

**EXCEPTIONAL SERVICE INCREMENT REQUEST FORM  
FOR UNCLASSIFIED/CLASSIFIED  
NON-UNIT EMPLOYEES**

PERSONNEL DEPT.  
09 AUG 14 PM 4:15  
RECEIVED

1. E. S. I. Recommended For:

Employee Name **Matthew Hennessy**

Present Position Title   **COS**  \_\_\_\_\_

Department   **Mayor's Office**  \_\_\_\_\_

2. Provide justification for recommending the E. S. I. request by checking the following factors why the employee's performance should merit on E. S. I. :

- A- Improved the quality of service rendered by the department
- B- Generated savings of revenue for the City
- C- Improved service to the public or City employees in a manner not achievable by established procedures and processes.
- D- Contributed in a significant and measurable way to the health and safety of residents, visitors or City employees
- E- Contributed significantly to the aesthetic and/or environmental quality of the City
- F- Contributed significantly to the economic development of the City
- G- Other ( Be specific)

3. Please explain in detail (with examples) how the City has benefited from the work of the employees as it relates to the item(s) checked in Section 2.

**Supervised federal legislative advocacy program that generated \$800K in new federal funding for the public safety complex in FY'08-'09 budget;**

**Successfully coordinated the search and retention of a new Development Services Director;**

**Led the negotiation team that resolved the city's dispute with the Waterford Group over the living wage ordinance at the Marriott Hotel;**

**Coordinated development of the Arts Stimulus Plan that is creating new jobs for Hartford residents**

4. Over what period of time have the benefits described in Section 2 occurred and (how) have these changes or enhancements been implemented or realized?

FY'08-'09

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Was the work accomplished by the employee related to duties and responsibilities as defined in the employee's job description? Yes \_\_\_ No    

If yes, please explain why the E. S. I. is being recommended.

**Though legislative advocacy is a component of the job, the success of this year's effort w/o the assistance of a federal lobbyist was a significant benefit to the city.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did the work accomplished by the employee related to duties and responsibilities of another, unfilled, closely related or unrelated position? Yes \_\_\_ No   X  

7. Was the employee compensated for the work performed? Yes   X   No   X  


E.S.I. Requested: \_\_\_ 2.5 % \_\_\_ 5% \_\_\_ 7.5% \_\_\_ 10%

Months Requested: \_\_\_ 3months \_\_\_ 6 months \_\_\_ 9 months \_\_\_ 12 months

Lump Sum Bonus Requested \_\_\_ 2.5% \_\_\_ 5% \_\_\_ 7.5% \_\_\_ X10%  
Other \_\_\_ ( with Mayor approval only)

  
\_\_\_\_\_  
Director of Human Resources Signature

8/11/09  
Date

  
\_\_\_\_\_  
Mayor's Signature

08/12/09  
Date

**CITY OF HARTFORD - PERSONNEL PAYROLL ACTIVITY FORM B**

Check One Action Only


- |   |  |
|---|--|
| 21 <input type="checkbox"/> GROWTH INCREMENT (1, 3, 5, 6, 13, 14)                                   | 34 <input type="checkbox"/> SALARY CHANGE (OTHER THAN ABOVE) (1, 3, 5-6, 13c, d, e, 14c, d, e) |
| 22 <input type="checkbox"/> *TEMPORARY ASSIGNMENT (1, 2, 3, 5-7, 13, 14)                            | 40 <input type="checkbox"/> RESIGNATION IN GOOD STANDING (1-3, 5-7, 15-20)                     |
| 23 <input type="checkbox"/> END OF TEMPORARY ASSIGNMENT (1, 2, 3, 5-7, 13, 14)                      | 41 <input type="checkbox"/> RESIGNATION NOT IN GOOD STANDING (1-3, 5-7, 15, 16, 20)            |
| 24 <input type="checkbox"/> SALARY CORRECTION (1, 3, 5, 13d, 13e, 14d, 14e)                         | 42 <input type="checkbox"/> DISCIPLINARY DISCHARGE (1-3, 5-7, 15, 16, 20)                      |
| 25 <input type="checkbox"/> EDUCATION INCREMENT (1, 3, 5, 6, 13c, e, 14c, d, e)                     | 43 <input type="checkbox"/> *PROBATIONARY DISCHARGE (1-3, 5-7, 15, 16, 20)                     |
| 26 <input type="checkbox"/> *EXCEPTIONAL SERVICE INCREMENT (1, 3, 5, 6, 13c, d, e, 14c, d, e)       | 44 <input type="checkbox"/> WORK PERFORMANCE DISCHARGE (1-3, 5-7, 15-20)                       |
| 27 <input type="checkbox"/> END OF EXCEPTIONAL SERVICE INCREMENT (1, 3, 5, 6, 13c, d, e, 14c, d, e) | 45 <input type="checkbox"/> LAYOFF -- LACK OF WORK (1-3, 5-7, 15-20)                           |
| 28 <input type="checkbox"/> *LEAVE OF ABSENCE WITHOUT PAY (1, 3, 5, 6, 11)                          | 46 <input type="checkbox"/> LAYOFF -- LACK OF FUNDS (1-3, 5-7, 15-20)                          |
| 29 <input type="checkbox"/> RETURN FROM LEAVE OF ABSENCE (1, 3, 5, 6, 12)                           | 47 <input type="checkbox"/> LAYOFF -- END OF GRANT (1-3, 5-7, 15-20)                           |
| 30 <input type="checkbox"/> SUSPENSION (1, 3, 5-6, 9)   | 48 <input type="checkbox"/> LAYOFF -- END OF TEMPORARY APPOINTMENT (1-3, 5-7, 15, 20)          |
| 31 <input type="checkbox"/> RETURN FROM SUSPENSION (1, 3, 5-6, 10)                                  | 49 <input type="checkbox"/> RETIREMENT (SPECIFY _____) (1-3, 5-7, 15-23)                       |
| 32 <input type="checkbox"/> *SALARY ADJUSTMENT (1, 3, 5-6, 13c, d, e, 14c, d, e)                    | 50 <input type="checkbox"/> DEATH (1-3, 5-7, 15-23)  |
| 33 <input type="checkbox"/> TRANSFER FROM DEPARTMENT (1-3, 5-8, 14)                                 |  |

1. NAME <b>MATTHEW HENNESSY</b>					2. POSITION CONTROL NO.			3. EMPLOYEE NO. <b>944404</b>			
4. ADDRESS					5. EFFECTIVE DATE OF CHANGE TERM <b>08/02/2009</b>			6. DATE OF PAYMENT <b>08/21/2009</b>			
7. L: CITY	L2: ORG.	L3: DEPT.	L4: RESP	(4a) Payment Location	L5: FUND	ACCOUNT		PROJECT NUMBER		8. DEPT. TRANSFERRED TO:	
		<b>0111</b>									
9. FIRST DAY OF SUSPENSION			10. LAST DAY OF SUSPENSION			11. FIRST DAY OF LEAVE			12. LAST DAY OF LEAVE		
a. CLASS CODE & JOB TITLE				b. WKLY HRS.	c. CHECK, IF APPLICABLE SHIFT			5% In LIEU		d. TOTAL HOURLY RATE	e. TOTAL WEEKLY RATE
					2 <sup>ND</sup>	3 <sup>RD</sup>	2.5%	5%			
13. FROM:											
14. TO: <b>9978 -- CHIEF OF STAFF</b>				<b>80</b>					<b>\$55.0480</b>	<b>\$4403.84</b>	
15. LAST DAY OF WORK		16. ACCRUED VACATION PRIOR FISCAL YR.			17. ACCRUED VACATION CURRENT FISCAL YR.			18. HOLIDAY HOURS		19. OTHER HOURS	
20. LAST DAY PAID, INCLUDING TOTAL ACCRUALS IN ITEMS: 16, 17, 18 & 19					21. NO. OF SICK HOURS LEAVE ACCRUED			22. NO. OF SICK HOURS TO BE PAID			
23. FORWARDING ADDRESS, IF DIFFERENT THAN ABOVE											
24. NO. OF SICK HOURS TO BE EXCHANGED			25. UNION AFFILIATION AT TIME OF SEPARATION				26. HOURLY RATE OR WEEKLY SALARY AT TIME OF SEPARATION.				

REMARKS

**10% LUMP SUM BONUS**

**4403.84 x 10% = 440.38 x 26 biweekly = 11,450.00**

  
SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED AGENT

**08/12/09**  
DATE

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**INSTRUCTIONS:**  
 SUBMIT WHITE AND PINK COPIES FOR ALL ACTIONS WITH ALL REQUIRED INFORMATION COMPLETED.  
 \*ACTIONS MARKED WITH AN ASTERISK REQUIRE PRIOR APPROVAL  
 SUSPENSIONS OR LEAVE OF ABSENCE FOR MORE THAN 5 DAYS REQUIRES SECOND FORM COMPLETED ON RETURN.

PERS. FORM B