPT

HOME ADDRESS-CITY & STATE	ZIP CODE	MARITAL STATUS (1 S 2 M 3 W 4 D)	DEGREE-MA LLB (YR TYPE COLL DISC)	DEGREE PHD/OTHER (YR TYPE COLL DISC)	W TAX STATUS (1 S 2 M)	W TAX EXEMPTIONS

Check and complete appropriate section or sections below.

1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)
Effective Date:
SALARY PER
NEW HIRE RE-HIRE
IF REHIRE, LAST DATE WORKED

2 TRANSFER (ALSO COMPLETE 6 BELOW)
Effective Date:
FROM: COMPANY AND DIVISION | PLANT OR OFFICE | JOB TITLE
DEPT AND/OR SECTION | DEPT CODE | PAYROLL LOCATION | EEO | LEVEL

3 SALARY CHANGE
Effective Date: 08/01/82
FROM [redacted] MO. PERF. POT. RATING
TO [redacted] MO.
PRESENT SALARY CHANGE: [redacted] PER MO. — TYPE AND % OF SALARY CHANGE: 1 — 8.0%
LAST SALARY CHANGE: DATE 08/01/81 — $ [redacted] PER MO. — 1
(1 MERIT 2 GROWTH PROMOTION 3 ADJUSTMENT 4 DECREASE 5 FROM NON-CHARGEABLE POSITION)

4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)
Effective Date:
FROM: JOB TITLE | LEVEL | EXEMPTION CODE (1-EXEMPT 2-N/EXEMPT) | FUNCTION | EEO | PAYROLL NO

5 TERMINATION
Effective Date:
LAST DAY WORKED | CONTINUOUS SERVICE DATE
VACATION PAY DUE WKS. DAYS | EEO
PAY IN LIEU OF NOTICE MO. WKS. DAYS | RECOMMENDED FOR REHIRE YES NO
REASON FOR TERMINATION: 1 RESIGNATION-BETTER OPPORTUNITY; 2 RESIGNATION-PERSONAL; 3 DISCHARGE; 4 TERMINATION-MUTUAL AGREEMENT; 5 LAYOFF OR ELIMINATION OF JOB; 6 MILITARY SERVICE; 7 RETIREMENT; 8 DEATH; 9 EXPIRATION OF CONT. SERVICE CREDIT

6 (1 - ADDITION 2 - REPLACE. 3 - ADV. 40%)
CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION
AUTHORIZED BY DATE
NAME OF EMPLOYEE BEING REPLACED | JOB TITLE | LEVEL
SALARY $ PER | LAST DATE WORKED | REASON LEAVING JOB: TERMINATION TRANSFER PROMOTION

LEAVE OF ABSENCE
FROM TO INCLUSIVE — WITH PAY — WITHOUT PAY

REINSTATE FROM LEAVE OF ABSENCE
ON LEAVE SINCE | LAST DATE WORKED | C.S.C. EXPIRES

EVALUATION SCALE & DEGREE	
T-1	
T-2	
K-1	
K-2	
K-	
TOTAL	

BUDGET — DATE 8/81 — AMOUNT [redacted] — VARIATION TO NEAREST POINT OF RANGE: GL MINUS $83

REMARKS:

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES		PERS. REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
RAR 8/13/82		JHF 8-13-82	

FOR PAYROLL DEPARTMENT USE

DESIGN DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
8/27/82					

CY-RI 006893

BB 749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED

AMERICAN CYANAMID CO
BOUND BROOK N J

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE 8/12/81

FOR DIV USE ONLY

	EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC. CODE	EMPLOYER	DIV
A	6514	ACCO-OCD Q	CHICAGO	0681	MFG.	097	CHEM.GR 2 B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE/EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS	EXEMPTION STATUS	P R NO
	L. MAYE		02/05/29	06/01/71	1 (1-PREM 2-TEMP)	2 (1 EXEMPT 2 NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	DAY SUPERVISOR	J	[redacted]	[redacted] PER MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS-STREET	SEX (1-M 2-F)	SOC SEC NO	DEGREE AS BS: YR / TYPE / COLL / DISC	TYPE CODE (0 ASSOC, 1 TECH, 2 N TECH, 3 LLB, 4 MD, 5 DVM, 6 OTHER)	CITIZEN (1 YES 2 NO)	NO EXEMPT

HOME ADDRESS-CITY & STATE	ZIP CODE	MARITAL STATUS (1-S 2-M 3-W 4-D)	DEGREE-MA/LLB: YR / TYPE / COLL. / DISC	DEGREE-PHD/OTHER: YR / TYPE / COLL / DISC	W TAX STATUS (1 S 2 M)	N Y RES (NO / YES)

Check and complete appropriate section or sections below.

TYPE OF CHANGE	EFFECTIVE DATE				
1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)		SALARY PER	NEW HIRE / RE-HIRE	IF REHIRE, LAST DATE WORKED	
2 TRANSFER (ALSO COMPLETE 6 BELOW)		FROM: COMPANY AND DIVISION	PLANT OR OFFICE	JOB TITLE	
		DEPT AND/OR SECTION	DEPT CODE	PAYROLL LOCATION	EEO / LEVEL
D3 SALARY CHANGE	08/01/81	FROM [redacted] MO.	PERF. POT. RATING: X	PRESENT SALARY CHANGE: $ [redacted] PER MO.	TYPE AND % OF SALARY CHANGE: 1 / 10.9%
		TO [redacted] MO.	LAST SALARY CHANGE: DATE 08/01/80 $ [redacted] PER MO.	1	(1 MERIT, 2 GROWTH PROMOTION, 3 READJUSTMENT, 4 DECREASE, 5 PROM NON CHARGEABLE, 6 PROBATION)
4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)		FROM: JOB TITLE	LEVEL	EXEMPTION CODE (1-EXEMPT 2-N/EXEMPT)	FUNCTION / EEO / PAYROLL NO
5 TERMINATION		LAST DAY WORKED	CONTINUOUS SERVICE DATE	REASON FOR TERMINATION (1 RESIGNATION-BETTER OPPORTUNITY, 2. RESIGNATION-PERSONAL, 3. DISCHARGE, 4. TERMINATION-MUTUAL AGREEMENT, 5. LAYOFF OR ELIMINATION OF JOB, 6. MILITARY SERVICE, 7. RETIREMENT, 8. DEATH, 9. EXPIRATION OF CONT. SERVICE CREDIT)	
		VACATION PAY DUE WKS. DAYS	EEO		
		PAY IN LIEU OF NOTICE MO. WKS. DAYS	RECOMMENDED FOR REHIRE YES / NO		
6 1 - ADDITION 2 - REPLACE 3 - ADV. REPL.		CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION			
		AUTHORIZED BY	DATE		
		NAME OF EMPLOYEE BEING REPLACED	JOB TITLE	LEVEL	
		SALARY $ PER	LAST DATE WORKED	REASON LEAVING JOB: TERMINATION / TRANSFER / PROMOTION	
LEAVE OF ABSENCE		FROM	TO	INCLUSIVE: WITH PAY / WITHOUT PAY	
REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE	LAST DATE WORKED	C.S.C. EXPIRES	

EVALUATION SCALE & DEGREE	
T-1	
T-2	
E-1	
E-2	
E-	
TOTAL	

BUDGET: DATE / AMOUNT / VARIATION TO NEAREST POINT OF RANGE: GL PLUS $64

REMARKS:

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES: JHF 8-19-81

PERS REL DEPT APPROVAL & DATE: 8.1.81

CONTROLLER'S APPROVAL & DATE

CY-RI 006894

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
8/28/81					

VM

BB 749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED

AMERICAN CYANAMID CO
BOUND BROOK N J

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE 7/28/80

FOR DIV USE ONLY

	EMPLOYEE NO	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT. AND/OR SECTION	LOC. CODE	PAYROLL LOCATION	
A	6514	ACCO-OCD	CHICAGO	0681	MFG.	097	P.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS	EXEMPTION STATUS	PAYRO
	L. MAYE		02/05/29	06/01/71	1 1-PERM 2-TEMP	2 1-EXEMPT 2-NON EXEMPT	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	DAY SUPERVISOR	J	[redacted]	[redacted] PER MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS-STREET		SEX	SOC SEC NO	DEGREE AS BS				TYPE CODE	CITIZEN	
		1-M 2-F		YR	TYPE	COLL	DISC	0 ASSOC 1 TECH 2 N TECH 3 LLB 4 MD 5 DVM 6 OTHER	1 YES 2 NO	

HOME ADDRESS-CITY & STATE	ZIP CODE	MARITAL STATUS 1 S 2 M 3 W 4 D	DEGREE-MA-LLB				DEGREE-PHD OTHER				W TAX STATUS	
			YR	TYPE	COLL	DISC	YR	TYPE	COLL	DISC	1 S 2 M	

TYPE OF CHANGE	EFFECTIVE DATE	Check and complete appropriate section or sections below.
1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)		SALARY PER; ☐ NEW HIRE ☐ RE-HIRE; IF REHIRE, LAST DATE WORKED
2 TRANSFER (ALSO COMPLETE 6 BELOW)		FROM: COMPANY AND DIVISION; PLANT OR OFFICE; JOB TITLE; DEPT. AND/OR SECTION; DEPT CODE; PAYROLL LOCATION; EEO; LEVEL
D 33 SALARY CHANGE	08/01/80	FROM [redacted] MO. PERF. POT. RATING X PRESENT SALARY CHANGE $ [redacted] PER MO. TYPE AND % OF SALARY CHANGE 1 9.3 TO [redacted] MO. LAST SALARY CHANGE DATE 08/01/79 $ [redacted] PER MO. 5
4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)		FROM: JOB TITLE; LEVEL; EXEMPTION CODE 1-EXEMPT 2-N EXEMPT; FUNCTION; EEO; PAYROLL NO
5 TERMINATION		LAST DAY WORKED; CONTINUOUS SERVICE DATE; VACATION PAY DUE WKS. DAYS; EEO; PAY IN LIEU OF NOTICE MO. WKS. DAYS; RECOMMENDED FOR REHIRE ☐ YES ☐ NO; REASON FOR TERMINATION: 1. RESIGNATION-BETTER OPPORTUNITY 2. RESIGNATION-PERSONAL 3 DISCHARGE 4. TERMINATION-MUTUAL AGREEMENT 5. LAYOFF OR ELIMINATION OF JOB 6. MILITARY SERVICE 7 RETIREMENT 8. DEATH 9. EXPIRATION OF CONT. SERVICE CREDIT
6 ☐ 1 - ADDITION 2 - REPLACE. 3 - ADV. REPL.		CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION; AUTHORIZED BY; DATE; NAME OF EMPLOYEE BEING REPLACED; JOB TITLE; LEVEL; SALARY $ PER; LAST DATE WORKED; REASON LEAVING JOB ☐ TERMINATION ☐ TRANSFER ☐ PROMOTION
LEAVE OF ABSENCE		FROM TO INCLUSIVE ☐ WITH PAY ☐ WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE; LAST DATE WORKED; C.S.C. EXPIRES

EVALUATION SCALE & DEGREE	
T-1	
T-2	
K-1	
K-2	
K-	
TOTAL	

DATE | AMOUNT | BUDGET

VARIATION TO NEAREST POINT OF RANGE: GL MINUS $5

REMARKS:

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS. REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
[illegible] 8/4/80 JHF 8-4-80		

CY-RI 006895

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
8/6/80					

NA 6869 11-76

CYANAMID

CYANAMID EMPLOYEES SAVINGS PLAN ENROLLMENT FORM

243

Please Print:	FOR LOCATION USE ONLY: 6514	WORK LOCATION: [illegible]
NAME: [illegible] (LAST) [illegible] (FIRST) (MIDDLE INITIAL)		SOCIAL SECURITY NUMBER
PRESENT ADDRESS: STREET / CITY / STATE / ZIP CODE		

DATE OF BIRTH (MO. DAY YEAR)	DATE OF EMPLOYMENT (MO. DAY YEAR)	CO. CODE	DIV. CODE	WORK LOCATION CODE	PAYROLL LOCATION CODE & TYPE	ENROLLMENT DATE (MO. DAY YEAR)
/ /	2 / 21 / 62	[illegible]	[illegible]	[illegible]	[illegible] 5	/ /

SHADED AREA TO BE COMPLETED BY COMPANY

To enroll in the Cyanamid Employees Savings Plan, this form must be completed and returned to your Personnel or Employee Benefits Department.

I authorize the Company and/or the Plan Trustee to enroll me in the Cyanamid Employees Savings Plan, ~~and~~ thus:

A. Authorize a deduction from my pay amounting to the following percentage of "earnings": (Circle one)

2% 3% 4% (5%)

B. Invest my savings as indicated at the right:

Government Bond Fund _____ %
Fixed Income Fund _____ %
Diversified Fund _____ %
Company Stock Fund _____ %

(Any combination of multiples of 10% which total 100%)

Unless I request otherwise, I understand that in the event of my death before termination of my employment, the full value of my accounts will be used to purchase a full cash refund annuity for my spouse if I am married at my death. Otherwise, the full value of my accounts will be paid in a lump sum to my estate.

(Check [✓] only one)

☐ I accept the above terms.

☐ I hereby request to have the full value of my accounts paid in (circle one) 60, 120, 180, 240, 300, 360, equal monthly installments to:

[illegible] (BENEFICIARY NAME) [illegible] (RELATIONSHIP) [illegible] (ADDRESS)

☐ I hereby request to have the full value of my accounts paid in a lump sum to:

LULA MAYE (BENEFICIARY NAME) WIFE (RELATIONSHIP) [illegible] (ADDRESS)

I understand that I may change this payment arrangement at any time prior to my death while still employed and that upon termination of my employment for any reason other than death, I will have to make a new election regarding payment of my accounts.

I have received a copy of the prospectus relating to this plan.

[illegible] (SIGNATURE) [illegible] (DATE)

This form must be forwarded by the Personnel or Employee Benefits Department Representative to ensure receipt by the Employees Savings Plan Supervisor, Wayne, New Jersey 07470, at least 10 days before the enrollment date on which you wish to join the plan.

REVIEWED BY:	DATE	APPROVED BY EMPLOYEES SAVINGS PLAN SUPERVISOR EFFECTIVE AS OF THE ABOVE ENROLLMENT DATE:	DATE
		[illegible]	

PAYROLL:

Deductions commence with pay period ending: _____

CY-RI 006896

BB 749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED

AMERICAN CYANAMID CO
BOUND BROOK, N.J.

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE 7/19/79

SCD DIV USE ONLY

	EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT. AND/OR SECTION	LOC CODE	PAYROLL LOCATION	
A	6514	ACCO-OCD	CHICAGO	0681	MFG.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE-EEO	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS	EXEMPTION STATUS	
C111	L. MAYE	210	02/05/29	06/01/71	1 (1: PERM, 2: TEMP)	2 (1: EXEMPT, 2: NON-EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY	
SUPV	DAY SUPERVISOR	J	[redacted]	[redacted]	PER MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS-STREET		SEX (1-M, 2-F)	SOC. SEC. NO	DEGREE-AS BS: YR / TYPE / COLL / DISC	TYPE CODE (0-ASSOC, 1-TECH, 2-N TECH, 3-LLB, 4-MD, 5-DVM, 6-OTHER)	CITIZEN (1-YES, 2-NO)	
HOME ADDRESS-CITY & STATE	ZIP CODE	MARITAL STATUS (1-S, 2-M, 3-W, 4-D)	DEGREE-MA, LLB: YR / TYPE / COLL / DISC	DEGREE-PHD OTHER: YR / TYPE / COLL / DISC		W TAX STATUS (1-S, 2-M)	

TYPE OF CHANGE	EFFECTIVE DATE	Check and complete appropriate section or sections below.					
1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)		SALARY PER	NEW HIRE / RE-HIRE	IF REHIRE, LAST DATE WORKED			
2 TRANSFER (ALSO COMPLETE 6 BELOW)		FROM: COMPANY AND DIVISION	PLANT OR OFFICE	JOB TITLE			
		DEPT. AND/OR SECTION	DEPT. CODE	PAYROLL LOCATION	EEO	LEVEL	
D3 SALARY CHANGE	08/01/79	FROM [redacted] MO.	PERF. POT. RATING: X3	PRESENT SALARY CHANGE: [redacted] PER MO.	TYPE AND % OF SALARY CHANGE: 5	8.%	
		TO [redacted] MO.	LAST SALA[redacted]				
			DATE 03/01/79	[redacted] PER MO.	1		
D4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)	08/01/79	FROM JOB TITLE: MAINT. SUPV.	LEVEL: 1	EXEMPTION CODE: 2 (1-EXEMPT, 2-N-EXEMPT)	FUNCTION: C100	EEO: 210	PAYROLL NO.: 2
5 TERMINATION		LAST DAY WORKED	CONTINUOUS SERVICE DATE	REASON FOR TERMINATION			
		VACATION PAY DUE WKS. DAYS	EEO				
		PAY IN LIEU OF NOTICE MO. WKS. DAYS	RECOMMENDED FOR REHIRE: YES / NO				

1. RESIGNATION-BETTER OPPORTUNITY
2. RESIGNATION-PERSONAL
3. DISCHARGE
4. TERMINATION-MUTUAL AGREEMENT
5. LAYOFF OR ELIMINATION OF JOB
6. MILITARY SERVICE
7. RETIREMENT
8. DEATH
9. EXPIRATION OF CONT. SERVICE CREDIT

CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION

AUTHORIZED BY: DATE:

6 (1-ADDITION, 2-REPLACE, 3-ADV. REPL.)	NAME OF EMPLOYEE BEING REPLACED	JOB TITLE	LEVEL
	REORGANIZATION		
	SALARY $ PER	LAST DATE WORKED	REASON LEAVING JOB: TERMINATION / TRANSFER / PROMOTION

LEAVE OF ABSENCE		FROM TO INCLUSIVE	WITH PAY / WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE	LAST DATE WORKED / C.S.C. EXPIRES

EVALUATION SCALE & DEGREE	
T-1	4
T-2	5
K-1	2
K-2	3
K-	
TOTAL	14

DATE / AMOUNT / VARIATION TO NEAREST POINT OF RANGE

BUDGET

REMARKS:

CY-RI 006897

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS. REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
7/24/79	7/23/79	7/23/79

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
8/1/79					

BB 749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 2/28/79

AMERICAN CYANAMID CO
BOUND BROOK, N.J.

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE

	EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC CODE	PAYROLL LOCATION	FOR DIV USE ONLY
A	6514	ACCO-OCD	CHICAGO	0681	MAINT.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS	EXEMPTION STATUS	PAY NO
	L.MAYE		02/05/29	06/01/71	1 (1 PREM, 2 TEMP)	2 (1 EXEMPT, 2 NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	MAINT. SUPV.	1	[redacted]	[redacted]. MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY [redacted] AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS-STREET | SEX (1-M, 2-F) | SOC. SEC. NO | DEGREE-AS BS (YR, TYPE, COLL, DISC) | TYPE CODE (0 ASSOC, 1 TECH, 2 N TECH, 3 LLB, 4 MD, 5 DVM, 6 OTHER) | CITIZEN (1 YES, 2 NO) | NO. EXEMPT

HOME ADDRESS-CITY & STATE | ZIP CODE | MARITAL STATUS (1 S, 2 M, 3 W, 4 D) | DEGREE-MA LLB (YR, TYPE, COLL, DISC) | DEGREE PHD OTHER (YR, TYPE, COLL, DISC) | W TAX STATUS (1 S, 2 M) | NY YES

Check and complete appropriate section or sections below.

TYPE OF CHANGE	EFFECTIVE DATE	
1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)		SALARY PER; NEW HIRE; RE-HIRE; IF REHIRE, LAST DATE WORKED
2 TRANSFER (ALSO COMPLETE 6 BELOW)		FROM: COMPANY AND DIVISION; PLANT OR OFFICE; JOB TITLE; DEPT AND OR SECTION; DEPT CODE; PAYROLL LOCATION; EEO; LEVEL
D3 SALARY CHANGE	03/01/79	FROM [redacted]00/MO.; PERF. POT. RATING X3; PRESENT SALARY CHANGE $[redacted] PER MO.; TYPE AND % OF SALARY CHANGE 1 7%
		TO [redacted]/MO.; LAST SALARY CHANGE DATE 03/01/78 $[redacted] PER MO.; 1 (1 MERIT, 2 GROWTH PROMOTION, 3 ADJUSTMENT, 4 DECREASE, 5 PROM NON-CHARGEABLE, 6 PROBATIONARY)
4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)		FROM; JOB TITLE; LEVEL; EXEMPTION CODE (1-EXEMPT, 2-N.EXEMPT); FUNCTION; EEO; PAYROLL NO
5 TERMINATION		LAST DAY WORKED; CONTINUOUS SERVICE DATE; VACATION PAY DUE WKS. DAYS; EEO; PAY IN LIEU OF NOTICE MO. WKS. DAYS; RECOMMENDED FOR REHIRE YES NO; REASON FOR TERMINATION: 1 RESIGNATION-BETTER OPPORTUNITY, 2 RESIGNATION-PERSONAL, 3. DISCHARGE, 4. TERMINATION-MUTUAL AGREEMENT, 5. LAYOFF OR ELIMINATION OF JOB, 6. MILITARY SERVICE, 7. RETIREMENT, 8. DEATH, 9. EXPIRATION OF CONT. SERVICE CREDIT
6 (1 - ADDITION, 2 - REPLACE, 3 - ADV. REPL.)		CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION; AUTHORIZED BY; DATE; NAME OF EMPLOYEE BEING REPLACED; JOB TITLE; LEVEL; SALARY $ PER; LAST DATE WORKED; REASON LEAVING JOB: TERMINATION, TRANSFER, PROMOTION
LEAVE OF ABSENCE		FROM; TO; INCLUSIVE; WITH PAY; WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE; LAST DATE WORKED; C.S.C. EXPIRES

EVALUATION SCALE & DEGREE		DATE	AMOUNT	VARIATION TO NEAREST POINT OF RANGE
T-1		BUDGET		GL PLUS $8
T-2		REMARKS:		
K-1				
K-2				
K-				
TOTAL				

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES			PERS REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
H.B. Thompson 3/2/79			G.J. Bruce 3/1/79	CY-RI 006898

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
[signature] 3/8/79					

BB 749-1095 Rev 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED

AMERICAN CYANAMID CO
BOUND BROOK, N.J.

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE 2/21/78

	EMPLOYEE NO	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND OR SECTION	JOB CODE	PAYROLL STATION	FOR DIV USE ONLY
A	6514	ACCO-OCD	CHICAGO	0681	MAINT.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS	EXEMPTION STATUS	
	L.MAYE		02/05/29	06/01/71	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	MAINT. SUPV.	1	[redacted]	[redacted] MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS-STREET	SEX	SOC SEC NO	DEGREE ACTED
	1 M 2 F		YR TYPE COLL DISC

HOME ADDRESS-CITY & STATE	ZIP CODE	MARITAL STATUS	DEGREE MAILED	DEGREE PHD OTHER
		1 S 2 M 3 W 4 D	YR TYPE COLL DISC	YR TYPE COLL DISC

Check and complete appropriate section or sections below.

TYPE OF CHANGE	EFFECTIVE DATE	
1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)		SALARY PER — NEW HIRE / RE HIRE — FIREHIRE LAST DATE WORKED
2 TRANSFER (ALSO COMPLETE 6 BELOW)		FROM: COMPANY AND DIVISION — PLANT OR OFFICE — JOB TITLE — DEPT AND OR SECTION — DEPT CODE — PAYROLL LOCATION — EEO — LEVEL
D 3 SALARY CHANGE	03/01/78	FROM: $ [redacted] MO. — PERF. POT. RATING: X3 — PRESENT SALARY CHANGE: $ [redacted] PER MO. — TYPE AND % OF SALARY CHANGE: 1 — 1020 — TO: [redacted] MO. — LAST SALARY CHANGE: DATE 03/01/77 [redacted] PER MO. — 1
4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)		FROM: JOB TITLE — LEVEL — EXEMPTION CODE: 1 EXEMPT 2 N EXEMPT — FUNCTION — EEO — PAYROLL NO
5 TERMINATION		LAST DAY WORKED — CONTINUOUS SERVICE DATE — VACATION PAY DUE WKS. DAYS — EEO — PAY IN LIEU OF NOTICE MO. WKS. DAYS — RECOMMENDED FOR REHIRE YES NO — REASON FOR TERMINATION: 1 RESIGNATION-BETTER OPPORTUNITY 2 RESIGNATION-PERSONAL 3 DISCHARGE 4 TERMINATION-MUTUAL AGREEMENT 5 LAYOFF OR ELIMINATION OF JOB 6 MILITARY SERVICE 7 RETIREMENT 8 DEATH 9 EXPIRATION OF CONT. SERVICE CREDIT
6 1 - ADDITION 2 - REPLACE. 3 - ADV. REPL.		CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION — AUTHORIZED BY — DATE — NAME OF EMPLOYEE BEING REPLACED — JOB TITLE — LEVEL — SALARY $ PER — LAST DATE WORKED — REASON LEAVING JOB: TERMINATION / TRANSFER / PROMOTION
LEAVE OF ABSENCE		FROM — TO — INCLUSIVE — WITH PAY / WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE — LAST DATE WORKED — C.S.C. EXPIRES

EVALUATION SCALE & DEGREE		DATE	AMOUNT	VARIATION TO NEAREST POINT OF RANGE
T-1		BUDGET		GLR PLUS $9
T-2		REMARKS:		
K-1				
K-2				
K-				
TOTAL				

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES			PERS REL. DEPT APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
H. B. Thompson 2/24/78			D J Jones 2/24/78	

CY-RI 006899

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
[signature] 3/3					

86-749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED

AMERICAN CYANAMID CO.
BOUND BROOK, N.J.

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE

FOR DIV USE ONLY

EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC. CODE	PAYROLL LOCATION	
6514	ACCO-OCO	CHICAGO	0681	MANUFACTURING	097	BOUND BROOK	243

FUNCTION CODE	EMPLOYEE NAME	RACE/EEO	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS (1-PERM 2-TEMP)	EXEMPTION STATUS (1-EXEMPT 2-NON EXEMPT)	PAY NO.
C210	L MAYE		02-05-29	06-01-71	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY	
VMNT	MAINTENANCE SUPV	I	[redacted]	[redacted]	PER MO

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE-TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS-STREET	SEX (1-M 2-F)	SOC. SEC. NO	DEGREE-AS BS: YR. / TYPE / COLL. / DISC	TYPE CODE (0-ASSOC 1-TECH 2-N.TECH 3-LLB 4-MD 5-DVM 6-OTHER)	CITIZEN (1-YES 2-NO)	NO. EXEMPT
	1	[redacted]				

HOME ADDRESS-CITY & STATE	ZIP CODE	MARITAL STATUS (1-S 2-M 3-W 4-D)	DEGREE-MA/LLB: YR. / TYPE / COLL. / DISC	DEGREE PHD OTHER: YR. / TYPE / COLL. / DISC	W/TAX STATUS (1-S 2-M)	N.Y. RES (2-NO 1-YES)

TYPE OF CHANGE	EFFECTIVE DATE	Check and complete appropriate section or sections below.
1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)		SALARY PER; ☐ NEW HIRE ☐ RE-HIRE; IF REHIRE, LAST DATE WORKED
2 TRANSFER (ALSO COMPLETE 6 BELOW)		FROM: COMPANY AND DIVISION; PLANT OR OFFICE; JOB TITLE; DEPT. AND/OR SECTION; DEPT. CODE; PAYROLL LOCATION; EEO; LEVEL
3 SALARY CHANGE	03-01-77	FROM [redacted] MO; PERF. POT. RATING X2; PRESENT SALARY CHANGE $ [redacted] PER MO; TYPE AND % OF SALARY CHANGE 1 7.9%; TO [redacted] MO; LAST SALARY CHANGE DATE 03-01-76 $ [redacted] PER MO; 3
4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)		FROM: JOB TITLE; LEVEL; EXEMPTION CODE (1-EXEMPT 2-N/EXEMPT); FUNCTION; EEO; PAYROLL NO.
5 TERMINATION		LAST DAY WORKED; CONTINUOUS SERVICE DATE; VACATION PAY DUE WKS. DAYS; EEO; PAY IN LIEU OF NOTICE MO. WKS. DAYS; RECOMMENDED FOR REHIRE ☐ YES ☐ NO; REASON FOR TERMINATION: 1. RESIGNATION-BETTER OPPORTUNITY 2. RESIGNATION-PERSONAL 3. DISCHARGE 4. TERMINATION-MUTUAL AGREEMENT 5. LAYOFF OR ELIMINATION OF JOB 6. MILITARY SERVICE 7. RETIREMENT 8. DEATH 9. EXPIRATION OF CONT. SERVICE CREDIT
6 ☐ 1 - ADDITION 2 - REPLACE. 3 - ADV. REPL.		CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION; AUTHORIZED BY; DATE; NAME OF EMPLOYEE BEING REPLACED; JOB TITLE; LEVEL; SALARY $ PER; LAST DATE WORKED; REASON LEAVING JOB ☐ TERMINATION ☐ TRANSFER ☐ PROMOTION
LEAVE OF ABSENCE		FROM TO INCLUSIVE; ☐ WITH PAY ☐ WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE; LAST DATE WORKED; C.S.C. EXPIRES

EVALUATION SCALE & DEGREE	
T-1	
T-2	
K-1	
K-2	
K-	
TOTAL	

DATE; AMOUNT; VARIATION TO NEAREST POINT OF RANGE

BUDGET

GLA. - 35

REMARKS:

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
[signature] 2/25/77	M J Bruno 3/22/77	

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
[signature] 3/7					

CY-RI 006900

88-749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 1/28/77

AMERICAN CYANAMID CO.
BOUND BROOK, N.J.

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE

FOR DIV USE ONLY

EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC CODE	PAYROLL LOCATION	U.R.C.
6514	ACCO-OCD	CHICAGO	0681	MFG.		B.B.	

FUNCTION CODE	EMPLOYEE NAME	RACE/EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS (1: PERM 2: TEMP)	EXEMPTION STATUS (1: EXEMPT 2: NON EXEMPT)	F.R. NO
	L.MAYE		02/05/29	06/01/71	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACT [redacted] ER	
	MAINT. SUPV.	1			MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS-STREET	SEX (1-M 2-F)	SOC. SEC. NO	DEGREE-AS BS: YR / TYPE / COLL. / DISC.	TYPE CODE (0-ASSOC 1-TECH 2-M.TECH 3-LLB 4-MD 5-DVM 6-OTHER)	CITIZEN (1-YES 2-NO)	NO EXEMPT

HOME ADDRESS-CITY & STATE	ZIP CODE	MARITAL STATUS (1-S 2-M 3-W 4-D)	DEGREE-MA LLB: YR. / TYPE / COLL. / DISC.	DEGREE-PHD OTHER: YR. / TYPE / COLL. / DISC.	W TAX STATUS (1-S 2-M)	M.T. YES / NO

TYPE OF CHANGE	EFFECTIVE DATE	Check and complete appropriate section or sections below.
1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)		SALARY PER; NEW HIRE; RE-HIRE; IF REHIRE, LAST DATE WORKED
2 TRANSFER (ALSO COMPLETE 6 BELOW)		FROM: COMPANY AND DIVISION; PLANT OR OFFICE; JOB TITLE; DEPT. AND/OR SECTION; DEPT. CODE; PAYROLL LOCATION; EEO; LEVEL
3 SALARY CHANGE		FROM $ /; PERF. POT. RATING; PRESENT SALARY CHANGE $ PER; TYPE AND % OF SALARY CHANGE; TO $ /; LAST SALARY CHANGE DATE; $ PER; (1 MERIT 2 GROWTH PROMOTION 3 ADJUSTMENT 4 DECREASE 5 FROM NON-CHARGEABLE ROTATIONARY)
4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)		FROM: JOB TITLE; LEVEL; EXEMPTION CODE (1-EXEMPT 2-N/EXEMPT); FUNCTION; EEO; PAYROLL NO.
5 TERMINATION		LAST DAY WORKED; CONTINUOUS SERVICE DATE; VACATION PAY DUE WKS. DAYS; EEO; PAY IN LIEU OF NOTICE MO. WKS. DAYS; RECOMMENDED FOR REHIRE YES NO; REASON FOR TERMINATION (1. RESIGNATION-BETTER OPPORTUNITY 2. RESIGNATION-PERSONAL 3. DISCHARGE 4. TERMINATION-MUTUAL AGREEMENT 5. LAYOFF OR ELIMINATION OF JOB 6. MILITARY SERVICE 7. RETIREMENT 8. DEATH 9. EXPIRATION OF CONT. SERVICE CREDIT)
6 (1 - ADDITION 2 - REPLACE 3 - ADV. REPL.)		CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION; AUTHORIZED BY; DATE; NAME OF EMPLOYEE BEING REPLACED; JOB TITLE; LEVEL; SALARY $ PER; LAST DATE WORKED; REASON LEAVING JOB: TERMINATION, TRANSFER, PROMOTION
LEAVE OF ABSENCE	12/20/76	FROM 12/20/76 TO 01/02/77 INCLUSIVE; X WITH PAY; WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE	01/03/77	ON LEAVE SINCE 12/20/76; LAST DATE WORKED 12/17/76; C.S.C. EXPIRES

EVALUATION SCALE & DEGREE		DATE	AMOUNT	VARIATION TO NEAREST POINT OF RANGE
T-1		BUDGET		
T-2		REMARKS:		
K-1				
K-2				
K-				
TOTAL				

DISABILITY LEAVE OF ABSENCE WITH FULL PAY, LESS WEEKLY BENEFITS.

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
	1/31/77	

CY-RI 006901

FOR PAYROLL DEPARTMENT USE

ACKNOWLEDGED	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
2/1/77					

31/77 275.00

CY-RI 006902

88-748-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED: N F

AMERICAN CYANAMID CO. BOUND BROOK, N.J.

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE 3/17/76

FOR DIV USE ONLY

EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT. CODE	DEPT. AND/OR SECTION	LOC CODE	PAYROLL LOCATION	U.R.C.
A 6514	ACCO-OCD	CHICAGO	0681	MFG.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE/EEO	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS (1: PERM 2: TEMP)	EXEMPTION STATUS (1 EXEMPT 2 NON EXEMPT)	P.R. NO.
C210	L. MAYE	2-1	02/05/29	06/01/71	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
VMNT	MAINT. SUPV.	1	$ [redacted]	1265.00 PER MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS-STREET	SEX (1-M 2-F)	SOC. SEC. NO.	DEGREE-AS, BS (YR., TYPE, COLL., DISC.)	TYPE CODE (2 ASSOC. 3 TECH 2 M TECH)	CITIZEN (1 YES 2 NO)	NO. EXEMPT

HOME ADDRESS-CITY & STATE	ZIP CODE	MARITAL STATUS (1-S 2-M 3-W 4-D)	DEGREE-MA, LLB (YR., TYPE, COLL., DISC.)	DEGREE-PHD OTHER (YR., TYPE, COLL., DISC.)	(3 LL.B 4 MD 5 DVM 9 OTHER)	M. TAX STATUS (1-S 2-M)	N.Y. RES (1 NO 2 YES)

Check and complete appropriate section or sections below.

1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)
EFFECTIVE DATE:
SALARY PER: NEW HIRE: RE-HIRE: IF REHIRE, LAST DATE WORKED:

2 TRANSFER (ALSO COMPLETE 6 BELOW)
EFFECTIVE DATE:
FROM: COMPANY AND DIVISION; PLANT OR OFFICE; JOB TITLE; DEPT. AND/OR SECTION; DEPT. CODE; PAYROLL LOCATION; EEO; LEVEL

D 3 SALARY CHANGE
EFFECTIVE DATE: 03/01/76
FROM: [redacted] MO.
TO: [redacted] MO.
PERF. POT. RATING: X2
PRESENT SALARY CHANGE: $ [redacted] PER MO.
LAST SALARY CHANGE: DATE 10/01/75 $ [redacted] PER MO.
TYPE AND % OF SALARY CHANGE: 3 — 7%
(1 MERIT 2 GROWTH PROMOTION 3 ADJUSTMENT 4 DECREASE 5 PROM. NON-CHARGEABLE 6 PROBATIONARY)

D 4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)
EFFECTIVE DATE: 03/01/76
FROM: JOB TITLE: SUPERVISOR; LEVEL: 1; EXEMPTION CODE: 2 (1-EXEMPT 2-N-EXEMPT); FUNCTION: C111; EEO: 2-1; PAYROLL NO.: 2

5 TERMINATION
LAST DAY WORKED; CONTINUOUS SERVICE DATE; VACATION PAY DUE (WKS. DAYS); EEO; PAY IN LIEU OF NOTICE (MO. WKS. DAYS); RECOMMENDED FOR REHIRE (YES NO)
REASON FOR TERMINATION:
1. RESIGNATION-BETTER OPPORTUNITY
2. RESIGNATION-PERSONAL
3. DISCHARGE
4. TERMINATION-MUTUAL AGREEMENT
5. LAYOFF OR ELIMINATION OF JOB
6. MILITARY SERVICE
7. RETIREMENT
8. DEATH
9. EXPIRATION OF CONT. SERVICE CREDIT

CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION
AUTHORIZED BY: DATE:

D 6 [2] (1 - ADDITION 2 - REPLACE. 3 - ADV. REPL.)
NAME OF EMPLOYEE BEING REPLACED: T. CARITE
JOB TITLE: MAINT. SUPV.
LEVEL: 1
SALARY: $ [redacted] PER MO.
LAST DATE WORKED: 2/13/76
REASON LEAVING JOB: [X] TERMINATION [ ] TRANSFER [ ] PROMOTION

LEAVE OF ABSENCE
FROM; TO; INCLUSIVE; [ ] WITH PAY [ ] WITHOUT PAY

REINSTATE FROM LEAVE OF ABSENCE
ON LEAVE SINCE; LAST DATE WORKED; C.S.C. EXPIRES

EVALUATION SCALE & DEGREE	
T-1	
T-2	
K-1	
K-2	
K-	
TOTAL	

BUDGET — DATE; AMOUNT; VARIATION TO NEAREST POINT OF RANGE

REMARKS:

ADJUSTMENT TO COMPENSATE FOR SUPPLEMENTAL PAY LOSS - TRANSFERRED JOBS AT COMPANY CONVENIENCE. (shift to day work)

Approved JW Smith

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS. REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
3/22/76	3/18/76	3/18/76

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
3/23/76					

CY-RI 006903

88-749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED

AMERICAN CYANAMID CO.
BOUND BROOK, N. J.

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE 9/17/75

FOR DIV USE ONLY

	EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT. CODE	DEPT. AND OR SECTION	LOC CODE	PAYROLL LOCATION	U.R.C.
A	6514	ACCO-OCD	CHICAGO	0681	MFG.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE. EEO	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS	EXEMPTION STATUS	J.R.NO
	L. MAYE		02/05/29	06/01/71	1 (1-PREM. 2-TEMP)	2 (1-EXEMPT 2-NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SUPERVISOR	1	[redacted]	[redacted] PER MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS - STREET	SEX (1-M 2-F)	SOC. SEC. NO.	DEGREE - AS-BS (YR. TYPE COLL. DISC.)	TYPE CODE (0-ASSOC. 1-TECH. 2-N.TECH 3-LLB 4-MD 5-DVM 6-OTHER)	CITIZEN (1-YES 2-NO)	NO EXEMPT

HOME ADDRESS - CITY & STATE	ZIP CODE	MARITAL STATUS (1-S 2-M 3-W 4-D)	DEGREE - MA LLB (YR. TYPE COLL. DISC.)	DEGREE - PHD OTHER (YR. TYPE COLL. DISC.)	W TAX STATUS (1-S 2-M)	N.Y. RES (0-NO 1-YES)

Check and complete appropriate section or sections below.

TYPE OF CHANGE	EFFECTIVE DATE					
1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)		SALARY PER	NEW HIRE / RE-HIRE	IF REHIRE, LAST DATE WORKED		
2 TRANSFER (ALSO COMPLETE 6 BELOW)		FROM: COMPANY AND DIVISION	PLANT OR OFFICE	JOB TITLE		
		DEPT. AND/OR SECTION	DEPT. CODE	PAYROLL LOCATION	EEO	LEVEL
D3 3 SALARY CHANGE	10/01/75	FROM [redacted] /MO.	PERF. POT. RATING: B2	PRESENT SALARY CHANGE: $ [redacted] PER MO.	TYPE AND % OF SALARY CHANGE: 1	8.6%
		TO [redacted] MO.	LAST SALARY CHANGE DATE: 04/01/74	$ [redacted] PER MO.	1	
D4 4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)	10/01/75	FROM: JOB TITLE: FOREMAN	LEVEL: 1	EXEMPTION CODE: 2 (1-EXEMPT 2-N/EXEMPT)	FUNCTION	EEO	PAYROLL NO.: 2
5 TERMINATION		LAST DAY WORKED	CONTINUOUS SERVICE DATE	REASON FOR TERMINATION		
		VACATION PAY DUE WKS. DAYS	EEO			
		PAY IN LIEU OF NOTICE MO. WKS. DAYS	RECOMMENDED FOR REHIRE YES NO			

REASON FOR TERMINATION:
1. RESIGNATION-BETTER OPPORTUNITY
2. RESIGNATION-PERSONAL
3. DISCHARGE
4. TERMINATION-MUTUAL AGREEMENT
5. LAYOFF OR ELIMINATION OF JOB
6. MILITARY SERVICE
7. RETIREMENT
8. DEATH
9. EXPIRATION OF CONT. SERVICE CREDIT

CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION

AUTHORIZED BY: DATE:

6 (1 - ADDITION 2 - REPLACE. 3 - ADV. REPL.)

NAME OF EMPLOYEE BEING REPLACED	JOB TITLE	LEVEL

SALARY	LAST DATE WORKED	REASON LEAVING JOB
$ PER		TERMINATION / TRANSFER / PROMOTION

LEAVE OF ABSENCE		FROM	TO	INCLUSIVE	WITH PAY / WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE	LAST DATE WORKED	C. S. C. EXPIRES	

EVALUATION SCALE & DEGREE	
T-1	
T-2	
E-1	
E-2	
E-	
TOTAL	

DATE | AMOUNT | VARIATION TO NEAREST POINT OF RANGE: GLR MINUS $5

BUDGET

REMARKS:

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES		PERS. REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
9/22/75		9/19/75	

CY-RI 006904

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
10/6/75					

88-749-1095 Rev. 11.72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 09/11/74

AMERICAN CYANAMID CO.
BOUND BROOK, N. J.

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE

FOR DIV. USE ONLY

EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT. CODE	DEPT. AND/OR SECTION	LOC. CODE	PAYROLL LOCATION	U R C
6514	ACCO-OCD	CHICAGO	0681	MANUF.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE, EEO	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS	EXEMPTION STATUS	P R NO
	L. MAYE		02/05/29	06/01/71	1 (1-PREM, 2-TEMP)	2 (1-EXEMPT, 2-NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	FOREMAN	(e) I	[redacted]	[redacted] PER MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS - STREET	SEX (1-M, 2-F)	SOC. SEC. NO.	DEGREE - AS BS (YR. / TYPE / COLL. / DISC.)	TYPE CODE (0 - ASSOC., 1 - TECH., 2 - N. TECH, 3 - LLB, 4 - MD, 5 - DVM, 6 - OTHER)	CITIZEN (1-YES, 2-NO)	NO EXEMPT

HOME ADDRESS - CITY & STATE	ZIP CODE	MARITAL STATUS (1 - S, 2 - M, 3 - W, 4 - D)	DEGREE - MA, LLB (YR. / TYPE / COLL. / DISC.)	DEGREE - PHD OTHER (YR. / TYPE / COLL. / DISC.)	W TAX STATUS (1 - S, 2 - M)	N Y RES (0-NO, 1-YES)

Check and complete appropriate section or sections below.

TYPE OF CHANGE	EFFECTIVE DATE	
1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)		SALARY PER; NEW HIRE; RE-HIRE; IF REHIRE, LAST DATE WORKED
2 TRANSFER (ALSO COMPLETE 6 BELOW)		FROM: COMPANY AND DIVISION; PLANT OR OFFICE; JOB TITLE; DEPT. AND/OR SECTION; DEPT. CODE; PAYROLL LOCATION; EEO; LEVEL
3 SALARY CHANGE	10/01/74	FROM [redacted] /MO.; TO [redacted] /MO.; PERF. POT. RATING B4; PRESENT SALARY CHANGE $ [redacted] PER MO.; TYPE AND % OF SALARY CHANGE 3 (1. MERIT, 2. GROWTH PROMOTION, 3. ADJUSTMENT, 4. DECREASE, 5. PROM. NON-CHARGEABLE PROBATIONARY) 5.0 %; LAST SALARY CHANGE DATE 04/01/74 $ [redacted] PER MO. 1
4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)		FROM: JOB TITLE; LEVEL; EXEMPTION CODE (1-EXEMPT, 2-N/EXEMPT); FUNCTION; EEO; PAYROLL NO.
5 TERMINATION		LAST DAY WORKED; CONTINUOUS SERVICE DATE; VACATION PAY DUE WKS. DAYS; EEO; PAY IN LIEU OF NOTICE MOS. WKS. DAYS; RECOMMENDED FOR REHIRE YES NO; REASON FOR TERMINATION (1. RESIGNATION-BETTER OPPORTUNITY, 2. RESIGNATION-PERSONAL, 3. DISCHARGE, 4. TERMINATION-MUTUAL AGREEMENT, 5. LAYOFF OR ELIMINATION OF JOB, 6. MILITARY SERVICE, 7. RETIREMENT, 8. DEATH, 9. EXPIRATION OF CONT. SERVICE CREDIT)
6 (1 - ADDITION, 2 - REPLACE, 3 - ADV. REPL.)		CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION; AUTHORIZED BY; DATE; NAME OF EMPLOYEE BEING REPLACED; JOB TITLE; LEVEL; SALARY $ PER; LAST DATE WORKED; REASON LEAVING JOB: TERMINATION, TRANSFER, PROMOTION
LEAVE OF ABSENCE		FROM TO INCLUSIVE; WITH PAY; WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE; LAST DATE WORKED; C. S. C. EXPIRES

EVALUATION SCALE & DEGREE	
T-1	
T-2	
K-1	
K-2	
K-	
TOTAL	

BUDGET DATE AMOUNT

VARIATION TO NEAREST POINT OF RANGE: G L R -$31

REMARKS:

ADJ. PER SALARY GUIDE.

CY-RI 006905

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
9/13/74 9/13/74	9/14/74	

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
10/1/74					

88-749-4095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED

AMERICAN CYANAMID CO.
BOUND BROOK, N. J.

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE 3/22/74

FOR DIV. USE ONLY

	EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT. CODE	DEPT. AND/OR SECTION	LOC. CODE	PAYROLL LOCATION	U R C.
A	6514	ACCO-OCD	CHICAGO	0681	MANUFACTURING	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS (1-PREM 2-TEMP)	EXEMPTION STATUS (1-EXEMPT 2-NON EXEMPT)	P R NO
	L.MAYE		02/05/29	06/01/71	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	FOREMAN	(E) I	[redacted]	[redacted] PER MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS - STREET	SEX (1-M 2-F)	SOC. SEC. NO.	DEGREE AS BS (YR. TYPE COLL. DISC.)	TYPE CODE (0-ASSOC. 1-TECH. 2-N TECH. 3 LLB 4-MD 5-OVM 6-OTHER)	CITIZEN (1-YES 2-NO)	NO EXEMPT

HOME ADDRESS - CITY & STATE	ZIP CODE	MARITAL STATUS (1-S 2-M 3-W 4-D)	DEGREE - MA LLB (YR. TYPE COLL. DISC.)	DEGREE - PHD OTHER (YR. TYPE COLL. DISC.)	W TAX. STATUS (1-S 2 M)	N Y RES (0 NO 1 YES)

TYPE OF CHANGE	EFFECTIVE DATE	Check and complete appropriate section or sections below.
1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)		SALARY PER; NEW HIRE; RE-HIRE; IF REHIRE: LAST DATE WORKED
2 TRANSFER (ALSO COMPLETE 6 BELOW)		FROM: COMPANY AND DIVISION; PLANT OR OFFICE; JOB TITLE; DEPT. AND/OR SECTION; DEPT. CODE; PAYROLL LOCATION; EEO; LEVEL
D3 3 SALARY CHANGE	04/01/74	FROM [redacted] MO.; PERF. POT. RATING 84; PRESENT SALARY CHANGE [redacted] PER MO.; TYPE AND % OF SALARY CHANGE 1 7.3%; TO [redacted] MO.; LAST SALARY CHANGE DATE 10/01/72 [redacted] PER MO. 1 (1 MERIT, 2 GROWTH PROMOTION, 3 ADJUSTMENT, 4 DECREASE FROM HIGH CHARGEABLE, 5 PROBATIONARY)
4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)		FROM: JOB TITLE; LEVEL; EXEMPTION CODE (1-EXEMPT 2-N/EXEMPT); FUNCTION; EEO; PAYROLL NO.
5 TERMINATION		LAST DAY WORKED; CONTINUOUS SERVICE DATE; VACATION PAY DUE WKS. DAYS; EEO; PAY IN LIEU OF NOTICE MO. WKS. DAYS; RECOMMENDED FOR REHIRE YES NO; REASON FOR TERMINATION (1. RESIGNATION-BETTER OPPORTUNITY 2. RESIGNATION-PERSONAL 3. DISCHARGE 4. TERMINATION-MUTUAL AGREEMENT 5. LAYOFF OR ELIMINATION OF JOB 6. MILITARY SERVICE 7. RETIREMENT 8. DEATH 9. EXPIRATION OF CONT. SERVICE CREDIT)
6 (1 - ADDITION- 2 - REPLACE. 3 - ADV. REPL.)		CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION; AUTHORIZED BY; DATE; NAME OF EMPLOYEE BEING REPLACED; JOB TITLE; LEVEL; SALARY $ PER; LAST DATE WORKED; REASON LEAVING JOB: TERMINATION TRANSFER PROMOTION
LEAVE OF ABSENCE		FROM TO INCLUSIVE; WITH PAY; WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE; LAST DATE WORKED; C. S. C. EXPIRES

EVALUATION SCALE & DEGREE		DATE	AMOUNT	VARIATION TO NEAREST POINT OF RANGE
T-1		BUDGET 4/74	$70	GLR MINUS $30
T-2		REMARKS:		
K-1				
K-2				
K-				
TOTAL				

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES		PERS REL DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
3/26/74	3/26/74	3/27/74	

CY-RI 006906

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
4/1/74					

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED: 9/14/72

AMERICAN CYANAMID CO.
BOUND BROOK, N. J.

FOR DIV. USE ONLY

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE

	EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT. CODE	DEPT. AND/OR SECTION	LOC. CODE	PAYROLL LOCATION	U. R. C.
A	6514	ACCO-OCD	MACGREGOR	0681	MFG.	097	B. B.	243

FUNCTION CODE	EMPLOYEE NAME	MPU LINE	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS	EXEMPTION STATUS	P/R NO.
	L. MAYE		02/05/29	06/01/71	1 (1-PERM 2-TEMP)	2 (1-EXEMPT 2-NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	FOREMAN	(E) 1	[redacted]	[redacted] PER MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

HOME ADDRESS - STREET	SEX (1-M 2-F)	SOC. SEC. NO.	DEGREE - AS/BS (YR. / TYPE / COLL. / DISC.)	TYPE CODE (0 - ASSOC. 1 - TECH. 2 - N/TECH. 3 - LLB 4 - MD 5 - DVM 6 - OTHER)	CITIZEN (1-YES 2-NO)	NO. EXEMP.

HOME ADDRESS - CITY & STATE	ZIP CODE	MARITAL STATUS (1 - S 2 - M 3 - W 4 - D)	DEGREE - MA/LLB (YR. / TYPE / COLL / DISC.)	DEGREE - PHD/OTHER (YR. / TYPE / COLL. / DISC.)	RACE	N. Y. RES. (0-NO 1-YES)

Check and complete appropriate section or sections below.

1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)
EFFECTIVE DATE:
SALARY: PER
☐ NEW HIRE ☐ RE-HIRE
IF REHIRE, LAST DATE WORKED:

2 TRANSFER (ALSO COMPLETE 6 BELOW)
EFFECTIVE DATE:
FROM: COMPANY AND DIVISION | PLANT OR OFFICE | JOB TITLE
DEPT. AND/OR SECTION | DEPT. CODE | PAYROLL LOCATION | M. P. U. NO. | LEVEL

D3 SALARY CHANGE
EFFECTIVE DATE: 10/01/72
FROM: $ [redacted] / MO.
TO: $ [redacted] / MO.
PERF POST RATING: 84
PRESENT SALARY CHANGE: $ [redacted] PER MO. | 1 | 7.1
LAST SALARY CHANGE: DATE 05/01/71 | $ [redacted] PER MO. | 1
TYPE AND % OF SALARY CHANGE (1 MERIT 2 GROWTH PROMOTION 3 ADJUSTMENT 4 DECREASE 5 PROM. NON CHARGEABLE 6 PROBATIONARY)

4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)
EFFECTIVE DATE:
FROM: JOB TITLE | LEVEL | EXEMPTION CODE (1-EXEMPT 2-N/EXEMPT) | FUNCTION | M. P. U. NO. | PAYROLLING

5 TERMINATION
EFFECTIVE DATE:
LAST DAY WORKED | CONTINUOUS SERVICE DATE
VACATION PAY DUE (WKS. DAYS) | M. P. U. NO.
PAY IN LIEU OF NOTICE (MO. WKS. DAYS) | RECOMMENDED FOR REHIRE ☐ YES ☐ NO
REASON FOR TERMINATION (1. RESIGNATION-BETTER OPPORTUNITY 2. RESIGNATION-PERSONAL 3. DISCHARGE 4. TERMINATION-MUTUAL AGREEMENT 5. LAYOFF OR ELIMINATION OF JOB 6. MILITARY SERVICE 7. RETIREMENT 8. DEATH 9. EXPIRATION OF CONT. SERVICE CREDIT)

6 ☐ 1 - ADDITION 2 - REPLACE. 3 - ADV. REPL.
CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION
AUTHORIZED BY | DATE
NAME OF EMPLOYEE BEING REPLACED | JOB TITLE | LEVEL
SALARY $ PER | LAST DATE WORKED | REASON LEAVING JOB ☐ TERMINATION ☐ TRANSFER ☐ PROMOTION

LEAVE OF ABSENCE
EFFECTIVE DATE:
FROM | TO | INCLUSIVE | ☐ WITH PAY ☐ WITHOUT PAY

REINSTATE FROM LEAVE OF ABSENCE
EFFECTIVE DATE:
ON LEAVE SINCE | LAST DATE WORKED | C. S. C. EXPIRES

EVALUATION SCALE & DEGREE	
T-1	
T-2	
K-1	
K-2	
K-	
TOTAL	

REMARKS:

BUDGET - [redacted] - 7/72
VARIATION - GLR PLUS [redacted]

Approved 9/20

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES: 9/20 | 9/25 | 9/19/72
PERS. REL. DEPT. APPROVAL & DATE
CONTROLLER'S APPROVAL & DATE

CY-RI 006907

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
10/1/72					

PAYROLL CHANGE AUTHORIZATION

AMERICAN CYANAMID CO.
BOUND BROOK, N. J.

DATE PREPARED: 7/23/71

FOR DIV. USE ONLY

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE

	EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT. CODE	DEPT. AND/OR SECTION	LOC. CODE	PAYROLL LOCATION	U. R. C.
A	6514	ACCO-OCD	MAC GREGOR	6650	MANUFACTURING	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	MPU LINE	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS (1-PERM 2-TEMP)	EXEMPTION STATUS (1-EXEMPT 2-NON EXEMPT)	P/R NO.
C111	L. MAYE	11A	02/05/29	06/01/71*	1	2	7

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
FORE	FOREMAN	(E) 1	[redacted]	[redacted] PER MO.

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS, AND PLANT EMPLOYEE GOING FROM HOURLY TO SALARIED STATUS

	HOME ADDRESS - STREET	SEX (1-M 2-F)	SOC. SEC. NO.	DEGREE - AS/BS (YR. / TYPE / COLL. / DISC.)	TYPE CODE (0-ASSOC. 1-TECH. 2-N/TECH. 3-LLB 4-MD 5-DVM 6-OTHER)	CITIZEN (1-YES 2-NO)	NO. EXEMP.
B	2222 SO. KILDARE	1	[redacted]			1	01

	HOME ADDRESS - CITY & STATE	ZIP CODE	MARITAL STATUS (1-S 2-M 3-W 4-D)	DEGREE - MA/LLB (YR. / TYPE / COLL. / DISC.)	DEGREE - PHD/OTHER (YR. / TYPE / COLL. / DISC.)	RACE	N. Y. RES. (0-NO 1-YES)
C	CHICAGO, ILLINOIS	60623	2			2	0

Check and complete appropriate section or sections below.

TYPE OF CHANGE	EFFECTIVE DATE	
1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)		SALARY PER; NEW HIRE / RE-HIRE; IF REHIRE, LAST DATE WORKED
2 TRANSFER (ALSO COMPLETE 6 BELOW) D2	06/01/71**	FROM: COMPANY AND DIVISION: ACCO-OCD; PLANT OR OFFICE: MAC GREGOR; JOB TITLE: FOREMAN; DEPT. AND/OR SECTION: MFG.; DEPT. CODE: TRAN; PAYROLL LOCATION: W.I.; M. P. U. NO.; LEVEL
3 SALARY CHANGE		FROM $ [redacted] /HR.; TO $ [redacted] /MO.; PERF. POT. RATING; PRESENT SALARY CHANGE $ PER; LAST SALARY CHANGE DATE $ PER; TYPE AND % OF SALARY CHANGE (1 MERIT 2 GROWTH PROMOTION 3 ADJUSTMENT 4 DECREASE 5 PROM. NON CHARGEABLE 6 PROBATIONARY)
4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)		FROM: JOB TITLE; LEVEL; EXEMPTION CODE (1-EXEMPT 2-N/EXEMPT); FUNCTION; M. P. U. NO.; PAYROLL NO.
5 TERMINATION		LAST DAY WORKED; CONTINUOUS SERVICE DATE; VACATION PAY DUE WKS. DAYS; M. P. U. NO.; PAY IN LIEU OF NOTICE MO. WKS. DAYS; RECOMMENDED FOR REHIRE YES NO; REASON FOR TERMINATION (1. RESIGNATION-BETTER OPPORTUNITY 2. RESIGNATION-PERSONAL 3. DISCHARGE 4. TERMINATION-MUTUAL AGREEMENT 5. LAYOFF OR ELIMINATION OF JOB 6. MILITARY SERVICE 7. RETIREMENT 8. DEATH 9. EXPIRATION OF CONT. SERVICE CREDIT)
6 (1 - ADDITION 2 - REPLACE. 3 - ADV. REPL.)		CONTROLLER'S OR OTHER REQUIRED AUTHORIZATION; AUTHORIZED BY; DATE; NAME OF EMPLOYEE BEING REPLACED; JOB TITLE; LEVEL; SALARY $ PER; LAST DATE WORKED; REASON LEAVING JOB: TERMINATION / TRANSFER / PROMOTION
LEAVE OF ABSENCE		FROM; TO; INCLUSIVE; WITH PAY / WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE		ON LEAVE SINCE; LAST DATE WORKED; C. S. C. EXPIRES

EVALUATION SCALE & DEGREE	
1-1	TENT.
1-2	
K-1	
K-2	
K-	
TOTAL	

REMARKS:

* 2/21/62 FOR TIME ELIGIBILITY TOWARD BENEFIT PROGRAM.

** FOR PAY PURPOSES, EFFECTIVE DATE OF TRANSFER IS 8/1/71.

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS. REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
[signature] 7/26	[signature] 7/27/71	

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
8/3/71					

CY-RI 006908

Willow Island, W. Va.
August 3, 1971

TO: Bound Brook

ATT'N. OF: Mr. C. Festa

SUBJECT: Payroll Transfer - 6803 - L. Laye
(Name of Employee)

REFERENCE:

CONFIDENTIAL

We submit for your payroll records the following information on the above employee who was transferred to your payroll effective 8/1/71.

(1) Number of exemptions for U.S. Income Tax
(A new W-4 should be solicited from the employee) M - 1

(2) Social Security Number [redacted]

(3) Deductions (Specify "weekly" of "[redacted]")
(a) Bonds $
(b) Personal Protection [redacted]
(c) L.T.D.
(d) Credit Union
(e) Others (specify)

(4) Employment Agreement - Attached
- Will Follow

(5) Salary History - Attached
- Will Follow

(6) Earnings Record
(a) Gross Earnings - year to date (From Cyanamid) $ [redacted]
Taxes Deducted to Date (From Cyanamid)
(b) Federal Withholding (From Cyanamid) [redacted]
(c) F.I.C.A. (From Cyanamid)
(d) S.U.I.
(e) S.D.I.
(f) Other (State) ( ) [redacted]

Wages & F.I.C.A. From MacGregor Lead
Gross Earnings [redacted]
F.IC.A.

(Authorized Signature)

THIS FORM MUST BE COMPLETED PROMPTLY FOR ALL PAYROLL TRANSFERS. PLEASE FORWARD IN DUPLICATE

CY-RI 006909

N15270.01

CYANAMID

INTEROFFICE CORRESPONDENCE

Bound Brook
Divisional Controller's Office, June 15, 1971
OFFICE BLDG/TUBE RM# DATE

TO Willow Island

ATTN. OF: Mr. Ray Griffin

COPY TO Messrs. R. K. [illegible]
J. A. [illegible] -3B

SUBJECT: MACGREGOR LEAD PLANT
F.I.C.A. 1971

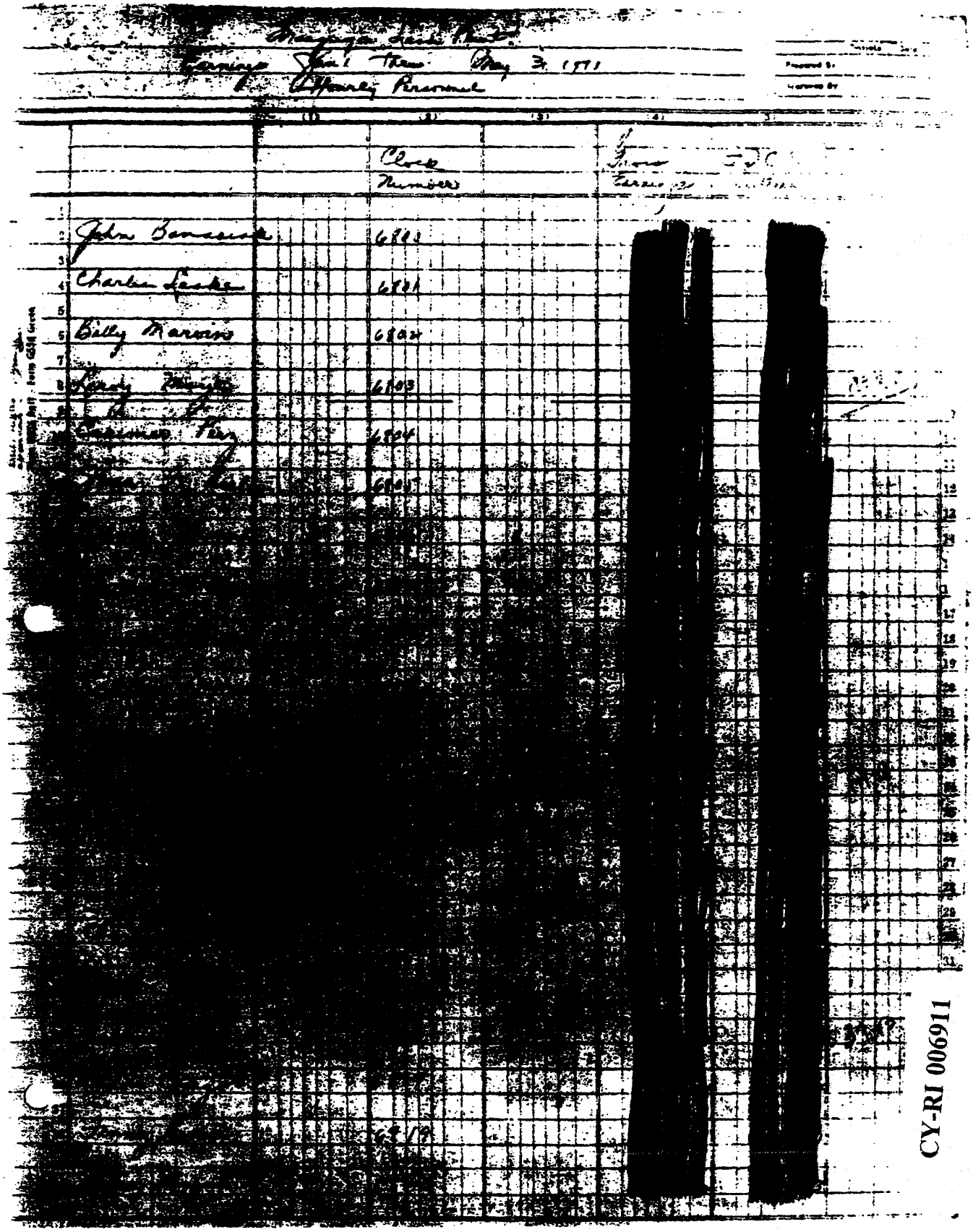
REFERENCE:

Attached is a listing of earnings and F.I.C.A. withheld from MacGregor Lead Plant employees during the period of January 1, thru May 31, 1971. These figures represent earnings and F.I.C.A. withheld while in the employ of our predecessor and should be taken into account in the payroll program to insure that F.I.C.A. is not withheld beyond the limits of the [illegible] combined earnings) $405.60.

[illegible] are issued, these [illegible] order to reflect only [illegible] Chemco, parent company [illegible] 1, thru [illegible]

CY-RI 006910

N15270.02



Maryland Lead Plant
Earnings Jan 1 Thru May 3, 1971
Hourly Personnel

	Clock Number	Gross Earnings
John Banasiak	6800	[redacted]
Charles Leake	6801	
Billy Marvin	6802	
[illegible]	6803	
[illegible]	6804	
[illegible]	6805	
[illegible]	6819	

CY-RI 006911

N15270.03

CYANAMID

INTEROFFICE CORRESPONDENCE

Personnel Operations
Bound Brook — October 22, 1971
OFFICE — BLDG/TUBE RM# — DATE

TO: Mr. A. A. Bergen

ATT'N. OF:

COPY TO: Mr. R. I. Beil - MacGregor
Mr. M. F. Ferguson

SUBJECT: Mr. LeRoy Maye
MacGregor - Chicago

REFERENCE:

Mr. R. I. Beil reviewed the pay situation of Mr. Maye with me today. Evidently in the switch of payroll, and a different cut-off date for weekly calculations, Mr. Maye was not paid for one day.

6514

This authorizes you to pay Mr. LeRoy Maye at the base rate of [redacted] per hour for eight hours at time and one half ([redacted]. Will you please prepare a special check and send this at your earliest convenience to the attention of Mr. Beil.

G. J. Brucia

G. J. Brucia

,gd

10/25

Steve — Please prepare when you return

Paid on 11/15/71 Payroll Check# 071338
S.F. Martin

Check #

NA 1128 REV. 9-69

CY-RI 006912

N15270.04