Chicago
6815 - E. Maye

CY-RI 006807

N15265

FORM W-4 (Rev. July 1969)
Department of the Treasury
Internal Revenue Service

Employee's Withholding Exemption Certificate

Type or print full name Edison Maye Social Security Number [redacted]

Home address 4941 West Fulton Street City Chicago State Ill. ZIP code 60644

EMPLOYEE:
File this form with your employer. Otherwise, he must withhold U.S. income tax from your wages without exemption.

EMPLOYER:
Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE (or if married and wish withholding as single person), write "1." If you claim no exemptions, write "0" . . C
2. If MARRIED, one exemption each is allowable for husband and wife if not claimed on another certificate.
   (a) If you claim both of these exemptions, write "2"; (b) If you claim one of these exemptions, write "1"; (c) If you claim neither of these exemptions, write "0" . . . . . .
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
   (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write "1"; if both will be 65 or older, and you claim both of these exemptions, write "2" . . . . . .
   (b) If you or your wife are blind, and you claim this exemption, write "1"; if both are blind, and you claim both of these exemptions, write "2" . . . . . .
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 4 on other side.) . . . . . .
5. If you claim additional withholding allowances for itemized deductions fill out and attach Schedule A (Form W-4), and enter the number of allowances claimed (if claimed file new Form W-4 each year) . . . . . .
6. Add the exemptions and allowances (if any) which you have claimed above and enter total 0
7. Additional withholding per pay period under agreement with employer. (See instruction 1.) . . . . . $

I CERTIFY that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. 448—16—60515-1

(Date) 1/29/81, 19__ (Signed) Edison Maye

(Date) 10/1/81, 19__ (Signed)

CY-RI 006808

Employees Savings Plan

CYANAMID

American Cyanamid Company

Election on Termination of Employment

Read the Prospectus related to the Plan before filling out this form. Terms used are defined in the 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	
6815	[redacted]	CHICAGO	[redacted]

EMPLOYEE NAME (Last Name (comma, space) First Name (space) Initial)	DATE OF BIRTH Mo. Day Year	DATE OF EMPLOYMENT Mo. Day Year
MAYER, ALLISON	07 / 31 / 52	07 / 14 / 77

CURRENT EMPLOYEE ADDRESS

NUMBER AND STREET	APT. NO.
4141 W. FULTON ST.	

CITY	STATE	ZIP CODE
CHICAGO	IL	60644

AUTHORIZATION FOR DISTRIBUTION OF FUNDS

I am terminating my employment with the Company on (date) 7/17/86

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. _____

ADDRESS _____

Option 2:

☐

Installments:

In installments of (circle one): 60; 120; 180; 240; 300; 360 equal monthly payments.

I hereby designate the following as beneficiary, should my death occur before the final installment is paid:

NAME _____ RELATIONSHIP _____ SOCIAL SECURITY NO. _____

ADDRESS _____

With respect to the amount to which I am entitled, I elect:

☐ Equivalent Shares of Company Stock

Option 3:

☒

With respect to the amount to which I am entitled, I elect:

Lump sum payment

Installments

Accounts

☐ Equivalent Shares of Company Stock

☒ Deferred payment, expecting distribution of my Accounts within 12 months of the effective valuation date. I understand that my Accounts will continue to share in the investment experience of the Plan and that my account valuation at that time may be higher or lower than at present. Payment can normally be expected within [redacted]

I hereby authorize payment of my Cyanamid Employees Savings Plan Account as indicated above.

DATE _____ SIGNATURE _____

[redacted]

NA [redacted]

PAYROLL

CY-RI 006809

ADMINISTRATIVE PROFILE

PERSONAL DATA

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

EMPLOYEE NAME	FIRST	MID	TITLE	DATE PREPARED	PROFILE DATE	L1	L2	EMPLOYEE NO
MAYE	EDISON				06/02/19	10	9D	[redacted]

BIRTH DATE	SEX	GR ZIP	RACE	ORIGINAL HIRE DATE	CURRENT HIRE DATE	(ADJ) SERVICE DATE	PROJ SERVICE DATE	EARNOUT DATE	SENIORITY PLANT	SENIORITY DEPT.	ALT. EMPLOYEE NO.	UNION CODE	FED EXEMPT
33/09/01	M	Y	B		57/07/19						6815		☐

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	0779 WILLOW ISL		

DEPARTMENT CODE AND NAME	DATE IN ORG.	ORG CHGE	COST CENTER	PAYROLL	HRIC/DIST/FOLDER
2636968110 PFD-CHICAGO-LITHARGE-PROD		88	NOT APPLICABLE/AVAILABLE	0681	CHICAGO

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							419447487

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

TERM. ☐ PROM ☐ TRANS ☐

JOB EVALUATION DATA — ABOLISH PREVIOUS JOB ☐

EDUCATIONAL DATA

	HIGHEST	BACHELOR	ADDL
CODE	HS		
YEAR	52		

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
I	SUPERVISOR SHIFT	NC11V8HF01	75/06/01	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.	TTL % CHGE	TYPE	AMOUNT A	%	TYPE	AMOUNT B	%	TYPE	AMOUNT C	%	TYPE	PERFORMANCE DATE
86/03/01	[redacted]	MO	86.41	92.7	[redacted]	3.99	ME										
85/02/01	[redacted]	MO	93.62	93.6	[redacted]	7.46	ME										A85/12/02R+
84/02/01	[redacted]	MO	91.47	91.5	[redacted]	5.15	ME										A84/11/26X-
82/12/01	[redacted]	MO			[redacted]	6.81	ME										A84/01/15R

SALARY STRUCTURE DATA

GRADE	LEVEL	EFF. DATE LEVEL	MIN	1/3 - X	GLR	2/3	MAX
86NF1	I	75/06/01	[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

3/4/86

Rm 4/3/86 JC

CY-RI 006810

PART NO. 3

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	EDISON			85/02/22	84/12/13	10	9D	[redacted]

BIRTH DATE	SEX	CITIZEN	RACE	MARITAL	MISA	ORIGINAL HIRE DATE	CURRENT HIRE DATE	(ADJ.) SERVICE DATE	PROJ. SERVICE DATE	EARNOUT DATE	SENIORITY	ALT. EMPLOYEE NO.	SPLIT PAYROLL
33/09/01	M	Y	B	2			57/07/19					6815	☐

ORGANIZATION DATA

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

DEPARTMENT CODE AND NAME	DATE IN ORG.	ORG. CHGE.	COST CENTER	PAYROLL	HRIC/DIST/FOLDER
2636968110 PPD-CHICAGO-LITHARGE-PROD		88	NOT APPLICABLE/AVAILABLE	0681	CHICAGO

TRANSACTION DATA

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							419447487

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	ADD'L
CODE	HS		
YEAR	52		

JOB DATA

LEVEL	POSITION TITLE	POSITION NO.	DATE IN POS.	JOB CHGE.	DIV.	FLSA	EEOC JOB	EEOC FAM.	NORMAL HRS./WK.	SHIFT	SHIFT DATE
I	SUPERVISOR SHIFT	NC11VSHF01	75/06/01	SS	POL		01	140	40.0	0	

14 SALES/PROD. INCENTIVE

AMOUNT	DATE	TP

SALARY DATA

SAL. CHG. DATE	BASE SALARY	PER/FRQ	% C.P.	% G.I.	TOT. CHGE. AMT.	ITL.% CHGE.	TYPE	AMOUNT A	%	TYPE	AMOUNT B	%	TYPE	AMOUNT C	%	TYPE	PERFORMANCE DATE
85/02/01	[redacted]	MO			[redacted]	.46	ME										
84/02/01		MO	91.47	91.5		.15	ME										A84/11/26R
82/12/01		MO				6.81	ME										A84/01/15R
81/11/01		MO				9.77	AC										A83/11/01R

SALARY STRUCTURE DATA

87.12 87.1 <=== 1985 EQV

STRUCT.	LEVEL	DATE IN LEVEL	MIN.	1/3 - 1/4	GLR	3/4	MAX
85NF1	I	75/06/01	[redacted]				

BASE SALARY EQUIVALENTS

ANNUAL	MONTHLY	WEEKLY	PAY PERIOD
[redacted]			

AUTHORITY FOR ADDITION TO STAFF

SIGNATURES AND DATES

INITIATOR: Ruth Moon 3/1/85

APPROVE: [signature]

CORPORATE

REMARKS: Merit Increase

CY-RI 006811

PART NO. 1

BB 749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 12/01/82

AMERICAN CYANAMID CO
BOUND BROOK, N J

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

FOR DIV USE ONLY

COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC CODE		
ACCO PPD Q	CHICAGO	049	PLASTIC ADDITIVES	097	CHEMICAL DIVISION BOUND BROOK	PC 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
	E. MAYE		09/01/33	07/19/57	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SHIFT SUPERVISOR	I	[redacted]	[redacted]0 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	12/01/82	FROM [redacted] /MO; TO [redacted]00 /MO; PERF. POT. RATING R; PRESENT SALARY CHANGE $[redacted] PER MO; TYPE AND % OF SALARY CHANGE 1 6.8 %; LAST SALARY CHANGE DATE 11/01/81 $[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	
E-1	
E-2	
E-	
TOTAL	

DATE | AMOUNT | BUDGET

VARIATION TO NEAREST POINT OF RANGE: GL MINUS $87

REMARKS:

RM 12/20/82

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
M. G. Mercer		

CY-RI 006812

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
12/19/82					

BB 749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 2/3/84

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
6815	ACCO PPD Q	CHICAGO	049	PLASTIC ADDITIVES	097	CHEM S. GR. 2 W T	243

FUNCTION CODE	EMPLOYEE NAME	RACE/EEO	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS	EXEMPTION STATUS	P/R NO
	MAYE EDISON		09/01/33	07/19/57	1 (1-PREM. 2-TEMP)	2 (1-EXEMPT 2-NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SHIFT SUPERVISOR	I	[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 (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)
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: 02/01/84
FROM $ [redacted] MO
PERF. POT. RATING: R
PRESENT SALARY CHANGE: $ [redacted] PER MO
TYPE AND % OF SALARY CHANGE: 1 | 5.1 %
TO $ [redacted] MO
LAST SALARY CHANGE
DATE 12/01/82
$ [redacted] PER MO | 1
(1 MERIT 2 GROWTH PROMOTION 3 ADJUSTMENT 4 DECREASE FROM NON-CHARGEABLE PROBATIONARY)

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. 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: 1/4 PT PLUS $56

REMARKS:

12 MO INTERVAL

18.20
6.15

Rm 2/6/84

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

Dennis Sullivan 2/7/84

CY-RI 006813

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE

BB 749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 12/01/82

AMERICAN CYANAMID CO
BOUND BROOK, N.J.

PAYROLL

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.
6816	ACCO PPD Q	CHICAGO	0681	PLASTIC ADDITIVES	097	BOUND BROOK	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-9 NO
	E. MAYE		09/01/33	07/19/57	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SHIFT SUPERVISOR	1	[redacted]2	[redacted]0 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)

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	12/01/82	FROM $[redacted]/MO; TO $[redacted]/MO; PERF. POT. RATING B; PRESENT SALARY CHANGE $[redacted] PER MO; LAST SALARY CHANGE DATE 11/01/81 $[redacted] PER MO; TYPE AND % OF SALARY CHANGE 1 6.8 % (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	[redacted]	FROM; TO; INCLUSIVE; WITH PAY; WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE	[redacted]	ON LEAVE SINCE; LAST DATE WORKED; C.S.C. EXPIRES

EVALUATION SCALE & DEGREE		DATE	AMOUNT	VARIATION TO NEAREST POINT OF RANGE
T-1		BUDGET		CL [redacted] $87
T-2		REMARKS:		
E-1				
E-2				
E-				
TOTAL				

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

CY-RI 006814

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
12/9/82					

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 11/2/81

EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT. CODE	DEPT AND/OR SECTION	LOC CODE	PAYROLL LOCATION	FOR DIV USE ONLY
6815	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	PAY NO
	E. MAYE		09/01/33	07/19/57	1 (1 PERM 2 TEMP)	2 (1 EXEMPT 2 NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SUPERVISOR	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 (2 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	11/01/81	FROM [redacted] mo.; TO [redacted] mo.; PERF. POT. RATING X; PRESENT SALARY CHANGE [redacted] PER mo.; TYPE AND % OF SALARY CHANGE 3 9.8 %; LAST SALARY CHANGE DATE 07/01/81 [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		GL minus $47
T-2		REMARKS:		
K-1				
K-2				
K-				
TOTAL				

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS. REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
[signature] 11/5/81; JHF 11-5-81	[signature] 11-5-81	

CY-RI 006815

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
[signature] 11/6/81					

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 6/29/81

FOR DIV USE ONLY

EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC CODE	PAYROLL LOCATION	ORG
6815	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 PERM 2 TEMP)	EXEMPTION STATUS (1 EXEMPT 2 NON EXEMPT)	PAY NO
	E. MAYE		09/01/33	07/19/57	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SHIFT SUPERVISOR	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)	M-F (1 YES 2 NO)

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: 07/01/81
FROM $ [redacted] / MO.
TO $ [redacted] / MO.
PERF. POT. RATING: X
PRESENT SALARY CHANGE: $ [redacted] PER mo.
LAST SALARY CHANGE: DATE 07/01/80 $ [redacted] PER mo.
TYPE AND % OF SALARY CHANGE: 1 | 13.0 %
(1 MERIT 2 GROWTH 3 PROMOTION 4 ADJUSTMENT 5 DECREASE 6 FROM NON-EXEMPT CHARGEABLE 7 PROBATIONARY)

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. 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 7/81 AMOUNT [redacted]
VARIATION TO NEAREST POINT OF RANGE: 1/4 pt. minus $3

REMARKS:

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS REL DEPT APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
	D.M. Barnhill 7-2-81	

CY-RI 006816

FOR PAYROLL DEPARTMENT USE

RETRO DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
7/1/81					

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 6/23/80

FOR DIV USE ONLY

	EMPLOYEE NO	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC CODE	PAYROLL LOCATION	
A	6815	ACCO-OCD	CHICAGO	0681	MFG.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS	EXEMPTION STATUS	
	E.MAYE		09/01/33	07/19/57	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) | NO. 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	07/01/80	FROM [redacted]/MO. — PERF. POT. RATING X3 — PRESENT SALARY CHANGE $ [redacted] PER MO. — TYPE AND % OF SALARY CHANGE 1 8.8 — TO [redacted]/MO. — LAST SALARY CHANGE DATE 07/01/79 $ [redacted] PER MO. — 1 (1 MERIT 2 GROWTH PROMOTION 3 ADJUSTMENT 4 DECREASE 5 FROM 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		1/4 PT. PLUS $42
T-2		REMARKS:		
K-1				
K-2				
K-				
TOTAL				

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES			PERS REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
ZES/F			M Aergen 7/10/80	

CY-RI 006817

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
[signature] 7/23					

NA 6669 11-76

CYANAMID

CYANAMID EMPLOYEES SAVINGS PLAN ENROLLMENT FORM

FOR LOCATION USE ONLY	WORK LOCATION
6815-243	

Please Print:

NAME	SOCIAL SECURITY NUMBER
LAST FIRST MIDDLE INITIAL	

PRESENT ADDRESS	STREET	CITY	STATE	ZIP CODE

DATE OF BIRTH	DATE OF EMPLOYMENT	CO. CODE	DIV. CODE	WORK LOCATION CODE	PAYROLL LOCATION CODE & TYPE	ENROLLMENT DATE
/ / MO. DAY YEAR	/ / MO. DAY YEAR					/ / MO. DAY YEAR

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:

BENEFICIARY NAME RELATIONSHIP ADDRESS

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

BENEFICIARY NAME RELATIONSHIP 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.

SIGNATURE 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

PAYROLL:

Deductions commence with pay period ending: _____

CY-RI 006818

BB 749-1095 Rev 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 6/28/79

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	
A	6815	ACCO-OCD	CHICAGO	0681	MFG.-POLY. ADDS.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS	EXEMPTION STATUS	
	E.MAYE		09/01/33	07/19/57	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 HS: YR / TYPE / COLL / DISC	TYPE CODE (2 ASSOC, 1 TECH, 2 N TECH, 3 LLB, 4 MD, 5 DVM, 6 OTHER)	CITIZEN (1 YES, 2 NO)	NO. DEPEND.

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-4 TAX STATUS (1 S, 2 M)	W-4 EXEMPT.

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	07/01/79	FROM [redacted] MO.; PERF. POT. RATING R3; PRESENT SALARY CHANGE [redacted] PER MO.; TYPE AND % OF SALARY CHANGE 1 8.6 TO [redacted] MO.; LAST SALARY CHANGE DATE 07/01/78 [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	
T-1	
T-2	
K-1	
K-2	
K-	
TOTAL	

DATE; AMOUNT; BUDGET

VARIATION TO NEAREST POINT OF RANGE: MIN. PLUS $65

REMARKS:

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS. REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
H.A. McKenzie per [illegible]; G.D. Stuber 7/18/79	D.J. Bourque 7/4/79	

CY-RI 006820

FOR PAYROLL DEPARTMENT USE

ADDON DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
Don 7/18					

RECEIVED

MAY 10 1978

CYANAMID EMPLOYEES SAVINGS
PLAN SUPERVISOR

BB 749-J095 Rev. 1/1/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED

AMERICAN CYANAMID CO
BOUND BROOK N J

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE 6/20/78

FOR DIV USE ONLY

EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC CODE	PAYROLL LOCATION	
A 6815	ACCO-OCD	CHICAGO	0681	MFG.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS	EXEMPTION STATUS	
	E.MAYE		09/01/33	07/19/57	1 (1-PERM 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)	

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	

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	07/01/78	FROM [redacted] 00/MO. PERF. POT. RATING X3 PRESENT SALARY CHANGE [redacted] PER MO. TYPE AND % OF SALARY CHANGE 1 9.6 TO [redacted] /MO. LAST SALARY CHANGE DATE 07/01/77 $ [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	
T-1	
T-2	
K-1	
K-2	
E-	
TOTAL	

DATE; AMOUNT; BUDGET

VARIATION TO NEAREST POINT OF RANGE: MIN. PLUS $106

REMARKS:

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS REL DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
W.B. Thompson 6/26/78	G.J. Bruce 6/27/78	

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
7/5					

CY-RI 006821

88-749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED: NT

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	
6815	ACCO-OCD	CHICAGO	0681	MANUFACTURING	097	BOUND BROOK	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)	PR NO
C111	E MAYE		09-01-33	07-19-57	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
SUPV	SHIFT SUPERVISOR	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]37				

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-YES 2-NO)

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: 07-01-77
FROM: [redacted] /MO
TO: [redacted] /MO
PERF. POT. RATING: R3
PRESENT SALARY CHANGE: $ [redacted] PER MO
TYPE AND % OF SALARY CHANGE: 1 | 8.1%
LAST SALARY CHANGE: DATE 10-01-76 $ [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)
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. 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: MIN + 35

REMARKS:
Dreguty's new supervisor
Hawkins 1160

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

6/28/77

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
7/1					

CY-RI 006822

56-7-60-1095 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	U.R.C.
6815	ACCB-OCD	CHICAGO	0681	MANUFACTURING	097	BOUND BROOK	243

FUNCTION CODE	EMPLOYEE NAME	RACE/EEO	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS	EXEMPTION STATUS	P R NO
C11E	E. HAYE		09-01-33	07-19-57	1 (1-PERM, 2-TEMP)	2 (1-EXEMPT, 2-NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
SUPV	SUPERVISOR -	I	[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-AS BS (YR. / TYPE / COLL. / DISC.)	TYPE CODE	CITIZEN	NO EXEMPT
	1 (1-M, 2-F)	[redacted]		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 (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)

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	10-01-76	FROM [redacted] MO; TO [redacted] MO; PERF. POT. RATING 3; PRESENT SALARY CHANGE $ [redacted] PER MO; TYPE AND % OF SALARY CHANGE 1 7.5%; LAST SALARY CHANGE DATE 08-02-60 $ [redacted] PER MO; 0 (1 MERIT, 2 GROWTH, 3 PROMOTION, 4 ADJUSTMENT, 5 DECREASE, 6 FROM NON-CHARGABLE 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	
T-1	
T-2	
E-1	
E-2	
E-	
TOTAL	

DATE | AMOUNT | VARIATION TO NEAREST POINT OF RANGE: MIN + .35

BUDGET

REMARKS:

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES: [signature] 9/27/76

PERS. REL. DEPT. APPROVAL & DATE: [signature] 9/26

CONTROLLER'S APPROVAL & DATE

CY-RI 006823

FOR PAYROLL DEPARTMENT USE

APPROPRIATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
[signature] 10/4/76					

88-749 (OPS 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 6/24/75

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	6815	ACCO-OCD	CHICAGO	0681	MFG.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT. SERVICE DATE	JOB STATUS	EXEMPTION STATUS	P R NO
C111	E.MAYE	2-1	09/01/33	07/19/57	1 (1-PREM 2-TEMP)	2 (1-EXEMPT 2-NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
FSFT	FOREMAN	1	[redacted]	[redacted]0 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 (YR. TYPE COLL. DISC.)	TYPE CODE	CITIZEN	NO EXEMPT
B	4941 W. FULLERTON	1 (1-M 2-F)	[redacted]		0-ASSOC. 1-TECH. 2-N-TECH. 3-LLB 4-MD 5-DVM 6-OTHER	1 (1-YES 2-NO)	01 2

	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	N Y RES.
C	CHICAGO, ILL.	60644	2			(1-S 2-M)	0 (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 D2	TRANSFER (ALSO COMPLETE 6 BELOW)	06/16/75	FROM: COMPANY AND DIVISION ACCO-OCD; PLANT OR OFFICE CHICAGO; JOB TITLE OPERATOR; DEPT. AND/OR SECTION MFG.; DEPT. CODE TRAN; PAYROLL LOCATION W.I.; EEO; LEVEL HRLY.
3	SALARY CHANGE	06/16/75	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-CHANGEABLE 6 PROBATIONARY)
4 D4	STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)	06/16/75	FROM JOB TITLE OPERATOR; LEVEL; EXEMPTION CODE (1-EXEMPT 2-N/EXEMPT); FUNCTION; EEO; PAYROLL NO. 1
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 RRH DATE 6/75

D6 6: [2] (1 - ADDITION 2 - REPLACE. 3 - ADV. REPL.)

NAME OF EMPLOYEE BEING REPLACED	JOB TITLE	LEVEL
C.LEAKE	FOREMAN	1

SALARY	LAST DATE WORKED	REASON LEAVING JOB
[redacted] PER MO.	[redacted]	[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		DATE	AMOUNT	VARIATION TO NEAREST POINT OF RANGE
T-1		BUDGET		
T-2		REMARKS:		
K-1				
K-2				
K-				
TOTAL				

CY-RI 006824

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES

PERS REL DEPT. APPROVAL & DATE

CONTROLLER'S APPROVAL

6/27/75

M. Hagerman 6/27/75

D. Pierce 6/26/75

FOR PAYROLL DEPARTMENT USE

EFFECTIVE DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
7/5/75					

AGREEMENT FOR ADDITIONAL WITHHOLDING OF FEDERAL INCOME TAX

NAME OF EMPLOYEE EDISON MAYE
(Please Print)

SOCIAL SECURITY NO. [redacted]

DIVISION OCD PAYROLL LOCATION BOUND BROOKS

This is to confirm that employee and employer have agreed as follows:

1. Effective with the payroll period beginning 5/1/81, the employer is hereby authorized to withhold from the employee's pay each payroll period Federal Income Tax, in addition to that required by law, in the amount of 15.00 Dollars.

2. This agreement may be terminated by either the employee or the employer effective with respect to any pay period by giving written notice to the other of such termination at least thirty (30) days prior to the beginning of such pay period.

3. No refunds will be made by the employer to the employee of any additional amounts withheld under this agreement.

4. If the amount of pay due for any pay period is insufficient to meet all payroll deductions, there will be no withholding under this agreement for such period, and such omitted withholding will not be made up in subsequent payroll periods.

DATE 4/2/81

[signature] AMERICAN CYANAMID
Signature of Employee Name of Employer

By [signature]
Authorized Signature

CY-RI 006825