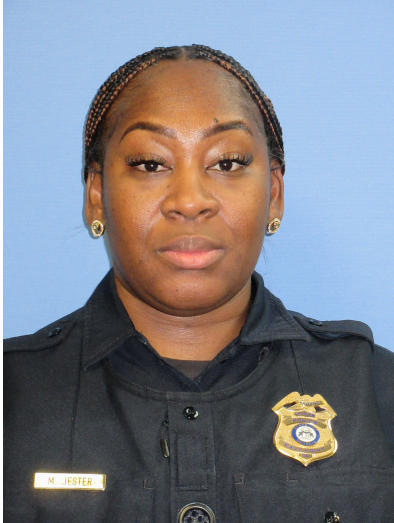
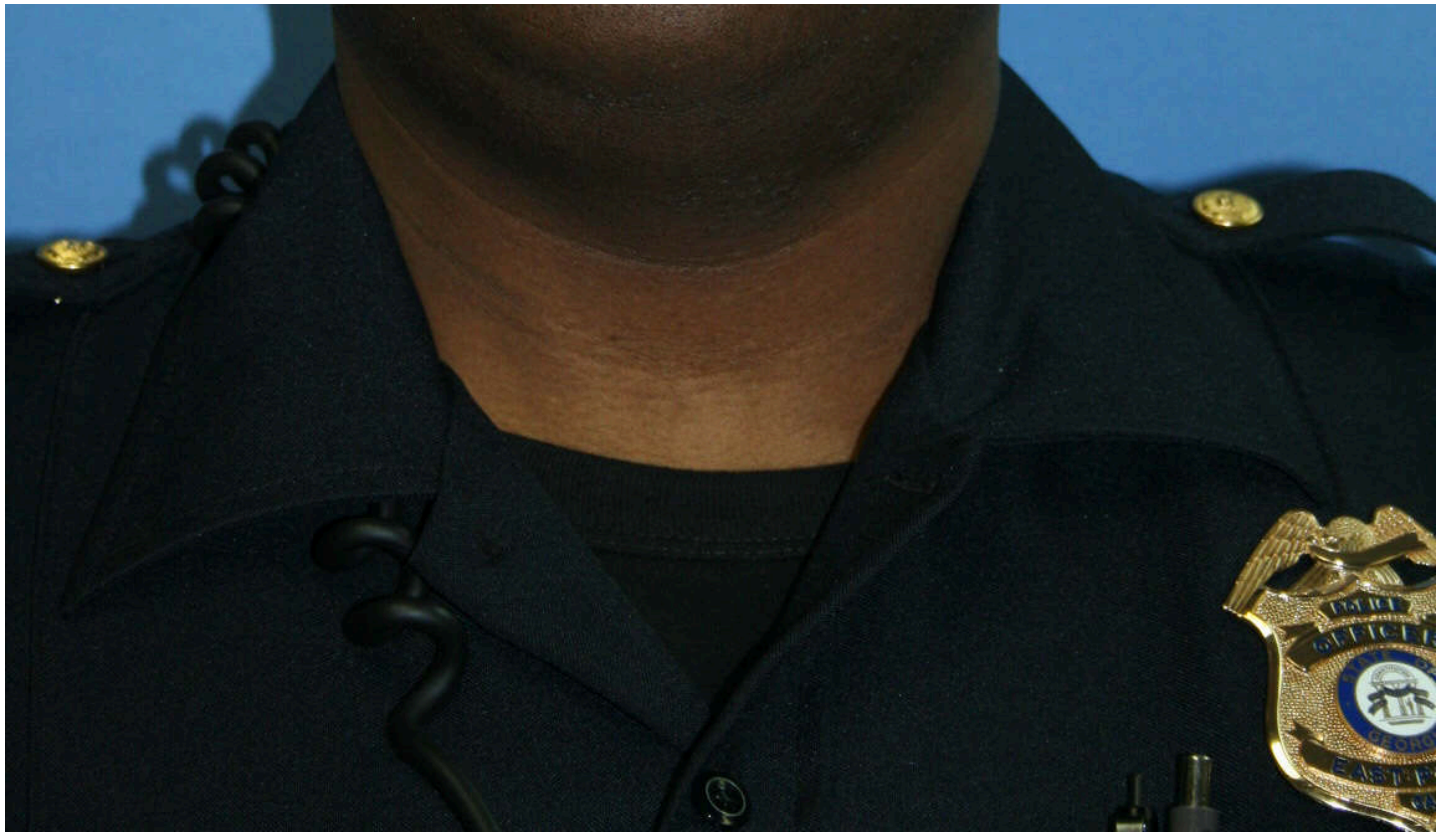


From: epopenrecords <epopenrecords@EastPointCity.org>
Subject: jester/Bullock
To: Margo Jester <mjester@EastPointCity.org>
Sent: November 4, 2024 2:37 PM (UTC-05:00)





IA 21-40



East Point Police Department

Field Operations Division Statement Form

Michael Johnson 3-30-70

- Excessive Force
- Unlawful Arrest

↑
COMPLAINT

STATEMENT OF: Mrs Tilda Murry / Michael Johnson CASE #: 21-008238
Date of Birth: 7/25/66 Social Security #: _____ Sex: M (x) F ()
Address: [REDACTED] City: Douglasville State/Zip: 30135
Georgia
Telephone #: Home [REDACTED] Work [REDACTED] Cell/Pager _____
Email address: [REDACTED]
Statement Taken By: _____ Date: _____ Time: _____

Please write the events of this incident in the space provided in as much detail as possible; list names, dates, and other pertinent information regarding this incident. Each word and phrase is of vital importance and may be analyzed.

Mrs Tilda Murry and Michael Johnson!
Abuse of Power! Your Department Officers
Started on 6/30/21. Can not go into
details on Papers. Have proof! Videos,
text messages, etc. Reached out to TV stations
White House, Veteran Affairs, Attorneys. When
we meet we will discuss what ever you want.
This is documentation that I tried to reach
out for your help.
Michael Johnson is a Veteran with Honors and
they Violated all his civil rights People are
looking into this case.

I have made this statement voluntarily and of my own free will. No promises have been made to me in exchange for my statement and I have not been threatened or coerced into making this statement. I further understand that if the investigation reveals that I have knowingly made a false statement, I may be subject to prosecution.

Mrs Tilda Murry
(Signature)

8/2/21
(Date)

(Time)

(Witness Signature)

(Date)

(Time)



East Point Police Department

2727 East Point Street
East Point, Georgia 30344
www.eastpointpolice.org



In response to complaint (IA 21-40) "Excessive Force, unlawful Arrest" from Mrs. Tilda Murry / Michael Johnson case number 21-008238.

After watching the body camera footage and talking to witnesses whom was on scene, this Officer find No Merit to this Complaint.

On July 5, 2021 East Point Officers responded to a person armed with a handgun and two dogs, who respond to the commands of said person, refusing to leave a business (funeral home) in the city of East Point, after being told by the business employee to leave, because the dogs were not allowed inside the business unless they were service dog. There were no papers provided that said the dogs were service dogs.

The person, now identified as Michael Johnson, became irate and threaten to shoot the employee in the face if he was not left alone. The employee backed off and called the East Point Police Department.

Once Officers was on scene they talked to Mr. Johnson and the Officer seen the butt of a handgun in his waistband on his right side tucked in his shirt of Mr. Johnson. Officers cleared the business, (a wake was in progress) removing the mourners; so, no innocent people would get hurt.

Mr. Johnson was asked to remove the handgun from his waistband and place it on the ground and he complied. Officers escorted Mr. Johnson out of the business to his vehicle; so, the Officers could get the phone number to the VA Crisis center

Mr. Johnson got inside his vehicle with the dogs, turned his vehicle on and refused to exit the vehicle when commanded to do so by Officers. When a female officer attempted to unlock the car door Mr. Johnson ordered the dogs to attack the Officer.

When Mr. Johnson crawled up through the sunroof of his car and sat on the roof of said car, Officers took the opportunity to use less lethal force by using a taser after several commands given to exit the vehicle.

After the taser was deployed, Mr. Johnson was taken into custody and transported to Grady for evaluation. Mr. Johnson was cited for Disorderly Conduct and Obstruction. Mr. Johnson was disorderly, and he obstructed the Officer in the performance of their duties.

That conclude my investigation of this incident and there was no wrongdoing by the Officers, in fact, a life was saved.

Captain K. Drake
Watch Commander
East Point Police Department

Police Department

2727 East Point Street East Point, Georgia 30344 | 404-559-6200 | www.eastpointcity.org



East Point Police Department Preliminary Complaint Allegation Form



IA Complaint# 22-74 Assigned to: IA ☐ CID ☐ FOD ☐ SSD ☐ Date: 12/27/20

Complainant's Name Reica Francesca Ray Date 12/26/2022

Complainant's Address [Redacted]

Home Phone Number [Redacted] Cell Phone Number [Redacted] E-Mail Address [Redacted]

Allegation is against: ☒ Police Officer ☐ Civilian Employee ☐ Other _____

Type of Complaint - Indicate by checking the appropriate box(es)
Courtesy, Excessive Force, Law Violation, On-Duty Misconduct, Off-Duty Misconduct, Police Involved Shooting, etc.

☐ Courtesy ☐ Use of Force (Physical) ☐ Use of Force Weapon ☐ On-Duty Misconduct

☐ Off-Duty Misconduct ☐ SOP Violation ☐ Law Violation ☒ Other officer lied in police report

Date, Day and Time of Incident? September 24 2022 (late night)

Incident Location: [Redacted]
(Street Address, if known) (City) (State)

Case Number if Known: 22-011071

Witness Information:

Name: Pam @ PADV Address: Gwinnett County Tel. [Redacted]

Name: _____ Address: _____ Tel. _____

Please give statement: on 9/24/22 I called East Point Police to assist me cause Oashoinna Atterberry took my license from me but returned it after I threatened to call 911. officer Jester came out never returned my call but her supervisor called me at 1 am when I was staying at a shelter

Once you have completed this form, you may telephone the Police Administration Office, (404)559-6218 or 404-559-6219 and request to speak with the Internal Affairs Unit.

I understand that by signing this form, I am stating that these are the facts to the best of my knowledge. I also understand that if I make a false statement to an officer, criminal actions may be levied against me.

Complainant's Signature [Signature] Date 12/26/22



East Point Police Department
Complaint Allegation Supplemental
Form



Page 2 of 2

JA # 22-74

Complainant: Erica Ray Date: 12/20/22
Complainant's Address: PO Box 723411 Atlanta GA 31139

Additional Witness(es)

Name: _____ Address: _____ Tel. _____

Name: _____ Address: _____ Tel. _____

Please continue statement: he told me that in the police report
I was listed as a mental person which is
a lie and he or officer Jester disclosed
my location. I received a threatening text
from the Cashoinna Atterberry and her
friend threatening to shoot my head off.
Not only did they threaten me, but they also
knew I was in a shelter in Gwinnett. No
one knew I was in the shelter in Gwinnett
except my sister Investigator B. Porter and
the supervisor that called me at 1am. As
a result I was removed from the shelter for
compromising my safety and the safety of the
domestic abuse victims at the shelter. ~~Because~~
I now have been forced to move back with
my abuser Jonathan Echols and everyday
my life is in danger.

Signature: [Signature]

Date: 12/20/22

April Jackson

From: [REDACTED]
Sent: Tuesday, January 17, 2023 2:48 PM
To: Kenneth Drake; April Jackson; Quenton N. Garrett
Subject: [WARNING: POSSIBLE SPOOF] IA Case #:22-74

After watching body camera footage of Officer Jester from the morning of Sept. 25, 20022 at 4498 Washington Road (Days Inn). There was footage captured of the encounter between Officer Jester and Ms. Ray, Erica Recorded marked 24/4498 Washington Rd.

- From Complaint 22-74, Ms. Ray stated that Officer Jester lied by stating in report 22-011071 she was a "...mental person..."
- And someone from morning watch command told a third party the whereabouts of Ms. Ray

From Officer Jester's body camera footage of the encounter with Ms. Ray, she appeared to be agitated while explaining her complaint to Officer Jester. At one point Ms. Ray told Officer Jester, "never-mind; because, you are looking at me like..." Officer Jester had to remind her she was the one who took her report over the phone and she was just listening to her. After Ms. Ray explained she (Ms. Ray) asked Officer Jester to transport her to the hospital to be mentally evaluated; because, she was not thinking right, which is one of the reasons Officer Jester stated, "mental person", in her report.

Nevertheless, I did talk with Officer Jester and she advised that she first called and spoke Ms. Ray over the phone ;but, decided to drive to the location (4498 Washington Rd) to get a better understanding of Ms. Rays complaint. Officer Jester stated she never told anyone where Ms. Ray was living. Officer Jester Also stated she did give Ms. Ray a courtesy ride to GRADY and that was the extent of their encounter.

Spoke to Sgt. Trimble and he advised he does not remember any encounters with Ms. Ray.

Called and spoke with the Watch Commander, Q. Garrett and he advised that he or anyone on his staff tell anyone where Ms. Ray was staying or where she can be found.

In conclusion with the internal investigation (22-74) of Officer Jester and the morning watch command staff of advising the location of Ms. Erica F. Ray to a third party has been unfounded and this investigation is closed.

Captain K. Drake

Unit Commander
East Point Police Department

**CITY OF EAST POINT
NEW EMPLOYEE ORIENTATION CHECKLIST**

POSITION: Police
NAME: Isiah Njoku

DEPARTMENT: Police East point
DATE: 4/15/2019

TOPIC

REVIEWED

Personnel Administration
1. Rules and Regulations

YES ☐ NO ☐

Employee Handbook Received

YES ☒ NO ☐

Probationary Period

YES ☒ NO ☐

Eligibility for Transfer

YES ☒ NO ☐

Dismissal during Probationary Period

YES ☒ NO ☐

Working Hours

YES ☒ NO ☐

Overtime

YES ☒ NO ☐

Dress Code

YES ☒ NO ☐

Work Place Violence

YES ☒ NO ☐

Sexual Harassment

YES ☒ NO ☐

Disciplinary Action

YES ☒ NO ☐

Grievances and Appeals

YES ☒ NO ☐

Employee Leave Policy

YES ☒ NO ☐

Health/Life Insurance

YES ☒ NO ☐

American with Disabilities Act

YES ☒ NO ☐

Long Term Disability

YES ☒ NO ☐

Cobra

YES ☒ NO ☐

Safety

YES ☒ NO ☐

Job Description Received

YES ☒ NO ☐

Isiah Njoku
Employee Signature

4/15/19
Date

Kalven Weldon
Human Resources Signature

4/15/2019
Date



Human Resources Department
1526 E. Forrest Ave., Suite 400
East Point, Georgia 30344
404-270-7067 Phone
404-209-5170 Fax

MAYOR
DEANA HOLIDAY INGRAHAM

COUNCIL MEMBERS
SHARON D. SHROPSHIRE
ALEXANDER GOTHARD
KAREN RENÉ
THOMAS CALLOWAY
NANETTE SAUCIER
MYRON B. COOK
JOSHUA B. BUTLER, IV
STEPHANIE GORDON

CITY MANAGER
FREDERICK GARDINER

April 2, 2019

Iscah C. Njoku

Dear Ms. Njoku:

The City of East Point is pleased to offer you the position of Systems **Police Officer II**. We are excited that you have chosen to join the East Point Family and look forward to the many contributions you will make during your career with us.

Your compensation package includes a salary of **\$44,653.00 annually (\$21.4677 hourly)** and is paid on a bi-weekly basis. The City of East Point does not participate in Social Security and there are no Social Security contributions or accumulated credits. Your position is classified as (Exempt/Non-Exempt). As a full-time employee you are required to participate in the City of East Point Employees Retirement Plan. Participants contribute 6% of their pay on a before-tax basis and the City contributes an amount established annually by an actuary.

Before you can report to work, however, you must consent to having a background check done which includes a physical, drug screen and criminal history. To begin this process, you must visit the City of East Point Human Resources Office and complete the required federal and state work authorization forms including documentation (state issued identification such as a driver's license, social security card or U.S. Passport) that you are legally eligible to work within the United States. Failure to provide this information within three (3) days of hire will result in immediate termination in accordance with the terms of the Immigration Reform and Control Act. Once the consent paperwork is completed you will be scheduled for a drug screen and physical.

Your employment is contingent on the successful passing of these screens.

Your first day of employment will **Monday, April 8, 2019 at 8:00am**. Orientation will be held on Monday **April 15, 2019**. Please report to the HR Department. During orientation you will have an opportunity to select your health and voluntary benefits and complete employment forms.

Please be advised that employment with the City of East Point requires disclosure of any conflict of interest or any ongoing business relationships. Employees are not permitted to conduct business unrelated to the City of East Point at the worksite or on City paid time.

The provisions of this offer of employment have been read, are understood, and the offer is herewith accepted. I understand that my employment is contingent upon completion of a background check, drug test, physical examination, or any other contingencies the employer may need to include. Additionally, I understand that neither this letter nor any other oral or written representations may be considered a contract for any specific period.

Your reply to this letter with acceptance to the above terms is requested as soon as possible following your receipt of this offer.

Please feel free to contact me at (404) 270-7067 if you have any questions or require further assistance prior to your effective start date.

Sincerely,

LaVern Windom

Human Resources Administrative Assistant



City of East Point

1526 E. Forrest Avenue

East Point, GA 30344

Office: 404-270-7067

Fax: 404-209-5170

Email: lwindom@eastpointcity.org

ACCEPT JOB OFFER

By signing and dating this letter below, I, *Iscah C. Njoku* accept
this job offer of **Police Officer II.** (Please Print)

Signature: *Iscah Njoku* Date: *4/3/19*



PERSONNEL ACTION REQUEST (PAR)

Complete all applicable sections and attach appropriate information

Submit original form to Human Resources

☐ New Hire/Rehire		☒ Status Change		☐ Personal Data Change		☐ Leave of Absence		☐ Separation		
1. EMPLOYEE INFORMATION						Action Effective Date: 7/10/2023				
Employee's Full Name (Last, First, MI) Njoku, Iscah			SSN [REDACTED]		DOB [REDACTED]		Sex ☐ Male ☒ Female			
Address (Number, Street, City, State, & Zip) (☐ Address Change) [REDACTED]										
Phone Number (☐ New Phone Number) [REDACTED]			Marital Status (☐ Status Change)			Race BLK				
Department Police			Job Title Police Officer II			Employee Number 8021				
2. NEW HIRE / REHIRE										
☐ New Hire ☐ Rehire		☐ Full-time Regular ☐ Full-time Temporary		☐ Part-time Regular ☐ Part-time Temporary		☐ Seasonal		☐ Exempt ☐ Non-Exempt		
Annual Salary		Hourly Rate		Incentive ☐ yes ☐ No Incentive Type Amount		Grade		Funding Number Position Number		
3. STATUS CHANGE										
☐ Pay Rate ☐ Temp to Permanent ☐ Transfer ☒ Promotion ☐ Demotion ☐ Voluntary ☐ Involuntary ☐ Other (explain)			Current				New			
			Department Police				Department Police			
			Title Police Officer II		☐ Exempt ☒ Non-Exempt		Title Police Officer III Corporal I		☐ Exempt ☒ Non-Exempt	
			Grade 63		Position Number 6308		Grade 64		Position Number 6401	
			Account/Funding Number 100-3210				Account/Funding Number 100-3210			
			Salary/Hourly Rate \$56,649.84				Salary/Hourly Rate \$63,000.00			
4. LEAVE OF ABSENCE										
☐ Administrative ☐ Military ☐ Education ☐ Suspension ☐ FMLA										
5. SEPARATION Eligible for Rehire ☐ Yes ☐ No										
☐ Resigned ☐ Dismissal ☐ Retirement ☐ Death ☐ Reduction in Force ☐ Probationary Release										
APPROVAL								DATE		
Department Director <i>Shaw C. Buckner</i>								09-13-23		
Budget Manager <i>Shannon Golden</i> 865843D369F86EA333E186AFE7ADEB85								09/13/2023		
Finance Director <i>Genevieve Elias</i> 143E3F1D2B37477DF540BF379B1B91C9								contract works 09/14/2023		
Human Resources Director <i>Iris Jessie</i>								09/14/2023		
City Manager <i>Deron King</i> F5AD65ADD69FFBEEDC03A2A440D28D01								contract works 09/15/2023		

Human Resources Notes:

Retro from 7/10/2023 to 9/8/2023
Pay @ \$27.2355 to \$30.2884
h



MAYOR
Deana Holiday Ingraham

COUNCIL MEMBERS

Ward A
Sharon D. Shropshire
Lance C. Robertson

Ward B
Karen René
Dr. Josette Bailey

Ward C
T. Starr Cummings
Myron B. Cook

Ward D
Joshua B. Butler, IV
Stephanie Gordon

CITY MANAGER
Deron King

MEMORANDUM

September 13, 2023

To: City Manager, Finance, HR

From: Ty Carr, EPPD

Subject: Status Change

The purpose of this Memo is to request that the following person (Njoku, Iscah) be promoted to Police Officer III Corporal Investigator. This position is necessary for the day-to-day operations of the police department.



PERSONNEL ACTION REQUEST (PAR)

Complete all applicable sections and attach appropriate information

Submit original form to Human Resources

☒ New Hire/Rehire ☐ Status Change ☐ Personal Data Change ☐ Leave of Absence ☐ Separation				
1. EMPLOYEE INFORMATION <i>Action Effective Date:</i>				
Employee's Full Name (Last, First, MI) Njoku, Iscah Chimaunya		SSN [REDACTED]	DOB [REDACTED]	Sex ☐ Male ☒ Female
Address (Number, Street, City, State, & Zip) (☐ Address Change) [REDACTED]				
Phone Number (☐ New Phone Number) [REDACTED]		Marital Status (☐ Status Change)		Race Blk.
Department Police/3210		Job Title Police Officer II		Employee Number [REDACTED]
2. NEW HIRE / REHIRE				
☒ New Hire ☐ Rehire		☒ Full-time Regular ☐ Full-time Temporary		☐ Part-time Temporary ☐ Part-time Regular
☐ Exempt ☒ Non-Exempt				
Annual Salary \$44,653.00	Hourly Rate	Grade 63	Funding Number 100-3210	Position Number 6308
3. STATUS CHANGE				
☐ Pay Rate ☐ Temp to Permanent ☐ Transfer ☐ Promotion ☐ Demotion ☐ Voluntary ☐ Involuntary ☐ Other (explain)	Current		New	
	Department		Department	
	Title	☐ Exempt ☐ Non-Exempt	Title	☐ Exempt ☐ Non-Exempt
	Grade:	Position Number	Grade	Position Number
	Account/Funding Number		Account/Funding Number	
	Salary/Hourly Rate		Salary/ Hourly Rate	
4. LEAVE OF ABSENCE <i>Return Date:</i>				
☐ Administrative ☐ Military ☐ Education ☐ Suspension ☐ FMLA				
5. SEPARATION				
☐ Resigned ☐ Dismissal ☐ Retirement ☐ Death ☐ Reduction in Force ☐ Probationary Release				
APPROVAL				DATE
Department Director <i>Chief Taylor</i>				03-15-2019
Budget Manager				
Finance Director				
Human Resources Director				
City Manager				

Human Resources Notes:

Mar 18, 2019 1:07:48 PM EDT

File Edit Commands Help

PERMISSION

Display Position Authorization

Position:	6308	POLICE OFFICER II (CERTIFIED)
Incumbent:		Unfilled authorization
Authorization number:	308	
Department/division/activity:	32 10	511 Police Administ/Police Ad
Work weeks per year:	52	
Hours per week:	40.000	
Full time equivalent:	1.00	
☐ Exclude from budget		
Current annual budget:	44,653	
Next year's annual budget:		
Authorization start date:	0/00	MM/DD
Start year:	0000	Blank for all
Authorization end date:	0/00	MM/DD
End year:	0000	Blank for all
Functional labor code:		

✓ OK

Y Exit

< Cancel



PERSONNEL ACTION REQUEST (PAR)

Complete all applicable sections and attach appropriate information

Submit original form to Human Resources

☒ New Hire/Rehire		☐ Status Change		☐ Personal Data Change		☐ Leave of Absence		☐ Separation		
1. EMPLOYEE INFORMATION						Action Effective Date:				
Employee's Full Name (Last, First, MI) Njoku, Iscah Chimaunya			SSN [REDACTED]		DOB [REDACTED]		Sex ☐ Male ☒ Female			
Address (Number, Street, City, State, & Zip) (☐ Address Change) [REDACTED]										
Phone Number (☐ New Phone Number) [REDACTED]			Marital Status (☐ Status Change)			Race Blk.				
Department Police/3210			Job Title Police Officer II			Employee Number NJOKU005/8082				
2. NEW HIRE / REHIRE										
☒ New Hire ☐ Rehire		☒ Full-time Regular ☐ Full-time Temporary		☐ Part-time Temporary ☐ Part-time Regular		☐ Seasonal ☐ Exempt ☒ Non-Exempt				
Annual Salary \$44,653.00		Hourly Rate		Grade 63		Funding Number 100-3210		Position Number 6308		
3. STATUS CHANGE										
☐ Pay Rate ☐ Temp to Permanent ☐ Transfer ☐ Promotion ☐ Demotion ☐ Voluntary ☐ Involuntary ☐ Other (explain)			Current				New			
			Department				Department			
			Title		☐ Exempt ☐ Non-Exempt		Title		☐ Exempt ☐ Non-Exempt	
			Grade		Position Number		Grade		Position Number	
			Account/Funding Number				Account/Funding Number			
			Salary/Hourly Rate				Salary/ Hourly Rate			
4. LEAVE OF ABSENCE										
☐ Administrative ☐ Military ☐ Education ☐ Suspension ☐ FMLA										
5. SEPARATION										
☐ Resigned ☐ Dismissal ☐ Retirement ☐ Death ☐ Reduction in Force ☐ Probationary Release										
APPROVAL								DATE		
Department Director <i>[Signature]</i>								03-15-2019		
Budget Manager <i>[Signature]</i>								3/27/19		
Finance Director <i>[Signature]</i>								3/29/19		
Human Resources Director <i>[Signature]</i>								3/29/19		
City Manager <i>[Signature]</i>								4/1/19		

Human Resources Notes:

Mar 18, 2019 1:07:48 PM EDT

File Edit Commands Help

ST SUPERIOR

Display Position Authorization

Position:	6308	POLICE OFFICER II (CERTIFIED)
Incumbent:		Unfilled authorization
Authorization number:	308	
Department/division/activity:	32 10	511 Police Administ/Police Ad
Work weeks per year:	52	
Hours per week:	40.000	
Full time equivalent:	1.00	
☐ Exclude from budget		
Current annual budget:	44,653	
Next year's annual budget:		
Authorization start date:	0/00	MM/DD
 Start year:	0000	Blank for all
Authorization end date:	0/00	MM/DD
 End year:	0000	Blank for all
Functional labor code:		

✓ OK

✕ Exit

↩ Cancel

CITY OF EAST POINT
PAYROLL PROJECTION REPORT

Fund	Dpt	Div	Employee #	LName	FName	Title	Budget Rate	Current Salary	Budget Salary	Benefits	Total	Comments
100	32	10	7713	UNFILLED	POSITION	POLICE OFFICER II (CERTIFIED)	63	20,125	45,705	43,118	28,287	Pay rate increase 2/28/19; Andrian Harris promoted to PO III; New Hire-Icahn Njoku
									71,404	3/15/19		

yes
3/29/19
COCA

MAYOR
DEANA HOLIDAY INGRAHAM

COUNCIL MEMBERS
SHARON D. SHROPSHIRE
ALEXANDER GOTHARD
KAREN RENÉ
THOMAS CALLOWAY
NANETTE SAUCIER
MYRON B. COOK
JOSHUA B. BUTLER, IV
STEPHANIE GORDON

CITY MANAGER
FREDERICK GARDINER

EMERGENCY CONTACT INFORMATION

Name: Isciah Njoku
Department: East point police

Personal Contact Information:

Address: [REDACTED]
City, State & ZIP: [REDACTED]
Home Telephone: [REDACTED] Cell: [REDACTED]

Emergency Contact Information

Primary Contact Name: Ishbah Njoku
Relationship: Brother
Phone Number: [REDACTED]
Other Number: _____

Secondary Contact Name: Michael Smith
Relationship: Friend
Phone Number: [REDACTED]
Other Number: _____

Mission Statement

To provide exceptional city services in the most professional, courteous and effective manner to enhance the quality of life in the City of East Point.

253-89-5053 NJOKU, ISCAH C

S T A T U S I N F O R M A T I O N

Position number Authorized - 06308 POLICE OFFICER II (CERTIFIED) Next review date - 0/00/00
Actual - 06308 POLICE OFFICER II (CERTIFIED) Next review type -

Status - R3 REG - POST 7/1/98 Pay frequency - BW BI-WEEKLY - PAY THRU DP/DV/Act - 3210511 Elm/Obj - Shift -

Grade - 63 Step - 01 Hourly rate - 21.4678 Shift 2 rate - Scheduled hours code - RU WORK WEEK START MON
Shift 3 rate -
Overtime rate (FLSA) -

Start overtime when hours exceed - Overtime type code -

Fund Splits - Percent Project Account number
100.000 100-3210-511.11-00

G E N E R A L I N F O R M A T I O N

Employee number - Full name - ISCAH C NJOKU

Address - 3512 FAIRLANE DRIVE NW Phone number - Sex - F Marital status - S SINGLE
ATLANTA GA 30331

Date of birth - 12/07/1993 Date of hire - 4/08/19 Anniversary date - 0/00/00 Longevity date - 0/00/00

Hourly or salaried - H Full time/part/temp - F Exempt from overtime - N State of birth -

M E D I C A L I N F O R M A T I O N

Date of last physical - 0/00/00 Height - 0.00" Weight - lbs Blood type - Disability code -

In case of an emergency, notify --
1. Relation - Phone number - Other number -

2. Relation - Phone number - Other number -

M I S C E L L A N E O U S I N F O R M A T I O N

Workers compensation 007720 POLICE Retirement plan - RT Retirement position -

Ethnic code - C BLACK OR AFRICAN AMERICAN EEO function - 04 POLICE PROTECTION EEO category - 04 PROTECTION SERVICES

Education - College credits - U.S. citizen - Y Limited english - N Veteran - N

Drivers license type - License number - Expiration date - 0/00/00

Location for paycheck Sequencing - Salary incentive rank - Entry date - 0/00/00

A C C R U A L I N F O R M A T I O N

	Code	Balance	Date Available	Code	Balance	Date Available
ANNUAL LEAVE	ANL	24.00	0/00/00	COMP TIME	CMP	0/00/00
PERSONAL LEAVE	PRL	0/00/00		SICK LEAVE	SKL	0/00/00

253-89-5053 NJOKU, ISCAH C

A . B . T . I N F O R M A T I O N

A.B.T. code - DB PENSION
 Status - ACTIVE Priority - 10 Amount - 6.000
 Maximum per check - Maximum per year -
 Maximum to be taken - Amount taken to date -
 Start date - 0/00/00
 End date - 0/00/00

T A X I N F O R M A T I O N

Tax code - FD FEDERAL WITHHOLDING Tax exempt - N Marital status - S FEDERAL SINGLE Dependents - 1
 Status - ACTIVE Additional amount Additional percentage - Priority - 3
 Tax code - MD MEDICARE Tax exempt - Marital status - Dependents -
 Status - ACTIVE Additional amount Additional percentage - Priority - 2
 Tax code - ST STATE TAX Tax exempt - N Marital status - A STATE SINGLE Dependents - 1
 Status - ACTIVE Additional amount Additional percentage - Priority - 5

B E N E F I T I N F O R M A T I O N

Benefit Code - DB PENSION Amount - 42.770 Date last received - 0/00/00 Start date - 0/00/00
 Status - ACTIVE Maximum per check - Maximum per year - Date last received - 0/00/00 End date - 0/00/00
 Benefit Code - LT LONG TERM DISABILITY Amount - .475 Date last received - 0/00/00 Start date - 0/00/00
 Status - ACTIVE Maximum per check - Maximum per year - Date last received - 0/00/00 End date - 0/00/00
 Benefit Code - MD MEDICARE Amount - 1.450 Date last received - 0/00/00 Start date - 0/00/00
 Status - ACTIVE Maximum per check - Maximum per year - Date last received - 0/00/00 End date - 0/00/00
 Benefit Code - UC UNEMPLOYMENT Amount - .500 Date last received - 0/00/00 Start date - 0/00/00
 Status - ACTIVE Maximum per check - Maximum per year - Date last received - 0/00/00 End date - 0/00/00
 Benefit Code - WC WORKERS COMP Amount - 100.000 Date last received - 0/00/00 Start date - 0/00/00
 Status - ACTIVE Maximum per check - Maximum per year - Date last received - 0/00/00 End date - 0/00/00

A M O U N T S T O D A T E I N F O R M A T I O N

Code Description	M-T-D	Q-T-D	Y-T-D	FY-T-D	L-T-D
Gross pay -	.00	.00	.00	.00	
Net pay -	.00	.00	.00	.00	
Tax records - FD FEDERAL WITHHOLDING	.00	.00	.00	.00	
MD MEDICARE	.00	.00	.00	.00	
ST STATE TAX	.00	.00	.00	.00	
Adjustments - DB PENSION	.00	.00	.00	.00	
LT LONG TERM DISABILITY	.00	.00	.00	.00	
MD MEDICARE	.00	.00	.00	.00	
UC UNEMPLOYMENT	.00	.00	.00	.00	
WC WORKERS COMP	.00	.00	.00	.00	



VIOLENCE IN THE WORKPLACE POLICY

Employee Acknowledgement Form

I, Lucas R. Smith, on 4/3/2019, acknowledge that
(Signature) (Date)

I have received and reviewed the City of East Point's Violence in the Workplace Policy. I further acknowledge that I have read and understand the policy.

RETURN TO THE HUMAN RESOURCES DEPARTMENT



SEXUAL HARASSMENT IN THE WORKPLACE POLICY

Employee Acknowledgement Form

I, *Isabel Nye*, on 4/3/2019, acknowledge that
(Signature) (Date)

I have received the City of East Point's Sexual Harassment in the Workplace Policy. I further acknowledge that it is my responsibility to read and understand the policy located in my Employee Handbook.

RETURN TO THE HUMAN RESOURCES DEPARTMENT



Isciah Njoku

EMPLOYEE'S NAME (PLEASE PRINT)

5053

Last Four (4) Digits of Social Security #

CITY OF EAST POINT

ACKNOWLEDGEMENT FORM

RANDOM DRUG TESTING POLICY

This signed form is to acknowledge that I have received, read (or will have read to me) and understand the City of East Point's Random Drug Testing policy. Should I have any questions or need clarification, I will contact my supervisor immediately.

4/3/2019

DATE

Isciah Njoku

EMPLOYEE'S SIGNATURE

East Point

DEPARTMENT

Employee Unauthorized Disclosure of Confidential Information

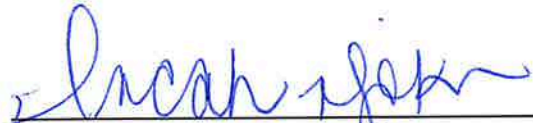
Employees shall respect the confidentiality of information concerning City property, personnel or proceedings of the City. They shall neither disclose confidential information without proper legal authorization, nor use such information to advance their personal interests. Confidential Information includes, but is not limited to any employee files, any business, financial or sales record, data, plan, or survey; and any other record or information relating to the present or future business, product or service of the City. Confidential information also includes any information submitted to the City by vendors (or potential vendors) that has been marked or otherwise specifically identified as confidential, a "trade secret", or proprietary information by the vendor. All Confidential Information and copies thereof are the sole property of the City.

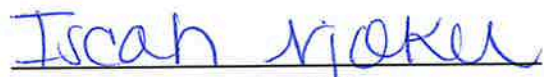
Notwithstanding the foregoing, the term Confidential Information shall not apply to information that the City has voluntarily disclosed to the public without restriction, which has otherwise lawfully entered the public domain, or which was obtained through an open records request.

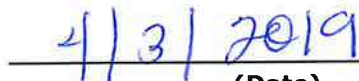
This policy shall not be enforced in a manner that restricts employees' rights under state or federal law, such as Title VII, Fair Labor Standards Act, etc.

Signature

Employee has carefully read and understands all of the restrictions set forth.


(Employee Signature)


(Printed Name)


(Date)



CITY OF EAST POINT
Human Resources Department

DRUG TEST CONSENT FORM

I, Iscah Njoku, agree to submit to pre-employment physical and drug testing for the City of East Point, Georgia and give permission for the results to be released to the City of East Point.

I understand that refusal to be tested; any attempts to affect the test results or not taking the test within **24 hours** of signing this consent form may result in the withdrawal of any provisional employment offer I have received from the City of East Point.

Applicant Signature: Iscah Njoku

Date: 4/3/2019

HR Witness: _____

Date: _____

Time: _____

RANDOM DRUG TESTING POLICY

Individuals employed in "Safety Sensitive" positions shall be subject to testing on a random basis. The random basis means that every member of the safety sensitive population has an equal chance of being selected for testing.

Random Testing—CDL positions and safety sensitive positions shall be subject to random testing as follows:

- a) Tests will be ordered quarterly on a random, unannounced basis from the pool of identified CDL and safety sensitive employees.
- b) A computer based random number generator will be used to select employees, thereby allowing each employee an equal chance of being tested each quarter.
- c) At least 50% of employees in the CDL/Public Safety random testing pool will be selected for substance abuse testing. Actual percentage will be as required by Federal Highway Administration (FHWA).
- d) At least 2 to 10% of other City approved safety sensitive employees per department will be selected and tested for drugs and alcohol each year on a quarterly basis.
- e) An employee's name will remain in the pool after being selected so that every employee will have an equal chance of being tested each time selections are made. Therefore, it is possible that any CDL or safety sensitive employee, who is randomly selected for testing, may be randomly selected again during the same year.

The City will utilize a certified Medical Review Officer from an authorized Occupational Medical Clinic to oversee the random selection process for random screening and to interpret and evaluate all positive test results together with an individual's medical history and any other biomedical information.

A "Safety Sensitive" position is a position which involves the use of dangerous equipment which may cause serious injury or harm to the operators or other or a position which involves duties, functions or situations which have the potential of causing serious injury or harm to the employee or others.

A "Safety Sensitive" position shall also include those positions where inattention to duty or errors in judgement by the employee while on duty will have the potential for significant risk or physical harm to the employee, other employees or the general public.

SAFETY SENSITIVE POSITIONS

- All CDL Cardholders
- All Public Safety Personnel
- All Public Works Personnel
- All Code Enforcement Personnel
- All Finance Personnel
- All Water and Sewer Personnel
- All employees who operate motorized equipment
- All employees who drives a City Vehicle
- All Sanitation Employees
- All Customer Care Employees
- All East Point Power Employees
- All Information Technology Employees
- All Building and Grounds Employees
- All Park and Recreation Personnel
- All Police Personnel
- All Fire Personnel
- All Highway and Streets Personnel
- All Planning and Development Personnel
- All Building and Grounds Personnel
- All City Manager's Personnel
- All City's Clerk Personnel

After-Care Testing: Persons in safety sensitive positions returning to work from an approved treatment program for drug or alcohol abuse may be subject to unannounced testing for a period of six (6) months following the employee's return to work.

Position Testing: Employees who are transferred, promoted or demoted into a CDL or safety sensitive position from a non-CDL/non-safety sensitive position will be tested for drugs before performing any job duties in the new position.

Contractors: Contractors must provide, maintain and actively enforce a drug and alcohol testing program that meets the requirements of federal regulations and this policy.

The Human Resources Director, with the approval of the City Manager, may designate additional positions which are deemed to be safety sensitive and subject to testing on an unannounced or periodic basis.

Employees who tested positive are subject to termination from employment.

Employees who refuse to take a drug or alcohol test will be presume to be positive and will be terminated.

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY
TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY,
AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

PRINT NAME: Iscah Noku
SIGNATURE: [Signature]
DATE: 4/3/2019

LOCATION: CITY OF EAST POINT - EAST POINT, GA

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682
<http://www.sbwcc.georgia.gov>

ATTENTION INJURED EMPLOYEE:

Please select a panel physician below by circling your selection and by signing and dating the box to your left

Caduceus - 24/7
535 N. Central Ave.
Hapeville, GA 30354
(404) 761-4040

NOVA Medical Centers
1005 Virginia Avenue, Suite 100
Atlanta, GA 30354
(404) 762-1001

Peachtree Orthopaedic Clinic
Lee Kelley, M.D.
Jonathan York, M.D.
James Beskin, M.D.
Xavier Duralde, M.D.
1901 Phoenix Blvd., Suite 200
College Park, GA 30337
(404) 355-0743

Resurgens Orthopaedics
Howard McMahan, M.D.
Erroll Bailey, M.D. (Minority)
Phani Dantuluri, M.D.
550 Peachtree Street, 19th Floor
Atlanta, GA 30308
(404) 215-2000

Christopher Edwards, M.D.
(Minority - Orthopedic)
Atlanta Neurological & Spine Institute
2675 North Decatur Rd., Ste. 401
Decatur, GA 30033
(404) 265-6701

Glenn Shear, M.D.
Kevin Freeman, M.D.
Shear & Freeman Ophthalmology -
Riverdale
33 SW Upper Riverdale Road
Suite 114
Riverdale, GA 30274
(770) 991-1624

Marvin Crawford, M.D.
(Minority - Internal Medicine)
Morehouse Healthcare
1800 Howell Mill Road
Suite 275
Atlanta, GA 30318
(404) 756-1480

(Additional doctors may be added on a separate sheet)
The insurance company providing coverage for this business
under the Workers' Compensation Law is:

AMTRUST NORTH AMERICA
Name

P O BOX 94405, CLEVELAND, OH 44101
address

678-258-8000
phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT
<http://www.sbwcc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name Iscah Moku

Employee ID# _____

Employer Name _____

Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee Iscah Moku

Date

4/3/19

MAYOR
JANNQUELL PETERS

COUNCIL MEMBERS
SEARON D. SHROPSHIRE
ALEXANDER GOTHARD
KAREN RENÉ
THOMAS CALLOWAY
NANETTE SAUCIER
MYRON B. COOK
DEANA HOLIDAY INGRAHAM
STEPHANIE GORDON

CITY MANAGER
FREDERICK GARDINER

City of East Point
Personnel Manual Acknowledgement Form

I Iscah Njoku, acknowledge the receipt of a copy of the
City of East Point Personnel Manual effective January 1, 2000.

I understand it is my responsibility to read the enclosed manual and to comply with all
of the enclosed rules and regulations.

I further understand that the manual shall be revised periodically. A replacement page
shall be issued upon the effective date of any changes and that I am responsible for
keeping the manual current.

Any of the enclosed policies and procedures are subject to change or revision by The
City at the sole discretion of The City and I will be notified of any changes.

Iscah Njoku
(Employee Signature)

4/15/19
(Date)

Laterra Windom
(Human Resources Signature)

April 15, 2019
(Date)

MAYOR
JANNQUELL PETERS

COUNCIL MEMBERS
SHARON D. SHROPSHIRE
ALEXANDER GOTHARD
KAREN RENÉ
THOMAS CALLOWAY
NANETTE SAUCIER
MYRON B. COOK
DEANA HOLIDAY INGRAHAM
STEPHANIE GORDON

CITY MANAGER
FREDERICK GARDINER

East Point City Council adopted Ordinance 024-02 on September 3, 2002, which requires all employees hired after September 1, 2002 to accept Compensation for overtime hours worked as compensatory time.

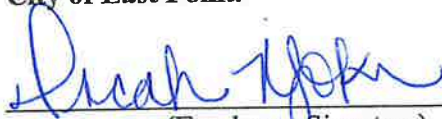
Compensatory Time:

For employees hired on or after September 1, 2002, compensatory time, or time off in lieu of overtime, may be granted for overtime hours worked. These hours worked over the maximum regular hours allowed in each work period (forty (40) hours for employees except fire personnel) will be accrued at the rate of time and one-half (1/2) of the employee's regular pay rate.

Employees who accrue overtime earned as comp-time may be required to take comp-time at a time when city services will not be seriously affected, as determined by the Department Head. The maximum accrued comp-time per employee is two hundred forty (240) hours for general employees and four hundred eighty (480) hours for fire and police personnel.

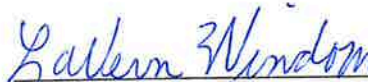
All overtime earned after the maximum comp-time accrual is reached must be paid as overtime pay. Any accrued and unused comp-time must be paid in full when the employee ceases to be employed by the city.

I have read and understand the above requirement to accept comp-time in lieu of overtime pay, and I accept the above policy as a condition of my employment with the City of East Point.


(Employee Signature)

4/15/19
(Date)

Witness this 15 Day of April, 20 19


(Authorized Human Resources Signature)

April 15, 2019
(Date)

Mission Statement

To provide exceptional city services in the most professional, courteous and effective manner to enhance the quality of life in the City of East Point.