INFORMATION REQUEST FORM

All requests must be in writing and sent to: Executive Director, 2000 San Francisco Avenue, Laredo, Texas 78040 Fax: (956) 722-6561 Email: publicinformation@larha.org

(Please type or print in ink)

Requestor's Name: Elizabeth Martinez Date: 02/19/14

Mailing Address, City, State, Zip: ________________________________

Telephone: __________________ Fax: __________ Email: ______________

Description of Information Sought (please be specific): Personnel Policies regarding grounds for termination & separation pay.

Check one:

- [ ] I request paper copies to be given: □ In Person □ By Mail □ By Fax
- [X] I request digital copies sent via email (when available)
- [ ] I request digital copies on diskette (when available)
- [ ] I request only to inspect (i.e. view) the information at Administration Building
- [ ] Other (please explain in detail)

(For completion by LHA official only)

Date Received: 02/19/14 RFI I.D. # __________

Disposition:

Provided the following information for viewing:

Fees Assessed: $ __________ Date: __________

Provided copies of the following information: via email

Fees Assessed: $ __________ Date: __________

Sent to Attorney on: ______________

AG Opinion requested on: ______________

AG Opinion # ______ received on: ______________

Notes: ________________________________

LHA Official Assigned: _____________________________ Almamata (signature)
This is an official request to have access to the LHA employee personnel policy in regards of grounds for termination as well as earned annual and sick leave disbursement due to separation.

Elizabeth Martinez

Attachments:
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Elizabeth,

As per your request, find below the excerpt from the LHA Personnel Policy regarding termination and leave pay upon separation.

**Housing Authority of the City of Laredo, Personnel Policies, Section 9: Employee Conduct and Discipline. C: Work Standards:**

1. It shall be the duty of each employee to maintain a high standard of cooperation, efficiency, achievement, and accuracy in his/her work for the LHA. The supervisor shall be responsible for ensuring and directing the work of his/her employees to achieve these objectives.

2. If work habits, behavior, performance and/or personal conduct of an employee fall below appropriate standards of courtesy, cooperation, and professionalism, the immediate supervisor should point out the deficiencies at the time they are observed. Counseling and warning the employee in sufficient time for improvement should ordinarily precede formal disciplinary action. However, nothing in this section shall preclude immediate formal action, up to and including termination, as provided elsewhere in these policies and rules whenever the interest of the LHA requires such action or it is appropriate.

**Housing Authority of the City of Laredo, Personnel Policies, Section 5: Termination of Employment. C: Termination Pay:**

Except where the dismissal is for cause, an employee who resigns his/her employment in good standing (giving at least 2 weeks or 10 working days notice) shall be paid in a lump sum for any accumulated annual leave, less any debts owed to the LHA. An employee resigning or being terminated for employment with the LHA, other than for cause, shall receive all compensation due him/her in salary and unused accrued annual leave. (See Section 7-D: Sick Leave, 3-8.) Accrued unused sick leave hours are not compensated at separation of employment from the LHA. Calculation of termination pay for annual leave and holidays will be at the base rate of pay being received by the employee at the time of separation from the LHA.

Please acknowledge your receipt of this information by returning the attached Certificate of Receipt via email, fax, or in person.

Thank you,

Alma D. Mata
Administrative Manager
Laredo Housing Authority
3000 San Francisco
Laredo, TX 78040
Phone (956) 722-4521, ext. 123
Fax (956) 722-6540

**This email and any files transmitted with it are confidential and are intended solely for the use of the addressee. If you are not the intended recipient of the person responsible for delivering this email to the intended recipient, you are advised that you have received this email in error and that any use, dissemination, forwarding, printing, or copying of the email is strictly prohibited. If you have received this email in error, please notify us at 956/722-4521.**

**Attachments:**

Certificate of Receipt.pdf 188 k [application/pdf]
CERTIFICATE OF HAND DELIVERY/RECEIPT

I do hereby certify that I have received documents requested from the Laredo Housing Authority:

Fee assessed: 

Ø Cash 
Ø Money Order

Elizabeth Martinez
Requestor-Print Name

Alma D. Mata
LHA Representative - Print Name

Signature Date Time

Signature Date Time

3/8/14 10:25 am
2-19-2016

I am requesting a copy or access of employee policy regarding employee earn leave due to separation.

[signature]