

**CITY OF GAINESVILLE**  
**EMPLOYEE STATUS MAINTENANCE CHANGES (ESMT)**

Preparer Box Number: **20**

Origination Date: **11/05/13**

Preparer Phone Extension: **8703**

Preparer/Department Contact: **Rhonda Virden**

Return Completed Form To: **Please call Rhonda Virden when approved**

**EMPLOYEE HISTORY**

Employee ID: **9830** Name: **Kathy Viehe** Immediate Supervisor/Manager: **City Commission**  
 Effective Time: **0700** Effective Date: **October 31, 2013**

**New Position:** Dept/Agency **010** Unit/Org: **0910** Position (Alpha Code): **GM-UTIL** Title Code: **1045**

**Title Description:** **General Manager for Utilities** Grade: **N/A** Salary: **\$195,000.00**

**Current Position:** Dept/Agency: **010** Unit/Org: **0100** Position (Alpha Code): **AGMCAS** Title Code: **1005**

**Title Description:** **AGM-Customer/Administrative Services** Grade: **M14** Salary: **\$149,190.24**

**PERSONNEL ACTION**

Action: **REASN Begin Reassignment/Acting Status** Employment status: **A Active** % Full-time: **1.0**

**Comments:** At a special meeting on October 31, 2013, the City Commission selected Kathy Viehe as the Interim General Manager for Utilities and authorized Mayor Braddy to negotiate an employment agreement with Ms. Viehe. The interim salary was negotiated between Mayor Braddy and Ms. Viehe on 11/05/2013.

In the event the City Commission and/or Ms. Viehe determine that she shall no longer continue in the Interim General Manager for Utilities role, Ms. Viehe shall be returned to her AGM Customer/Administrative Services position.

The 10% Special Assignment pay that Ms. Viehe is currently receiving should be removed effective 10/31/2013.

If terminating employment, forwarding address:

**To be completed by Human Resources**

Eligible for rehire?  Yes  No

Separation Reason Code: \_\_\_\_\_

**PAY PARAMETERS**

Pay type: **00 (Regular pay)** Amount/Percent: **\$195,000.00** Effective Date: **10/31/2013**

Pay type: Amount/Percent: Effective Date:

Pay type: Amount/Percent: Effective Date:

Labor Distribution Profile (LDPR):

**PAY/WORK LOCATION/ INTER-OFFICE INFO**

Inter-Office Box #:

Inter-Office Phone #:

Extension:

Pay/Work Location:

**APPROVALS**

\_\_\_\_\_  
 Department Head Date

\_\_\_\_\_  
 Human Resources Director or Designee Date

\_\_\_\_\_  
 Division Head Date

\_\_\_\_\_  
 Charter Officer or Designee Date

Initials of preparer: \_\_\_\_\_  
 To verify signatures visible on all copies when top copy signed - if not, reprint before submitting for signatures