Chicago
6521 - C. Karas

CY-RI 006913

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

Employee's Withholding Exemption Certificate

Type or print full name CATHERINE KARAS Social Security Number [redacted]

Home address 3524 S. 53RD CT. City CICERO State ILL ZIP code 60650

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" . . . 0
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) . . . 0
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. 643—16—80515-1

(Date) March 14, 1978 (Signed) Catherine Karas

Form IL-W-4 ILLINOIS DEPARTMENT OF REVENUE

EMPLOYEE'S ILLINOIS WITHHOLDING EXEMPTION CERTIFICATE

PRINT FULL NAME CATHERINE KARAS SOCIAL SECURITY NO. [redacted]

HOME ADDRESS 3524 S. 53RD CT. CICERO, ILL.

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

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

HOW TO CLAIM YOUR ILLINOIS WITHHOLDING EXEMPTION

1. Write number of exemptions to which you are entitled on your Federal Income Tax Return (Form 1040) . . . [illegible]
2. To claim your full Illinois exemption, enter the amount shown on line 1. If you elect to reduce the amount of your Illinois exemption for purposes of withholding Illinois income tax, enter a lesser number. . . . [illegible]

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

(Date) 8/2/76 19__ (Signed) Catherine Karas

CY-RI 006914

AGREEMENT FOR ADDITIONAL WITHHOLDING OF FEDERAL INCOME TAX

NAME OF EMPLOYEE CATHERINE KARAS
(Please Print)

SOCIAL SECURITY NO. [redacted]

DIVISION OCD - POLYMER & CHEM PAYROLL LOCATION BOUND BROOK

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

1. Effective with the payroll period beginning MARCH 16,1978, 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 [redacted] Dollars. 73.40 should be on file - ee

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 MARCH 3, 1978

Catherine Karas
Signature of Employee

AMERICAN CYANAMID COMPANY
Name of Employer

By _____
Authorized Signature

CY-RI 006915

Employees Savings Plan
Election on Termination of Employment

CYANAMID

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 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	LOCATION CODES COMPANY DIVISION	WORK	PAYROLL CODE	TYPE
1521	344-36-1171	CHICAGO PLANT	0 1 1 0	0 9 7	7 7 9	5

EMPLOYEE NAME (Last Name (comma, space) First Name (space) Initial)	DATE OF BIRTH (Mo/Day/Year)	DATE OF EMPLOYMENT (Mo/Day/Year)
KARIAS, CATHERINE	04/14/52	03/02/79

CURRENT EMPLOYEE ADDRESS

NUMBER AND STREET	APT. NO.
25217 AYLESBURY LANE	

CITY	STATE	ZIP CODE
DARIEN	IL	60559

AUTHORIZATION FOR DISTRIBUTION OF FUNDS

I am terminating my employment with the Company on (date) 1/17/86 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:

BENEFICIARY NAME _____ RELATIONSHIP _____ SOCIAL SECURITY NO. _____

ADDRESS _____

With regard to the values of the Company Stock Fund to which I am entitled, I elect
☐ Cash, which will be included in the monthly installments ☐ Equivalent Shares of Company Stock

Option 3 ☒ **Lump Sum**

In a lump sum.
With regard to the values of the Company Stock Fund to which I am entitled, I elect
☒ Cash ☐ Equivalent Shares of Company Stock

In addition, I hereby notify the Administrator that I am making the following irrevocable election concerning distribution of my Accounts:

☐ Distribution as soon as practicable. (Payment can normally be expected within two (2) months of the effective valuation date.)
☒ Deferred distribution effective as of January 31 next year. I understand my Accounts will continue to share in the investment experience of the funds until January 31 next year. I further understand my account values at that time may be higher or lower because of increases or decreases in the market values of securities held for my account. (Payment can normally be expected within two (2) months of that date.)

AUTHORIZATION

I hereby acknowledge that I have chosen the above method of distribution and authorize payment of my Cyanamid Employees Savings Plan Account Values as indicated.

DATE 1/29/86 SIGNATURE OF EMPLOYEE Catherine Karias

CY-RI 006916

TO _____ DATE _____

REVIEWED _____ APPROVED _____ DATE _____

PAYMENT _____ % Shares _____ 100 %

Final Payroll Check

NA 6668-01 8-81 Printed in U.S.A. 8-81

PAYROLL

Employees Savings Plan
Enrollment Application

CYANAMID

6521

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 wish to join the plan.

EFFECTIVE DATE OF ENTRY: Mo. 06 Day 01 Year 84

USE PRINT. DO NOT FILL IN SHADED AREAS.

CLOCK CARD NO.	SOCIAL SECURITY NO.	WORK LOCATION	LOCATION CODES COMPANY	DIVISION	WORK	PAYROLL CODE	TYPE
6521	348467671	CHICAGO PLANT	901	910	077	~~343~~	5

EMPLOYEE NAME (Last Name (comma, space) First Name (space) Initial)	DATE OF BIRTH Mo. Day Year	DATE OF EMPLOYMENT Mo. Day Year
KARAS, CATHERINE	04 24 52	07 01 76

EMPLOYEE ADDRESS	NUMBER AND STREET	APT. NO.
	2527 AYLESBURY LANE	
	CITY: DARIEN	STATE: IL ZIP CODE: 60551

PAYROLL DEDUCTION AUTHORIZATION

☒ I authorize the Company and/or the Plan Trustee to enroll me in the Cyanamid Employees Savings Plan, and authorize a matched contribution from my pay amounting to the following percentage of "Earnings". I understand that the Company will match 50% of this contribution. ☐ 1% ☐ 2% ☒ 3%

☐ (Optional) In addition, I also authorize an unmatched contribution from my pay amounting to the following percentage of my "Earnings". I understand that there is no Company match to this contribution.
☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5% ☐ 6% ☐ 7% ☐ 8% ☐ 9% ☐ 10%

INVESTMENT ELECTION

☐ I direct that my contributions be invested in the following funds.
(Indicate your investment elections below (must be multiples of 10% which total 100%)).

	GOV'T. BOND FUND	FIXED INCOME FUND	DIVERSIFIED FUND	COMPANY STOCK FUND		
Matched			100		=	100%
Unmatched					=	100%

DESIGNATION OF BENEFICIARY

Check and complete only one option.

Option 1 ☐

I accept the automatic form of payment, which is, in the event of my death before termination of my employment, the full value of my accounts will be used to purchase a cash refund annuity for my spouse if I am married at my death. Otherwise, if unmarried at my death, the full value of my accounts will be paid in a lump sum to my estate.

If unmarried at my death [illegible] Company Stock Fund to which I am entitled,

Option 2 ☒

I hereby request to [illegible] in (circle one) 120, 180, 240, 300, 360, equal monthly installments to:
Don[illegible] [illegible] 351-40-1838
SOCIAL SECURITY NO.
[illegible] 60559
[illegible] I elect
☐ Equivalent Shares of Company Stock

Option 3 ☐

I hereby [illegible]
SOCIAL SECURITY NO.
[illegible] I elect:

I understand that I may change [illegible] still employed and that upon termination of my employment for any reason other [illegible] payment of my accounts.

[illegible]

I hereby acknowledge that I have received [illegible] and agree to the terms and provisions of the Plan. [illegible] deductions, investment elections, and designations of beneficiary are as indicated above.

DATE: 5/5/84 SIGNATURE OF EMPLOYEE: Catherine Karas

CY-RI 006917

[redacted]

ADMINISTRATIVE PROFILE

PERSONAL DATA

PERSONNEL ACTION ☐LAYOFF/TERM. ☐EMPLOYEE INFO ☐LSAL CHGE ☒L.O.A. ☐JOB CHGE ☐REINSTATE ☐TRANSFER ☐OTHER

DATE PREPARED: 6/16/17 | PROFILE DATE: 86/01/08 | 10 | 90 | [redacted]

1 KARAS CATHERINE MRS

2 52/04/24 F Y W 2 | 76/08/02 | SENIORITY SERVICE DATE | PROD SERVICE DATE | TURNOUT DATE | SENIORITY PLANT | SENIORITY DEPT | ALT. EMPLOYEE NO. 6521

ORGANIZATION DATA — CEMIS I.H. CODE →

3 001 AMER CY CO CHEM CHEMICAL | POL POLYMER | 0097 CHICAGO | 0779 WILLOW ISL | ACCOUNTING CODE | EFFECTIVE DATE

4 2636929930 PPD-CHICAGO-PLANT GENERAL-ADM | DATE IN ORG | ORG CHGE GP | COST CENTER NOT APPLICABLE/AVAILABLE | PAYROLL 0299 | HRIS/ORG STRUCTURE CHICAGO

TRANSACTION DATA — ALTERNATE ORG. CODE → | ALTERNATE COST CENTER

5 X 85/08/20 225 FROM SHRT-TERM DSBLTY | CATEGORY 10 | L.O.A. RET. DATE | LAST DAY WK'D. | PAY THRU DATE | PAY IN LIEU OF 1 | VACATION DUE | REHIRE | SOC. SEC. NO. [redacted]

6 ☐ ABOVE | LEVEL | LAST DAY WK'D. | SALARY | REASON: TERM. ☐ PROM ☐ TRANS. ☐

JOB EVALUATION DATA | ABOLISH PREVIOUS JOB ☐

EDUCATIONAL DATA — HIGHEST | HIGHEST DEGREE | ADD'L CODE HS | YEAR 70 | 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
7	F	SECRETARY	NZ30SCTY01	84/11/16	GP	POL	N	05	510	40.0	0	
	E	SECRETARY	NZ30SCTY01	80/12/01	SS	POL	N	05	510	40.0	0	

SALES/PROD. INCENTIVE — AMOUNT | DATE

SALARY DATA

	SAL CHG DATE	[redacted]	PAY PRD TYP	% C.P.	% G.L.	TOT. CHGE. AMT.	TTL % CHGE	TYPE	AMOUNT A	%	TYPE	AMOUNT B	%	TYPE	AMOUNT C	%	TYPE	PERFORMANC DATE
8	85/11/01	[redacted]	MO	77.17	92.0	[redacted]	9.74	ME									A	85/12/020
	84/11/16		MO	73.83	88.6		12.00	ME									A	84/11/260
	83/12/01		MO	76.86	91.8		8.27	ME									A	84/03/200

SALARY STRUCTURE DATA 73.48 88.2 <=== 1986 EQV

BASE SALARY EQUIVALENTS

		GRADE	MIN	T.O.	GRD	MID	MAX	ANNUAL	MONTHLY	WEEKLY	PAY PERIOD
9	X 86NF1	F 84/11/16	[redacted]					[redacted]			

AUTHORIZED SIGNATURE & DATE TITLE

SIGNATURE (optional)

10 Approved 1/17/86

REMARKS

Sept. with Disability LOA with full pay due to Weekly Insurance benefits.

RM 2/17/86

CY-RI 006918

ADMINISTRATIVE PROFILE

PERSONAL DATA

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

DATE PREPARED: 86/05/30

EMPLOYEE NAME	FIRST	MID.	TITLE	PROFILE DATE	LT	TP	EMPLOYEE NO
KARAS	CATHERINE		MRS	86/04/30	10	9D	[redacted]

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	FLSA EXEMPT
52/04/24	F	Y	W	2			76/08/02						6521		

ORGANIZATION DATA

CEMIS I.H. CODE →

	COMPANY	GROUP	DIVISION	PHYSICAL WORK LOCATION	PAY LOCATION	ACCOUNTING CODE	EFFECTIVE DATE
X	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	TRIC/DIST/FOLDER
X	2636929920 PPD-CHICAGO-PLANT GENERAL-ADM		GP	NOT APPLICABLE/AVAILABLE	0299	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
X	86/05/27	222 Ret. from Maternity Leave		86/05/27						[redacted]
X	86/02/18	152 TO MATERNITY DSBLTY-WITH PAY	12							

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	RADITION	ADD'L
CODE	HS		
YEAR	70		

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 DIFF.
	F	SECRETARY	NZ30SCTY01	84/11/16	GP	POL	N	05	510	40.0	0	
X	E	SECRETARY	NZ30SCTY01	80/12/01	SS	POL	N	05	510	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	%	TYP	PERFORMANCE DATE
	85/11/01	[redacted]	MO	77.17	92.6	[redacted]	9.74	ME										A85/12/020
	84/11/16	[redacted]	MO	73.83	88.6	[redacted]	12.00	ME										A84/11/260
	83/12/01	[redacted]	MO	76.86	91.8	[redacted]	8.27	ME										A84/03/200

SALARY STRUCTURE DATA

73.48 88.2 (=== 1986 EQV

BASE SALARY EQUIVALENTS

	STRUCT.	LEVEL	DATE IN LEVEL	MIN.	1/3 - 1%	GLR	2/3	MAX	ANNUAL	MONTHLY	WEEKLY	PAY PERIOD
X	86NF1	F	84/11/16	[redacted]								

AUTHORITY FOR ADDITION TO STAFF

SIGNATURES AND DATES

INITIATOR: J. Toller 5/30/86

APPROVAL: [signature]

CORPORATE

REMARKS

Leave extended one week due to complications.
Baby born April 6.

Ruth Moon 5/30/86

PART NO. 3

CY-RI 006919

[redacted]

A & S CLAIMS

Name • C. Flores

Dept. 299 - Chicago

Badge # 6521

	From	To	A & S Paid	Amount Deducted	Pay Ending
1	2/18/86	2/20/86	0		
2	2/21/86	2/23/86	123.00		
3	2/24/86	3/2/86	287.00		
4	3/3/86	3/9/86	287.00	697.00	3/31/86
5	3/10/86	3/16/86	287.00		
6	3/17/86	3/23/86	287.00	574.00	4/15/86
7	3/24/86	3/31/86	287.00	675.00	4/30/86
8	3/31/86	4/6/86	287.00		
9	4/7/86	4/13/86	287.00		
10	4/14/86	4/20/86	287.00		
11	4/21/86	4/27/86	287.00	675.00	5/13/86
12	4/28/86	5/4/86	287.00		
13	5/5/86	5/11/86	287.00	699.00	5/31/86
14	5/12/86	5/14/86	123.00		
15	5/15/86	5/18/86	164.00		
16	5/19/86	5/25/86	287.00	574.00	6/15/86
17	5/26/86	—	41.00	41.00	6/30/86
18			3895.00	3895.00	
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CY-RI 006920

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

[redacted]

Prudential

The Prudential Insurance Company of America

Accident and Sickness Claim
Group Insurance

Claimant's Statement

Full name of Insured	Social Security number	Date of birth Mo.	Day	Year
Mr. (Mrs) Miss CATHERINE KARAS	[redacted]	04	24	52

Address of Insured — No. 2527 Street AYLESBURY LANE City or town DARIEN State IL Zip 60559

If accident occurred, give date . 19 A.M. P.M.

Did the sickness or injury arise out of the Insured's employment? ☐ Yes ☒ No If "Yes", give full particulars on reverse side.

First day Insured was unable to work because of disability FEB. 18 .19 86 (A.M.) P.M.

Date Insured was first treated by physician in present disability JULY .19 85 (A.M.) P.M.

If recovery has occurred, give date . 19 A.M. P.M.

Date 2/5 .19 86

Signed Catherine Karas

Employer's Statement

Full name of Insured	Policy number	Certificate number
Mr. (Mrs) Miss CATHERINE KARAS		

Date Insured entered your employ Mo.	Day	Year	Date of certificate Mo.	Day	Year	Was certificate in force when disability began?	Occupation
08	02	86				☒ Yes ☐ No	SECRETARY

Was Insured laid off or was lay off contemplated prior to beginning of this disability? ☐ Yes ☒ No If "Yes", give date . 19

Did the sickness or injury arise out of the Insured's employment? ☐ Yes ☒ No If "Yes", state reasons on reverse side why "Workers' Compensation" is not payable.

Are there any circumstances which would cause you to question the validity of the claim? ☐ Yes ☒ No If "Yes", give reasons on reverse side.

Average weekly earnings

Amount of weekly benefit

Date Insured was first absent from work in present disability FEB. 18 .19 (A.M.) P.M.

If Insured recovered, what was last date of actual disability? . 19 A.M. P.M.

Date work was resumed . 19 A.M. P.M.

Use reverse side for remarks

Employer AMERICAN CYANAMID CO

Date 2/5 .19 86 By [signature]

Space below for Prudential use

Accident Day	Sickness Day	Week	First payment date	Entered	Memo

Date charged	Benefit code 11		Period ending	Accum. duration Weeks	Days	App'd	Audit	Ck. ltr.	Payee

CY-RI 006921

Important — Attending physician must complete reverse side of this form.

PATIENT & INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (First name, middle initial, last name)	2. PATIENT'S DATE OF BIRTH	3. INSURED'S NAME (First name, middle initial, last name)
CATHERINE KARAS	04 24 52	CATHERINE KARAS

INSURED EMPLOYEE MUST ALSO COMPLETE CLAIMANT'S STATEMENT ON THE REVERSE SIDE

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
I Authorize the Release of any Medical Information Necessary to Process this Claim
SIGNED Catherine Karas DATE 2/5/86

13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW
Catherine Karas
(Signature of Authorized Person)

PHYSICIAN OR SUPPLIER INFORMATION

YOUR PATIENT HAS APPLIED FOR WEEKLY DISABILITY INCOME BENEFITS. YOUR ANSWERS TO THE QUESTIONS BELOW WILL ASSIST US IN DETERMINING IF THESE BENEFITS ARE PAYABLE.

14. DATE OF:	ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)	15. DATE FIRST CONSULTED YOU FOR THIS CONDITION	16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS?
6-29-85		7/86	YES [ ] [X] NO

17. DATE PATIENT ABLE TO RETURN TO WORK	18. DATES OF TOTAL DISABILITY	DATES OF PARTIAL DISABILITY
	FROM 2-17-86 THROUGH Guks after dol	FROM THROUGH

19. NAME OF REFERRING PHYSICIAN	20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES
E. MURASKAS MD.	ADMITTED DISCHARGED

21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (If other than home or office)	22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE?
LOYOLA MED CENTER	YES [ ] NO [ ] CHARGES

23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE TO NUMBERS 1, 2, 3, ETC. OR DX CODE

1. 32wk Pregnancy
2. Floating Breech Presentation
3.
4.

24. A DATE OF SERVICE	B * PLACE OF SERVICE	C. FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN — PROCEDURE CODE (IDENTIFY:)	(EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)	D DIAGNOSIS CODE	E CHARGES	F

25. SIGNATURE OF PHYSICIAN OR SUPPLIER	26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK)	27. TOTAL CHARGE	28. AMOUNT PAID	29. BALANCE DUE
SIGNED [signature] DATE 2-5-86	YES [ ] NO [ ]			

30. YOUR SOCIAL SEC[redacted]

31. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE & TELEPHONE NO

32. YOUR PATIENT'S ACCOUNT NO.	33. YOUR EMPLOYER I.D. NO.	I.D. NO.

* PLACE OF SERVICE CODES

1 — (IH) — INPATIENT HOSPITAL
2 — (OH) — OUTPATIENT HOSPITAL
3 — (O) — DOCTOR'S OFFICE
4 — (H) — PATIENT'S HOME
5 — DAY CARE FACILITY (PSY)
6 — NIGHT CARE FACILITY (PSY)
7 — (NH) — NURSING HOME
8 — (SNF) — SKILLED NURSING FACILITY
9 — AMBULANCE
O — (OL) — OTHER LOCATIONS
A — (IL) — INDEPENDENT LABORATORY
B — OTHER MEDICAL/SURGICAL FACILIT

14 COUNCIL ON MEDICAL SERVICE 8-7

CY-RI 006922

Form W-4P
¶1828

Form **W-4P** (Rev. March 1981) Department of the Treasury Internal Revenue Service

Pension, Annuity, or Sick Pay Recipient's Request for Federal Income Tax Withholding

Type or print, full name: CATHERINE KARAS | Social Security Number: [redacted]

Home Address (Number and street): 2537 AYLESBURY LANE

City, State, and ZIP code: DARIEN, IL 60559

This form is for (check one): ☐ Pension or annuity payment ☒ Sick pay payment

A. Enter the claim or identification number of the pension, annuity, or sick pay contract . . . . . | A.

B. Enter the amount to be withheld from each pension, annuity, or sick pay payment (Pensioners, annuitants, and people on extended sick leave may use the worksheet on the back of this form.) . . . | B. $20.00

I request voluntary income tax withholding from my pension, annuity, or sick pay payment(s) as authorized under Section 3402(o) of the Internal Revenue Code.

Catherine Karas (Signature of pensioner, annuitant, or sick pay recipient) 4/5/86 (Date)

Instructions

Who May File

Recipients of pensions, annuities, or sick pay may file this form to request that Federal income tax be withheld from each payment. Your request for withholding is voluntary.

You may request withholding from a pension or an annuity only if it is payable over a period longer than 1 year. You may not have tax withheld on social security pensions, nontaxable veterans pensions, or nontaxable railroad retirement pensions.

You may request withholding from sick pay only if you receive payments from someone other than your employer (that is, a third party such as an insurance company). You do not need to use this form if you receive payments from your employer, because your employer is already required to withhold income taxes from sick pay.

Special Information for Recipients of Sick Pay.—Sick pay is defined as any payment you receive that is (1) under a plan that your employer takes part in, and (2) in place of wages for any period when you are temporarily absent from work because of sickness or personal injury.

Caution.—If you receive sick pay under a collective bargaining agreement, consult your union representative or employer. The agreement may determine whether Federal tax on the payments can be withheld and, if it can be, how much will be deducted and withheld.

Completing and Filing the Form

Enter the information called for on the form and give it to the person from whom you receive payments. Your employer can tell you the person to whom to give the form.

In Item B, enter the amount you want withheld from each payment. The amount:

(1) Must be in whole dollars (for example, $35, not $34.50).

(2) Must not be less than $5 a month for a pension or an annuity. (See your payer for the minimum amount of withholding for sick pay.)

(3) Must not reduce the net amount of a pension or annuity payment you receive to less than $10. (See your payer for the minimum sick pay payment.)

If you receive a sick pay payment that is more than or less than a regular full payment, the amount withheld will be in the same proportion as the amount withheld from a regular full payment. For example, if from a regular full sick pay payment of $100 a week you normally have $25 (25%) withheld, then $20 (25%) will be withheld from a less-than-regular payment of $80 a week.

Caution: You may be subject to a penalty if your tax payments during the year are not at least 80% of the actual tax liability as shown on your Form 1040 or Form 1040A. You pay tax during the year through withholding or estimated tax payments or both. To avoid the penalty, make sure you have enough tax withheld or file Form 1040-ES, Declaration of Estimated Tax for Individuals, or both. Pensioners, annuitants, and people receiving sick pay payments for an extended period can estimate their income tax liability by using the worksheet on the back of this form. New retirees, in particular, should see the worksheet on the back. For more information, see Form 1040-ES and Publication 505, Tax Withholding and Estimated Tax.

Duration of Withholding Request

Your request for voluntary withholding remains in effect until you change or cancel it. You may change or cancel it at any time by giving a new Form W-4P or written notice to the person with whom you file this form.

Statement of Income Tax Withheld

Annuity or Pension.—You will receive a Form W-2P, Statement for Recipients of Periodic Annuities, Pensions, Retired Pay, or IRA Payments, by January 31 of the next year. The form will show the gross amount of pension or annuity payments and the total income tax withheld during the calendar year. If you receive a pension or an annuity, and you meet the minimum requirements for filing a Federal tax return, you must file Form 1040, not Form 1040A.

Sick Pay.—You will receive Form W-2, Wage and Tax Statement, by January 31 of the next year. The form will show the taxable amount of sick pay you received during the calendar year, and the total income tax withheld from your sick pay. Taxable sick pay will be included on Form W-2 in the box labeled Wages, tips, and other compensation. (Any amount that is not taxable is based on your contribution to the sick pay plan and is figured by your employer.) You may receive separate Forms W-2 from your employer, one for regular wages and one for sick pay.

343-346-1

CY-RI 006923

CYANAMID

American Cyanamid Company
Weekly Disability Benefits

(091)

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

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

DATE 03/03/86
EMPLOYEE SS# [redacted]
LOCATION 0253
DRAFT# 0852117
CLAIM# 86020377

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	022186	022386	[redacted]	[redacted]	827	857SUI	000	[redacted]
YEAR TO DATE			[redacted]	[redacted]	827	857	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

709

0852117

EMPLOYEE NAME						SOCIAL SECURITY #	SCCC
CAT[redacted] KARAS						[redacted]	
GROSS	FICA	FED W/T	OTHER			NET	WBR/SSPR
[redacted]	827	857SUI	000			10616[redacted]	
FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
022186	022386	419	021856	1	F		IL	M

DISABILITY

0852117

51-44
119

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Persippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY [redacted] DOLLARS [redacted] CENTS [redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

DATE [illegible]

COPY

This Is Not A Check

NOT NEGOTIABLE

⑈0852117⑈ ⑆011900445⑆ 5034⑈

CY-RI 006924

CYANAMID

American Cyanamid Company

Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 03/03/86
EMPLOYEE SS# [redacted]
LOCATION 0253
DRAFT# 0852118
CLAIM# 86020377

GRP 741608 ED 11/84 (NGO) PTD. IN U.S.A.

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.	022486	030286	[redacted]	[redacted]	1929	2000SUI	000	[redacted]
YEAR TO DATE			[redacted]	[redacted]	2756	2857	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

769

0852118

51-44
119

DISABILITY

EMPLOYEE NAME						SOCIAL SECURITY #	SCCC
CATHERINE KARAS						[redacted]	
GROSS	FICA	FED W/T	OTHER			NET	WBR/SSPR
26788	1929	2000SUI	000			24771[illegible]	
FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
022486	030286	418	021686	2	F		IL	M

0852118

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY [redacted] DOLLARS [redacted] CENTS $ [redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

TO THE ORDER OF

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

DATE [illegible]

COPY

This Is Not A Check

NOT NEGOTIABLE

CY-RI 006925

CYANAMID

American Cyanamid Company
Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 03/10/86
EMPLOYEE SS# [redacted]
LOCATION 0097
DRAFT# 0852418
CLAIM# 86020377

109D

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 FROM	PERIOD PAID TO	GROSS BENEFIT	*TAXABLE AMOUNT	TAXES FICA	TAXES FED W/T	TAXES OTHER	NET AMOUNT
CURRENT	030386	030986	[redacted]	[redacted]	1929	2000SUI	000	[redacted]
YEAR TO DATE			[redacted]0	[redacted]	4685	4857	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

709

0852418

EMPLOYEE NAME	SOCIAL SECURITY #	SCCC
CATHERINE KARAS	[redacted]	

GROSS	FICA	FED W/T	OTHER	NET	WBR/SSPR
28700	1929	2000SUI	000	24771[illegible]	

FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
030386	030986	410	021000	2	F		IL	R

DISABILITY

0852418

51-44
119

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY [redacted] DOLLARS [redacted] CENTS $ [redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

DATE 03/10/86

COPY

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

This Is Not A Check

NOT NEGOTIABLE

⑈0852418⑈ ⑆011900445⑆ 5034⑈

CY-RI 006926

GRP 741608 ED 11/84 (NGO) PTD. IN U.S.A.

CYANAMID

American Cyanamid Company

Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 03/17/86
EMPLOYEE SS# [redacted]
LOCATION 0097
DRAFT# 0852807
CLAIM# 86020377

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	031086	031686	[redacted]	[redacted]	1929	2000SUI	000	[redacted]
YEAR TO DATE			[redacted]	[redacted]	6614	6857	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

709

0852807

51-44
119

DISABILITY

EMPLOYEE NAME						SOCIAL SECURITY #	SCCC
CATHERINE KARAS						[redacted]	
GROSS	FICA	FED W/T	OTHER			NET	WBR/SSPR
28786	1929	2000SUI	000			24771WBR	
FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
031086	031686	410	021686	2	F		IL	M

0852807

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY [redacted] DOLLARS [redacted] CENTS $[redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

DAT 0 [illegible]

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

COPY

This Is Not A Check

NOT NEGOTIABLE

⑈0852807⑈ ⑆011900445⑆ 5034⑈

CY-RI 006927

CYANAMID

American Cyanamid Company
Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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	03/24/86
EMPLOYEE SS#	[redacted]
LOCATION	0097
DRAFT#	0853169
CLAIM#	86020377

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.

109D

	PERIOD PAID		GROSS BENEFIT	*TAXABLE AMOUNT	TAXES			NET AMOUNT
	FROM	TO			FICA	FED W/T	OTHER	
CURRENT	031786	032386	[redacted]	[redacted]	1929	2000	SUI 000	[redacted]
YEAR TO DATE			[redacted]	[redacted]	8543	8857	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

709

085316:

51-44
119

DISABILITY

EMPLOYEE NAME						SOCIAL SECURITY #	SCCC
CATHERINE KARAS						[redacted]	
GROSS	FICA	FED W/T	OTHER			NET	WBR/SSPR
28700	1929	2000	SUI	000		24771	WBR
FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
031786	032386	410	021888	2	F		IL	M

0853169

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY [redacted] DOLLARS [redacted] CENTS $[redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

DATE [illegible]

COPY

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

This Is Not A Check

NOT NEGOTIABLE

⑈0853169⑈ ⑆011900445⑆ 5034⑈

CY-RI 006928

CYANAMID

American Cyanamid Company

Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 03/31/86
EMPLOYEE SS# [redacted]
LOCATION 0097
DRAFT# 0853585
CLAIM# 86020377

GRP 741608 ED 11/84 (NGO) PTD. IN U.S.A.

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	[illegible]	[illegible]	[redacted]	[redacted]	1939	20005	000	[redacted]
YEAR TO DATE			[redacted]	[redacted]	10472	10857	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

709

0853585

51-44
119

DISABILITY

EMPLOYEE NAME					SOCIAL SECURITY #	SCCC
[illegible]					[redacted]	
GR[illegible]	FICA	FED W/T	OTHER		NET	WBR/SSPR
[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	0853585
FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
[illegible]	[illegible]	[illegible]	[illegible]	2	F		IL	M

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

PAY [redacted] DOLLARS [redacted] CENTS $[redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

DATE [illegible]

COPY

This Is Not A Check

NOT NEGOTIABLE

⑈0853585⑈ ⑆011900445⑆ 5034⑈

CY-RI 006929

CYANAMID

American Cyanamid Company
Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 04/07/86
EMPLOYEE SS# [redacted]
LOCATION 0007
DRAFT # 0853957
CLAIM # 86026377

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 FROM	PERIOD PAID TO	GROSS BENEFIT	*TAXABLE AMOUNT	TAXES FICA	TAXES FED W/T	TAXES OTHER	NET AMOUNT
CURRENT	03/18/86	04/06/86	[redacted]	[redacted]	19.29	200.01	.00	[redacted]
YEAR TO DATE			[redacted]	[redacted]	124.91	1265.17	.00	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

709

0853957

EMPLOYEE NAME	SOCIAL SECURITY #	SCCC
CATHERINE KARAS	[redacted]	

GROSS	FICA	FED W/T	OTHER	NET	WBR/SSPR
267.00	19.29	200.01	.00	247.71	SBR

FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
03/18/86	04/06/86	410	02/18/86	2	F	1	IL	M

DISABILITY

51-44
119

0853957

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY $[redacted] DOLLARS CENTS NOT NEGOTIABLE

$[redacted] NOT NEGOTIABLE

DATE [redacted]

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

COPY

This Is Not A Check

NOT NEGOTIABLE

⑈0853957⑈ ⑆071900445⑆ 5034⑈

CY-RI 006930

GRP 741808 ED 11/84 INGOLD PTD IN U.S.A.

CYANAMID

American Cyanamid Company

Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 04/14/86
EMPLOYEE SS# [redacted]
LOCATION 0097
DRAFT # 0654352
CLAIM # 86020377

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 FROM	PERIOD PAID TO	GROSS BENEFIT	*TAXABLE AMOUNT	TAXES FICA	TAXES FED W/T	TAXES OTHER	NET AMOUNT
CURRENT	[illegible]		[redacted]	[redacted]	[illegible]	[illegible]	[illegible]	[redacted]
YEAR TO DATE			[redacted]	[redacted]	[illegible]	[illegible]	[illegible]	[redacted]

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

CY-RI 006931

TO PAYROLL 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.

709 [redacted]

08543

EMPLOYEE NAME	SOCIAL SECURITY #	SCCC
CATHERINE KARAS	[redacted]	

GROSS	FICA	FED W/T	OTHER	NET	WBR/SSPR
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0654352

FROM	TO	COVG CODE	LIAB. INCUR.	Part Qual	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		IL	R

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DISABILITY

Payable Through Connecticut National Bank Hartford, Conn.

For the Prudential Insurance Co. of Am Northeastern Group Operations Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY [redacted] DOLLARS [redacted] CENTS $ [redacted]

NOT NEGOTIABLE NOT NEGOTIABLE

DATE [illegible]

COPY

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

This Is Not A Check

NOT NEGOTIABLE

CYANAMID

American Cyanamid Company
Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 04/21/88
EMPLOYEE SS# [redacted]
LOCATION 0097
DRAFT # 0854684
CLAIM # 88020377

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

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

TO PAYROLL 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.

0854684

51-44
119

EMPLOYEE NAME	SOCIAL SECURITY #	SCCC
[redacted]	[redacted]	

GROSS	FICA	FED W/T	OTHER	NET	WBR/SSPR
[redacted]	[redacted]	[redacted]	0.00	[redacted]	

FROM	TO	COVE CODE	LIAB. INCUR.	F=1 M=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
[redacted]							IL	

DISABILITY

0854684

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY [redacted] DOLLARS CENTS

$ [redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

DATE [redacted]

COPY

TO THE ORDER OF CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

This Is Not A Check

NOT NEGOTIABLE

⑈0854684⑈ ⑆011900445⑆ 5034⑈

CY-RI 006932

CYANAMID

American Cyanamid Company

Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 04/28/86
EMPLOYEE SS# [redacted]
LOCATION 0097
DRAFT# 0855055
CLAIM# 86020377

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	042186	043786	[redacted]	[redacted]	1929	20005	UI 000	[redacted]
YEAR TO DATE			[redacted]	[redacted]	18188	18857	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

709

0855055

51-44
119

EMPLOYEE NAME						SOCIAL SECURITY #	SCCC
CATHERINE KARAS						[redacted]	
GROSS	FICA	FED W/T	OTHER			NET	WBR/SSPR
28786	1929	20005	UI	000		24771	WBR
FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
042186	043786	410	021886	2	F		IL	M

DISABILITY

0855055

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY $[redacted] DOLLARS [redacted] CENTS $[redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

DATE [redacted]

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

COPY

This Is Not A Check

NOT NEGOTIABLE

⑈0855055⑈ ⑆011900445⑆ 5034⑈

CY-RI 006933

CYANAMID

American Cyanamid Company

Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 05/05/86
EMPLOYEE SS# [redacted]
LOCATION 0097
DRAFT# 0855753
CLAIM# 86020377

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	042686	050486	[redacted]	[redacted]	1929	20005UI	000	[redacted]
YEAR TO DATE			[redacted]	[redacted]	20517	20857	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

709

0855753

51-44
119

DISABILITY

EMPLOYEE NAME						SOCIAL SECURITY #	SCCC
CATHE[illegible]						3[redacted]1	
GROSS	FICA	FED W/T	OTHER			NET	WBR/SSPR
28736	1929	20005UI	000			24771	000
FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
042686	[illegible]	416	022686	2	F		IL	M

0855753

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY [redacted] DOLLARS [redacted] CENTS $ [redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

TO THE ORDER OF

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

DATE [illegible]

COPY

This Is Not A Check

NOT NEGOTIABLE

⑈0855753⑈ ⑆011900445⑆ 5034⑈

GRP 741608 ED 11/84 (NGO) PTD. IN U.S.A.

CY-RI 006934

CYANAMID

American Cyanamid Company
Weekly Disability Benefits

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

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

DATE 05/12/86
EMPLOYEE SS# [redacted]
LOCATION 0097
DRAFT# 0856087
CLAIM# 86020377

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	050586	051186	[redacted]		1929	20005UI	000	[redacted]
YEAR TO DATE					22046	22857	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

769

0856087

51-44
119

DISABILITY

EMPLOYEE NAME						SOCIAL SECURITY #	SCCC
CATHERINE KARAS						[redacted]	
GROSS	FICA	FED W/T	OTHER	NET	WBR/SSPR		
28700	1929	20005UI	000	24771[illegible]		0856087	
FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
050586	051186	410	021886	2	F		IL	N

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

PAY $[redacted] DOLLARS [redacted] CENTS $[redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

DATE [illegible]

COPY

This Is Not A Check

NOT NEGOTIABLE

CY-RI 006935

CYANAMID

American Cyanamid Company

Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 05/19/86
EMPLOYEE SS# [redacted]
LOCATION 0097
DRAFT# 0856487
CLAIM# 86020377

GRP 741608 ED 11/84 (NGO) PTD. IN U.S.A.

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	051286	051486	[redacted]	[redacted]	827	8575U1	000	[redacted]
YEAR TO DATE			[redacted]	[redacted]	22873	23714	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

FINAL PAYMENT

TO PAYROLL 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.

709

0856487

51-44
119

EMPLOYEE NAME	SOCIAL SECURITY #	SCCC
CATHERINE KARAS	[redacted]	

GROSS	FICA	FED W/T	OTHER	NET	WBR/SSPR
12300	827	8575U1	000	10[illegible]	[illegible]

DISABILITY

FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
051286	051486	410	021880	2	F		IL	M

0856487

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY [redacted] DOLLARS [redacted] CENTS $ [redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

TO THE ORDER OF

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

DATE

COPY

This Is Not A Check

NOT NEGOTIABLE

CY-RI 006936

CYANAMID

American Cyanamid Company

Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 05/26/86
EMPLOYEE SS# [redacted]
LOCATION 0097
DRAFT# 0856825
CLAIM# 86020377

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	[illegible]	[illegible]	[redacted]	[redacted]	1102	1143501	000	[redacted]
YEAR TO DATE			[redacted]	[redacted]	23975	24857	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

CY-RI 006937

TO PAYROLL 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.

703

085682

51-44
119

EMPLOYEE NAME	SOCIAL SECURITY #	SCCC
CATHERINE KARAS	[redacted]	

GROSS	FICA	FED W/T	OTHER	NET	WBR/SSPR
18400	1102	1143501	000	14155[illegible]	[illegible]

DISABILITY

0856825

FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
[illegible]	[illegible]	410	[illegible]	2	F		IL	R

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

PAY [redacted] DOLLARS [redacted] CENTS $ [redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

DATE [illegible]

COPY

This Is Not A Check

NEGOTIABLE

CYANAMID

American Cyanamid Company
Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
CARIEN IL 60559

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 05/26/88
EMPLOYEE SS# [redacted]
LOCATION 0097
DRAFT # 0856826
CLAIM # 88020377

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 FROM	PERIOD PAID TO	GROSS BENEFIT	*TAXABLE AMOUNT	TAXES FICA	TAXES FED W/T	TAXES OTHER	NET AMOUNT
CURRENT	[redacted]		[redacted]	[redacted]	1929	20005UI	000	[redacted]
YEAR TO DATE			[redacted]		29904	26857	000	33[redacted]9

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

703

0856826

EMPLOYEE NAME						SOCIAL SECURITY #	SCCC
CATHERINE KARAS						[redacted]	
GROSS	FICA	FED W/T	OTHER			NET	WBR/SSPR
[redacted]	1929	20005UI	000			24771BR	0856826
FROM:	TO	COVG CODE	LIAB. INCUR.	S=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
[redacted]		410	021888	2	F		IL	M

51-44
119

DISABILITY

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY [redacted] DOLLARS CENTS

NOT NEGOTIABLE

$[redacted]

NOT NEGOTIABLE

DATE

COPY

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
CARIEN IL 60559

This Is Not A Check

NOT NEGOTIABLE

⑈0856826⑈ ⑆071900445⑆ 5034⑈

CY-RI 006938

CYANAMID

American Cyanamid Company
Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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	06/02/86
EMPLOYEE SS#	[redacted]
LOCATION	0097
DRAFT #	0903504
CLAIM #	86020377

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	[illegible]	[illegible]	[redacted]	[redacted]	2.76	2[illegible]	0.00	[redacted]
YEAR TO DATE			[redacted]	[redacted]	[illegible]	271.43	0.00	[redacted]

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

FINAL PAYMENT

TO PAYROLL 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.

703

0903504

DISABILITY

EMPLOYEE NAME						SOCIAL SECURITY #	SCCC
[illegible]						[redacted]	
GROSS	FICA	FED W/T	OTHER			NET	WBR/SSPR
[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	
FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		IL	[illegible]

0903504

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

CY-RI 006939

PAY [redacted] CENTS $ [redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

TO THE ORDER OF

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

DATE [illegible]

COPY

This Is Not A Check

NOT NEGOTIABLE

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
1	KARAS	CATHERINE		MRS	85/09/12	84/12/13	10	9D	[redacted]

	BIRTH DATE	SEX	CITI /IN	RACE	MARI TAL	VISA	ORIGINAL HIRE DATE	CURRENT HIRE DATE	(ADJ.) SERVICE DATE	PROJ. SERVICE DATE	EARNOUT DATE	SENIORITY	ALT. EMPLOYEE NO.	SPLIT PA
2	22/04/24	F	Y	W	?			76/08/02					6521	☐

ORGANIZATION DATA

	COMPANY	GROUP	DIVISION	PHYSICAL WORK LOCATION	PAY LOCATION	ACCOUNTING CODE	EFFECTIVE
3	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/FOL
4	2636929920 PPD-CHICAGO-PLANT GENERAL-ADM		GP	NOT APPLICABLE/AVAILABLE	0299	CHICAGO

TRANSACTION DATA

	TRANSACTION CODE AND DESCRIPTION	CATE-GORY	L.O.A. RET. DATE	LAST DAY WK'D.	PAY THRU DATE	PAY IN LIEU OF	VACATION DUE	REHIRE	SOC. SEC.
5	85/08/20 225 Return 85/08/09 155 ILLNESS ☒ 83/12/31 100 SYSTEM STARTUP	10	85/08/20	85/08/08	85/08/19				[redacted]

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 D/

HIGHEST	BACHELOR
CODE HS	
YEAR 70	

JOB DATA

	LEVEL	POSITION TITLE	POSITION NO.	DATE IN POS.	JOB CHGE	DIV.	FLSA	EEOC JOB	EEOC FAM.	NORMAL HRS./WK.	SHIFT	SHIFT DATE
7	F	SECRETARY	NZ30SCTY01	84/11/16	CP	POL		05	510	40.0	0	
	E	SECRETARY	NZ30SCTY01	80/12/01	SS	POL		05	510	40.0	0	

SALES/PROD. INCEN

AMOUNT	DATE

SALARY DATA

	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	PERFORM DATE
8	84/11/16	[redacted]	MO	73.83	88.6	[redacted]	12.00	ME									A	84/11/2
	83/12/01		MO	76.86	91.8		8.27	ME									A	84/03/2
	82/11/01		MO	74.53	89.0		6.83	ME									A	82/10/2

SALARY STRUCTURE DATA

70.32 84.3 <=== 1985 EQV

	STRUCT.	LEVEL	DATE IN LEVEL	MIN.	1/3 - 1/4	GLR	3/4	MAX
9	85NF1	F	[redacted]11/16	[redacted]				

BASE SALARY EQUIVALENTS

ANNUAL	MONTHLY	WEEKLY	PAY PERIOD
[redacted]			

AUTHORITY FOR ADDITION TO STAFF: Ruth Moore

SIGNATURES AND DATES

INITIATOR: [signature]

APPROVAL: [signature]

CORPORATE

REMARKS: Short term disability w/pay

10

PART NO. 7

CY-RI 006940

A & S CLAIMS

Name C. Kares Dept. Chicago

Badge # 6521

	From	To	A & S Paid	Amount Deducted	Pay Ending
1	8/12/85	8/18/85	[redacted]	[redacted]	[redacted]
2	8/19/85				

CY-RI 006941

© WILSON JONES COMPANY G7206 GREEN 7206 BUFF 680 MADE IN U.S.A.

CYANAMID

American Cyanamid Company

Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 11/04/89
EMPLOYEE SS# [redacted]
LOCATION 0253
DRAFT # 0845002
CLAIM # AS100341

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 FROM	PERIOD PAID TO	GROSS BENEFIT	*TAXABLE AMOUNT	TAXES FICA	TAXES FED W/T	TAXES OTHER	NET AMOUNT
CURRENT	06128906168		[redacted]	[redacted]	16.24	000 SUI	0.00	[redacted]
YEAR TO DATE			[redacted]	[redacted]	16.24	0.00	0.00	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

TO PAYROLL 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.

703

0845002

EMPLOYEE NAME						SOCIAL SECURITY #		SCCC
CATHERINE KARAS						[redacted]		
GROSS	FICA	FED W/T	OTHER			NET	WBR/SSPR	
245.00	16.24	0.00	SUI	0.00		228.76	WBR	
FROM	TO	COVE CODE	LIAB. INCUR.	P=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
06128906168		410	060989	1	F		IL	R

51-44
119

0845002

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

DISABILITY

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY $[redacted] DOLLARS [redacted] CENTS $[redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

TO THE ORDER OF
CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

DAT[redacted]

COPY

This Is Not A Check

NOT NEGOTIABLE

CY-RI 006942

CYANAMID

American Cyanamid Company

Weekly Disability Benefits

EMPLOYEE NAME AND ADDRESS

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

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 11/04/95
EMPLOYEE SS# [redacted]
LOCATION 0253
DRAFT # 0845003
CLAIM # 45100341

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	06 19 95	06 19 95	[redacted]	[redacted]	2.32	000 SUI	000	[redacted]
YEAR TO DATE			[redacted]	[redacted]	18.56	000	000	[redacted]

* THE TAXABLE AMOUNT IS THE AMOUNT ATTRIBUTABLE TO COMPANY CONTRIBUTIONS TO THE PLAN. THE CURRENT PERCENTAGE IS 94 %. THE TAXABLE AMOUNT AS WELL AS THE TAXES WITHHELD WILL BE REPORTED ON FORM W-2 IN JANUARY OF NEXT YEAR.

FINAL PAYMENT

TO PAYROLL 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.

703

0845003

51-44
119

EMPLOYEE NAME						SOCIAL SECURITY #		SCCC
CATHERINE KARAS						[redacted]		
GROSS	FICA	FED W/T	OTHER		NET	WBR/SSPR		
3900	2.32	000	SUI	000	3266	WBR		
FROM	TO	COVE CODE	LIAB. INCUR.	F=1 O=2	M=MALE F=FEMALE	MISC	STATE	REG=R MAT=M
06 19 95	06 19 95	410	000	2	F		IL	R

DISABILITY

0845003

Payable Through
Connecticut National Bank
Hartford, Conn.

For the Prudential Insurance Co. of America
Northeastern Group Operations
Parsippany, NJ 07054

POLICYHOLDER
AMERICAN CYANAMID COMPANY 09300 BRANCH 008

PAY [redacted] DOLLARS [redacted] CENTS $[redacted]

NOT NEGOTIABLE

NOT NEGOTIABLE

DAT[redacted]

COPY

TO THE ORDER OF

CATHERINE KARAS
2527 AYLESBURY LN
DARIEN IL 60559

This Is Not A Check

NOT NEGOTIABLE

⑈0845003⑈ ⑆071900445⑆ 5034⑈

CY-RI 006943

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.
1	KARAS	CATHERINE		MRS		85/09/23	10	9D	[redacted]

	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
2	52/04/24	F	Y	W	2			76/08/02						6521		☐

ORGANIZATION DATA

CEMIS I.H. CODE →

	COMPANY	GROUP	DIVISION	PHYSICAL WORK LOCATION	PAY LOCATION	ACCOUNTING CODE	EFFECTIVE DATE
3	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
4	2636929920 PPD-CHICAGO-PLANT GENERAL-ADM		GP	NOT APPLICABLE/AVAILABLE	0299	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.
5	85/08/20	225 FROM SHRT-TERM DSBLTY	10							[redacted]

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

EDUCATIONAL DATA

	HIGHEST	BACHELOR	ADD'L
CODE	HS		
YEAR	70		

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
7	F	SECRETARY	NZ30SCTY01	84/11/16	GP	POL	N	05	510	40.0	0	
	E	SECRETARY	NZ30SCTY01	80/12/01	SS	POL	N	05	510	40.0	0	

SALES/PROD. INCENTIVE

AMOUNT	DATE	TP

SALARY DATA

	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
8	85/11/01	[redacted]	AD			[redacted]	9.74	ME										
	84/11/16		MO	73.83	88.6		12.00	ME									A	84/11/26
	83/12/01		MO	76.86	91.8		8.27	ME									A	84/03/20
	82/11/01		MO	74.53	89.0		8.83	ME									A	82/10/28

SALARY STRUCTURE DATA

70.32 84.3 <=== 1985 EQV

	STRUCT.	LEVEL	DATE IN LEVEL	MIN.	1/3 - 1/4	GLR	3/4	MAX
9	85NF1	F	84/11/16	[redacted]				

BASE SALARY EQUIVALENTS

ANNUAL	MONTHLY	WEEKLY	PAY PERIOD
[redacted]	[redacted]		

AUTHORITY FOR ADDITION TO STAFF

SIGNATURES AND DATES

INITIATOR: H. C. Goffney

APPROVAL: [signature]

CORPORATE

REMARKS

10

CY-RI 006944

PART NO. 1

BB 749-1095 Rev 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 10/26/83

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	POB DIV USE ONLY
6521	ACCO PPD Q	CHICAGO	049	MFG.	097	CHEM.GR.2 W.I.	U B C 243

FUNCTION CODE	EMPLOYEE NAME	RACE/EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS	EXEMPTION STATUS	P/R NO
	C. KARAS		04/24/52	08/02/76	1 (1-PERM, 2-TEMP)	2 (1-EXEMPT 2-NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL
	SECRETARY	E	$ [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-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)	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	12/01/83	FROM $ [redacted] MO; TO $ [redacted] MO; PERF. POT. RATING 0; PRESENT SALARY CHANGE [redacted] PER MO; TYPE AND % OF SALARY CHANGE 1 8.3 / 1 -6.3 %; LAST SALARY CHANGE DATE 11/01/82 $ [redacted] MO PER; 1 (1 MERIT 2 GROWTH PROMOTION 3 ADJUSTMENT 4 DECREASE 5 OTHER NON CHARGEABLE PROBATIONARY)
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)
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 1/4 PT PLUS ~~$8~~ $33

REMARKS:

13 MO INTERVAL

12.00
2.00

RA 11/23/83

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS REL DEPT APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
H. A. Hyman Jr. 10/26/83 R. S. Miller		

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE

CY-RI 006945

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.
1	KARAS	CATHERINE		MRS	84/11/14	84/10/2[illegible]	10	[illegible]	[redacted]

	BIRTH DATE	SEX	CITIZEN	RACE	MARITAL	VISA	ORIGINAL HIRE DATE	CURRENT HIRE DATE	(ADJ.) SERVICE DATE	PROJ. SERVICE DATE	EARNOUT DATE	SENIORITY	ALT. EMPLOYEE NO.	SPLIT PAYROLL
2	52/04/24	F	Y	W	2			76/08/02					05[illegible]	☐

ORGANIZATION DATA

	COMPANY	GROUP	DIVISION	PHYSICAL WORK LOCATION	PAY LOCATION	ACCOUNTING CODE	EFFECTIVE DATE
3	001 AMER CY CO	CHEM CHEMICAL	POL POLYMER	0097 CHICAGO	0779 WILLOW IS.		

	DEPARTMENT CODE AND NAME	DATE IN ORG.	ORG. CHGE.	COST CENTER	PAYROLL	HRIC/DIST/FOLDER
4	2636929920 PPD-CHICAGO-PLANT GENERAL-ADM		SS	NOT APPLICABLE/AVAILABLE	0[illegible]	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.
5	83/12/31	100 SYSTEM STARTUP	10							[redacted]

	ADD'N.	NAME OF EMPLOYEE BEING REPLACED	SALARY	REASON:	JOB EVALUATION DATA	ABOLISH PREVIOUS JOB	EDUCATIONAL DATA
6	☐ REPLACE ☐	POSITION TITLE / LEVEL / LAST DAY WK'D.		TERM. ☐ PROM. ☐ TRANS. ☐		☐	HIGHEST / BACHELOR / ADD'L — CODE / YEAR

JOB DATA

	LEVEL	POSITION TITLE	POSITION NO.	DATE IN POS.	JOB CHGE	DIV.	FLSA	EEOC JOB	EEOC FAM.	NORMAL HRS./WK.	SHIFT	SHIFT DATE	SALES/PROD. INCENTIVE AMOUNT	DATE	TP
7	F E	SECRETARY	NZ30SCTY01	84/11/16 80/12/01*	GP SS	POL		05	510	10.0	0				

SALARY DATA

	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
8	84/11/16	[redacted]				[redacted]		E										
	83/12/01	[redacted]	MO		91.8	[redacted]	[illegible].27	ME										
	83/11/01	[redacted]	MO		89.0	[redacted]	[illegible]8.83	ME										
	82/10/01	[redacted]	MO		81.8	[redacted]	[illegible]14.98	ME										

87.4 ==== 1931 EQV

SALARY STRUCTURE DATA

	STRUCT.	LEVEL	DATE IN LEVEL	MIN.	1/3-1/4	GLR	3/4	MAX
9	84NF1	F E	84/11/16 80/12/01	[redacted]				

BASE SALARY EQUIVALENTS

ANNUAL	MONTHLY	WEEKLY	PAY PERIOD
[redacted]	[redacted]		

AUTHORITY FOR ADDITION TO STAFF

SIGNATURES AND DATES

INITIATOR: Ruth K. Lopez — Ruth Moore 11/15/84

APPROVAL: [signature]

CORPORATE

REMARKS: Growth Promotion Combined w/ Merit Increase

10 ☐

CY-RI 006946

PART NO. 1

88 749-1095 Rev 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 11/10/82

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	DIV C
6521	ACCO PPD Q	CHICAGO	049	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)	P R NO
	C. KARAS		04/24/52	08/02/76	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SECRETARY	E	[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

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 RES (2 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: 11/01/82
FROM: $ [redacted] MO
TO: $ [redacted] MO
PERF. POT. RATING: 0
PRESENT SALARY CHANGE: [redacted] PER MO
TYPE AND % OF SALARY CHANGE: 1 — 8.8 %
LAST SALARY CHANGE: DATE 10/01/81 — $ [redacted] PER MO — 1

4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)
EFFECTIVE DATE:
FROM: JOB TITLE; LEVEL; EXEMPTION CODE (1-EXEMPT 2-NON-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
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	
E-1	
E-2	
E-	
TOTAL	

DATE: BUDGET
AMOUNT:
VARIATION TO NEAREST POINT OF RANGE: 1/4 POINT MINUS $20

REMARKS:

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES		PERS REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
W. G. Mercer			CY-RI 006947

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
11/15/82					

BB 749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 3/24/82

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
6521	ACCO-OCD (Q)	CHICAGO	0299	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
	C. KARAS		4/24/52	8/2/76	1 (1 PREM 2 TEMP)	2 (1 EXEMPT 2 NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SECRETARY	E		[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		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 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	03/22/82	ON LEAVE SINCE 01/18/82; LAST DATE WORKED 01/14/82; C.S.C. EXPIRES

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

REMARKS:

REINSTATE FROM DISABILITY LEAVE OF ABSENCE.

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS REL. DEPT APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
	[signature] 3-25-82	CY-RI 006948

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
[signature] 3/29/82					

BB 749-1095 Rev 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 1/26/82

AMERICAN CYANAMID CO
SOUND 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	
6521	ACCO-OCD (Q)	CHICAGO	0299	MFG.	097	CHEM. GR 2 R.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS	EXEMPTION STATUS	
	C. KARAS		4/24/52	8/2/76	1 (1 PERM 2 TEMP)	2 (1 EXEMPT 2 NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY	
	SECRETARY	E		[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)	

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
3 SALARY CHANGE		FROM $ / TO $ /	PERF. POT. RATING	PRESENT SALARY CHANGE $ PER	TYPE AND % OF SALARY CHANGE	%
				LAST SALARY CHANGE DATE $ PER		(1 MERIT 2 GROWTH PROMOTION 3 ADJUSTMENT 4 INCREASE 5 PROMOTION 6 CHANGE IN CLASSIFICATION)
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	01/18/82	FROM 01/18/82	TO 03/28/82	INCLUSIVE	X WITH PAY / WITHOUT PAY	
REINSTATE FROM LEAVE OF ABSENCE	03/28/82	ON LEAVE SINCE	LAST DATE WORKED 01/14/82	C.S.C. EXPIRES 12/08/82		

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

REMARKS:

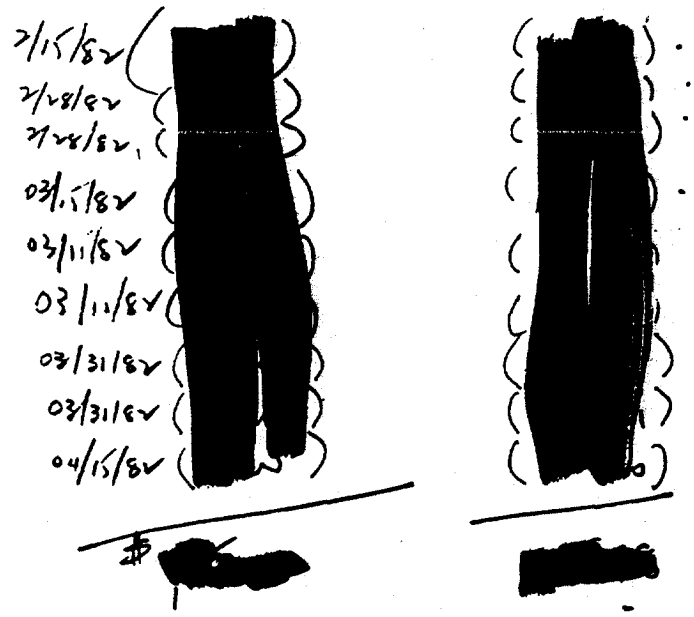
DISABILITY LEAVE OF ABSENCE (MATERNITY) WITH FULL PAY LESS WEEKLY BENEFITS.

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES		PERS REL DEPT APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
		A M Barnhill 1-27-82	

CY-RI 006949

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
1/28/82					



175.W
x W
35.W

161.W
67
10.79

175 W
(35. W)
(10.79)
129.21

BB 749-1095 Rev 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED 3/30/82

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	
7939	ACCO-OCD (Q)	CHARLOTTE	0410	MFG.	563	CHEM. GR 2 B B	471

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS (1 PREM 2 TEMP)	EXEMPTION STATUS (1 EXEMPT 2 NON EXEMPT)	J P NO
	R. BROWN		06/21/39	01/28/80	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	GROUP LEADER	L7		PER

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-HS 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 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		FROM $ /; TO $ /; PERF. POT. RATING; PRESENT SALARY CHANGE $ PER; LAST SALARY CHANGE DATE $ PER; TYPE AND % OF SALARY CHANGE % (1 MERIT 2 GROWTH 3 PROMOTION 4 ADJUSTMENT 5 DECREASE 6 FROM JOB 7 LOCALE 8 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	02/01/82	FROM 02/01/82 TO 02/07/82 INCLUSIVE; (X) WITH PAY ( ) WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE	02/08/82	ON LEAVE SINCE 02/01/82; LAST DATE WORKED 01/29/82; C.S.C. EXPIRES

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

REMARKS:

DISABILITY LEAVE OF ABSENCE WITH FULL PAY
LESS WEEKLY BENEFITS.

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES		PERS. REL. DEPT. APPROVAL & DATE	COMPTROLLER'S APPROVAL & DATE
		4-7-82	CY-RI 006951

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
4/8/82					

Chicago

BM 733-1004
8/72

INSURANCE INVESTIGATION
AND CLAIM
PAYMENT RECORD

HOURLY	SALARY	C.S.C. EXPIRES	DATE
[redacted]	X		DEC 18 1981
LOCATION ADM. CODE		LOCATION BASED CODE	DISABILITY CODE

NAME: Catherine KARAS

ADDRESS	CLOCK NO.	SOC. SECURITY NO.	EFF. INS. DATE	TDB	BENEFIT CODE
3524 S. 53rd Ct.	6521	[redacted]	10-28-77		
Cicero, Ill 60650	BIRTH DATE: 4-24-52	EMP. DATE: 8-2-76	PAY RATE: 18	SUPPL.	A&S 11.
	LAST DAY WORKED	FIRST DAY ABSENT: 1-18-82	DATE RET'D. TO WORK	TOTAL: 175	OTHER 11.

PICK UP	MAIL	YES	NO	FORMS ISSUED AS FOLLOWS	DEPENDENT NAME	RELATIONSHIP	BIRTH DATE
				Hospital-		Disability- Pregnancy	
				M.S.		Sal. Adm. Notified	
				C.O.B.			
				A&S Orig.			
				A&S Suppl.			

WAITING PERIOD	1/18	1/20	TDB A&S	A&S SUPPL. FICA	TOTAL	DRAFT NO.	CATE PAID
PERIOD PAID	1/21	1/27	175.-	10.79	[redacted]	118221	1-27-82
	1-28	2-3	175-	10.79		118269	2-3-82
	2-4	2-10	175-	10.79		118348	2-10-82
	2-11	2-17	175	10.79		118430	2-17-82
	2-18	2-24	175 -	10.79 35.00 PR		118490	2-24-82
	2-25	3-3	175-	10.79 35.00 PR		118524	3-3-82
	3-4	3-10	175-	10.79 25.00 PR		118614	3-15-82
	3-11	3-17	175	10.79 FIT		118638	3-17-82
(5/2)	3-18	3-22	125.	7.70 25.00 FIT		213171	3-23-82
			Final				
			Revised		[redacted]		

1-11, 1-18
1-25, 2-1
2-8, 2-15
2-22, 3-1
3-8, 3-15
3-22
6 wks up

CY-RI 006952

*STATE PLAN ADJUSTMENT

VACATION LISTED THROUGH _____ 26 WEEKS = _____

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 9/8/81

FOR DIV USE ONLY

	EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND/OR SECTION	LOC CODE		UPC
A	6521	ACCO-OCD Q	CHICAGO	0299	MFG.	097	CHEMLGR 2 B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE.EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS	EXEMPTION STATUS	P P NO
	C. KARAS		04/24/52	08/02/76	1 1 PERM 2 TEMP	2 1 EXEMPT 2 NON EXEMPT	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SECRETARY	E	[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	NO EXEMPT
	1-M 2-F		YR	TYPE	COLL	DISC		0 - ASSOC 1 - TECH 2 - M 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	N Y RES
			YR	TYPE	COLL	DISC	YR	TYPE	COLL	DISC	1 S 2 M	1 YES 2 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
D 3 SALARY CHANGE	10/01/81	FROM [redacted] MO.; PERF. POT. RATING 0; PRESENT SALARY CHANGE [redacted] PER MO.; TYPE AND % OF SALARY CHANGE 1 15%; TO [redacted] MO.; LAST SALARY CHANGE DATE 12/01/80 [redacted] PER MO. 1 12%
4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)		FROM: JOB TITLE; LEVEL; EXEMPTION CODE 1-EXEMPT 2-NON-EXEMPT; FUNCTION; EEO; PAYROLL
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 12/81	[redacted]	1/4 PT. MINUS $16
T-2		REMARKS:		
E-1				
E-2				
E-				
TOTAL				

CY-RI 006953

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS REL DEPT APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
[signature] 9/18	[signature] 9-16-81	

FOR PAYROLL DEPARTMENT USE

CHECK DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
[signature] 10/5/81					

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 3/11/81

FOR DIV USE ONLY

EMPLOYEE NO	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND OR SECTION	LOC CODE	PAYROLL LOCATION	
6521	ACCO-OCD	CHICAGO	0299	MFG.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS	EXEMPTION STATUS	ZIP NO
	C.KARAS		04/24/52	08/02/76	1 (1-PERM 2-TEMP)	2 (1-EXEMPT 2-NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SECRETARY	E		[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 (YES 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 | NO 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; REHIRE; 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 3-PROMOTION 4-ADJUSTMENT 5-JUSTIFIED 6-FROM NON-CHARGEABLE 7-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	02/04/81	FROM 02/04/81	TO 03/01/81	INCLUSIVE	X WITH PAY	WITHOUT PAY
REINSTATE FROM LEAVE OF ABSENCE	03/02/81	ON LEAVE SINCE 02/04/81	LAST DATE WORKED 02/03/81	C.S.C. EXPIRES		

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

REMARKS:

DISABILITY LEAVE OF ABSENCE WITH FULL PAY LESS WEEKLY BENEFITS.

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES | PERS REL. DEPT APPROVAL & DATE: M. Bergman 3/16/81 Lee B | CONTROL GROUP APPROVAL & DATE

CY-RI 006954

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
[signature] 3/18/81					

3/31/81 ([redacted])
3/31/81 (
3/31/81 (
4/1/81 (

03\02\81	02\04\81	02\03\81	
02\04\81	02\04\81	03\01\81	X

DISABILITY LEAVE OF ABSENCE WITH FULL PAY
LESS WEEKLY BENEFITS.

CY-RI 006955

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 12/1/80

	EMPLOYEE NO	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND OR SECTION	JOB CODE	PAYROLL LOCATION	PER DIV USE ONLY
A	6521	ACCO-OCD	CHICAGO	0299	MFG.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS	EXEMPTION STATUS	
C100	C.KARAS	150	04/24/52	08/02/76	1 (1 PREM 2 TEMP)	2 (1 EXEMPT 2 NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
SCTY	SECRETARY	E	[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 AFTOC 1 TECH 2 NTECH 3 LB 4 MD 5 DVM 6 OTHER) | TITLE (YES 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) | MILITARY STATUS | NO. DEPS

TYPE OF CHANGE	EFFECTIVE DATE	Check and complete appropriate section or sections below.
1 NEW EMPLOYEE (ALSO COMPLETE & BELOW)		SALARY PER — NEW HIRE / RE-HIRE — IF REHIRE LAST DATE WORKED
2 TRANSFER (ALSO COMPLETE & BELOW)		FROM: COMPANY AND DIVISION / PLANT OR OFFICE / JOB TITLE / DEPT AND OR SECTION / DEPT CODE / PAYROLL LOCATION / EEO / LEVEL
D33 SALARY CHANGE	12/01/80	FROM $ [redacted] /MO. — PERF. POT. RATING 02 — PRESENT SALARY CHANGE $ [redacted] 0 PER MO. — TYPE AND % OF SALARY CHANGE 1&2 12.8 — TO $ [redacted] /MO. — LAST SALARY CHANGE DATE 12/01/79 $ [redacted] PER MO. — 1 (1 MERIT 2 GROWTH 3 PROMOTION 4 ADJUSTMENT 5 DECREASE 6 PROMOTION 7 CHARGEABLE 8 PROBATIONARY)
D44 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE & BELOW)	12/01/80	FROM JOB TITLE SECRETARY — LEVEL D — EXEMPTION CODE 2 (1 EXEMPT 2 N EXEMPT) — FUNCTION C100 — EEO 150 — 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
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	C&A PLAN	BUDGET		1/4 MINUS $47
T-2	288	REMARKS:		
	65			
K-1	38			
K-2	45			
K-				
TOTAL	436			

CY-RI 006956

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
MAT 12/3	[signature] 12/1/80	

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
[signature] 12/11/80					

3749-1095 Rev. 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED

AMERICAN CYANAMID CO
SOUND BROOK N J

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE 11/12/79

	EMPLOYEE NO	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND OR SECTION	JOC CODE	PAYROLL LOCATION	
A	6521	ACCO-OCD	CHICAGO	0299	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)	
	C. KARAS		04/24/52	08/02/76	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SECRETARY	D	[redacted]8	[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 LB 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; E.E.O.
D 3 SALARY CHANGE	12/01/79	FROM $[redacted] MO.; TO $[redacted] MO.; PERF. POT. RATING X2; PRESENT SALARY CHANGE $[redacted] PER MO.; TYPE AND % OF SALARY CHANGE 1 9.0%; LAST SALARY CHANGE DATE 12/01/78 $[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	
E-1	
E-2	
E-	
TOTAL	

BUDGET — DATE — AMOUNT — VARIATION TO NEAREST POINT OF RANGE: GL MINUS $72

REMARKS:

CY-RI 006957

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES	PERS REL DEPT APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
		11/8/79

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
11/13/79					

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 11/29/78

	EMPLOYEE NO	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND OR SECTION	LOC CODE	PAYROLL LOCATION	FOR DIV USE ONLY
A	6521	ACCO-OCD	CHICAGO	0299	MFG.	097	B.B.	242

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE	JOB STATUS	EXEMPTION STATUS	
	C.KARAS		04/24/52	08/02/76	1 (1 PREM 2 TEMP)	2 (1 EXEMPT 2 NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
	SECRETARY	D	[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 RES

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	12/01/78	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 12/01/77 $ [redacted] PER MO.; 1 (1 MERIT 2 GROWTH 3 PROMOTION 4 ADJUSTMENT 5 DEGREE 6 PROMOTION 7 CHARGE 8 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		MIN. PLUS $35
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. [signature] 12/1/78			D J Brucia 11/30/78	

CY-RI 006958

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
S Martin 12/5					

[redacted]

88 749-1095 Rev 11/72

PAYROLL CHANGE AUTHORIZATION

DATE PREPARED

AMERICAN CHAIN & CABLE

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	LOCATION	
6521	ACCO-OCD.	CHICAGO	0299	MANUFACTURING	097	BOUND BROOK	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT SERVICE DATE			
C100	C KARAS		04-24-52	08-02-76	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE		
SCTY	SECRETARY	D	[redacted]	[redacted]	MO

COMPLETE NEXT TWO LINES FOR NEW EMPLOYEE TRANSFER BETWEEN PAY POINTS. [redacted]

HOME ADDRESS-STREET	SEX	SOC SEC NO	DEGREE AS BS	
	2 (1-M 2-F)	[redacted]	YR. TYPE COLL	
HOME ADDRESS-CITY & STATE / ZIP CODE	MARITAL STATUS (1-S 2-M 3-W 4-D)	DEGREE MA LLB	DEGREE PHD OTHER	
		YR. TYPE COLL DISC	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
3 SALARY CHANGE	12-01-77	FROM $ [redacted] /MO; TO $ [redacted] /MO; PERF. POT. RATING X2; PRESENT SALARY CHANGE $ [redacted] PER MO 1 7.0; LAST SALARY CHANGE DATE 06-01-77 $ [redacted] PER MO 5
4 STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)		FROM: JOB TITLE; LEVEL; EXEMPTION CODE (1-EXEMPT 2-NON EXEMPT); FUNCTION; EEO; PAYROLL
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	
C-1	
C-2	
C-	
TOTAL	

BUDGET DATE AMOUNT

VARIATION TO NEAREST POINT OF RANGE: MIN + 4

REMARKS:

adjust to range

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES

11/28/77

11/21/77

PERS REL. DEPT APPROVAL & DATE

11/18/77

CONTROLLER'S APPROVAL & DATE

CY-RI 006959

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
12/1					

88-769-1095 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 5/20/77

FOR DIV. USE ONLY

	EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT. CODE	DEPT. AND/OR SECTION	LOC. CODE	PAYROLL LOCATION	
A	6521	ACCO-OCD	CHICAGO	0299	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)	PAYROLL NO.
C100	C. KARAS	150	04/24/52	08/02/76	1	2	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
SCTY	SECRETARY	D	[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 TECH, 1-N TECH, 2-N TECH, 3-LLB, 4-MD, 5-JVM, 9-OTHER)	CITIZEN (1-YES 2-NO)	NC 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 AND OTHER: YR. / TYPE / COLL. / DISC.		W-4 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
D33	SALARY CHANGE	06/01/77	FROM $[redacted] MO.; TO $[redacted] MO.; PERF. POT. RATING X2; PRESENT SALARY CHANGE $[redacted] PER MO.; 5; 14.6%; LAST SALARY CHANGE DATE 08/02/76 $ HIRED PER
D44	STATUS CHANGE OR RECLASSIFICATION (ALSO COMPLETE 6 BELOW)	06/01/77	FROM JOB TITLE CLERK-TYPIST; LEVEL B; EXEMPTION CODE 2 (1-EXEMPT 2-NON-EXEMPT); FUNCTION C100; EEO 150; 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

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 HHM DATE 5/77

D66 [2] (1 - ADDITION 2 - REPLACE 3 - ADV. REPL.)

NAME OF EMPLOYEE BEING REPLACED	JOB TITLE	LEVEL
A. KASANDA	SECRETARY	E

SALARY	LAST DATE WORKED	REASON LEAVING JOB
$[redacted] PER MO.	5/31/77	[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				MIN. MINUS $46
T-2				
E-1				
E-2				
E-				
TOTAL				

BUDGET

REMARKS:

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES		PERS. REL. DEPT. APPROVAL & DATE	CONTROLLER'S APPROVAL & DATE
W. Hofmann 5/26/77		M. J. Brown 5/27/77	

CY-RI 006960

FOR PAYROLL DEPARTMENT USE

CHECK DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
6/6					

88-749-1095 Rev. 11-72

PAYROLL CHANGE AUTHORIZATION

AMERICAN CYANAMID CO.
BOUND BROOK, N.J.

NEXT THREE LINES SHOULD REFLECT EMPLOYEE'S STATUS AFTER CHANGE IS MADE 8/5/76

FOR DIV. USE ONLY

	EMPLOYEE NO.	COMPANY & DIVISION	PLANT OR OFFICE	DEPT CODE	DEPT AND OR SECTION	LOC. CODE	PAYROLL LOCATION	
A	6521	ACCO-OCD	CHICAGO	0299	MFG.	097	B.B.	243

FUNCTION CODE	EMPLOYEE NAME	RACE EEO	BIRTH DATE	CONT. SERV. CE DATE	JOB STATUS	EXEMPTION STATUS	
C100	C.KARAS	1-5	04/24/52	08/02/76	1 (1 PERM 2 TEMP)	2 (1 EXEMPT 2 NON EXEMPT)	2

JOB CODE	JOB TITLE	LEVEL	SALARY RANGE	ACTUAL SALARY
CTYP	CLERK-TYPIST	B	[redacted]	[redacted]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	SOC. SEC. NO.	DEGREE AS HS (YR / TYPE / COLL / DISC)	TYPE CODE	CITIZEN	NO. EXEMPT
B	3524 SO. 53RD CT.	2 (1-M 2-F)	[redacted]571		0 - ASSOC 1 - TECH 2 - N TECH 3 - LLB 4 - MD 5 - DVM 6 - OTHER	1 (1 YES 2 NO)	00 2

	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. EXEMPT (FED / STATE)
C	CICERO, ILL.	60650	2				0

Check and complete appropriate section or sections below.

TYPE OF CHANGE	EFFECTIVE DATE		
D1 1 NEW EMPLOYEE (ALSO COMPLETE 6 BELOW)	08/02/76	SALARY [redacted] PER MO.	X NEW HIRE ☐ RE-HIRE — IF RE-HIRE 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 $ / TO $	PERF. POT. RATING; PRESENT SALARY CHANGE $ PER; LAST SALARY CHANGE DATE $ PER; TYPE AND % OF SALARY CHANGE 96
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 _____

D6 2 (1 - ADDITION 2 - REPLACE. 3 - ADV. REPL.)

NAME OF EMPLOYEE BEING REPLACED	JOB TITLE	LEVEL
F.H.COUTY	CLERK-TYPIST	B

SALARY	LAST DATE WORKED	REASON LEAVING JOB
$ [redacted] PER MO.	8/13/76	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: *PART-TIME BASIS		
E-1				
E-2				
E-				
TOTAL				

DEPARTMENTAL AND DIVISIONAL APPROVALS AND DATES		PERS. REL. DEPT. APPROVAL & DATE
W.H.Hofmann 8/9/76		G.J.Bryce 8/5/76

CY-RI 006961

FOR PAYROLL DEPARTMENT USE

ACTION DATE	CONTROL GROUP	DISTRIBUTION	PAYROLL NUMBER	LOCATION CODE	RESIDENCE CODE
8/18/76					