

OFFICE OF PERSONNEL MANAGEMENT Administrator's Office

1509 West Seventh Street, Suite 201 Post Office Box 3278 Little Rock, Arkansas 72203-3278 Phone: (501) 682-1753 FAX: (501) 682-5104

www.arkansas.gov/dfa

August 17, 2016

Senator Uvalde Lindsey, Co-Chairperson
Representative Lanny Fite, Co-Chairperson
Uniform Personnel Classification and Compensation
Plan Subcommittee
Arkansas Legislative Council
State Capitol Building, Room 315
Little Rock, Arkansas 72201

Dear Co-Chairs:

The Office of Personnel Management submits the following request for approval in accordance with Ark. Code Ann. § 21-1-402(b), which states:

"No person whose spouse is elected to a constitutional office may, after the spouse is elected to the constitutional office and during the term for which the spouse is elected, enter into employment with any state agency without the prior approval of the Joint Budget Committee during a legislative session, the Legislative Council between legislative sessions, and the Governor."

The University of Arkansas for Medical Sciences (UAMS) – Center for Health Improvement (ACHI) has selected Ms. ShaRhonda Love for the classification Compliance Officer, a non-classified title, position number 50050209, with a proposed salary of \$65,000, in a line item maximum salary of \$170,952. Ms. Love is the spouse of Mr. Frederick J. Love, a current member of the Arkansas House of Representatives.

Upon review of the criteria specified, the Office of Personnel Management finds that UAMS - ACHI has met the employee disclosure/certification and employment of family members' requirements. Your approval is respectfully requested.

Should you have any questions or concerns, please contact me at your convenience.

Sincerely,

Kan Munhill
Kay Barnhill

State Personnel Administrator

KBT/cbc: 3 Attachments



STATE OF ARKANSAS ASA HUTCHINSON GOVERNOR

August 11, 2016

Larry W. Walther
Chief Fiscal Officer of the State
1509 West Seventh Street, Suite 401
Little Rock, AR 72201

Dear Mr. Walther:

In response to your letter dated August 10, 2016, I am approving the request presented by you, on behalf of the University of Arkansas for Medical Sciences – Center for Health Improvement (ACHI), to promote Ms. ShaRhonda Love to the position Compliance Officer, position number 50050209, with a proposed salary of \$65,000 in a line-item maximum salary of \$170,952. You have reported that Ms. Love is the spouse of Mr. Frederick J. Love, a current Representative with the Arkansas General Assembly.

Based upon appropriate review of the criteria specified pursuant to Ark. Code Ann. § 21-1-402(b), I concur with the determination that the agency has met the employee disclosure/certification and employment of family members requirements.

Asa Hutchinson



OFFICE OF THE DIRECTOR

1509 West Seventh Street, Suite 401 Post Office Box 3278 Little Rock, Arkansas 72203-3278 Phone: (501) 682-2242

Fax: (501) 682-1029 www.dfa.arkansas.gov

August 10, 2016

The Honorable Asa Hutchinson Governor of Arkansas State Capitol Building Suite 250 Little Rock, AR 72201

Dear Governor Hutchinson:

The Office of Personnel Management presents the following request for approval in accordance with Ark. Code Ann. § 21-1-402(b), which states:

"No person whose spouse is elected to a constitutional office may, after the spouse is elected to the constitutional office and during the term for which the spouse is elected, enter into employment with any state agency without the prior approval of the Joint Budget Committee during a legislative session, the Legislative Council between legislative sessions, and the Governor."

The University of Arkansas for Medical Sciences – Center for Health Improvement (ACHI) has selected Ms. ShaRhonda Love for the position Compliance Officer, a non-classified title, position number 50050209, with a salary of \$65,000 (line-item maximum of \$170,952). Ms. Love is the spouse of Representative Frederick J. Love, a current member of the Arkansas House of Representatives.

Upon review of the criteria specified, the DFA - Office of Personnel Management finds that the University of Arkansas for Medical Sciences - ACHI has met the employee disclosure/certification and employment of family members' requirements. With your approval, this request will be submitted to the Arkansas Legislative Council.

Should you have any questions or concerns, please contact me at your convenience.

Sincerely,

Larry W. Walther

Chief Fiscal Officer of the State

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Attachment: Employee Disclosure/Certification and Employment of Family Members Form

STATE OF ARKANSAS

Department of Finance and Administration

EMILEGATE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM		
This form is to be completed by all interviewed applicants for a position. Definitions for the symbols in questions 1 – 9 below. Please read before continuing.		
Α	State Employee any	/ employee of any state agency employed in a regular salary position or extra-help position not to include contract labor.
В	. Other is defined as	within the last 24 months.
С		er: Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner, General Assembly
D	General Assembly	member: member of the Arkansas Senate or the Arkansas House of Representatives.
E	Relative Includes: husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, sister, brother, stepsister, stepbrother, stepsister, half-brother, sister-in-law, brother-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, aunt, uncle, first cousin, niece	
F	Public Official: constitutional officers; members of the Arkansas General Assembly; the executive head of any agency, department, board, commission, institution, bureau, or council of the state.	
G	Agency or State Ag	ency: every agency, board, commission, department, division, institution, and other office of state government located within of government and under the control of the Governor.
1.	☑ Yes ☐ No	Are you a current state employee ^A ?
2.	☐ Yes ☑ No	Are you a former ^B state employee ^A ?
3,	Yes No	Are you a current Constitutional Officer ^c ?
3a.		If "Yes", were you employed prior to your election into office?
Зb.	▶ If "Yes," give	date elected
4.	Yes No	Are you the spouse of a current Constitutional Officer ^C ?
4a.	► If "Yes," give	spouse's name Frech Ck. T. Love.
	-	position/office State I constator
4b.	Yes No	If "Yes", is your expected salary above \$37,649?
5.	Yes No	Are you the spouse of a former ^B Constitutional Officer ^C ?
5.a	► If "Yes," give	and the land of th
		position/office
6. 6a,	☐ Yes ☐ No ► If "Yes," give	Are you or your spouse a former ^B General Assembly member ^D ?
01		position/office
6b.	Yes No	If "Yes", within the 24 months prior to your leaving office or your spouse leaving office, was the position for which you are being considered created by legislative action, or if the maximum salary level increased by more than 15%, was this authorized by legislative action?
7.	Yes No	Are you a relative of the Public Official in charge of the agency in which you are applying?
7a.	► If "Yes," give	relative's name
		position/office
	121	relationship
8.	Yes No	Are you a relative of a state employee , state board or commission member or are you a relative (other
8a.	► If "Yes," give	relative's name
		position/office
		relationship
9.	☐ Yes ☐ No	If you checked "Yes" in #8 above, does this relative work within the state agency in which you are applying?
9a.	☐ Yes ☐ No	If "Yes", is the position for which you are applying in the direct line of supervision of your relative or will the position be a supervisory employee of the relative.
I understand to be eligible for employment with the State of Arkansas, I must comply with Governor's Executive Order 98-04, ACA §21-1-401-408, and ACA §25-16-1001-1007. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative specifically under ACA §25-16-1002. If I am hired and it can be proven I falsely disclosed or failed to disclose information I could be subject to		

ies. I assert that I have answered the above questions to the best of my knowledge.

Applicant Name (Please Print)

Applicant Signature

F-3/F-4 Rev. 02/03/15