



STATE OF ARKANSAS Department of Finance and Administration

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

December 9, 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 Arkansas Minority Health Commission has selected Ms. ShaRhonda Love for the classification Arkansas Minority Health Commission Director, N133N, position number 22095187, with a proposed salary of \$79,092, mid-point of the grade. 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 the Arkansas Minority Health Commission 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,

Munhell

State Personnel Administrator

Chief Elscal Officer of the State KKB/cbc: 9 Attachments

Date

DEC - 9 2016



STATE OF ARKANSAS Asa Hutchinson Governor

December 9, 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 December 7, 2016, I am approving the request presented by you, on behalf of the Arkansas Minority Health Commission, to hire Ms. ShaRhonda Love in the classification N133N, Arkansas Minority Health Commission Director, position number 22095187, with a proposed salary of \$79,092, mid-point of grade N903. 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.

Sincerely,

Asa Hutchinson



STATE OF ARKANSAS Department of Finance and Administration 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.dfu.arkansas.gov

December 7, 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 Arkansas Minority Health Commission has selected Ms. ShaRhonda Love for the classification N133N, Arkansas Minority Health Commission Director, grade N903, position number 22095187, with a salary of \$79,092, mid-point of the grade. 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 Arkansas Minority Health Commission 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 XV. Walther Chief-Fiscal Officer of the State

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

STATE OF ARKANSAS

Department of Finance and Administration

EMPLOYEE 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.		
в	Former is defined as within the last 24 months.	
		r: Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner, General Assembly
D		
		sband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, sister, brother, stepsister, stepbrother, half-
	sister, half-brother, sister-in-law, brother-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, aunt, uncle, first cousin, niece or nephew.	
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 Age the executive branch of	ncy: 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.	☐ Yes ☐ No	If "Yes", were you employed prior to your election into office?
3b.	► 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 Freducic J. Love
		position/office State legislator
4b.	Yes 🗌 No	If "Yes", is your expected salary above \$37,649 annually or above \$18.10 per hour?
5.	Yes No	Are you the spouse of a former ^B Constitutional Officer ^C ?
5.a	If "Yes," give	spouse's name
		position/office
6.	Yes No	Are you or your spouse a former ^B General Assembly member ^D ?
6a.	► If "Yes," give	
	r 11 100, give	spouse's name
6b.	🗌 Yes 🔲 No	position/office If "Yes", within the 24 months prior to your leaving office or your spouse leaving office, was the position for
00.		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^E of the Public Official^F in charge of the agency^G in which you are applying?
		relative's ^E name
id.	If "Yes," give	
		position/office
	/	relationship
8.	🗌 Yes 🗹 No	Are you a relative ^E of a state employee ^A , state board or commission member or are you a relative ^E (other
8a.	► If "Yes," give	than the spouse) of a Constitutional Officer ^C or an Arkansas General Assembly member ^D ? relative's ^E name
ou.	P II 103, give	
		position/office
		relationship
9.	🗌 Yes 🗌 No	If you checked "Yes" in #8 above, does this relative ^E work within the state agency ^G 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^E or will the
		position be a supervisory employee of the relative ^E .
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. Talso 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		
criminal, civil and/or administrative remedies. I assert that I have answered the above questions to the best of my knowledge.		

Applicant Name (Please Print)

Applicant Signature

12/6/16 Date

F-3/F-4 Rev. 09/22/15