# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION 

In re:
City of Detroit, Michigan,
Debtor.

Bankruptcy Case No. 13-53846
Judge Thomas J. Tucker
Chapter 9

## THE CITY OF DETROIT'S OMNIBUS REPLY IN SUPPORT OF THE FORTY-SEVENTH OMNIBUS OBJECTION TO CERTAIN CLAIMS

## (No Basis)

The City of Detroit ("City"), by its undersigned counsel, files this Reply in Support of the Forth-Seventh Omnibus Objection to Certain Claims. In support of this Reply, the City states as follows:

1. On July 28, 2016, the City filed its Forty-Seventh Omnibus Objection to Certain Claims [Doc. No. 11399] ("Objection"). Two responses to the Objection were filed with the Court and not stricken for deficiencies or adjourned. ${ }^{1}$

Each of these responses should be overruled.

## Response of Henry Wolfe III [Doc. No. 11435] ("Wolfe Response") ${ }^{2}$

2. Wolfe filed proof of claim number 1821 on February 20, 2014 ("Wolfe Claim"). The Wolfe Claim asserts a claim for "payment of out of class for working as supervisor" in the amount of $\$ 36,607.50$. The second page to the
[^0]Wolfe Claim provides "The following claim of non-payment of Out of class pay, has also been filed by AFSCME Local 836." Wolfe Claim at 2.
3. On February 21, 2014, Michigan AFSCME Council 25 and its affiliated Detroit locals ("AFSCME") filed claim number 2958 ("AFSCME Claim"). The AFSCME Claim is attached as Exhibit 3. The AFSCME Claim is comprised of four parts: (1) the proof of claim form; (2) the addendum; (3) exhibit 1; and (4) exhibit 2, which identifies a list of grievances. Page 59 of 86 of the list of grievances identifies two grievances filed by Wolfe. The second grievance listed for Wolfe identifies the basis for claim as "Out of Class Payment" and a claim amount of $\$ 36,607.05$. This is the same amount asserted in the Wolfe Claim.
4. The City and AFSCME entered into a Settlement Agreement on December 15, 2014 ("Settlement Agreement"). The Settlement Agreement is attached as Exhibit 4. The Settlement Agreement settled "all other Grievances arising prior to the Petition Date as listed on Exhibit 2 to Proof of Claim Number 2958 and any other versions of Exhibit 2 provided to the City by the Union, excluding the grievances on page 1 of Exhibit 2 filed by 'All City of Detroit Locals." Settlement Agreement, p. 1.
${ }^{2}$ The Wolfe Response and Wolfe Claim are attached as Exhibits 1 and 2, respectively.
5. The Settlement Agreement further provided that the "City and the Union agree to . . . stipulate to the satisfaction of any proofs of claim filed in the Bankruptcy Court that are predicated on a Settled Grievance; file any related paperwork with the Bankruptcy Court regarding the satisfaction of such claims ...." Id. Consequently, the Wolfe Claim should be disallowed and expunged because it has been settled and resolved pursuant to the Settlement Agreement. Response of Beatrice McQueen [Doc. No. 11433] ("McQueen Response") ${ }^{3}$
6. McQueen filed proof of claim number 785 on February 5, 2014 ("McQueen Claim"). The McQueen Claim asserts a claim for "vacation pay that was retrieved in payroll error" in the amount of $\$ 3,968$. A letter from the State of Michigan Department of Licensing and Regulatory Affairs was attached to the McQueen Claim. Based on this letter, it appears that McQueen filed a claim with the State of Michigan asserting that she was entitled to be paid for 320 hours of vacation time upon her retirement from the City. As set forth in the Declaration of Sharon Guillory ("Declaration"), the City continued its investigation of the McQueen Claim after receiving the McQueen Response and determined that McQueen is entitled to be paid for 40 hours of unused vacation, not 320 hours. Declaration $\llbracket 4$, Exhibit 7. This results in an allowed class 15 convenience class

[^1]claim under the City's confirmed plan of adjustment [Doc. No. 8045] ("Plan") in the amount of $\$ 550.00$, given McQueen's hourly rate of $\$ 13.75 .^{4}$ Consequently, the McQueen Claim should be allowed as a Class 15 Convenience Claim under the Plan in the reduced amount of $\$ 550.00 .{ }^{5}$

## Conclusion

The City respectfully requests that the Court enter an Order sustaining the Objection as set forth above.

August 26, 2016
Respectfully submitted,
By: /s/ Marc N. Swanson
Jonathan S. Green (P33140)
Marc N. Swanson (P71149)
MILLER, CANFIELD, PADDOCK AND STONE, P.L.C.
150 West Jefferson, Suite 2500
Detroit, Michigan 48226
Telephone: (313) 496-7591
Facsimile: (313) 496-8451
green@millercanfield.com
swansonm@millercanfield.com
ATTORNEYS FOR THE CITY OF DETROIT

[^2]
## Exhibit List

Exhibit 1 - Wolfe Response
Exhibit 2 - Wolfe Claim
Exhibit 3 - AFSCME Claim
Exhibit 4 - Settlement Agreement
Exhibit 5 - McQueen Response
Exhibit 6 - McQueen Claim
Exhibit 7 - Declaration of Sharon Guillory

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION 

In re:
City of Detroit, Michigan,
Debtor.

Bankruptcy Case No. 13-53846
Honorable Thomas J. Tucker
Chapter 9

# CERTIFICATE OF SERVICE FOR THE CITY OF DETROIT'S OMNIBUS REPLY IN SUPPORT OF THE FORTY-SEVENTH OMNIBUS OBJECTION TO CERTAIN CLAIMS 

## (No Basis)

The under signed hereby certifies that on August 26, 2016, he filed the foregoing City of Detroit's Omnibus Reply in Support of the Forty-Seventh Omnibus Objection to Certain Claims (No Basis) via first class mail upon the following parties:

Henry Wolfe III
18507 Ohio
Detroit, MI 48221
Beatrice McQueen
26533 Blumfield
Roseville, MI 48066
By: $\frac{/ \mathrm{s} / \operatorname{Marc} \text { N. Swanson }}{\text { Marc N. Swanson }}$
Marc N. Swanson
150 West Jefferson, Suite 2500
Detroit, Michigan 48226
Telephone: (313) 496-7591
Facsimile: (313) 496-8451
swansonm@millercanfield.com
DATED: August 26, 2016

## EXHIBIT 1

> To: Clerk of the Court United States Bankruptcy court 211 W Fort Street Suite 2100 Detroit, MI 48226
> cc: Atty: Marc N Swanson Miller, Canfield, Paddock and Stone. PLC.

From: Henry Wolfe III
Retired: City of Detroit, DRD
Member AFSCME Local 836
18507 Ohio
Detroit, MI 48221
August 14th 2016 (2nd Notice)
Re: City of Detroit, Michigan, Debtor Bankruptcy Case No 13-53846
To Honorable Thomas J. Tucker,


I am on a list of claimants (page 16 Claim \#1821) of current, ex or retired city employees that the City of Detroit is trying to "expunge" or disallow" paying money that they are rightfully owed. I am filing an objection to this assertion and I am going on record stating that the City of Detroit does owe me $\$ 36,607.50$. In C of D's objection, they falsely state that the out of class was not pre-approved, but their own internal e-mail I've enclosed disproves this. This total is based on 1627 hours of Out of Class work for the City of Detroit at a rate of $\$ 22.50$ an hour, I worked out of class as Recreation Center Supervisor Grade II at Patton and Lipke Recreation Centers. The Out Of Class work started in February 2011 and ended upon my retirement in May 2013. I have re-enclosed an e-mail from then Director Alicia Minter (now Bradford) to Human Resource Managers Marcus Holmes and LaQuita Evans backing up these facts. Thank you for your attention to this matter and I will be attending the hearing in August.

Sincerely,


Retired: DRD
Member AFSCME Local 836

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

IN RE: City of Detroit
CASE NO: $\qquad$
Debtor.

## CERTIFICATE OF SERVICE

I hereby certify that on August 4 14, $4^{\text {th } 2016}$ (date of mailing), I served copies as follows:

1. Documents) served:

Clarmnants response to Debtor's $47^{\text {th }}$ omnibus objection
to Certain Claims
2. Served upon [name and address of each person served]:
3. By First Class Mail.

Atty: Marc N Swanson 150 West Jefferson, suite 2500 Detroit, MI 48226

corroctodeta


Print Name: Henry Worfert



In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.
$x * * * x * * * * x * * * * * * * * * * * * * * x * * x * * * * * * * * x *$ BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.
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Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

[^3]
## Dave Bing, Mayor

>>> Alicia Minter 11/8/12 11:43 AM >>>
Hi, Kathy
I have several employees who should be on pre-approved OOC; have been working for 6 months or more in assignment and indicated they have not been compensated:

Robert Auston, Recreation Instructor to Recreation Center Supv. Gr. I-October 2011-current Karla Williamson, R.C.S. II to District Supervisor - 2/22/12-9/28/ 2012
Al Williams, Rec. Instructor to R.C.S. I - $2 / 28 / 12$-current
Lisa Cunningham Rec. Instructor to R.C.S. I - 2/22/12-9/28/12
Michael West Rec. Instructor to R.C.S. I - 3/7/12-9/28/12
Henry Wolfe, Rec. Instructor to R.C.S. I - 3/5/12-current
Kent Gresham, Rec Instructor to R.C.S. I-4/1/12-current
Forms have been submitted monthly for payment. Would you please review and determine when payment can be expected and what would need to be done to have paid on bi-weekly payroll.

Please give me a call if you have any questions.
Thank you

Alicia C. Minter, General Manager<br>Detroit Recreation Department<br>Executive Office<br>18100 Meyers Rd<br>Detroit, MI 48235<br>mintera@detroitmi.gov

Dave Bing, Mayor

## EXHIBIT 2

Bl0 (Official Form 10) (04/13) (Modified)

| UNITED STATES BANKRUPTCY COURT | EASTERN DISTRICT of MICHIGAN |  | CLLAPTER 9 OR 51 CL |
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| Name and eddress where coties should be sent: <br> Marcus R. Holmes PHR HR Manager I <br> city of Detroit Htoman Resorrces Dept. <br> 2 u'rod verd Ave Suite 308 <br> Te Detrit, M1 48226 <br> Telephone urmber: $3 t^{\prime} 3-224-151920$ unail: folmesmodetrortmi.gov |  |  | $\square$ Check this bro if this claim amends a previously filed claim. <br> Court Claim Nomber: $\qquad$ (ff hacoun) <br> Filed on: $\qquad$ |
|  |  |  | . Check this box if you are aware that anyone else has filed a proof of clain <br>  statement git |
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| 4. Secmred Chian (Ses instruction 74 \} Chicck the aspropriate box if the claim is secured by a lien on propecty or a right of setoff, attach required redactel documents, and provide the requasted information. |  | Amopipt of arrearnge and other charges, as of the time thase was filed, included fo xecured clain, If nay; <br> $\$$ $\qquad$ |  |
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| 5h. Amount of Claim Otherwise Entitled to Priority. Specify Applicalole Section al 11 U.S.C. $\$$ |  |  | \$ |
| 6. Credits. The amount of all peyments on this chaim has been credited for the putpose of making this proof of claim. (See instruction \#6) |  |  |  |
| 7. Docniments: Attached are redarteil copies of my documents that support the claim, such as promissory notes, purchase orders, inwoices, itemized statertents of ruming accounts, contracts, jodgments, mortgages, sexarity agreaments, or, in the case of a claim based on an apen-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001 (c)(3)(A). If the clain is secarex, box 4 has been completed, and redacted copies of documents providing svidence of perfectisn of a security interest sre atuached. (Sec instraction \#7, and the definticn of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. AYTACHED DOCLIMENTS MAY BE DESTROYED AFTER SCANNING. <br> If the documents are not zvailable, please explain: |  |  |  |
| B. Signature: (See instruction *8) Check the appropriate boc. |  |  |  |
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To Whom it may concern,
The following claim of non-payment of Out of class pay, has also been filed by AFSCME Local 836.

Sincerely,


Recreation Instructor / Retired

From: "LaQuita Evans" [EvansLa@detroitmi.gov](mailto:EvansLa@detroitmi.gov)
Date: November 8, 2012, 4:45:11 PM EST
To: "Alicia Minter" <MinterA@detroitmi, gov>
Cc: "Marcus Holmes" < HolmesM@detroitmi.gov>
Subject: Re: OOC Payments
Good afternoon Alicia,
I followed up on your concern regarding the OOC Payments for Recreation. According to payroll, Robert Auston, Lisa Cunningham, Karla Williamson, Albert Williams were all paid lump sums on their 06/29/12 checks for OOC. This lump sum should have covered for the time worked out-of-class for the fiscal year 2011. We are currently working on the other employees who were not compensated for OOC for either one or both fiscal years, and it is our plan to have them sent to payroll for processing by close of business Wednesday.

## Thanks.

LaQuita D. Evans<br>City of Detroit - Human Resources<br>Coleman A. Young Municipal Ctr<br>Two Woodward Avenue<br>Detroit, MI 48226<br>Office: 313-224-6927<br>Fax: 313-224-7325<br>Email: evansla@detroitmi.gov<br>Dave Bing, Mayor

>>> Marcus Holmes 11/8/2012 11:57 AM >>>
Hello Alicia,
Out-of-class approvals, as you may recall, start with our unit.
I will have LaQuita look these up, and provide you with a response by close of business tomorrow.

[^4]
## Dave Bing, Mayor

>>> Alicia Minter 11/8/12 11:43 AM >>>
Hi, Kathy
I have several employees who should be on pre-approved OOC; have been working for 6 months or more in assignment and indicated they have not been compensated:

Robert Auston, Recreation Instructor to Recreation Center Supv. Gr. I-October 2011-current Karla Williamson, R.C.S. II to District Supervisor - 2/22/12-9/28/ 2012
Al Williams, Rec. Instructor to R.C.S. I - 2/28/12-current
Lisa Cunningham Rec. Instructor to R.C.S. I - 2/22/12-9/28/12
Michael West Rec. Instructor to R.C.S. I - 3/7/12-9/28/12
Henry Wolfe, Rec. Instructor to R.C.S. I - 3/5/12-current
Kent Gresham, Rec Instructor to R.C.S. I-4/1/12-current
Forms have been submitted monthly for payment. Would you please review and determine when payment can be expected and what would need to be done to have paid on bi-weekly payroll.

Please give me a call if you have any questions.
Thank you

Alicia C. Minter, General Manager<br>Detroit Recreation Department<br>Executive Office<br>18100 Meyers Rd<br>Detroit, MI 48235<br>mintera@detroitmi.gov

Dave Bing, Mayor

Employee Henry Wolfe, IL District _ Southeast sS* 363-82-9364 Payroll Unit 4200 Supervisor Eric Kelly
Present Title
Proposed Title $\qquad$ Rec Center Supervisor Dates worked Out-of-Class:

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Personnel Office Use Only


Portion No.

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Employee Replaced Mike West
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Division Head: DYes ONo
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Personnel Officer: $\square$ Yes $\square$ No

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Employee
Henry Wolfe It
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ss* 363-82.936\% Payroll Unit Stew Supervisor Eric kelly
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Proposed Rec Center Supervisor
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Employee Henry Wolferat
District Southeast

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## EXHIBIT 3, PART 1



Penaly for presenting fraudulent clain: Fine of up to 3500,000 or imprisonment for ap to 5 years, or both 18 U.S.C. 85152 ami 35

## Addendum to the Proof of Claim of Michigan AFSCME Council 25; and its affiliated Locals of the City of Detroit

This proof of claim (the "Claim") is for all claims due to Michigan AFSCME Council 25 and its affiliated Locals within the City of Detroit (the "Claimant"), and its members, and former members/retirees (or future retirees with pension or other post-employment benefit obligations vested prior to the City of Detroit's (the "City") bankruptcy filing), relating to:
(i) unfunded or underfunded pension obligations (including annuity savings fund obligations) owed with respect to the City's General Retirement System (the "Pension Obligations"),
(ii) other unfunded or underfunded post-employment benefit obligations (the "OPEB Obligations", including obligations owed with respect to the City's Health and Life Insurance Benefit Plan and/or the Supplemental Death Benefit Plan and/or other non-pension postemployment welfare benefits, including unfunded actuarially accrued liabilities),
(iii) grievances and other disputes under the various union contracts, the City Employment Terms or other contractual obligations,
(iv) monies owed for violations of local, state or federal law, unfair labor practice charges,
(v) monies owed due to uncompensated services performed,
(vi) any other claims which arose before July 18,2013 .

The calculated aggregate amount owed pursuant to these claims amount to not less
than $\$ 8,718,697,854.82$. The not less than $\$ 8,718,697,854.82$ amount asserted in this Claim consists of several separate claims. ${ }^{1}$ (See attachment)

[^5]On November 21, 2013, the Court entered its order establishing bar dates for filing proofs of claim and approving the form and manner of notice thereof [Docket No. 1782] (the "Bar Date Order') establishing February 21, 2014 at 4:00 p.m. Eastern Time as the general claims bar date for filing poofs of claim in this case. While individuals or entities holding claims for, inter alia, Pension Obligations and OPEB Obligations were not required to file proofs of claim pursuant to the Bar Date Order, as the City has not (to date) determined how the claims for Pension Obligations and/or OPEB Obligations will be asserted and/or allowed, portions of this claim are in reference to Pension Obligations and OPEB Obligations as a protective measure.

As the documents supporting this Claim - including without limitation the relevant statutes, charter and ordinances, collective bargaining agreements, City Employment Terms, grievances, arbitration awards, unfair labor practice charges, the books and records of the City and its General Retirement System, and the City's communications with its employees and retirees - are voluminous, they are not attached to this Claim. Copies of the relevant documents supporting this Claim are or should be, upon information and belief, in the possession of the City.

Claimant expressly reserves the right to amend this Claim to re-characterize or further characterize all or any portion of these claims as administrative expenses or prionty claims or to include such modifications, deletions or additions as may be just and proper.

Pursuant to the Bar Date Order, individual members of AFSCME Council 25, its affiliated Locals, and the Coalition of Unions have a right to file a proof of claim on their own
parties. Claimant reserves the right to amend this Claim to include updated data, any appropriate changes in applicable actuarial assumptions which serve as the basis for the calculations of the amounts set forth herein, and any appropriate updates for Claimant's members or former Claimant members who have or may become eligible in the future for pension benefits but whose data was not included in the herein calculations.
behalf. Thus, Claimant reserves the right for other units or individual members to file proof of claims in addition to this claim. Claimant has put forth a good faith effort to provide an exhaustive list of all outstanding claims while avoiding duplicative filings; any unnecessary duplication is not intentional and will be resolved.

The filing of this Proof of Claim is not and should not be deemed a waiver of any Claimant's challenge to the legal validity of this bankruptcy or any legal claims relating to the bankruptcy and/or Detroit's assets. Furthermore, this Claim shall not be deemed or construed to be a waiver of the rights of the Claimant (I) to have final orders with respect to non-core matters entered only after de novo review by the United States District Court, (2) to trial by jury in any proceeding so triable in these cases or any case, controversy, or proceeding related to these cases, (3) to have the United States District Court withoraw the reference in any matter subject to mandatory or discretionary withdrawal, (4) to assert any other rights, claims; actions, setoff or recoupments to which the Claimant is or may be entitled in law or in equity, all of which rights, claims, actions, defenses, setoffs, and recoupment the Claimant expressly reserves, and (5) to assert any and all rights or claims against others jointly or severally liable for the sums claimed herein.

EXHIBIT 1 TO MICHIGAN AFSCME COUNCLL 25 PROOF OF CLAIM

| ISSUE NAME | DESCRIPTION |
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| Underfunded pension and post employment benefit obligations | Based upon data from the City and elsewhere, it is projected that the pension and health care obligations of the City's active employees and retirees amounts, in total, to no less than $\$ 8$. 1 billion dollars. |
| Violations of local, state or federal law | Claimant asserts any and all claims arising from or related to every City breach of local, state or federal law, the orders of the Emergency Manager, or any other failure of the City or its agents to fulfill such legal obligations, to Claimant or its present or former members. This applies to legal violations impacting present or former union members for injury which has been, is presently or will be realized in the future. This applies whether or not such violations are identified herein. |
| Refusal to bargain AFSCME Local 1023: MERC Case Number D13 C-0331 | AFSCME Local 1023 is a public safety local, and therefore its bargaining disputes must be resolved with binding arbitration pursuant to state law, if so requested by a negotiating party. The state labor board, in another case, ruled that 2012 Public Act 436 denied binding arbitration to public safety locals. AFSCME Local 1023 was not a party to that case and filed its own request for negotiation assistance with the state labor board. Local 1023 maintains a claim for the City's unilateral imposition of employment conditions, prior to binding arbitration, and contends that the state labor board interpreted Public Act 436 in error (by, for instance, not properly accounting for the other state law which requires binding arbitration). |
| Local 207, 2394 and 2920 DWSD refusal to bargain / Case Number C13 D-069 | AFSCME water department locals were refused the opportunity to bargain a new contract, and incurred illegal changes in employment conditions. |
| Imposition of furloughs days in February 2013 | In February 2013, the City unilaterally iriposed furlough days, in violation of its obligation to bargain with its unions. The City required employees to take unpaid days off work at least twice per month. These furlough days were realized through the bulk of the 2013 calendar yeat, causing significant losses in wages and benefits that would have been earned or accrued during the lest time: |
| Detroit refusal to bargain concerning Transportation Locals: Case Number C12 H-157 | The City has committed to bargain with AFSCME Locals 214 and 312. The members of these Locals work in the Detroit Department of Transportation. These locals, however, are part of a city-wide bargaining unit, as deternined by Michigan courts. By refusing to bargain with the entire bargaining unit, but only select portions of the bargaining unit, the City is violating state labor law. Any changes in employment conditions realized by the entire unit - due to the Ciy's failure to bargain - represent a claim. |


| AFSCME Council 25 (13th check ULP). MERC Case No. C12-E.092 | On about November 30, 2011, the City passed an ordinance which curtailed paymeats into employee annuity accounts and stopped " $133^{\text {th }}$ checks" being paid to retirees. By applying this change to union-negotiated benefits, the City violated state labor laws, by ignoring its bargaining obligation and repudiating its contractual obligations. An administrative law judge recommended a finding in favor of the Unions and estimated the award to be as high as $\$ 174,000,000$. |
| :---: | :---: |
| City of Detroit 2012 negotiations and implementation with Coalition: MERC Case No. Cl 2 D-065, C12 F-125, Cl3 G-129 | Following the negotiation of a Coalition tentative agreement in February 2012, the City violated state labor laws by refusing to execute that contract but illegally imposing other terms and conditions of employment. This includes wage and benefit concessions for all AFSCME members, which remain in existence today. The reader is referred to the Coalition of Detroit Unions Proof Of Claim, addressing the losses discussed therein. AFSCME's share of the Coalition proof of claim amount is in the range of $60 \%-70 \%$. |
| $\begin{aligned} & \text { Volation of Privatization } \\ & \text { Ordinance } \end{aligned}$ | The City has repeatedly violated the City's Privatization Ordinance, prior to letting contracts to vendors to perform work normally performed by unionized employees. These claims are held by individual members of the Unions, as opposed to the union ifself. Nonetheless, the claims seek all relief available to the employees under the law. |
| City of Detroit/DFFAMERC: MERC Case No. Cl1 K-201 | The union filed an unfair labor practice charge conceming removal of work from the applicable bargaining unit. This change impacted the employees who had previously performed the work. |
| City of Detroit longevity claim for AFSCME employees: Claim number 12-000522 and 12 000523; Wayne County Circuit Court Number 13-003430-AA | Under the 2005-2008 AFSCME union contract, employees had received a yearly payment, in December, based upon the number of hours they worked since the previous December; receiving the full longevity payment for hitting 1600 hours. Effective October 2010, the City imposed new contract terms on AFSCME employees, which removed the longevity pay. However, many AFSCME members had already worked the 1600 hours since the December 2009, entitling them to full longevity pay. Further, for members who had worked less than the 1600 hour threshold, they were entitled to prorated longevity payments for hours worked in each month during that year. The City refused any AFSCME members longevity pay, despite the clear contractual obligation. AFSCME members filed claims with the state for this payment, and the City challenged the payments. The claims were initially denied by the administrative law judge, and placed on appeal before Wayne County Circuit Court. |


| Negotiation of Local 542 supplemental agreement: MERC Case Number C07 L-033 | MERC ruled that the City was obligated to negetiate a supplemental bargaining agreenent with Locd 542 . Failure of the City to do so caused financial hairm to members of this bargaining unit. |
| :---: | :---: |
| Detroit \& SEMHA: MERC Case No. C05 H-194 | The charge was filed to protest the layoff of four individuats from the Detroit Health Department and rehiring of them by a Detroit contractor, to perform the same work. The charge alleged a violation of state labor law. In the process of the hearing (despite repeated appeals, ancillary litigation and cancelations), the Union learned of other positions for which this occurred. The charge sought back pay and benefits for those impacted employees. The Union lost dues for those laid off members as well. |
|  | Grievance Clanins |
| Breach of contract claims | Claimant asserts any and all claims arising from or related to every City breach of the Council 25 Master Agreement, local supplemental agreements, Council or local memoranda or letters of understanding, the imposed City Employment Terms, the orders of the Emergency Manager, or any other failure of the City or its agents to perform any contractual obligation to the Claimant or its present or former members. This applies to breaches impacting present or former union members for injury which has been, is presently or will be realized in the future. This applies to all such breaches, whether or not listed specifically herein. |
| Exhibit 2 Listing of Specific Grievances | Exhibit 2, attached to this Proof Of Claim, contains a listing of a number of specific grievances filed by AFSCME Council 25 local unions. While this is intended to be a list of all active grievances currently in existence, derived after diligent search, Claimant reserves the right to add to or otherwise modify the list of grievances, or the description of any grievance listed therein. |
| City of Detroit/Human Services department: Grievance No. 25-0112/COA: 12-0077708-CL | In July and October, 2012, approximately 174 AFSCME Locals 1642 and 457 members, working at the Detroit Healih Department and Workforce Development Department, were permanently laid off and replaced with employees from third party companies. The arbitrator found the City's actions to be in violation of the union contract, and awarded back pay and benefits to the members. The arbitrator's decision, confirmed by Circuit Cout, is now on appeal. |
| City of Detroit Retirees Health Care: Grievance No. C10 A.025 | In 2006, the City changed retiree health care benefits, requiring retirees to incur greater cost for health care. AFSCME filed a grievance on behalf of all AFSCME retirees (approximately 6,000), because the changes violated specific provisions of the union contracts under which the employees retired. |
| Payroll disputes | Repeatedly, the City of Detroit payroll system will not issue correct amounts of pay or benefits on payroll chacks of AFSCME members. This problem has escalated over the years, resulting in significant losses of money and benefits for AFSCME members. |


| Detroit Service and Maintenance Outsourcing in Downtown Detroit Grievance Number $\mathrm{C} 09-078$ | In 2009, the City reduced the overtime of AFSCME members, due to work performed by private contractors, in the downtown Detroit area. This violation of Article 19 of the AFSCME Master Agreement continued for years after the fact. The violations impacted $40-60$ employees throughout the period. |
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| Tree Artisan failure to secure license: Grievance Number 727May08 | Tree artisan employees in the AFSCME bargaining unit were discharged. The grievance was granted in that the City was required to pay for training and restore seniority to some employees. To the extent these benefits were not awarded, those employees have claims. |
| TOTAL CLAMM AMOUNT | Not less than $\$ 8,718,697,854.82$ (estimated) |




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| 129 |  |  | 14\％ 21 | O120， $0^{\text {a }}$ | Mckelvy，\％herrox |  |  Meclinntit |  |  |  |  <br>  |  |  |
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| 20） | Poxarnt | 020334－297－2009 | 14781 | O2\％${ }^{2}$ | Gitsen atray | danies prematianal appentuniyl |  |  | \＄42，MeOM， |  <br>  |  |  |
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| 123 | $27.43 \mathrm{c}-69$ | 1021026－204，3009 | 14077 | 10073－（\％） | Keterntic Dernis |  Pprioymurt： | Sis，beweme Plant Ogerater |  |  |  0 Whtion Yeti．neoser |  |  |
| 13 | 27.4 prater | ｜021019－207－4．00 | 14.475 | 0046－0\％ | hanes，Micliast Antinary |  Fartormizare | Sewage Pimatomeram |  |  |  |  |  |
| 沓 | 2940．08 | D21036－20\％－2097 | 124483 | 0323．as |  |  | Ststakeeper |  |  |  <br>  |  |  |
| 2 F |  | 1021032－20\％－2069 | 14517 | Ca3s－dx |  |  Diservanination | Whater Sys textlost |  |  |  21） | $\cdots$ |  |
| das | 27－Ames | $1021044820 \%-2 \% 09$ |  | 033a－08 | Thampson，Curis |  Oixpmanhytion |  inst fech | $\therefore$ |  |  <br>  |  |  |
| 5 |  | 521054－20， 2005 | 20513 | O3\％3－68 $\quad$ ？ | Thwnesson，Curtis | Harastment，intinithation and Cliscomination | Wetay sig rost inst． 1＂ech | $\cdot$ |  |  <br>  |  |  |


|  |  |  |  |  |  | hocal cases Before 7118／t3 Stil Outstandi |  |  |  |  |  |  |
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| fictal | Suct bate | Hy Whact． Conditor tadentifites peptor irtalcog． | Thy Which Cremior todentrine Oiftrer．家要新 |  |  | 教保 |  |  | Anoditiof C chandsef boteffer | AWerdfermente | 9ate max | $\begin{gathered} \operatorname{cose} \\ m e n \end{gathered}$ |
|  | 2tenax－09 | 1021050－237－2003 | 14513 | 038t－0．48 | Tromplon，carts | inazassmant lintiagiciation and Distrimposations | War इystema Comatinv． T办象． |  |  |  formy ymy |  |  |
| 127 |  | ｜thens5－207－200s | 124863 | 1035103 | Whant，Trumit | Denced Out－of－cizss pay | Aeckatical Helper |  | thecmat | ${ }_{5}^{\text {\％}}$ |  |  |
| $2 \%$ | 10－4ar－38 | D21056－207－2009 | 12504 | 006\％ | finders，ismuxhe | 解－Ey Suspensina Popr Wors Pafformance． | Sewnge flant 9perabr |  | ST5EDE |  <br>  |  |  |
| 40 |  |  | 14636 | 10043－69 |  |  vesindes |  |  |  |  <br>  |  |  |
| 20： | Patmos | 2210302072085 | 11454 | 3042－96 | Rosriguen，उदme |  <br>  endest naticicol lisyye． | Wayer 5 ystemis Meckaric |  | $\$ 70,000, \cos$ |  <br>  |  |  |
| 1231 | 2atany | （0）1 | 14457 | 10094．09 |  | matreet Pay |  |  | 8500000 |  <br>  |  |  |
| 203 |  | 5021152－200－2009 | 14732 | O296－69 | Wetson，Matchat | Wristen beprimane |  |  |  |  <br>  |  |  |
| 207 |  | Dit153－203－2009 | 154729 | 6059．95 | Whate，mas |  <br> Performante | Sewage Pans Cperatar |  |  |  |  |  |
| 87 |  | 3e11153－207－2005 | 12458 | ECax 500 | Wiltom，kire | Wasce | Whater thimm centrol A）Achataic： |  | $\text { s1. } 0 \pi 06$ |  |  |  |
| 206 | 14－183y－25 | 213157－203－2009 | 104475 | 6il3．89 | AEscote tocal 207 | Fauby 7 fre Captiate System |  |  |  |  ㅇ |  |  |
| 283 | 14．45364 | D2LS59－203－2009 | 14770 | ORE359 | Caxhom，Ewieht | Writern Repsimanie Partwork perfarmenre | Sewaze Prapt Operstor． |  | － | D Y－ 0 ： |  |  |
| 2 n | 14，${ }^{\text {ances }}$ | 1071560．257－2909 | 14510 | O210．09 | Loraters， |  Absetatetism |  |  | 872980 |  |  |  |
| 2er | ： 4 4， | 220152－297－600 | 14355 | 1004809 | matift，Aptoois |  Perfarmarce | Prwage Plant Aterndont |  | \＄0atic |  |  |  |
| \％ | 190340409 |  | 154 4 E4 | Opre－d | Grayts，Mistat | Perchingen 15 vilitules before Shift | Prorekekeper |  |  |  |  |  |
| 207 |  |  | 14．4．55 | \％ater |  | ze Eey | Meclanital Hepper |  | \＄140，000．005 | E Y Ytanp ［ 0 N |  |  |
| P07 |  | 70．4373－707－2005 |  |  | Thomas，indita | PM Smft Prersiom | Setvite Guard P4 |  | $\text { gex } 001$ | D |  |  |
| ［0\％ | 19．404y－09 |  | 14966 | 5013－69 | Atata，5atla | Bowed Step lincrasse and beva | Serviee Guard Pu |  | 51.059000 |  |  |  |
| 307 |  | 102475－207，2309 | 24950 | 01：409 | Turnes，Toneny | 3 －Dat Suplasien |  |  | 3402000 | C） $1 \times 5 \times 14$ <br>  |  |  |
| 223 | 3 3 ，＋6ar 09 | 128177－297－2007 | 1） 4 年坒1 | 102．18－69 | frwel，tyle | orec step increates 10 as ： dotid |  |  |  |  |  |  |
| 37 |  |  | 144\％1 | 10123－09\％ |  |  <br>  |  <br> Nech | －$\quad$ ． | 53．030．60 |  |  |  |
| 237 |  |  | 14520 | 10054－699 | Thenterish Curts |  <br>  | Mater Sy 5 Controd inst白解 |  | Sionebe | E Ysing |  |  |
| \％ |  | 922035－307－2006 | 18560 | Prasem | foatwright Pouliza |  <br>  | Watar alart ¢perater |  | \＄1，00000 |  |  |  |


|  | ． |  |  |  |  | Local Cases Eefore 7／1811 Still Outstandin |  |  |  |  |  |  |  |
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| W | TSAmy | 031337．204．2005 | 1e495 | 10123043 |  | hat racerasn time accreat for Koos , ot, of or an | stigeterepert |  | \＄2．881， 00 |  | T－ F <br>  |  |  |
| 120 |  | 1020240．20\％－2089 | 14456 | 101409 | Whicteel rimyes | $\begin{aligned} & \text { maccurnte poy check week } 59 \\ & \text { of zoog } \end{aligned}$ | Horskefier |  |  |  |  <br>  |  |  |
| $\cdots$ | 28．4020．63 | D21242．207－2039 | 24897 | $0132-09$ | Midisel fayes | ine shaf increayes sint Bramotios le storekeeprit |  |  |  |  |  |  |  |
| 30 | 680m00 |  | 18540 | 1040．ery |  | Prost wask preformante | Che water systerss mechanis： |  |  |  | Y－subytrina <br>  |  |  |
| 107 | 08－smas | 102129E－207－403 | ［14507 | 0020 | Usina foticy | Contfectival Werk faress Cathing | Pork wainthaticit Series |  | 50， 200008 |  |  <br>  |  |  |
| 967 | 04－sints | 1021300367－2009 | 124312 | 9850098 | Tute yaita | Poor werk pertomance |  |  |  |  |  |  |  |
| 307 | 3c－sunct | DJ1302－207，4005 | 14423 | 10237－05 | Trate Datia | Pror werkpertansamea | butiding atterodanta |  |  |  |  Ex－nanyelisinitai |  |  |
| L2e | D3－340 ${ }^{\text {a }}$ \％ | 1025303－207－2509 | 116329 | 0，28－09 | Mendey＋bruglas | poor werk penfomasace | bewage plant aprrajor |  |  |  |  <br>  |  |  |
| P\％ |  | 021300－207－2009 | 124：31 | 10973－09 | Har｜ixa Maraly | Lewers wask site | Portion witer my exectayit |  | $3432001$ | $\frac{8}{2}$ |  <br>  |  |  |
| 1293 | 20．6u－ng | 621325－207－2019 | 143938 | 30820.69 | Taybr，lashua | gove work peribrmance | $\begin{aligned} & \text { sentor water sus } \\ & \text { meghatis } \end{aligned}$ |  | $y s, 00$ |  |  |  |  |
| 1207 | 91．0．6） |  | 14601 | 1023s | ［lament Tate | Unfort trhatule charast． |  |  |  | $15$ |  niky fut flidens |  |  |
| Nay |  | （2a：37\％20\％2009 | 14850 | 3nco－ |  | behomded crivers ticente | ｜water 3y\％nopan worker ${ }^{\text {\％}}$ |  | $\text { 52. } \mathrm{xcose}$ | 2x |  <br>  |  |  |
| \％${ }^{3}$ | （c） 5100 | C21s78－297－2009 | 14640 | 0296．08 | Coskeat，Misain | hembe and wotuy issures at lake <br>  | gevice Emard par． |  |  |  |  <br>  |  |  |
| 2p？ | Cx－36499 | 022380－267－2009 | 14642 | 1014009 | Peopses，tajiza D | usfaty nethedute cisany | ctotekeeprer |  |  |  |  |  |  |
| 120 | （05－30－6 |  | ＋4637 | 101去697 | 10， |  Door Finger | Service Exard P U |  | F |  |  <br>  |  |  |
| 120 | 4－3640 | 10240998937．2909 | 14639 | 028408 | 6blan Pextcr |  <br>  Hitron Guayer \＃est |  |  |  |  |  <br>  $\qquad$ |  |  |
| 管管 |  | 1920442823－2003 | I4Es） |  |  |  |  |  |  |  |  <br>  |  |  |
| \％ |  | 225454．777－2900 |  | O3500 |  | Cperation tack fintrito seiecricitats |  |  | 31，000909 | $\mathrm{e}$ |  |  |  |
| \％r |  | 5214030．15\％－2005 | 1米388． |  | Utematabler |  bents |  |  |  |  | Y／3： <br>  |  |  |
| 2 l | $00^{-5,51809}$ | C21424－767－2039 | 124635 | 5885－083 | barses．feverity | Predictar whe dial ing wentor： takes to lone to gutel chat tack， Hane riath chate bace dirty of manece dotic． | Service Gsazaly |  | Ssag od |  |  N．tant Yoblingato | ＂ |  |
| 訨 |  | 1571425－307－3093 | 145Ed4 | 19270．59 | Tonidisley | Testert positive for maforsaca eftervehele zacidens． | Sterekeepst |  |  |  |  <br>  |  |  |
| \％ | 04.381 lc | 1－21425－207－2039 | 14032 | （30）6－88 | O2y ${ }^{3}$ ，Axatr |  | \＄pwer safnty heiper | －m＿ | \＄3，00600 | $8$ |  <br>  |  |  |



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| 297 | 104408 | 102633－2602035 | 132933 | tarem－60 | Lifle Yovefio | Untale Treatherat，\＃rivate car minepe | Service Gute P． b ， |  |  |  Notay yof stingem |  |
| 29\％ | 18－0ct－5s | 02032－367－7005 | 13435 | Pr－2185 | Hemert fussel | Cabusive trathent | Sewer safety helper |  |  |  |  |
| 20？ | 19．0¢－05 | －1075－764－2005 | 1394楽 |  | Cfinton Gary | Abusive trimment | Sewer motexy ketaper |  |  | S |  |
| 207 |  | T3216，207－2805 | 53326 | 21－198－25 | Tiumiss，Lektíte |  | Sentice Gurat Pat |  |  |  0 ： |  |
| $\cdots$ | 27.00565 |  | 13462 | 20＊1920 0 | Pesticy | Urion Podizy（\＄aciml Satusty Marpherex | 呺这 |  |  |  <br>  |  |
| 2良 | 27.30603 | D20 690308 －2005 | 13402 |  |  | Uatasid lirat | Whater Syntems Alppily Whot |  | 519．006．00 | 茥 |  |
| 237 | P）Det ${ }^{\text {d }}$ | 102292－203．2005 | 13414 | 07.2005 | Ketumete Gray | cotot Whard | Sasto Mechanic |  | 35．020．002 |  Ex |  |
| 23 | 12－06－65 | （02243－207－2035 | ［1340s | 6739 | Thasussen，curis |  | frest．Terctr，（ixs |  |  | O A xiterybineley |  |
| 2 z | 27－bes－45 | C2248－202－2005 | 134014 | $8 \mathrm{C}-38.48$ | Nathatr Witilient | Owed stch fime | 3r．Water Sysems Hecharit |  | 5500.00 ！ | C C |  |
| 2 | 30－3nntas | 122395－207－2025 | 133989 | 44，96．55 | Haxam，noturs | Hioilicay Schedulditg | Servise Cubard ply |  | 5 s 40.00 ！ |  |  |
| \％ | Othenctis | 102302－207－709\％ | 13411 | As．93－0 | Marema，Regipa | Peried＜at． |  |  |  | 0 O ［ $\mathrm{E} \rightarrow \mathrm{sin}$ ；Yal |  |
| \％ |  | 102338－207－7605 | 13.46 | 10t－20－4 | Pensetiforay |  <br>  | Auco thecharic． |  |  | a y sumprimp Dop antasias <br>  |  |
| P\％ |  | 102312－207－2006 | y3aya |  | Eduratel Hethith | Dembetovertime |  |  | \＄15cm | P PV <br>  |  |
| 270 | 21－2tarac | 0740240672006 | 123A0\％ | （ $1+-4.8 .05$ | Thotatym，Cints | Stertractuat Wory 0.7. | Instrumeat Tectrinian |  | 5290.08 |  P＿mank |  |
| 227 |  |  | 13302 | $0 \times 874$ | Unen Pelocy | Hrew ther Good friday toety Time Mot Anded to Baak |  |  |  | $\qquad$ |  |
| 6 | 364u3 04 | 102637－207－2016E | 13312 | 10055 | Kimneth Gray |  | Atpo A ATChanic |  |  |  |  |
| 23 | 20， 960 | （12033－307－200\％ | 193效妥 |  | 90lict mion | 月espiftory festine |  Antonters． |  |  |  |  |
| 127 | 27－31－6 | binas 20\％200\％ | 17145 | WMS－26E－06 | Caskik ficen |  | Water Sys bitioer |  | \＄5．poc．0e． | C － C．Answayd |  |
| W\％ | 27．4．405 | 0173＊207．2006 | 13324 | 1restr 2950.06 | Bate，nadey | Promation K Pay 0 moned |  |  | 35，08600 |  |  |
| 絡 | 07．nstec | Disits－267．2005 | 126E8 | LT3－2mbes |  |  Linstwork work bna． | Serwice Guerd | － | ＊ 3 Onoti |  |  |
| \％ |  | 02512：207．2036 | ${ }_{1} 13145$ | ar 2 2mber | tacaueny，Madalime | Hotedey 5cheduling | Servise crand bu |  | \＄270．asi |  |  |
| \％27 | 3）mex | S02513－207．2005 | 13137 | $113-220.05$ | Cuse Richary | Overume Equalizeforn | Satict cumd Pu |  | Eses．00 | C K K |  |
| （2） | 90，majob | 102816－20\％－2006 | 13123 | 173－148 | 67te Yowerl | Heliday Sthedinilit | Seguite Gubird pli |  | $92+000$ |  |  |
| 107 | 2xambe | 02681－207\％ $20 \% 6$ | 13269 |  | Mecaskill \％Kithy | Glspasate Temanert＋Cizz <br>  |  |  |  | D |  |
| 0 |  | 022913－297－2956 | 18.380 | 帱 24.805 | Silifild，Ceare | beamethertliat |  |  |  |  |  |
| 200． |  | 10954 207－2087 | 12377 | 108766 | Gearybil，Denis |  | Stavics cisampun |  |  |  |  |



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| $120 \%$ | 23 siay 67 | 163427－207－2097 | 19308 | 00760．07 | Keqnelal Gray |  GARTGEfCSF | Alto netranic |  | $5200 \mathrm{ged}$ | 黄 |  |  |
| Cb | 23.10307 | 03478＊207－20\％ | $1{ }^{13} \times 2$ | cos3－67 |  |  HTSE GAFHGE | gram |  | s20.30 | a <br>  |  |  |
| 23 | 24－4．4．9 97 | D：345s－2672006 | 123330 | 001307 |  | Staparg on iat | Stavet GuakD Put． |  | 1220000．00 |  <br>  |  |  |
| Pr | 21，rix | 103684．207－2007 | 11358 | 20063－07 | Hament fekeritu |  <br>  |  |  | 5180006 |  |  |  |
| mo | 1190063 | 62496．20\％．3007 | 1新年 | 2037－47 | Mownegor，Arnest |  <br>  |  |  |  |  |  |  |
| 23 | －21．645087 | OP3457．20720\％ | 113352 | 10103．07 | Tate，Dask | Supenysoi roor oxi nots <br>  |  |  | $9$ | $Q_{1}$ |  |  |
| Eat | 154， | 103425－203－20097 | 13408 | 10055－0？ | crark，Jeanmetce L | RAEMEERASSGKMED TO WORK <br>  | PABK MAENT MELPER |  |  |  |  |  |
| me？ | 03\％ec－g | 103324．20\％ 2069 | 13537 | 1015－65 | Uxton moley |  | ESTVCE GJAR PJS |  | 55，00ncoim |  |  |  |
| 3at | 1s．npras | D19333－26\％．2006 | 14089 | （0340－4 ${ }^{\text {a }}$ | Crown，cala | Ower Out diches Pey |  |  | s50006 | $\mathrm{C}$ |  |  |
| 20\％ | \％0ecte |  | 13025 | 13300－07 | 12amb lonar | dosied atr－ef－ciass pay |  unafiter |  | 55．80\％ 0 Im |  |  |  |
| 20 | Sticer $/ 3$ | T00607－397，2006 | \％4308 | 1024， 017 | Thioraton，esmy | Stefy Pereests | Cawage Plant Dipurator |  | $220.696$ | $\mathrm{C} \text { Y }$ |  |  |
| $20 ?$ |  | 1021547－2992000 | 24\％72 | （0044－298 | Gaturam Gary | Owerrine | GAN |  | 5209．09\％ |  |  |  |
| 20？ |  | 10754\％－269．2004 | 10431： | C206－09 | Prisess，Andersta | S，wey Surymesion | Sestage Plant Optiator |  | Eesin0， 0 | Norat Yot Hajix+ox |  |  |
| 26 |  | 021349－207．6009 | 11973 | casam | Progis，Canean |  merfarmaxat |  |  |  |  |  |  |
| 10\％ |  | D2300\％2072009 | 118763 | losesters 56 | Hion peater |  Officheti |  |  |  | i） 1 |  |  |
| क\％ |  | 102953－20\％－2009 | 134\％6 | 10．51－60 | Catrelt，Mintobin | Heras |  |  |  |  |  |  |
| 203 | 230．080．09 | 102044－207－2005 | 129733 | 10283．098 | frortok，Fedy ${ }^{\text {A }}$ | 15－Day Suspensiom | Stret 4ishting <br>  |  |  |  <br>  |  |  |
| $\infty 7$ | 30．092－09 |  | 26826 | 10264099 | Whlicra penfis | Gented Prombition | Water P／ant Opermber |  | \＄500000］ |  |  |  |
| Stim |  | （022807－207－2030 | 13953 | 0030－10 | Farter，Sheman |  hataghor． | Watate Systams Mfectronic |  | 5170020 |  |  |  |
| aib |  |  | 15653 | Comer | Cosilits，nulus | Pbot Werk Persprimate | Suwage Plant Opeczar | － |  | $5 \text { Yysporint Doce anarbec }$ |  |  |
| ， |  | C729512072010 | 51594 | 207740 | A0schate taral 200 | Laypfy／Warsimine velt wetk |  Morixers |  |  |  |  |  |
| $\underline{z \%}$ |  |  |  | \％ows－13 | Gruthon，reffrey 4 | Poor werk pedermante | ppent maint meth |  |  |  |  |  |



|  |  |  |  |  | Local Cases Bafore 7ltist Stil Oatstondin |  |  |  |  |  |  |
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| ficrat |  | \＃ 4 y whish Csaditur Ideptifes Bomorctillog |  | Tullatant |  |  |  |  | Mivile terictered | Diteflats | $\begin{aligned} & 5=\mathrm{sec} \\ & \text { Tugar } \end{aligned}$ |
| 8 | 26sters 12 | W26） $12.2077 \times 12$ | 0123－12 | Aflen，Michaic | harassmeat | Park Matintenance Hesker |  |  |  <br>  |  |  |
| \％${ }^{\text {a }}$ | 305898－12 | ［25742－207－2042 | 91060 12 | Arsclat iotal 297 | zuspensier of tafiorm Cleaning； | Service Etary pu |  | stopeapol |  |  |  |
| nes | 127．thet－12 | 1026830 $200 \cdot 2082$ | C181．12 |  | Susprasion | Park Matins Heiper |  | \＄54．009．0415 |  |  |  |
| 767 | bramer |  | OXeg－12 | bancan，6regorf | Whiten feprimas |  |  |  | 5 Y Sizne <br>  |  |  |
| 07 | thatavit | 57esin－207．703 | 0， $125-12$ | Sples，staves | Whtten heprimane | Sthite Gubra Py |  |  |  |  |  |
| \％ | 93－7kcte－12 | ［025833－207－202） | 10，41422 | Spkes，5teven | Witisen feprimarod | Service Cuard pu |  |  | Q突 |  |  |
| \％？ | \％hen－12 | 1025 $635-207-2002$ | $1097-12$ | Fagab，Cuxajut | Wherk males | Sipyice Gugid PU |  |  |  |  |  |
| 20 | CTH042 | D26853－269－2082 | 10156－12 | Jusharen，Geutge | Wout gules | Service Guata Ps |  |  |  |  |  |
| W\％ |  | D24E338．293－2012 | 0073－22 | Hethumb，Energe | jribiation of Grievance Pracedure | Service Guatap |  |  |  |  |  |
| 208 | 07－tiove 12 | E263392072012 |  | 71prass，Lequize | Premium Pax | Segrice Moard |  | sEensat | T1 <br>  |  |  |
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| 203 | 2tratis | W27134－207－2913 | 0138．12 | AfSCliat tocel 233 | pental of bions treperextation |  |  |  |  <br>  |  |  |
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| 2 F 为 |  | 0272x－20\％20i3 | 06838.11 | Espu，ieon | Elispentios | Sewage Pama Operatir |  | $\$ 50 \mathrm{E}, 90$ |  hediex Fut atigsteci |  |  |
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| 12\％ | 21－64＊＊－ 23 | D57868－207－204 | 2033－13 | Frantlin，Emesik | Dactarge | Water Systerns Heday |  | sascoubt |  |  |  |
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| 72 | 56-0r65 | 10219152207-2009 | 128815 | 0347.08 | AFSCME |  |  |  | Ssacoul |  |  <br>  |  |  |
| 23) | 20.0.69 | 013815-207-2009 |  | 10167.09 | Hfowers, Dise | Overtime mealization | Sewane Narst Operater |  | \$240.gat | \% |  <br>  |  |  |
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| , | T6ximat | [b22303-207-2076 | 114.918 | 0332-69 | White, Gertrude |  | Sexvite Gutra fu |  |  |  | $\frac{10 y s}{}$ |  |  |
| 203 | 06-axic | [123301-7072010 | 14813 | O533.09 | White, Gertrude |  | fervike Guerd pu |  | \$390.0n |  | [YEETM <br>  |  |  |
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| 213 | cenare it |  |  | 6374.6as | Peopita, | Overtime and frotiver <br>  | Stareberpar |  | St70.0nt |  | Y/5utht: <br>  |  |  |
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| 3 | 6－6．10 | （72．2394．207－2010 |  | 10398－109 | Maym，zefery | Hzas Nict Feceived Vaxation Timel | Warerpant Omentor |  |  |  |  <br>  |  |
| as | 9－miardo | S22335－207－2910 | 1䂠7 | 10393069 |  |  For Poy Pesiod Ending $1 / 3,109$ | Water plant Operaty |  | 5 Si 63 |  | Y－（w） <br>  |  |
| 20 |  | 0423t92307－2010 | 14935 |  | Ofluer，Manimie |  Side P 多ment Center | Pervice guati my |  |  |  |  M． |  |
| \％ | 86－13\％－14 | 2022347－297－2030 | 14931 | 6290－90\％ | Ofiver，matruc |  igreminga | Stwict Suturis |  | $518.00$ |  |  <br>  |  |
| 30 |  | 1022174207－2036 |  | 1019 ${ }^{\text {a }}$－69 | Afstaticerat 20\％ |  |  |  |  |  | V． <br>  |  |
| 2 p 7 | ． 05053 | 1027176－207－2010 | 14839 | 1036409 |  | Slitl Premiunt |  <br> idechaotic |  | 5550．60 9 |  |  <br>  |  |
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| 207 |  | 132308．203：2010 | 126900 | 6036009 | Clarf，sepmaettat | Oumy Out of Class Peymants <br>  PM： | Patk Nomy ninati Hestry |  |  |  | ［rs <br>  |  |
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| m？ | 194090 | 222035－2072010 | 54950 | 10398．63 |  | Chwedi teplscreast | Watters Syturms Repaiv Warker |  | \＄1050，05 |  |  <br>  | ． |
| ma |  | C2223020\％2010 | 14946 | 631200\％ | （thite walam $^{\text {a }}$ | Owtad Sich Gay bre Prorezed vactaten Tizo |  | ¢ | 550806 |  |  <br>  |  |



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| 为 |  |  | 15120 | 0252－10 | Imqli，Elaytes | Sink Sine Poliny | gishlize Arlenatam |  |  | ［i S lizitaye |  |  |
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| 20\％ |  | PEE1ED－207－2011 | 1 15888 | max－10 | Masssey，Nicoty |  |  |  |  |  |  |  |
| 00\％ | 155－4us－17 | P15151－207．2012 | 15807 | cens 15 | Massey，Nicote | scinetuled off ath of joty | Stevere Gazte pl |  | 5240.506 | C） |  |  |
| 207 |  | D15152－207－01018 | 15809 | O2124：12 | Massey，Nrote |  | Service cuatabut |  |  |  |  |  |
| 007 | ［504．4．811 | 225163－767－2015 | ${ }_{3} 15804$ | cillas | Afen，Mictutit | Marastratit | Park Panistansorce Helges |  |  |  |  |  |
| 26 | 65－431212 | 345155－602004 | 185803 |  |  | Oserteme |  thelpe： |  | $5450 . \cos$ |  |  |  |
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| 27 | （55sep 12 | 225265－207．202 | 15832 | 100950：215 | Eefry，Dougins | Discoage | Scwage pisnt 0iperates |  |  | $\frac{1}{6} \text { rsixpowny }$ |  |  |
| 207 | Scsuph | 225393－267－2011 | E5836 | 0229．51 | Ouintars，5tegery | Leaves | Semice Guata pey |  |  |  2 is hat yot |  |  |
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| 38 | $30 \cdot 60 \mathrm{c}$ | 1015307－207－4012 | 1390061 |  |  | Hetrster Repasat | Smepaer Methesale |  |  | C ${ }^{\text {P }}$ |  |  |
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| 29 | 78＊＊） | 120362a－209．2041 | 153549 | 10305．51 | Prantaprys Patafice |  | Serwice cisard Pu |  |  | 3 B <br>  |  |  |
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| 1207 | 15－0ecr 12 | 173684－207209 | 19548 | 0307．13 |  | Premtan ${ }^{\text {Pay }}$ | Frewaye Pland Attendant |  | \＄12．sol |  <br>  |  |  |
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| 120 | A－18s－12 | W2556 20572617 | EbI44 | 0336021 | APSEfe locas 3 \％ | corerinse |  |  | \＄10，060．00］ |  |  |  |
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| 807 |  | 1025051－287－2012 | 1005 | 10008．12 | Hamitan，Rodrey | Suspentsin－4．ahtix |  ：Atteradung |  | \＄50，000，009 |  |  |  |
| 5 | 2－304r－12 | 10460304，207－2012 | 162，${ }^{\text {a }}$ | 10958－39 | Hentow，Testy |  <br>  |  |  |  |  |  |  |
| 6\％ | 25－mar－${ }^{\text {c }}$ | P1Etisi 207.2012 | 1260sd | 6354－11 | Warth，Melinde | Wark pules | Feximime Attescant A | ＋ |  |  |  |  |
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| 26 | 20whar－12 | 16068307－2012 | 1685 | 604＊－12： | AStche total |  solety |  |  |  |  <br>  |  |  |
| 209 |  | D26091－767－707 | 16.29 | 6029－12 | AFscme toral $20 \%$ | （Tuertime． | Senvite Guaris PU |  | 50，200006 | 5 G |  |  |
| 87 | 28．tasm 3 | W2620．234－2012． | 16820 | 1020－12 | Givert，Chami | Stuspersion | Westewizter fectriciant |  |  |  |  |  |
| 0 | 10．Apr－37 | 026：47－207－6012 | $115 \% 46$ | （0934－13 |  |  Geave | Provel |  |  |  |  |  |
| ne | 1000\％－27 | 026250．207．20）2 | 16845 | O84t－11 |  | Viok tion of cratcunte Proteditye |  |  |  |  |  |  |
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| \％ | \％） |  | 1才住33 | 10041－12 | Coilles，Crathe | Sovertiose． |  |  |  | 伿 |  |  |
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## EXHIBIT 3, PART 2



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| 86 | 16， 3 ince | 020463－220－2004 | 120373 | 105．235M | Eiay．\＃cenciz | 3－Day Suspension |  ingelper |  | $8353.64$ |  <br> \％ |  |
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| 238 | OHPCSt | 1020999－229．200 | 134114 |  |  | I－ 2 ary Sappersios |  |  | 585.20 |  <br>  |  |
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| \％） | 68－satr－10 | 02769 ${ }^{\text {a }}$－229－2018 | 12527 | 07－32y | Oentorita Abtert | S4－Day Susprexion |  |  | $5235 \mathrm{gn}$ |  <br>  |  |
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| 220 | 03．80ar－13 | ［P243家3．229－2011 | 15421 | 10208 | Permian winlare | ［Aswaited be freman | Sesior Threay Artisan |  | stomenes |  <br>  |  |
| $\underline{\square}$ |  | 58434．269－2073 | 12520 | 20－235 | Hackon，Alien | Owettirsk | Seprior Tree Artitizn |  | 525209818 | Y, 保prifs Wex |  |
| 23 | 25－535 | 1024899－249－201： | 15592 | T1－6\％ | Pichatraow，Wickuel |  <br>  |  <br>  |  | Sita | 俋 |  |
| 20. | $3^{3}+3$ |  | 1450\％ | 16230 | Sadfer，Esal | 䧼poryt | GEAM |  | \＄18560 |  |  |
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| 212 | 45 |  | 13354 |  |  | Weprisand：hate \％em break | Ass，Storekfeper |  |  | － |  |
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| 32 | ［87 Auniol | （1）8121－512．3067 | 1357\％ | Le99－2004 | mion motry |  thelr vacesios selections |  |  |  |  <br>  |  |
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| 28 | 17．71604097 |  | 1357E | 41－193－2207 | Whise，Geotfey ${ }^{\text {a }}$ | Senniedty |  | GPDOT | 32980 |  |  |
| 312 | 13－N（0ve）${ }^{\text {a }}$ |  | 113572 | 30， 23.2009 | Gexton butity | minazaterstas makherity |  |  |  |  |  |
| 232 | 23．5404．07\％ | 918831－312－3067 |  | 2at－234－208） | Einientoricy | tinpibyer elaquing on <br>  <br>  |  |  |  |  <br>  |  |
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| $1{ }^{\text {a } 27}$ |  | 615956－322，2008 | 133875 | 14－67－2007 | Hindon Policy | Paperewstr wotking |  | OUST | 518948.5 |  |  |
| H12 | 25－3ar－a |  | 13876 | H－106－2637 | Union Poficy | －mperemsar werkinay |  | Doct | \＄19e．a8 ${ }^{\text {t }}$ | Che |  |
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| $1{ }^{1+2} 2$ |  |  |  | Hextexthy | Simapion，Gregery | Demied yacation tiphe sisage | 5tozikemper |  |  |  D．St－ugt rediongemi |  |
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| 38 | 17．6eis 26 | 222452－402－2010 | 14885 | ＋$\$+118.2009$ | Mayes，Chaydes． | Dended Stebjematesps | IOAMA |  |  |  <br>  |  |  |
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| 32 |  | 622722－312－2030 | 14974 | 100．25－2010 |  | Susymendion | Cs | 10\％\％ | 533506 | 0 <br>  |  |  |
| 312 |  |  | 14872 | 0825.2016 | Sanses，Nicoles | Susperation | Csa | 1200\％ | \＄33s405 |  |  |  |
| $\underline{21}$ |  | O27906－32．2－23x | 15953 |  | Pansors，Attrem | Aleptimane－Caseless Work | 6AM |  |  | 多 Simpownt |  |  |
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| 102 | 92．0ex ${ }^{\text {cts }}$ | 620\％10．1023．2008 | $1{ }^{14} 235$ | 26－48 | Haycs，Butyec | Sentray | ESO |  |  |  |  |  |
| 10\％ |  | O20356－1083－2006 | 14E38 |  | dofmeon，Retes |  | ESO |  |  |  |  |  |
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## EXHIBIT 4

## SETTLEMENT AGREEMENT

This SETTLEMENT AGREEMENT ("Agreement") is made and entered into on this $15^{\text {th }}$ day of December, 2014, by and between THE CITY OF DETROIT' (the "City") and MICHIGAN COUNCIL 25 OF THE AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO (the "Union"), on behalf of itself and its affiliated Detroit locals, officers, agents, employees and members (collectively, the "Parties").

WHEREAS, pursuant to the August 16, 2013 order issued by the United States Bankruptcy Court for the Eastern District of Michigan (the "Bankruptcy Court") in the City's chapter 9 Bankruptcy Case captioned In re City of Detroit, Michigan, Case No. 13-53846 (the "Bankruptcy Case"), the Parties have engaged in facilitative mediation with respect to certain of the Union's grievances arising during the period prior to the commencement of the Bankruptcy Case on July 18, 2013 (the "Petition Date") that are pending under either the City Employment Terms ("CETs") between the Union and the City or the Union's prior collective bargaining agreement ("CBA") with the City, excluding grievances filed on behalf of employees working in either the Detroit Water and Sewerage Department or the Detroit Department of Transportation (collectively, the "Grievances");

WHEREAS, the Grievances addressed herein (collectively, the "Settled Grievances") are those outstanding Grievances listed in Attachment A hereto and all other Grievances arising prior to the Petition Date as listed on Exhibit 2 to Proof of Claim Number 2958 and any other versions of Exhibit 2 provided to the City by the Union, excluding the grievances on page 1 of Exhibit 2 filed by "All City of Detroit Locals";

WHEREAS, the Parties have resolved all Settled Grievances pursuant to the terms outlined in this Agreement;

WHEREAS, the City and the Union agree to settle the Settled Grievances; withdraw any related pending arbitration demands; stipulate to the satisfaction of any proofs of claims filed in the Bankruptcy Court that are predicated on a Settled Grievance; file any related paperwork with the Bankruptcy Court regarding the satisfaction of such claims; and settle any other disputes between the Parties arising out of, or relating to, the Settled Grievances; and

WHEREAS, the consideration set forth in this Agreement satisfies in full any claims (or portions thereof) predicated on a Settled Grievance that the Union or an individual grievant filed in the Bankruptcy Case and the Union represents that it is authorized and empowered to act on behalf of itself, its affiliated Detroit locals, and the individual grievants affected hereby.

NOW, THEREFORE, based upon the foregoing recitals, and in consideration for the mutual promises and covenants herein, the Parties agree as follows:

1. Grievances: The Parties have agreed to settle the Settled Grievances. The Parties agree that the Settlement Payments identified in Attachment A, totaling $\$ 27,368.09$, and the other relief identified therein, fully and finally resolve any and all disputes between the Parties (and any applicable grievants, of affiliated Detroit Locals of AFSCME Council 25) with respect to the Settled Grievances. For the avoidance of doubt, any Settled Grievances not listed on Attachment A shall not be entitled to any payment from the City. The Union agrees to (a) withdraw with prejudice each of the Settled Grievances, to the extent it has not already done so, in writing addressed to

Michael A. Hall, Director, Labor Relations and Human Resources, and (b) file the appropriate paperwork with the Bankruptcy Court indicating satisfaction in full of any pending claims (or portions thereof) that are predicated on a Settled Grievance, as set forth in paragraph 4 below.
2. The City will issue the Settlement Payments, respectively, on the next administratively feasible payroll date after the both parties execute this Agreement.
3. The Parties acknowledge and agree that this Agreement shall fully and finally resolve any and all disputes between the Parties arising out of or relating to the Settled Grievances. By executing this Agreement, the Union, on behalf of itself, its officers, agents, employees and members, agrees to release, hold harmless and forever discharge the City, as well as the City's current and former attomeys, agents, and/or employees, in their individual and business capacities, from any and all claims and/or damages, arising from any act or omission that forms the basis of the Grievances, or any other disputes with respect to the grievants' employment, or termination from employment, with the City.
4. The Union agrees that the Settlement Payments satisfy in full any claims (or portions thereof) that it may have against the City with respect to the Grievances, and that the Union will not pursue claims for any such Settled Grievances in the Bankruptcy Case. Promptly, and in no event later than two business days after payment of the Settlement Payments hereunder, the Union shall file a notice of withdrawal with prejudice (the "Notice") of proof of claim numbers 2958 and 2851 (collectively the "Proofs of Claims") filed in the Bankruptcy Case, or the relevant portion(s) thereof relating to Settled Grievances, to eliminate any assertion of claims relating to a Settled Grievance. If the Proofs of Claim contain claims based on any other asserted liability other than the Settled Grievances, the Proofs of Claim shall be deemed amended to eliminate claims relating to the Settled Grievances without further action of any Party or the Bankruptcy Court..
5. The Parties acknowledge and agree that nothing in this Agreement constitutes an admission of liability by either Party.
6. This Agreement shall have no precedential value with respect to any grievances filed by the Union on or after the Effective Date. This Agreement may not be offered as evidence or referred to in any way in any future proceeding of any kind between the Parties except in an action by either Party seeking enforcement of the Agreement, or as required by law in connection with Bankruptcy Case No. 13-53846.
7. This Agreement will be effective upon execution by all Parties (the "Effective Date").

Date:


CITY OF DETROIT


## Date: $12-15-14$

211 W. Fort Street, Suite 2100
Detroit, MI 48226


To: Marc N. Swanson Miller, Canfield, Paddock and Stone, PLC
150 W. Jefferson, Suite 2500
Detroit, MI 48226

From: Beatrice McQueen
26533 Blumfield Street
Roseville, MI 48066
Claim Number 785

I, Beatrice McQueen, responding to the notice received August 4, 2016 from the United States Bankruptcy Court, Eastern District of Michigan, and Southern Division, has requested a response to the decision of the City of Detroit to disallow and expunge the claim filed due to non-payment of vacation time. I DO OPPOSE the objection of this claim and will attend the court hearing dated August 31, 2016.

Thank You.



June 5, 2013
Randall Harrison, Inv.
State of Michigan - LARA
MIOSHA - Wage \& Hour Division
7150 Harris Drive, P.O. Box 30476
Lansing, MI 48909-7976
RE: Beatrice McQueen
Claim No. 173264
Dear Inv. Harrison:
The City of Detroit is in receipt of the above captioned claim, alleging that the claimant is due Three Thousand Nine Hundred Eighty Eight Dollars and no cents $(\$ 3,988.00)$ in vacation pay due at retirement for the period of October 1, 2012 through February 22, 2013.

The claimant is a retired Office Assistant III non-union employee. Please see claimants Employee History File attached as Exhibit A. This employee's employment demographics were in oracle and not our old PPS system that houses the Fringe Banks. Employee 's payroll information is in Oracle that shows employee statements of earnings instead of payroll registers. Please see the Employee Statement of Earnings attached as Exhibit B.

Payment dates
October 5, 2012 "Vacation Bank" 0, with 8 hours of vacation paid \$100.00 October 19, 2012

Employee Statement of Earnings

| Date Paid | Vacation Bank | Vacation Hours <br> Used \& Paid | Amount Paid <br> For vacation |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
| $05 / 04 / 2012$ | 408 | 0 | 0 |
| $05 / 18 / 2012$ | 408 | 0 | 0 |
| $06 / 01 / 2012$ | 408 | 0 | 0 |
| $06 / 15 / 2012$ | 392 | 8 | 109.74 |
| $06 / 29 / 2012$ | 384 | 8 | 109.74 |
| $07 / 13 / 2012$ | Not shown | 16 | 219.48 |


| $07 / 27 / 2012$ | 320 | 8 | 109.74 |
| :---: | :---: | :---: | :---: |
| $08 / 10 / 2012$ | 320 | 0 | 0 |
| $08 / 24 / 2012$ | 320 | 32 | 438.96 |
| $09 / 07 / 2012$ | 320 | 0 | 0 |
| No Oracle pay stub <br> provided |  |  |  |
| $10 / 05 / 2012$ | 0 | 8 | $\$ 100.00$ |
| $10 / 19 / 2012$ | 0 | 40 | $\$ 550.00$ |
| $11 / 02 / 2012$ | 0 | 0 | 0 |
| $11 / 16 / 2012$ | 0 | 8 | $\$ 110.00$ |
| $11 / 30 / 2012$ | 0 | 0 | 0 |
| $12 / 09 / 2012$ | 0 | 0 | 0 |
| $12 / 14 / 2012$ | 0 | 0 | 0 |
| $12 / 28 / 2012$ | 0 | 0 | 0 |
| $01 / 11 / 2013$ | 0 | 0 | 0 |
| $01 / 25 / 2013$ | 0 | 0 | 0 |
| $02 / 08 / 2013$ | 0 | 0 | 0 |
| $02 / 22 / 2013$ | 0 | 0 | 0 |
|  |  |  |  |

These Employee Statements of Earnings show a total of $\$ 3,245.75$ paid in vacation time and used for the year as of November 16, 2012. Therefore, $\$ 3,245.75$ divided by $\$ 13.75$ per hour wages equals $236.054 \ldots$ hours used divided by 8 hours per day equals $29.50681 \ldots$ vacation days paid in 2012. The claimant states that she did not return to work after the holiday shutdown period (Dec. 24, 25, 31 of 2012 and Jan. $1^{\text {st }}, 2013$ ). On January 11, 2013 the claimant was paid FMLA Reserve 40 hours, Dept Leave 8 hours and Holiday 32 hours. Then on Jan. 25, 2013 claimant was paid 12 hours FMLA sick 12 hours February 8 and 22,2013 no pay was due.

Please see attached the claimant's August 29, 2012 Work Brain screen showing claimant's vacation bank with 320 hours. On

## Balance Report



## Save Parameters



## Go

## Report Results

| Employee | Item | Time Code | Origin | Date | Change | Balance | Comment |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| MCQUEEN, BEATRICE - | VACATION |  |  | 10/01/2012 | INITIAL BALANCE | 48.00 HOURS |  |
|  |  |  | Balance Cascade | 10/01/2012 | -8.00 HOURS | 40.00 HOURS | Balance Cascade for SWING HOLIDAY |
|  |  |  | Balance Cascade | 10/02/2012 | -8.00 HOURS | 32.00 HOURS | Balance Cascade for SWING HOLIDAY |
|  |  |  | Balance Cascade | 10/03/2012 | -8.00 HOURS | 24.00 HOURS | Balance Cascade for SWING HOLIDAY |
|  |  |  | Balance Cascade | 10/04/2012 | -8.00 HOURS | 16.00 HOURS | Balance Cascade for SWING HOLIDAY |
|  |  |  | Balance Cascade | 10/05/2012 | -8.00 HOURS | 8.00 HOURS | Balance Cascade for SWING HOLIDAY |
|  |  |  | Balance Cascade | 11/05/2012 | -8.00 HOURS | 0.00 HOURS | Balance Cascade for SWING HOLIDAY |
|  |  |  | Entitlement Adj | 02/23/2013 | 56.00 HOURS | 56.00 HOURS | Created by entitlement engine as a result of VACATION |
|  |  |  | Balance Cascade | 02/25/2013 | -8.00 HOURS | 48.00 HOURS | Balance Cascade for SWING HOLIDAY |
|  |  |  | Balance Cascade | 02/26/2013 | -8.00 HOURS | 40.00 HOURS | Balance Cascade for SWING HOLIDAY |
|  |  |  | Balance Cascade | 02/27/2013 | -8.00 HOURS | 32.00 HOURS | Balance Cascade for SWING HOLIDAY |




## Save Parameters



Go
Report Results

| Employee | Item | Time Code | Origin | Date | Change | Balance | Comment |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| MCQUEEN, BEATRICE - | vacation |  |  | 02/28/2013 | InItiAl balance | 32.00 HOURS |  |
|  |  |  | Balance Cascade | 02/28/2013 | -8.00 HOURS | 24.00 HOURS | Balance Cascade for SWIng holiday |
|  |  |  |  | 02/28/2013 | final balance | 24.00 HOURS |  |

## EXHIBIT 6

B10 (Official Form 10) (04/13)

2. Basis for Claim: Vacation Pay that was retrieved in payroll error.
(See instruction \#2)

| 3. Last four digits of any number by which creditor identifies debtor:$4 \quad 2 \quad 6 \quad 5$ | 3a. Debtor may have scheduled account as: <br> (See instruction \#3a) | 3b. Uniform Claim Identifier (optional): |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | (See instruction \#3b) |  |  |  |
| 4. Secured Claim (See instruction \#4) |  | Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: |  |  |  |
| Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. |  |  |  |  |  |
| Nature of property or right of setoff: $\square$ Real Estate $\square$ Motor Vehicle $\square$ Other Describe: |  | Basis for perfection: |  |  |  |
| Value of Property: \$ |  | Amount of Secured Claim: |  | \$ |  |
| Annual Interest Rate $\qquad$ \% TFixed or IVariable (when case was filed) |  | Amount Unsecured: |  | \$ |  |
| 5. Amount of Claim Entitled to Priority under 11 U.S.C. $\S 507$ (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. |  |  |  |  |  |
| $\square$ Domestic support obligations under 11 U.S.C. $\$ 507(\mathrm{a})(1)(\mathrm{A})$ or $(\mathrm{a})(1)(\mathrm{B})$. | of Wages, salaries, or commissions (up to $\$ 12,475^{*}$ ) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier 11 U.S.C. § 507 (a)(4). |  | $\square$ Contributions to an employee benefit plan 11 U.S.C. § 507 (a)(5). |  |  |
| $\square$ Up to $\$ 2,775^{*}$ of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). | Taxes or penalties owed to governmental units 11 U.S.C. § 507 (a)(8). | units - | $\square$ Other-Specify applicable paragraph of 11 U.S.C. § 507 (a)( |  |  |
| ${ }^{*}$ Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |  |  |  |  |

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP $3001(\mathrm{c})(3)(\mathrm{A})$. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction \#7, and the definition of "redacted".)

If the documents are not available, please explain:
8. Signature: (See instruction \#8)

## 

Check the appropriate box.
I I am the creditor. I am the creditor's authorized agent.
$\square$ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)

II am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.
Print Name: Beatrice McQueen
Title: Retired
Company: City of Detroit, Michican
Address and telephone number (if different from notice address above):


Telephone number: (586) 439-8564 email: McQueenBea@yahoo.com
Penalty for presenting fraudulent claim: Fine of up to $\$ 500,000$ or imprisonment for up to 5 years, or both. 18 U.S.C. $\$ \$ 152$ and 3571 .

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.
Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

## Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

## 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

## 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

## 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

## 3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

## 3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24 -character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

## 4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the
claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

## 5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

## 6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

## 7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001 (c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

## 8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011 If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011 (b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

State of Michigan

Re: Claim\# 173264, BEATRICE MCQUEEN vs. City of Detroit
This is in reference to your complaint filed with the Wage and Hour Program.
As you are aware, your employer has filed with the United States Bankruptcy Court and the bankruptcy application was accepted. Because of this action the department is suspending this file.

The following information is provided for your information if you wish to file your claim with the bankruptcy court. The deadline to file a proof of claim with the court is February 21, 2014 at 4:00 p.m. Eastern Time.

| Bankruptcy Court: | U.S. Bankruptcy Court, Eastern District of Michigan (Detroit) |
| :--- | :--- |
| Address of Court: | 211 W. Fort St, $21^{\text {st }} \mathrm{FI}$ |
|  | Detroit, MI 48226 |
| Name of Debtor: | City of Detroit, Michigan |
| Case Number: | $2: 13-$-BK-53846 |

For questions concerning the City of Detroit bankruptcy you may contact the City of Detroit or you may visit the United States Bankruptcy Court, Eastern District of Michigan website at http://www.mieb.uscourts.gov/apps/detroit/DetroitBK.cfm.

Wage and Hour Program
cc: City of Detroit
2 Woodward Ave, Ste 126
Detroit, M! 48226
City of Detroit Law Dept
Attn: Sharon D. Guillory
$1^{\text {st }}$ National Building 660 Woodward Ave, Ste 1650
Detroit, MI 48226

City of Detroit Law Dept<br>Attn: Letitia C. Jones<br>$1^{\text {st }}$ National Building<br>660 Woodward Ave, Ste 1650<br>Detroit, MI 48226

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuais with disabilities.

April 18, 2013
Beatrice McQueen
26533 Blumfield
Roseville, MI 48066
Dear Sir or Madam:
Re: Beatrice McQueen, Claim \# 173264, vs. City of Detroit
Your claim has been received by the Wage \& Hour Program and assigned to me for investigation. Investigations are conducted on a first in, first out basis. This means that claims received prior to yours must be handled first.

A notification letter was sent to City of Detroit on April 18, 2013 with the following allegations:

| Amount | Type | Period | Description |
| :--- | :--- | :--- | :--- |
| $\$ 3,968.00$ | Vacation Pay | $10 / 01 / 12-02 / 22 / 13$ | 320 hours vacation due at retirement |

It is not necessary to respond to this letter. If your assistance is needed during the investigation, you will be contacted. This contact may not occur until your claim comes up in caseload rotation. This may take a while. The time required to complete an investigation depends on caseload size, your cooperation, the employer's cooperation and the complexity of the claim. To help expedite the investigation, in the interim you should submit whatever records or documentation you have to support your claim to the division at the address below.

It is important that you notify me with address or daytime phone number changes for all parties involved with this case and any direct payments received. Failure to report this information will delay the investigation of your claim. The division cannot mail any monies received without a current address.

Sincerely,

Randall Harrison, Investigator
(313) 456-4957

HarrisonR1@michigan.gov

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Wage and Hour Program
7150 Harris Drive • P.O. BOX 30476 - LANSING, MICHIGAN 48909-7976
www.michigan.gov/wagehour • (517) 322-1825
Toll Free 1-855-4MI-WAGE (1-855-464-9243)
)

## CITY OF DETROIT HUMAN RESOURCES DEPARTMENT EMPLOYEE GRIEVANCE FORM FOR CLASSIFIED NON-UNION EMPLOYEES

## INSTRUCTIONS:

1. Type or print all information
2. Fill form out in accordance with Human Resources Department Employee Grievance Procedure for non-union employees. 3. If additional sheets are necessary to complete any section use plain white paper and attach a complete set to each copy of form.
employees name: Beatrice McQueen
classification: Assistant to Human Resources General Manager DDOT
department: Human Resources drvision: Employee Services
location: 1301 East Warren, Detroit, Michigan 48207
TELEPHONE: BUSINESS 313.833 .7115 HOME 586.439.8564
date incident occurred causing grievance: Approximately (3) years ago
description of grievance: Approximately (3) years ago I self reverted back to Human Resources from DWDD, in doing so the Manager at that time Denise Gibson a Contractor, who was not familiar with Work Brain, inadvertently dissolved my time. Upon my return back to HR my time was put back into my bank. In July of this year is when the issue started, must use vacation time have to be used before the end of September 30, 2012 or the time would be relinquished. I had accumulated 408 vacation hours and 88 of those hours had to be used at that time. That left me a total of 320 vacation hours. I was told by Aisha Woods that there was a glitch in the system therefore my vacation hours had to be taken away. The glitch in the system was months ago; I received those vacation hours over 2 years ago when Brenda Braceful was my Manager and had my time corrected.
desired solution: Please return my 320 Vacation hours.
$\qquad$
$\qquad$

|  |
| :--- |
| DATE OF DISCUSSION: $\quad$ IMMEDIATE SUPERVISOR (SIGNATURE): $\quad$ DATE OF DECISION: $\quad\left[\begin{array}{l}\square\end{array}\right]$ |

## EXHIBIT 7

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION 

## In re:

City of Detroit, Michigan, Debtor.

Bankruptcy Case No, 13-53846
Honorable Thomas J. Tucker
Chapter 9

## DECLARATION OF SHARON GUILLORY IN SUPPORT OF THE CITY OF DETROIT'S OMNIBUS REPLY IN SUPPORT OF THE FORTYSEVENTH OMNIBUS OBJECTION TO CERTAIN CLAIMS

I, Sharon Guillory, Legal Assistant to the City of Detroit Law Department, submit this declaration in support of the City of Detroit's ("City") Omnibus Reply in Support of the Forty-Seventh Omnibus Objection to Certain Claims.

1. Except as otherwise indicated, all facts set forth in this declaration are based upon my personal knowledge or are based upon information provided to me by the City's elected officials, employees and professionals. If I were called to testify, I could and would testify to the facts set forth in this declaration.
2. On July 28, 2016, the City filed its Forty-Seventh Omnibus Objection to Certain Claims [Doc. No. 11399] ("Objection"). As set forth in the Objection, the City objected to proof of claim number 785 filed by Beatrice McQueen on February 5, 2014 ("McQueen Claim"). McQueen filed a response to the Objection on August 16, 2016, at docket number 11433 ("McQueen Response"). I have reviewed the Objection, the McQueen Claim and the McQueen Response.
3. The McQueen Claim asserts a claim for "vacation pay that was retrieved in payroll error" in the amount of $\$ 3,968$. A letter from the State of Michigan Department of Licensing and Regulatory Affairs was attached to the McQueen Claim. Based on this letter, it appears that McQueen filed a claim with the State of Michigan asserting that she was entitled to be paid for 320 hours of vacation time upon her retirement from the City.
4. Ihave reviewed McQueen's payrollrecords. These records are attached as Exhibit 1. As set forth in the payroll records, McQueen's claim that she is entitled to payment for 320 hours of unused vacation time is false. The payroll records demonstrate that she is due $\$ 550.00$, which is the equivalent of forty (40) hours times her hourly rate of $\$ 13.75$.
5. Pursuant to 28 U.S.C. § 1746, I declare under penatly of pergury that the foregoing is truc and correct to the best of my knowledge, information and belief.


City of Detroit Law Department


## City of Detroit Law Department

## VACATION USAGE PAID TO

BEATRICE MCQUEEN

| Date Paid | Vacation Bank | Vacation Hours Used | Amount Paid For Vacation | Amount Due |
| :---: | :---: | :---: | :---: | :---: |
| 05/04/2012 | 408 | 0 | 0 |  |
| 05/18/2012 | 408 | 0 | 0 |  |
| 06/01/2012 | 408 | 0 | 0 |  |
| 06/15/2012 | 392 | 8 | \$109.74 |  |
| 06/29/2012 | 384 | 8 | \$109.74 |  |
| 07/13/2012 | 368 | 16 | \$219.48 |  |
| 07/27/2012 | 360 | 8 | \$109.74 |  |
| 08/10/2012 | 360 | 0 | 0 |  |
| 08/24/2012 | 328 | 32 | \$438,96 |  |
| 09/07/2012 | 328 | 0 | 0 |  |
|  | 184 | Dbl Vac -144 hrs |  |  |
| 09/21/2012 | 168 | 16 | \$220.00 |  |
| 10/05/2012 | 160 | 8.0 | \$110.00 |  |
| 10/19/2012 | 120 | 40.0 | \$550.00 |  |
| 11/02/2012 | 120 | 0 | 0 |  |
| 11/16/2012 | 112 | 8.0 | \$110,00 |  |
| 11/30/2012 | 112 | 0 | 0 |  |
| 12/14/2012 | 112 | 0 | 0 |  |
| 12/28/2012 | 112 | 0 | 0 |  |
| 01/11/2013 | 112 | 0 | 0 |  |
| 01/25/2013 | 112 | 0 | 0 |  |
| 02/08/2013 | 112 | 0 | 0 |  |
| 02/22/2013 | 112 | 0 | 0 |  |
| 03/08/2013 | 72 | 40.0 | \$550.00 |  |
| 03/22/2013 | 40 | 32.0 | \$440.00 | $40 \times 13.75=550.00$ |
|  |  |  | Total Due | \$550.00 |

The above information was taken from the corresponding payroll documents receved from Ms. McQueen and the City of Detroit Payroll Department. It was discovered by Payroll that Beatrice McQueen had been receiving double "Vacation Time" since 2009 and correcting sald error ever since. Therefore, 144 hours of "Vacation Time" was recelved in error on April 11, 2012 and corrected in September of 2012, Please see above calculations and attached Balance Report attached.

Respectfully submited,




Pay Benod and watay


Bi-Woek
O4-Nay 2012

PayEnd Snte
29-Apr-2012
13.72
$78,530.01$

Summary

| Currentorrm | Grost | PreTex | Taxes | Deductions: | Welpay |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Current | 1,096,71 | 44.81 | 118.33 | 7844 | 855.07 |
| YL | $9,875.57$ | 89.74 | T,371.88 | 974.29 | 7,430,66 |

Hours and Emmings

| Dsscriphion | Santate End Date | Curmentoms | Cumentamunis | Yiplioars | Ytb Amount |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Regular Pay |  | 79.95 | 1,086.71 | 619.93 | 7,205.27 |
| FMLA Sick |  |  | 0.00 | 40.00 | 585.27 |
| FMLA Vacation Pay |  |  | 0.00 | 8.00 | 109.74 |
| Holicay |  |  | 0.00 | 40.00 | 597.46 |
| $\checkmark$ vertonmme |  |  | 0.00 | 88.00 | 1,268,09 |
| FMLA Fanily Sich |  |  | 0.00 | 8.00 | 108.74 |

Rate Details
http:/oodfal codetroitman:12004OA HTMLOA.jp? rc=PAY_PAYSITP TOP SS\& 962012

Taxes

| Pro-Tax Deductions |  |  |  |
| :--- | ---: | ---: | ---: |
| Description |  | Cument | YTDl |
| COOP Opl | 0.54 | 1.08 |  |
| Golden Dental | 2.76 | 5.52 |  |
| HAP Medical | 41.57 | 83.14 |  |


| Description | Current | YTD |
| :--- | ---: | ---: |
| Federal Tax | 0.00 | 270.34 |
| Social Securily | 44.17 | 411.00 |
| Medicare | 16.25 | 141.89 |
| MI State Tax | 45.76 | 425.71 |
| Detroit | 13.15 | 122.34 |

## Ater-Tax Dectuctions

| Description | Cutent | YTD |
| :--- | ---: | ---: |
| BC Com Blue AFT | 0.00 | 43.60 |
| Death Benefit AFT | 0.40 | 3.60 |
| Baslo Life AFT | 1.27 | 11.43 |
| HAP Medical AFT | 0.00 | 207.85 |
| Annuity Post Tax | 76.77 | 691.31 |
| Colden Dentai AFT | 0.00 | 13.80 |
| COOP OplAFT | 0.00 | 2.70 |

Tax Withholding Intomaton

| Type | Mantal Status | Exampuons: | Acditional Amount | Override Amount | Overirie Percentige |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Federal |  | 7 | 0.00 | 0.00 | 0 |
| Michigan | Nol Used | 0 | 0.00 | 0.00 | 0 |


| NetPay Disthbution |
| :--- |
| Cheokmeposifinumber |
| 8074821 |

Other Information
Description Value

Cime Balance 0
Deatt Benefit Plan 0.51
Death Beneft Plan YTD 4.59
Eye Care 2.14
Eye Care YTD 20.34
Life insurance 2.42
Life insurance YTD 21.78
Medical 166.29
Medical YTD $\quad 1,550.41$

Must Use CTime Balance 0
Must Use Vacation Balance 0
Reseve Sick Belance 0
Sick Balance 0
Swing Holiday Balance 0
htp:/codfal1.eidetroitmi.us:12004/OA HTML/OA.jsp?_re=PAY_PAYSLIP_TOP_SS\&_.. 9/6/2012


Hone Lovoc Beforinos hio en
3
Paysip
Employee Name Beatrice McQueen
Organization Email Adress MoQuenBederoimigoy

Employee Number $\square$
Business Group City of Detroil

| Choose a Paysil 18 | MAY-2012-4457-Cleck 1 - | 60) |  |
| :---: | :---: | :---: | :---: |
| Employee | Beatrice McQueen | Empoyer name |  |
| Job Title | 013194.0 ffice Asst 3 | Employer Phone Number |  |
|  | Ex.AA36.9003 | Organization | 230021 HUR Emp Services |
| Netionel Icientiler |  | Otganizaton | Cust Comm Sues |
| Employee Number |  | Pay Calculation Melhod |  |
| Latest Hire Date | 17-Apr-1998 | Pay Basis | City Salary Basis |
| Orighal Hire Date | 17-Apr-1998 | Frequency | Week |
| Adjusted Service Date | 07.Apr-1999 | Shift |  |
| Assignment Number |  | Bargaining Unit | 9003 Non Union |
| Location | CAYMC Sute 316 | Collective Agreement |  |
| Position | 46764.013191.0ffice Asst3 | Contract |  |
|  | Ex. 230021 | Grade | A.A. 36 |
| Payroll | BiNeekly E | Employer Adtress | Coleman A Young |
| Employee Address |  |  | Municpal Center |
|  |  |  | 2 Woodward Avenue |
|  |  |  | Ste 316 |
|  |  |  | Detroit |
|  |  |  | M |
|  |  |  | 48226 |

Pay Pertod and Salay

| Puy Period | Payment Date | Pay Begin Date | Pay Endore | Pay leate | Annual Patay |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Bi-Week | 18way-2012 | 30 -Abr-2012 | 13-May-2012 | 13.72 | 28,530.01 |


| Summay |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Currantor YTO | Crome | Pra-Tax | Tanes | Dedictiont | Nat Pay |
| Current | 1,09272 | 44:87 | 11788 | 78.16 | 801.80 |
| YTD | 10,968.29 | 13461 | 1,48977 | 1,052.45 | 8.291 .46 |

Hous and Eammge

| Desctiption | Stat Dita End Date | Corren Hours | Curertstront | VTDHotm | YTD Amount |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Regular Pay |  | 71,66 | 982.98 | 591.59 | 8,188.25 |
| FMLA Sick |  |  | 0.00 | 40.00 | 585.27 |
| Frall V Vootion Pay |  |  | 0.00 | 8.00 | 109.74 |
| Holiday |  |  | 0.00 | 40.00 | 597.46 |
| Vecctor trme. |  |  | 0.00 | -8800 | 1,268.09 |
| FMLA Famly Sick |  | 6.00 | 109.74 | 16.00 | 210.43 |

Rete Detalts


| Pre-Tax Deductions |  |  |
| :--- | ---: | ---: |
| Description  Current | YTD |  |
| HAP Medical | $\vdots$ | 0.57 |
| COOP Opt | 0.64 | 124.71 |
| Golden Dental | 2.76 | 8.28 |

Taxes

| Description | Curent | YT0 |
| :--- | ---: | ---: |
| Federal Tax | 0.00 | 270.94 |
| Social Secunty | 44.01 | 455.01 |
| Medicare | 15.20 | 167.09 |
| Ml State Tax | 45.58 | 471.29 |
| Detroit | 13.10 | 135.44 |

## Atter-Tax Deductions

| Description |  | Current: | YTD |
| :--- | ---: | ---: | ---: |
| Golden Dental AFT | $\vdots$ | 0.00 | 13.80 |
| HAP Medical AFT | 0.00 | 207.85 |  |
| BC Com Bue AFT | 0.00 | 43.60 |  |
| COOP OptAFT | 0.00 | 2.70 |  |
| Annuiy Post Tax | 76.49 | 767.80 |  |
| Death Benetit AFT | 0.40 | 4.00 |  |
| Basic Life AFT | 1.27 | 12.70 |  |

Tax Withholding information

| Type | Exantal Status | Exemptions | Additional Amont | Overide Amount | Overrike Fercentage |
| :--- | ---: | ---: | ---: | ---: | ---: |
| Federal | 7 | 0.00 | 0.00 | 0 |  |
| Michigan NolUsed | 0 | 0.00 | 0.00 | 0 |  |

Net Pay Distmbution

| CheckDeposit Number | Account Type | Account lumber | Amount |
| :--- | :--- | :--- | :--- |
| 8146555 | S | $\times 8253$ | 25253 |

Other information

| Description | Value |
| :--- | :--- |
| CTime Balance | 0 |
| Deati Benefit Plan | 0.51 |
| Death Benefi Plan YTD | 5.10 |
| Eye Care | 2.14 |
| Eye Care YTD | 22.48 |
| Life lnsurance | 2.42 |
| Life Insurance YTD | 24.20 |
| Medical | 166.29 |
| Medical YTD | $1,722.70$ |
| Must Use CTime Balance | 0 |
| Must Use Vacation Balance 0 |  |
| Reserve Sick Balance | 0 |
| Sick Balance | 0 |
| Swing Holiday Batance | 0 |

htp:/fodfall.ci.detroitmius:12004/OA HTMLOA jsp? rc=PAY PAYSLIP TOP SS\& ... 962012
13-53846-tjt Doc 11492-8 Filed 08/26/16 Entered 08/26/16 14:44:11 Page 10 of
Vacaton Belance
TP Pay Distribution
CheckDoposit Number Bank Neme Account Type Account Number Amoum
No results found.

| CPACLE Compensation \& Tax |  |  |  |
| :---: | :---: | :---: | :---: |
| \% ${ }^{\text {cmax }}$ |  |  |  |
| Payslip |  |  |  |
| Employee Name Beatice McQueenOrganization Email AddressMcQueenequdetrotionigoy $\quad$ Enployee Number $\quad$ Business Group City of Detroit |  |  |  |
| Chnose a Payslip 01-JUN-2012-4457-Check $\square$ Eo |  |  |  |
| Employee JobTile | Beatrice McQueen 013191.0 ffice Asst 3 | Employer name Ermplayer Phone Number |  |
|  | Ex.AA36.9003 |  | 280021 HUR Emp Services |
| National identifier Employee Number |  | cremization | Cusi Comm Sves |
|  |  | Pay Catculation Methad |  |
| Lalest Hire Date | 17-Apr-1998 | Pay Sasis | City Salary Basis |
| Orignal Hire Date | 17-Apr-1998 | Frequency | Week |
| Adjusied Service Date Assignment Number Locaticn Position | 07-Apr-1999 | Snit |  |
|  |  | Eargaining Unit | 9003 Non Union |
|  | CAYMC Suite 316 | Coliective Agreement |  |
|  | 46764.013191.Office Asst 3 | Contract |  |
|  | Ex. 280021 | Grade | A.A. 36 |
| Employee Adiciess | BiWeeklv B | Employer Address | Coleman A Young |
|  |  |  | Municipal Center |
|  |  |  | 2 Woodward Avenue |
|  |  |  | Ste 316 |
|  |  |  | Detroit |
|  |  |  |  |

Pay Penod mid Salary

| Fay Pemod | Payment Date | Pay Begin Mate | Pay End Date | Pay Rata | Anmal Salay |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Bimueels | 01 dun-2012 | 14-May-2012 | 27-May-2012 | 13.72 | 28,530.01 |

Summay

| Carran orve | Cross | Pre-tax | Tases | Deductions | Nat Pay |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Current | 1.096 .30 | 44.87 | 118.28 | 76.41 | 854.74 |
| YTD | [2,064.59 | 179.48 | 1,608,05 | 1,130,86 | 9,146.20 |

Hours and Eamings

| Descmiption | Stat Date End Dale | Cument Hours | Current Arnount | YTO Honts | YTD Amount |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Regular Pay |  | 79.92 | $1,096.30$ | $671.5 \%$ | 9,284.55 |
| FMLA Sick |  |  | 0.00 | 40.00 | 58527 |
| FMLA Vacation Pay |  |  | 0.00 | 8.00 | 109.74 |
| Holidey |  |  | 0.00 | 40.00 | 597.40 |
| vesaturtis |  | --------- | -0.00 | 88.09 | 1,208,09 |
| FMLA Fantily Sick |  |  | 0.00 | 16.00 | 219.48 |

Rate Detais
htep:/fcodfallei,detrot.mius $12004 / \mathrm{OA}$ ITMLOA $\operatorname{sp}$ ? rc=PAY PAYSLIP TOP SS\& ... $9 / 6 / 2012$

Pre-Tax Deductions

| Description | Current | YTO |
| :--- | ---: | ---: |
| Golden Dental | 2.76 | 11.04 |
| COOP Opt | 0.54 | 2.16 |
| HAP Medical | . | 41.57 |
|  |  | 165.28 |

Taxes

| Description | Curent | YrD |
| :--- | ---: | ---: |
| Federal Tax | 0.00 | 270.94 |
| Social Seculiy | 44.16 | 499.17 |
| Medicare | 15.24 | 172.33 |
| M State Tax | 45.74 | 517.03 |
| Detrol | 13.14 | 148.58 |

## A隹er-Tax Deductions

| Description |  | Curent | YTD |
| :--- | ---: | ---: | ---: |
| Basic Lfe AFT | 1.27 | 13.97 |  |
| HAP Medical AFT | 0.00 | 207.85 |  |
| COOP Opt AFT | 0.00 | 2.70 |  |
| BC Com Blue AFT | 0.00 | 43.60 |  |
| Death Benefit AFT | 0.40 | 4.40 |  |
| Golden Dental AFT | 0.00 | 13.80 |  |
| Annuity Posl Tax | 76.74 | 844.54 |  |

Tax Whtholding Inromation

| Type | Marital Status | Exemptions | Additional Amount | Ovemide Amount | Override Percentage |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Federal |  | 7 | 0.00 | 0.00 | $\bigcirc$ |
| Minigan | Nol Used | 0 | 0.00 | 0.00 | 0 |

Nof Pay Distribution

| CheckDeposit Number | Account Type | Account Number | $\times 8253$ |
| :--- | :---: | :---: | :---: |
| 8212097 | C | $\times 8253$ | 829.74 |
| 8212097 | S | 25.00 |  |

Oher infomation

| Description | Volue |
| :--- | :--- |
| CTme Balance | 0 |
| Death Benefit Plan | 0.51 |
| Death Benetit Plan YTD | 5.61 |
| Eye Care | 2.14 |
| Eye Care YTD | 24.62 |
| Lite insurance | 2.42 |
| Life insurance YTD | 25.62 |
| Medical | 166.29 |
| Medical YTD | 1.888 .90 |

Must Use CTime Balance 0
Must Use Vacetion Balance 0
Reserve Sick Balance 0
Sick Ealence 0
Swing Holiday Balance 0
Vacation Belance
TP Pay Distribution
CheckDeposil Number. Bank Wame Account ype Accout Number Amoum
No results found.

Home / Logoui | Preferences | Hetp | Emplovee Directovy

## CRACLE Componsation \& Tax

Paysip
Employee Name Beatrice MoQueen
Organization Email Addess McQuenBodetroimionoy

Choose e Paysip $\sqrt{15101-2012} 4457 \cdot$ Cheok 1 B (30)

| Employee Job Tite | Beatrice McQueen | Employer name | 280021 HUR Emp Services Gust Comm sucs |
| :---: | :---: | :---: | :---: |
|  | $013197 . O f t i c e$ Asst 3 | Employer Phone Number |  |
|  | Ex.AA36.9003 | Otganization |  |
| Employee Number |  | Pay Calculaton Method |  |
| Latest Hie Date | 17-Apr-1988 | Pay Basis | City Salary Basis |
| Ofigial Hite Dato | 17-Apr-1998 | Frequency | Week |
| Adysted Service Date | 07-Apr-1999 | Stha |  |
| Assigmment Number |  | Bargeining Unis | 9003 Non Union |
| Location | CAYMC Sute 316 | Collective Agreement |  |
| PositionPoyrollEmployee Adoress | 46764.013191. Office Asts | Contract |  |
|  | Ex. 280021 | Grade | A. ${ }^{3} 36$ |
|  | BWeekly B | Employer Address | Coleman A Young |
|  |  |  | Municipal Center |
|  |  |  | 2 Woodward Avenue |
|  |  |  | Ste 316 |
|  |  |  | Detrolt |
|  |  |  | MI |
|  |  |  | 48226 |

Pay Pertod wad Sedary

| Pay Poriod | Prymmit Date | Pay Begin Dato | Pay End Date | Pay Rate | Annual Salay |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Bi.Week | 15-Jun-2012 | 28-May-2012 | 10-3un-2012 | 13.72 | 28.530 .01 |

Summary

| Cument or Yro | Oross | Prertax | Texts | Deduetione | HetPay |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Curtent | 1,097.40 | 44.87 | 118.43 | 78.49 | 855.61 |
| YTD | 13,161.90 | 224.35 | 1,726.48 | 1,209.36 | 10,001,81 |

Hours and Eamings


Rate Detains
btp://codfall cidetroitmins:12004/OA_HTML/OA.jsp?_re=PA PAYSLIP TOP_SSE.... $9 / 62012$

| Pre-Tax Deductione |  |  |  |
| :--- | ---: | ---: | ---: |
| Description |  | Current | YTD |
| Golden Dental | 2.76 | 13.80 |  |
| HAP Medical | 41.57 | 207.85 |  |
| COOP Opt |  | 0.54 | 2.70 |

Taxes

| Description |  | Current |
| :--- | ---: | ---: |
| Federal Tax | 0.00 | 270.94 |
| Sooiai Securty | 44.21 | 543.38 |
| Medicare | 15.27 | 187.60 |
| Mi State Tax |  | 45.79 |
| Detroit | 13.16 | 562.82 |
|  |  | 161.74 |

ArterTax Deductions

| Description | Curent | YDD |
| :--- | ---: | ---: | ---: |
| Annuity Post Tax | 76.82 | 921.36 |
| Golden Denta AFT | 0.00 | 13.80 |
| HAP Medical AFT | 0.00 | 207.85 |
| BC Com Blue AFT | 0.00 | 43.60 |
| Deati Benefi AFT | 0.40 | 4.80 |
| CoOP OplAFT | 0.00 | 2.70 |
| Basic Life AFT | 1.27 | 15.24 |

Tax Witholding fnfomation

| Type | Martal Status | Exemptions | Additomal Amount | Override Amount: | Overnde Percentage |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Federal |  | 7 | 0.00 | 0.00 : | 0 |
| Michigan | Not Used | 0 | 0.00 | 0.00 | 0 |

Net Pay Distribution

| Check/Deposiz Number | Account Type | Account Number | Amount |
| :---: | :---: | :---: | :---: |
| 40378 |  |  | 855.61 |

Other froformation

| Deschiption | Value |
| :--- | :--- |
| CTime Balance | 0 |
| Death Beneñt Plan | 0.51 |
| Death Benefi Pan YTD | 6.12 |
| Eye Care | 2.14 |
| Eye Care YTD | 26.76 |

Life insurance 2.42
Life Insurance YTD 29.04
Medical $\quad 166.29$
Medical YTD 2,055.28

Musl Use CTime Balance 0
Must Use Vacation Balence 0
Reserve Sick Balance 0
Sick Ealance 0
Swing Holiday Balance 0
Vacation Balance 392
htp//codfall cidetroitmins:12004/OA_HTML/OA.jsp? rc=PAY PAYSLP_TOP SSR_, 9/6/2012
13-53846-tjt Doc 11492-8 Filed 08/26/16 Entered 08/26/16 14:44:11 Page 16 of 51

# TP Pay Distribution CheckIDeposit Number 

 Bank Name Account Type. Account Number Amount No results found.Home I Logout | Prferences I Help I Employee Directory

## ORACLE Compensation \& Tax

Heme Lonely prefoncos Hela Enuoves Director

## 

Paysilp Employee Name Beatrice McQueen
Organization Email Addess MoQuenBodetrolmiooy

Employee Number
Business Group City of Detroit
Choose a Paysip $129-14112012-4457$-Check 1 - Coy

| Employee Job Titte | Beatrice McQueen 013191 Office Asst 3 | Employer name Employer Phone Number |  |
| :---: | :---: | :---: | :---: |
|  | Ex.AA36,9003 |  | 280021 HUR Emp Services |
| National Idemifier |  | Organization | Cust Comm Sucs |
| Employee Number |  | Pay Calculation Method |  |
| Latest Hire Date | . 17 Apr-1998 | Pay Basis | City Salary Easis |
| Original Hire Date | 17-Apr-1998 | Frequency | Week |
| Adilusted Service Date | 07-Apr-1999 | Slift |  |
| Assignment Number |  | Bargaining Unit | 9003 Non Unilon |
| Location | CAYMC Suite 316 | Collective Agreement |  |
| Position | 46754.013191.Office Asst 3 | Contrect |  |
|  | Ex.28002.1 | Grade | A. 36 |
| Payrcll | BMNeekiy E | Employer Address | Coleman A Young |
| Employee Address |  |  | Municipal Center |
|  |  |  | 2 Woodward Avenue |
|  |  |  | Ste 316 |
|  |  |  | Detroit |
|  |  |  | V11 |
|  |  |  | 48226 |

Pay Penot ind Salaty

| Pay Pariod | Payment Date | Pay Begin Date | Pry End Sate | PayReto | Anmal Salay |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Bi-Week | 29 Jun-2012 | 11 dun 2012 | 24-Jun 2012 | 13.72 | 28,530.0 |

Summary

| CurentoryTO | Cross | PreTax | Taxes | Dedictons | NotPay |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: |
| Current | $1,097.40$ | 44.87 | 118.42 | 78.49 | 855.62 |
| $Y T D$ | $14,259.39$ | 269.22 | $1,844.50$ | $1,287.84$ | $10,857.43$ |

Hours and Emmings

| Description | Star Dote Enc Dote | Currathours | Cument Anount | YTOHours | Ywh mount |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Regular Pay |  | 72,00 | 987.66 | 791.51 | $10,930.65$ |
| FMLA Sick |  |  | 0.00 | 48.00 | 695.01 |
| FMLA Vacation Pey |  |  | 0.00 | 16.00 | 219.48 |
| Holday |  |  | 0.00 | 48.00 | 707.20 |
| Yacewn lime | 13 | 8.00 | 109.4 | 104.00 | 1,487.57 |
| FMLA Famby Sick |  |  | 0.00 | 16.00 | 219.48 |

Rate Detalls

Etep/codal cideroitminsi2004OA HTMLOA.jsp? ro=PAY PAYSLP TOP SSA ... $9 / 6 / 2012$

Pre-Tax Deductions

| Description | Current | YTD |
| :--- | ---: | ---: |
| GoldenDental | 2.76 | 16.56 |
| COOP Opt | 0.54 | 3.24 |
| HAP Medical | 41.57 | 249.42 |

Taxes

| Description | Currene | YTD |
| :--- | ---: | ---: |
| Federal Tax | 0.00 | 270.94 |
| Social Security |  | 44.21 |
| Medicare | 587.59 |  |
| Mi State Tax | 15.26 | 202.86 |
| Detroit | 45.79 | 608.61 |

## AftermTax Deductions

| Description | Current | YTD |
| :--- | ---: | ---: |
| Golden Dental AFT | 0.00 | 13.80 |
| HAP Medical AFT | 0.00 | 207.85 |
| Death Benefit AFT | 0.40 | 5.20 |
| BC Com Blue AFT | 0.00 | 43.60 |
| COOP Opt AFT | 0.00 | 2.70 |
| Annuity Post Tax | 76.82 | 998.18 |
| Basic Lfe AFT | 1.27 | 16.51 |

Tax Withholding Information

| Type | Marital Status | Exemptions | Additional Amount | Override Amount | Override Perceniage |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Federal |  | 7 | 0.00 | 0.00 | $0!$ |
| Michigan Not Used. | $\ldots$ | 0 | 0.00 | 0.00 | 0 |

## Net Pay Distribution

| Check/Depcsit Number | Account Type | Account Number | Amount |
| :---: | :---: | :---: | :---: |
| 8409605 | C | $\times 8253$ | 830.62 |
| 8409605 | S | $\times 8253$ | 25.001 |


| Other Information Description | Value |
| :---: | :---: |
| CTime Balance | 0 |
| Death Benefit Plan | 0.51 |
| Death Benefit Plan YTD | 6.63 |
| Eye Care | 2.14 |
| Eye Care YTo | 28.90 |
| Life Insurance | 2.42 |
| Life Insurance YTD | 31.46 |
| Medical | 166.29 |
| Medical YTD | 2,221.57 |
| Must Use CTime Balance | 0 |
| Must Use Vecation Balance | 0 |
| Reserve Sick Balance | 10 |
| Sick Balance | 0 |
| Swing Holiday Balance. | 0 |

http://codfall.cidetroitmi.us:12004/OA_HTML/OA.jsp?_r=PAY_PAYSLIP_TOP_SS\&_... 9/6/2012

```
        34
```

    TP Pay Distributhon
    CheckDeposit Nimber Bank Name Account Type Account Nunber Amount
    No resulis found.
    Home | Logou! | Proferences / Hels I Employee Directory
Copyigh (c) 200s Oncle. Al rights reservert.

## CRACLE Compensation \& Tax

Pryelle

PMY:MP

Emplojee Name Beatrice Moqueen
Organization Email Address McoueenBodetroitmigov

Heme Lonot Peferences Helo Enolove Dreciory

Employee Number Business Group City of Detrolt

Choose a Paysip $\quad 13-\sqrt{ } 12-2012-4467-$ Check 1 区 $]$

| Employee | Beatrice MoQueen | Employer name |  |
| :---: | :---: | :---: | :---: |
|  |  | Employer Phone Number |  |
|  | Ex.AA36.9003 | Organization | 280021 HUREnp Services |
| National ldenifier |  | Organization | Cust Comme Sves |
| Employee Number |  | Fay Calcutation Method |  |
| Latest Hite Date | 17-Apr-1998 | Pay Basis | City Salary Basis |
| Orginal Hire Dats | 17-Apr-1998 | Frequency | Week |
| Adjusted Service Date | 07 Apr-1999 | Shit |  |
| Assignment Number |  | Bargaining Unit | 9003 Non Union |
| Location | CAYMC Sute 316 | Collective Agreement |  |
| Fostion | 46764.013191.Office Asst 3 | Conitrect |  |
|  | Ex. 280021 | Grade | A. ${ }^{\text {a }} 36$ |
| Payroll | BiWeeky $B$ | Employer Acdress | Coleman A Young |
| Employee Address |  |  | Municipar center |
|  |  |  | 2 Woodward Avenue |
|  |  |  | Ste 316 |
|  |  |  | Detroit |
|  |  |  | M1 |
|  |  |  | 48226 |

Pay Period and Salery

| Pay remod | Payment Date | Pay Begin Data | Fay End Doto | Pay Rete | Annual Smary |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Bi-Week | 13-Jul-2012 | 25-Jun-2012 | 08-41-2012 | 13.72 | 28,530.01 |

Summaty

| curvent or CTO | Cross | PreTax | Taxer | Deductonas | Nat Pay |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Current | 097.40 | 44.87. | 118.41 | 78.49 | 855.03 |
| YTD | 16,356,79 | 314.09 | 1,963.31 | 1,366.33 | 11,713.06 |



Rate Delalls


Pre-Tax Deductions

| Description | Current | YTD |
| :--- | ---: | ---: |
| COOP Opt | 0.54 | 3.78 |
| GotdenDental | 2.76 | 19.32 |
| HAP Medieal | 41.57 | 290.99 |

Taxes

| Description | Current, | YT0 |
| :--- | ---: | ---: |
| Federal Tax | 0.00 | 270.94 |
| Social Security |  | 44.20 |
| Medicare | 631.79 |  |
| M State Tax |  | 15.26 |
| Detroit | 218.12 |  |

## After-Tax Deductions

| Description | Current | YTD |
| :--- | ---: | ---: |
| Death Benefit AFT | 0.40 | 5.60 |
| CoOP Opt AFT | 0.00 | 2.70 |
| BC Com Blee AFT | 0.00 | 43.60 |
| Annuity Posi Tax | 76.82 | 1.075 .00 |
| Basic Life AFT | $\cdots$ | 127 |
| HAP Medical AFT | 0.00 | 17.78 |
| Colden Dental AFT | 0.87 .85 |  |

Tax Withholding Information

| Type | Marital Status | Exemptions | Additional Amount | Override Amount | Override Percentage |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Federal |  | 7 | 0.00 | 0.00 | 0 |
| Michigan | Not Used | 0 | 0.00 | 0.00 | 0 |

Net Pay Distribution

| Check/Deposit Number | Account Type | Account Number | Amount |
| :---: | :---: | :---: | :---: |
| 8498052 | S | $\times 8253$ | 25.00 |
| 8498052 | C | $\times 8253$ | 830.63 |

Other Information

| Description | Value |
| :--- | :---: |
| Death Benefi Plan | 0.51 |
| Dealh Benefi Plan YTD 7.14 |  |
| Eye Care | 2.14 |
| Eye Care YTD | 31.04 |
| Life insurance | 2.42 |
| Lfe Insurance YTD | 33.88 |
| Medical | 166.29 |
| Medical YTD | $2,387.86$ |

## TP Pay Distribution

CheckDeposit Number-

Home I Logout Preferences I Help | Employee Directory

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Rata Datals
htephcodfl cidetmimius:12004/OA HTMLOA.Sp? rePAY PAYSUTP TOP SS\& ... $9 / 62012$

Pre-Tax Deductions

| Description |  | Carrent | YD |
| :--- | ---: | ---: | ---: |
| COOPOpt | 0.54 | 4.32 |  |
| HAP Medcal | 41.57 | 332.56 |  |
| GcldenDental | 2.76 | 2208 |  |

Taxes

| Description | Current | YT0 |  |
| :--- | ---: | ---: | ---: |
| Federal Tax | 0.00 | 270.94 |  |
| Social Security | 44.21 | 67600 |  |
| Medisare | 15.26 | 23338 |  |
| Ml State Tax | 45.79 | 700.19 |  |
| Datroit |  | 13.16 | 201.22 |

## Atier-Tax Deductions

| Description | Curent | YT0 |
| :---: | :---: | :---: |
| Deatt Beneft AFT | 0.40 | 6.00 |
| HAP Medical AFT | 0.00 | 207.85 |
| BC Com Blue AFT | 0.00 | 43.60 |
| Annuity Post Tax | 76.82 | 1,15182 |
| COOP OPTAFT | 0.00 | 270 |
| Basic Lie AFT | 1.27 | 19.05 |
| Golden Dental AFT | 0.00 | 1380 |

Tax Whtholding information

| Type | hanital Sintus | Examplione | Additonat Amount | Oventis Amount | Ovaride Petcentage |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Federal |  | 7 | 0.00 | 0.00 | 0 |
| Mehigan | Not Used | \%. | 0,00 | 0.00 | 0 |

Wet Pay Dictimuon

| Cheodobeposit Number | Accoum Type | Accaunt Number | Amount |
| :---: | :---: | :---: | :---: |
| 8593527 | C | $\times 8253$ | 830.62 |
| 8593527 | S | $\times 8253$ | 2500 |

Other lmiommation

| Description | Vatas |
| :---: | :---: |
| CTime Balance | 0 |
| Death Beneit Plan | 0.61 |
| Death Beneft Plan YTD | 7.65 |
| Eye Care | 2.14 |
| Eye Care YTD | 33.18 |
| Life Insurance | 2.42 |
| Life Instrance Y 90 | 36.30 |
| Medicat | 166.29 |
| Medical YTD | 2,554.15 |
| Must Use CTime Balarce | 0 |
| Mist Use Vacston Batance 40 |  |
| Reserve Sick Balance | 40 |
| Sick Balance | 8 |
| Sting Hollizy Balance | 24 |
| Vacation Balance | 320 |

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13-53846-tjt Doc 11492-8 Filed 08/26/16 51 Entered 08/26/16 14:44:11 Page 25 of

TP Pay Distribution
Check/Deposit Number
Bank Name Account Type
Account Number
Amount No results found. I T

Home / Logout | Preferences / Help I Employee Directon

## ORACLE Compensation \& Tax

Home Locont Preferencos Hele Employs Drecton


Choose a Payslip 10 -AUG-2012-4457-Check $1 \square$ GO


Pay Perlod and Salary

| Pry Period | Payment Date | Pay Begin Dete | Pay End Date | Pay Rate | Anmuat Smary |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Bi-Week | 10 Aug-2012 | 23-Jul-2012 | 05Aug-2012 | 13.72 | 28,530.01 |


| Summary |  |  |  |  |  |  |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: |
| Current or YTD | Gross | Pre-Tax | Taxes | Dectuctions | NetPay |  |
| Cument | $1,097.40$ | 44.87 | 118.42 | 78.49 | 855.62 |  |
| YTD | 17.551 .59 | 403.83 | $2,200.15$ | $1,523.31$ | 13.424 .30 |  |

Hours and Earnings

| Description | Start Date End Date | Current Hours Curent Amount Yro Hours YTD Amount |  |  |  |
| :--- | ---: | ---: | ---: | ---: | ---: |
| Regular Pay | 72.00 | 987.66 | 991.51 | $13,674.15$ |  |
| FMLA Sick |  | 8.00 | 109.74 | 56.00 | 804.75 |
| FMLAVacation Pay |  | 0.00 | 16.00 | 219.48 |  |
| Holiday |  | 0.00 | 56.00 | 816.94 |  |
| Vacation Time |  | 0.00 | 129.00 | 1.816 .79 |  |
| FMLA Famity Sick |  | 0.00 | 16.00 | 219.48 |  |

Rate Detalls
http://codfall.cidetroit.mi.us:12004/OA HTMLOA.jsp?_romPAY_PAYSLIP_TOP_SSk_... $9 / 6 / 2012$

| Premax Deductions |  |  |
| :--- | ---: | ---: |
| Descripton  Current <br> GoldenDental 276 24.84 <br> CoOP Cpt 0.54 4.86 <br> HAPMedical 41.57 374,13 |  |  |

Taxes

| Description | Current | YTD |
| :--- | ---: | ---: |
| Federal Tax | 0.00 | 270.94 |
| Soctal Secarily | 44.21 | 720.21 |
| Medicare | 15.20 | 248.64 |
| MI State Tax | 45.79 | 745.90 |
| Detroit | 13.16 | 214.38 |

AterTax Deductions

| Deserption | Current | YT |
| :--- | ---: | ---: |
| Annuify Post Tax | 76.82 | $1,228.64$ |
| COOP OptAFT | 0.00 | 270 |
| BC Com Blue AFT | 0.00 | 43.60 |
| Gelden DentalATT | 0.00 | 13.80 |
| Death Benefit AFT | 0.40 | 0.40 |
| BasicLife AFT | 1.27 | 2032 |
| HAP Medical AFT | 0.00 | 207.85 |

Tax Whtholding information

| Type | Mantal Status | Exemptions: | Addtuonal Amoumt | Overicie Amount | Overide Parcentage |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Federa |  | 7 | 0.00 | 0.00 | 0 |
| Michigen | NotUsed | 0 | 0.00 | 0.00 | 0 |

Net Pay Distribution

| Chembeposit Wumber. | Acoount Type | Account Mumber | Amount |
| :---: | :---: | :---: | :---: |
| 8654363 | 0 | $\times 8283$ | 830.62 |
| 8654354 | 3 | $\times 8253$ | 25.00 |

Other Information

| Descripton | Valie |
| :--- | :--- |
| CTime Ealance | 0 |
| Death Benefit Plan | 0.51 |
| Death Benefit Plan YTD | 8.16 |
| Eye Care | 2.14 |
| Eye Care YTD | 35.32 |
| Lifo Insurance | 2,42 |
| Life Insurance YTD | 38.72 |
| Medical | 166.29 |
| Medical YTD | $2,720.44$ |
| Must Use CTime Balance- | 0 |
| Wust Use Vacaton Ealonce 40 |  |
| Reserve Sick Balance | 40 |
| Sick Balance | 3 |
| Swing Holiday Balance | 24 |
| Vactior Dalance | 320 |

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TP Pay Distribution
CheckDeposit Number Bank Name Account Type Account Number .... Amount
No resitts found.

Home | Locout | Preferences | Help | Employee Directory

|  |  |  |
| :---: | :---: | :---: |
|  |  |  |
| 级穼碞 |  |  |
| Paysilp |  |  |
| Employee Name | Beatrice Mcqueen | Employee Number |
| Organization Email Address | McolieenBadetroitmigav | Business Group City of Detroit |

Choose a Payslip 24 AUG－2012－4457－Check $1 \square G 0$

| Employee | Beatrice MrQueen | Employer name． | 280690 HUR Employee |
| :---: | :---: | :---: | :---: |
| Job tite | $013191.0 f f i c e ~ A s s t 3$ |  | Services DOT |
|  | Ex．AA36．9003 | Employer Phone Number | 313－833－7026 |
| National Identifier |  | Oramization | 280690 HUR Employee |
| Employee Number |  | Orgamzaton | Sorvices DOT |
| Latest Hire Date | 17－Apr－1998 | Pay Calculation Method |  |
| Original Hire Date | 17－Apr－1998 | Pay Basis | City Salary Basis |
| Adyusted Service Date | 07－Apr－1099 | Frequency | Week |
| Assigmment Number |  | Stutit |  |
| Locetion | DOT 1301 E Warren Avo | Bargainng Unit | 9003 Non Union |
| Fostion | 46765．013191．Office Asst 3 | Collective Agreement |  |
|  | Ex． 280690 | Contrast |  |
| Payrol | BiWeedy B | Grade | A．A． 36 |
| Employee Address |  | Empioyer Adoress | 1301 E Warren Ave |
|  |  |  | Detroit |
|  |  |  | MI |
|  |  |  | 48207 |

Pay Period and Satary

| Pay | Payment Date | Psy Begin Date | Pay End Date | Pay Rate | 号 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Bi－Week | 4 | 00－Aag－20t | 19－Auc－2012 | 13. | 28，5 |

Summary

| Current or YTD | Gross | PreTre | Taxes | Decuctone | Net Pay |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: |
| Curtent | $1,097.40$ | 44.87 | 118.41 | 73.49 | 855.63 |
| YTD | $18,648.99$ | 448.70 | $2,318.56$ | $1,601.80$ | 14.279 .93 |

Hours and Earnings

| Description | Starl Date End Date | Curront Hours | Gurrent Amount | Yro Hours | YT0 Amount |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Regular Pay |  | 48.00 | 688.44 | 1，039．51 | 14，332，59 |
| FMLA Sick |  |  | 0.00 | 56.00 | 804.75 |
| FMLA Vacaion Pay |  |  | 0.00 | 16.00 | 219.48 |
| Holiday |  |  | 0.00 | 56.00 | 816.34 |
| Weation Time | 5 tax | － 32.00 | $x+488.95$ | － 16000 | － 2.256 .75 |
| FMLA Family Sick |  |  | 0.00 | 16，00 | 219.48 |

Rate Detalls
http：／／codfalleidetroitmius 2004／OA HTMLOA．jsp？m－PAY PAYSLP TOP＿SS\＆．．． $9 / 62012$

## Pre-Tax Deductions

| Description | Curent | YTD |
| :--- | ---: | ---: |
| Golden Dental | 2.76 | 27.60 |
| COOP Opt | 0.54 | 5.40 |
| HAP Medical | 41.57 | 415.70 |

Takes

| Description | Current | YTD |
| :--- | ---: | ---: |
| Federal Tax | 000 | 270.94 |
| Social Security | 4420 | 764.41 |
| Medicare | 15.26 | 263.90 |
| MI State Tax | 4579 | 78177 |
| Datroit | 1316 | 227.54 |

## After-Tax Deductions

| Description | Current | YTD |
| :--- | ---: | ---: |
| Death Benefit AFT | 0.40 | 6.80 |
| BC Com Blue AFT | 0.00 | 4360 |
| Annuty Post Tax | 76.82 | 1,30546 |
| COOP OpLAFT | 0.00 | 270 |
| Basiclife AFT | 1.27 | 21.59 |
| HAP Medical AFT | 0.00 | 207.85 |
| Golden Dental AFT | 0.60 | 13.80 |

Tax Withholding Information

| Type | Marital Status | Exemptions | Additional Amount | Override Amount |
| :--- | :--- | ---: | ---: | ---: |
| Pederal | 7 | 7 | 0.00 | 0.00 |
| Michigan NotUsed | 0 | 0.00 | 0.00 | 0 |

Net Pay Distribution

| ChechDeposit Number | Account Type | Account Number | Ampunt |
| :--- | :---: | :---: | ---: |
| 8712423 | S | $\times 8253$ | 25.00 |
| 8712423 | C | 88253 | 830.63 |

## Other Information

| Description | Value |
| :---: | :---: |
| CTime Balance | 0 |
| Death Benefit Plan | 0.51 |
| Death Benefit Plan YTD | 8.67 |
| Eye Care | 2.14 |
| Eye Gare YTD | 37.46 |
| Life Insurance | 2.42 |
| Life Insurance YTD | 41.14 |
| Medical | 160.29 |
| Medical YTD | 2,886,73 |
| Must Use CTime Balance | 0 |
| Must Use Vacation Balance | 8 |
| Reserve Sick Belance | 40 |
| Sick Balance | 8 |
| Swing Holiday Balance | 24 |
| Vacation Balance | 320 |

http://codfall.cidetroit.mi.us:12004/OA_HTML/OA.jsp?_rc=PAY_PAYSLIP_TOP_SS\& ... 9/6/2012

TP Pay Distribution
CheckIDeposit Number Bank Name. Account Type. Account Number Amount No results found. $\qquad$
$\qquad$

Home | Logout | Preferences | Help | Employee Directory
Copyight (c) 2006, Oracle, All rights reserved.
Employee Name Beatrice McQuoen
Organizetion Email Address McQueenB@detroimigov
Choose a Paysip 07 -SEP-2012-4457-Check 1 (Ba)


| Employee | Beatrice MeQueen | Employer name | 280690 HUR Employee |
| :---: | :---: | :---: | :---: |
| Job Title | 013191. Office Asst 3 |  | Services DOT |
|  | Ex.AA36.9003 | Employer Phone Number | 313-833-7026 |
| National Coentifier |  | Organization | 280690 HUR Employee |
| Employee Number |  | Oganizalon | Services DOT |
| Latest Hire Date | 17-Apr-1998 | Pay Calculaton Method |  |
| Orighal Hire Date | 17-Apr-1998 | Pay Bacis | City Salary Easis |
| Adjusted Service Dato | 07-Apr-1999 | Frequency | Weer |
| Assignment Number |  | Stift |  |
| Location | DOT 1301 E Warren Ave | Bargaining Unit | 9003 Non Union |
| Position | 46765.013191.0ffice Asst 3 | Colleclive Agreement |  |
|  | Ex. 280690 | Conitract |  |
| Payroll | BiNeokly B | Grade | A. A. 36 |
| Employee Address |  | Employer Address | 1301 EWarren Ave |
|  |  |  | Detroir |
|  |  |  | Mi |
|  |  |  | A8207 |

Pay Period and Salary

| Pay Period Payment Date | Pay Begin Date | Pay EndDate | Pay Rate | Annual Salary |
| :--- | :---: | :---: | :---: | :---: |

Summary

| Current or YTD | Gross | PreTax | Taxes | Deductions | Net Pay |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: |
| Current | $1,093.56$ | 44.87 | 11799 | 78.22 | 852.48 |
| YTD | $19,742.55$ | 493.57 | $2,436.55$ | $1,680.02$ | $15,132.41$ |

## Hours and Earnings

| Description | Start Date | End Date | Current Hours | Current Amount | YTD Hours | YTD Amount |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Regular Pay |  |  | 79.72 | 1,093.56 | 1,119.23 | 15,426.15. |
| FMLA Sick |  |  |  | 0.00 | 56.00 | 804.75 |
| FMLA Vacation Pay |  |  |  | 0.00 | 16.00 | 219.48 |
| Holiday |  |  |  | 0.00 | 56.00 | 816.94 |
| Vecaton Time |  |  |  | 0.00 | 160.00 | 2,255.75 |
| FMLA Family Sick |  |  |  | 0.00 | 16.00 | 219.48 |

## Rate Details

Pre-Tax Deductions

| Description | Current | YTD |
| :--- | ---: | ---: |
| CoOP Opt | 0.54 | 5.94 |
| HAP Medical | 41.57 | 457.27 |
| Golden Dental | 2.76 | 30.36 |

Taxes

| Description | Current | YTD |
| :--- | ---: | ---: |
| FederalTax | 0.00 | 270.94 |
| Sccial Secirity | 44.05 | 808.46 |
| Medicare | 1521 | 279.11 |
| Ml State Tax | 45.62 | 837.39 |
| Detroit | 13.11 | 240.65 |

## After-Tax Deductions

| Description | Current | YTD |
| :--- | ---: | ---: |
| Annuiy Post Tax | 76.55 | $1,382.01$ |
| BC Com Blue AFT | 0.00 | 43.60 |
| Golden Dental AFT | 0.00 | 13.80 |
| COOP Opt AFT | 0.00 | 2.70 |
| Basiclife AFT | 1.27 | 22.86 |
| Death Benefit AFT | 0.40 | 7.20 |
| HAP Medical AFT | 0.00 | 207.85 |

Tax Withholding Information

| Typo | Marital Status | Examptions | Additional Amount | Override Amount | Override Percentage |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Federal |  | 7 | 0.00 | 0.00 | 0 |
| Mictigan | Not Used | 0 | 0.00 | 0.00 | 0 |

Net Pay Distribution

| CheckDeposit Number | Account Type | $\mid$ Account Number | Amouni $\mid$ |
| :--- | :---: | :---: | :---: |
| 8773272 | C | $\times 8253$ | 827.48 |
| 6773272 | S |  | 88253 |

## Other Information

| Description | Value |
| :---: | :---: |
| CTime Balarice | 0 |
| Death BenefliPlan | 0.51 |
| Death Beneflit Plan YTD | 9.18 |
| Eye Care | 2.14 |
| Eye Care YTD | 39.60 |
| Life Insurance | 2.42 |
| Life Insurance YTD | 43.56 |
| Medical | 166.29 |
| Medical YTD | 3,053.02 |
| Must Use CTime Balance | 0 |
| Must Use Vacation Balance | 8 |
| Reserve Sick Balance | 40 |
| Sick Balance | 16 |
| Swing Holiday Balance | 24 |
| Vacation Balance. | 320 |

http://codfa11.ci.detroit.mius:12004/OA_HTML/RF.jsp?function_id-1007413\&resp_id=51... 9/6/2012

# TP Pay Distribution 

CheckDeposit Number Aank Name Account Type Account Number Amount No results found.

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[^0]:    ${ }^{1}$ The Court entered an order on August 26, 2016, adjourning the hearing on the City's objection to the claim of Agar Lawn Sprinkler Systems, Inc. to October 19, 2016. [Doc. No. 11476.]

[^1]:    ${ }^{3}$ The McQueen Response and the McQueen Claim are attached as Exhibits 5 and 6 , respectively.

[^2]:    ${ }^{4} 40$ hours of unused vacation multiple by the hourly rate of $\$ 13.75$ equals $\$ 550.00$. ${ }^{5}$ As set forth in the Plan, a Class 15 Convenience Claim in the amount of $\$ 550.00$ is entitled to a cash payment in the amount $\$ 137.50$ to be paid in accordance with the Plan.

[^3]:    **************************************
    Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.

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    Two Woodward Avenue, Suite 308
    Detroit, MI 48226
    Office: (313) 224-1519
    Fax: (313) 224-7325
    Email: Homesmgderotmigov:

[^5]:    ' The amount set forth in this Claim are estimates based on data provided to Claimant by the City, Collective Bargaining Agreements, the City's General Retirement System and other third

