U.S. HOUSE OF REPRESENTATIVES

\$ 70868

Washington, DC 20515

I hereby authorize the following payroll action:

NAME OF MEMBER (PLEASE PRINT)

Employee Name (First-Middle-Last)	DATE Y OR N N N N N N N N N N N N N N N N N N
Martin, Cynthia	4/5/2016 CAO I-9 SERVICE USED?
SOCIAL SECURITY NUMBER EMPLOYEE NUMBE)
EMPLOYING OFFICE	Appointment
CONYERS, JOHN, JR.	Title Change
EMPLOYEE TITLE Title Co	Salary Adjustment
Chief of Staff 0034	9
CAO EMPLOYEE SERVICES USE ONLY	Salary Adjustment With Title Change
PROCESS LEVEL MI13X DEPT N/A	☐ Termination
POSITIONMI13-P-COJ	Leave Of Absence
Supersedes Previous Action?	Lump Sum Payment
YES (IF YES, ATTACH COPY OF SUPERSEDED ACTION)	——— Li Overlinie Pavinent 🛶 🖰 🗥 i
GROSS ANNUAL SALARY* GROSS MONTHLY SALARY*	— F 7 ♀
* 160,000.00 * 13,333.33	80 = 17
IMPORTANT: ANY ERASURES, CORRECTIONS, OR CHANGES ON TO FORM MUST BE INITIALED BY THE AUTHORIZING OFFICIAL.	If employee is a civil service annuitant, the gross annual and months salary stated above must include the annuity received by the employee but the salary received from the employing office.
ALL APPOINTMENTS AND SALARY ADJUSTMENTS FOR EMPLOYEES UNDER THE ON HOUSE ADMINISTRATION.	JOUSE EMPLOYEE POSTITION AND CLASSIFICATION ACT MUST BE ADMOVED STYLE COMMITTEE
MEMBER LEAVE OF ABSENCE	<u> </u>
LEAVE WITHOUT PAY: BEGINNING WITH EFFECTIVE DATE ABOVE AND ENDING CLOSE OF BUSINESS: 6/30/2016	Permanent** Non Permanent
BEACON.	- Indian
REASON: O LWOP	☐ Temporary≈
MILITARY FURLOUGH (ATTACH NECESSARY)	☐ Paid Intern≈
DOCUMENTATION)	Part-Time**
O FURLOUGH	
**BENEFITS ELIGIBLE *BENEFITS INCLIGIBLE	
4/4/16	
DATE (MM/DD/YYYY) ADVA CAMPERS J. MEMBER SIGNATURE CONYERS, JOHN, JR.	

SUPERSEDING ACTION LATE ACTION

PAYROLL AUTHORIZATION FORM

U.S. HOUSE OF REPRESENTATIVES

Washington, DC 20515

I hereby authorize the following payroll action:

NAME OF MEMBER (PLEASE PRINT)

Employee Name (First-Middle-Last)	EFFECTIVE Employed By More Than One House Office? DATE Y OR N N
	(MM/DD/YYYY)
Martin, Cynthia	4/5/2016 CAG I-9 SERVICE USED?
Social Security Number Employee Id Number	ACTION
	-
Employing Office	Appointment
CONYERS, JOHN, JR.	Title Change
EMPLOYEE TITLE Title Code	Salary Adjustment
Chief of Staff 00349	
CAO EMPLOYEE SERVICES USE ONLY	☐ Salary Adjustment With Title Change
PROCESS LEVEL MI13X DEPT N/A	☐ Termination
POSITION MH3-P-COJ	🖾 Leave Of Absence
Supersedes Previous Action?	Lump Sum Payment -
YES (IF YES, ATTACH COPY OF SUPERSEDED ACTION)	Overtime Payment PAY 20 APR C
GROSS ARNUAL SALARY* GROSS MONTHLY SALARY*	Ro AP
* 160,000.00 * 13,333.33	F 82 C
TMPORTANT: ANY ERASURES, CORRECTIONS, OR CHANGES ON THIS FORM MUST BE INITIALED BY THE AUTHORIZING OFFICIAL.	* If employee is a civil service annuitant, the gross advast and contribly lately stated above must include the annuity received by the employee plus the salary acceived from the employing office.
ALL APPOINTMENTS AND SALARY ADJUSTMENTS FOR EMPLOYEES UNDER THE HOUSE ON HOUSE ADMINISTRATION.	E EMPLOYEE POSITION AND CLASSIFICATION ACT MUST APPROVED BY THE DOMMITTEE
MEMBER LEAVE OF ABSENCE	
LEAVE WITHOUT PAY: BEGINNING WITH EFFECTIVE DATE ABOVE AND ENDING CLOSE OF BUSINESS: 4/19/2016	Permanent** Non Permanent
REASON:	[]
© LWOP	☐ Temporary≈
MILITARY FURLOUGH (ATTACH NECESSARY	☐ Paid Interns
DOCUMENTATION)	☐ Part-Time**
• FURLOUGH	·
**BENEFITS ELIGIBLE ≈BENEFITS INELIGIBLE	
DATE (MM/DD/YYYY)	_
Onta (meyodyttit)	
" / TONN CONSERVE ME	
MEMBER SIGNATURE	
CONYERS, JOHN, JR.	

Washington, DC 20515

I hereby authorize the following payroll action:

EMPLOYEE NAME (FIRST-MIDDLE-LAST)		EFFECTIVE DATE (MM/DD/YYYY)		Employed By More Than One House Office? Y OR NN_			
Martin, Cynthia		8/25/2		CAO I-9 SERVICE UŞ Y OR N <u>N</u>	ED?		
SOCIAL SECURITY NUMBER	EMPLOYEE ID NUMBER		•	Action	······································	and the second second	
		П	Appoin	tment		,	1.0
EMPLOYING OFFICE							į
CONYERS, JOHN,	Y	Ι Π.	Title Cl	hange			
EMPLOYEE TITLE	Title Code		Salary	Adjustment			
Chief of Staff 00349 CAO EMPLOYEE SERVICES USE ONLY		l _П	Salary	Adjustment With Title	Chan	ine	
process Level MI13X	N/A		·	•	Cildii	190	
MHA D COL	IN/A		Termin	ation			ĺ
POSITION		\boxtimes	Leave	Of Absence			
Supersedes Previous Action?			Lump 9	Sum Payment	Ä	20	
GROSS ANNUAL SALARY* GROSS MONTHLY SALARY*			Overtir	ne Payment	PAYROLI	201 6 AUG	de gra
^{\$} 160,000.00 ^{\$} 13,3	33.33				n n	_	
IMPORTANT: ANY ERASURES, CORRECTIONS, OR CHANGES ON THIS FORM MUST BE INITIALED BY THE AUTHORIZING OFFICIAL.		* If employ above must the employin	include th	rl service annuitant, the gross are e annuity received by the employ	nnual and es plus i	i monthly s the salary r	alary stated eccived from
ALL APPOINTMENTS AND SALARY ADJUSTMENTS FOR EMPLOYEE ON HOUSE ADMINISTRATION.	S UNDER THE HOUSE	EMPLOYEE PO:	AN NOITIE	ND CLASSIFICATION ACT MUST E	PRO	OVE D BY TH	Е СОММІТТЕЕ
MEMBER LEAVE OF ABSENCE					S	j	
LEAVE WITHOUT PAY: BEGINNING WITH EFFECTIVE DATE ABOVE AND ENDING CLOSE OF BUSINESS: 10/25/2016		Non Per					
REASON:		 	mporary	,~			
⊙ LWOP			nporary ared**	<i>'</i> ~			
MILITARY FURLOUGH (ATTACH NECESSARY			d Intern				
DOCUMENTATION)		│	t-Time*	k *k			
• FURLOUGH					.		
′ **BENEFITS ELIGIBLE ≈BENEFITS II	NELIGIBLE						
8/10/16							
DATE (MM/DD/YYYY)	•						
Wholemeres	A						
MEMBER & GNATURE	7						

NAME OF MEMBER (PLEASE PRINT)

CONYERS, JOHN, JR.

PAYROLL AUTHORIZATION FORM

U.S. HOUSE OF REPRESENTATIVES

Washington, DC 20515



I hereby authorize the following payroll action:

EMPLOYEE NAME (FIRST-MIDDLE-LAST)		EFFECTIVE DATE (MM/DD/YYYY)	Employed By Y OR N N	More Than O	ne Hou	se office	²
Martin, Cynthia		10/25/2016	CAO I-9 SERV Y OR N N	ICE USED?	A.C.		
SOCIAL SECURITY NUMBER EMPLOY NUMBER			Aet	TON			
EMPLOYING OFFICE CONYERS, JOHN, JR.		☐ Appoin☐ Title C					
EMPLOYEE TITLE TITLE C	ode	∏ Salary	Adjustment				
Chief of Staff 003	49	— Salary	Aujustillerit				
PROCESS LEVEL MI13X DEPT N/A POSITION MI13-P-COJ		⊠ Termir	Adjustment W nation Of Absence	ith Title Chai	2016 OCT	-÷⊹	ger g
Supersedes Previous Action?			Sum Payment	RO	8	REC	
YES (IF YES, ATTACH COPY OF SUPERSEDED ACTION	N)		ne Payment	F	1	CH	
GROSS ANNUAL SALARY* GROSS MONTHLY SALARY*		L.J OVEILII	ne rayment	₽. %	J	EV	
* 160,000.00 * 13,333.33	3			BEN	AM	m	
IMPORTANT: ANY ERASURES, CORRECTIONS, OR CHANGES ON THIS FORM MUST BE INITIALED BY THE AUTHORIZING OFFICIAL.		* If employee is a ci- above must include the the employing office.	e annuity received by	the employee plos	the sele ry	received from	m .
ALL APPOINTMENTS AND SALARY ADJUSTMENTS FOR EMPLOYEES UNDER TH ON HOUSE ADMINISTRATION.	E AUUSE	EMPLOTEE POSITION A	NO CLASSIFICATION A	ICI MUSI DE APPR	OVED BY I	ne commit	
MEMBER TERMINATION							
REASON: ■ RETIREMENT YES NO		Non Permanent					
● DECEASED ■ YES 🖾 NO		Temporary	/≈				
● TRANSFER TYES NO		Shared**					
NOTE: THIS TERMINATION FORM MUST BE SUBMITTED AT THE SAME TIME OR PRIOR TO SUBMITTING AN APPOINTMENT PACKAGE IF THE NEW EMPLOYEE TO BE HIRED IS OCCUPYING THIS FTE BUDGET POSITION.		Paid Interi					
**BENEFITS ELIGIBLE ≈BENEFITS INELIGIBLE		L					
/0/6//6 DATE (MM/DD/YYYY)		<u>-</u>					
MEMBER SIGNATURE CONYERS, JOHN, JR.	2	-					

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NAME OF MEMBER (PLEASE PRINT)