

No. _____

HISTORY OF EMPLOYEE FROM THE TIME OF ENTRANCE TO THE SERVICE											
(1) DEPARTMENT	(2) POSITION (TITLE)	(3) CIVIL SERVICE CLASS ^a 1 CLASSIFIED A - COMPETITIVE B - NON-COMPETITIVE C - WITHOUT EXAM. D - LABOR 2 UNCLASSIFIED	(4) HOW EACH POSITION SECURED (ORIGINAL APPOINTMENT, PROMOTION, OR TRANSFER)	(5) DATE OF APPOINTMENT, PROMOTION OR TRANSFER	(6) BY WHOM APPOINTED (TITLE OF OFFICIAL)	(7) IS POSITION YOU HOLD STATUTORY? (GIVE SECTION)	(8) SALARY OR WAGE (COMPUTE ON ANNUAL BASIS)	(9) DEBITMENTS FOR PAYROLL, TAX, CONTRIBUTIONS OF ANY KIND, RETIRE TOTAL (DOLLARS) SEE COLUMN (10)	PENSION		(12)
									(10) AMOUNT CONTRIBUTED ANNUALLY BY EMPLOYEE	(11) AMOUNT CONTRIBUTED ANNUALLY BY STATE	DATE OF SEPARATION FROM SERVICE, IF ANY
of Health	Technician	1 C	original appointment	June, 1915	Commissioner of Health	NO	\$720		5%		

(1) IF THERE HAS BEEN A SEPARATION FROM THE SERVICE, GIVE REASONS THEREFOR, AND THE DATE OF REINSTATEMENT

There has been no separation from the
Survivors.

* INDICATE BY USING LETTERS AND NUMBERS IN COLUMN (3)

- 1 A - IF APPOINTED FROM AN ELIGIBLE LIST ESTABLISHED BY COMPETITIVE EXAMINATION
1 B - IF APPOINTED AS THE RESULT OF A NON-COMPETITIVE EXAMINATION
1 C - IF APPOINTED WITHOUT EXAMINATION WITH APPROVAL OF CIVIL SERVICE COMMISSION
1 D - IF APPOINTED FROM THE LABOR LIST
E - IF ELECTED OR OTHERWISE APPOINTED. EXPLAIN IN "REMARKS" (m)

1. EMPLOYEE'S OFFICE TITLE OR DEPARTMENTAL DESIGNATION <i>Technician</i>	2. IMMEDIATE SUPERIOR (NAME AND TITLE) <i>Assistant Director of Biologic Laboratories</i>	3. LENGTH OF SERVICE AT WORK NOW PERFORMED <i>2</i> YRS. <i>0</i> MOS.	4. TIME DEVOTED TO DUTIES (REQUIRED) HRS. PER DAY <i>7</i> DAYS PER WEEK <i>5 1/2</i> WEEKS PER YEAR <i>49</i> (GIVE HOURS, DAYS, WEEKS OR FRACTIONS THEREOF) ESTIMATED OVERTIME IF ANY _____ [EXPLAIN IN "REMARKS" (13)]	5. ABSENCE ALLOWANCE <i>21</i> DAYS WITH PAY (VACATION) ____ DAYS WITHOUT PAY (VACATION) <i>30</i> DAYS WITH PAY (SICK)
6. DESCRIPTION OF WORK IN DETAIL: (INDICATE AS (2) SPECIAL; CLEARLY AND COMPLETELY AS POSSIBLE THE SCOPE AND CHARACTER OF YOUR DUTIES, WHETHER OFFICE, TRAVELLING OR FIELD WORK, ETC.) GIVE (1) GENERAL ROUTINE DUTIES AND RESPONSIBILITIES; (3) MISCELLANEOUS.				

I am in charge of the technique of the tests, and have general charge of the work of the assistant technicians and the laboratory attendants. I also perform the purely technical part of the various tests, prepare media for bacteriologic examinations, and obtain specimens of blood from patients sent to the laboratory for this purpose.

7. IS YOUR WORK UNIFORM?
(yes or no)

STATE THE EXTENT TO WHICH THE VOLUME OF YOUR WORK VARIES.

B. ARE YOU RESPONSIBLE FOR THE DIRECTION OF OTHERS? (YES OR NO)

9. LIST THE TITLES OR NAMES OF BUREAUS, DIVISIONS, SECTIONS, ETC., UNDER YOUR DIRECTION, SHOWING FOR EACH THE TOTAL NUMBER OF EMPLOYEES AND THE TOTAL SALARY COST [USING COLUMNS (A), (D) AND (E)]. IF YOUR SUPERVISION DOES NOT COVER AN ENTIRE BUREAU, DIVISION OR OTHER ORGANIZATION UNIT, LIST THE CIVIL SERVICE TITLES, AND FOR EACH TITLE THE SALARY RATE AND NUMBER OF EMPLOYEES WHOM YOU DIRECT [USING COLUMNS (B), (C) AND (D)].

[illegible]

10. IF YOUR SUPERVISION IS ONLY PARTIAL, I.E., SHARED WITH SOMEONE ELSE, INDICATE THE EXTENT.

Yes. I supervise the work of the Assistant Technicians and the laboratory attendants.

I CERTIFY TO THE CORRECTNESS OF THE ABOVE RECORD.

DATE _____

APPROVED

SIGNED

LOVED June 1-1917 DATE
W. A. Phillips

APPROVED

DATE _____

SIGNED

BUREAU HEAD ON OTHER OFFICIALS

THIS SPACE IS TO BE FILLED IN BY THE BUREAU HEAD, OR OTHER ADMINISTRATIVE OFFICIAL

11. PLEASE STATE IN WHAT RESPECTS, IF ANY, THE CLASSES OF WORK ABOVE SET FORTH DO NOT LOGICALLY ATTACH TO THE POSITION UNDER EXISTING CONDITIONS AND REGULATIONS.

12. PLEASE STATE WHAT TECHNICAL OR SPECIAL TRAINING OR EXPERIENCE, IF ANY, IS REQUIRED FOR THE SATISFACTORY PERFORMANCE OF THE DUTIES OF THIS POSITION.

Two or more years of experience
in a pathologic lab., where
many complement fixation test
are done weekly.

13. REMARKS. By the nature of the work done considerable ^{work} overtime is required and proforma no extra pay is claimed for overtime work.

No. _____

[illegible]

(1) IF THERE HAS BEEN A SEPARATION FROM THE SERVICE, GIVE REASONS THEREFOR, AND THE DATE OF REINSTATEMENT

There has been no separation from
the service

* INDICATE BY USING LETTERS AND NUMBERS IN COLUMN (3)

- 1 A - IF APPOINTED FROM AN ELIGIBLE LIST ESTABLISHED BY COMPETITIVE EXAMINATION
1 B - IF APPOINTED AS THE RESULT OF A NON-COMPETITIVE EXAMINATION
1 C - IF APPOINTED WITHOUT EXAMINATION WITH APPROVAL OF CIVIL SERVICE COMMISSION
1 D - IF APPOINTED FROM THE LABOR LIST
2 - IF ELECTED OR OTHERWISE APPOINTED. EXPLAIN IN "REMARKS" (m)

WORK RECORD—TO BE FILLED IN BY EMPLOYEE

1. EMPLOYEE'S OFFICE TITLE OR DEPARTMENTAL DESIGNATION <i>Stenographer & Assistant Technician</i>	2. IMMEDIATE SUPERIOR (NAME AND TITLE) <i>Assistant Director of Biologic Laboratories</i>	3. LENGTH OF SERVICE AT WORK NOW PERFORMED <i>2</i> YRS. <i>0</i> MOS.	4. TIME DEVOTED TO DUTIES (REQUIRED) HRS. PER DAY <i>7</i> DAYS PER WEEK <i>5 1/2</i> WEEKS PER YEAR <i>49</i> (GIVE HOURS, DAYS, WEEKS OR FRACTIONS THEREOF) ESTIMATED OVERTIME IF ANY _____ [EXPLAIN IN "REMARKS" (13)]	5. ABSENCE ALLOWANCE _____ <i>21</i> ____ DAYS WITH PAY (VACATION) _____ _____ _____ <i>30</i> ____ DAYS WITH PAY (SICK)
6. DESCRIPTION OF WORK IN DETAIL: (INDICATE AS CLEARLY AND COMPLETELY AS POSSIBLE THE SCOPE AND CHARACTER OF YOUR DUTIES, WHETHER OFFICE, TRAVELLING OR FIELD WORK, ETC.) GIVE (1) GENERAL ROUTINE DUTIES AND RESPONSIBILITIES; (2) SPECIAL; (3) MISCELLANEOUS.				

~~I assist the technician in the performance of her work (See Technician)~~
~~and perform such typewriting and stenographic work as the occasion may require~~
~~when there is a rush of work or when the stenographer is absent.~~

I perform the technique of the various tests made in the Laboratory, ~~perform~~ prepare media for bacteriologic examination and obtain specimens of blood from patients sent to the Laboratory for this purpose. In addition to this I perform such typewriting and stenographic work as the occasion may require when there is a rush of work or when the stenographer is absent. My work differs from

[illegible]

10. IF YOUR SUPERVISION IS ONLY PARTIAL, I.E., SHARED WITH SOMEONE ELSE, INDICATE THE EXTENT.

THIS SPACE IS TO BE FILLED IN BY THE BUREAU HEAD, OR OTHER ADMINISTRATIVE OFFICIAL

11. PLEASE STATE IN WHAT RESPECTS, IF ANY, THE CLASSES OF WORK ABOVE SET FORTH DO NOT LOGICALLY ATTACH TO THE POSITION UNDER EXISTING CONDITIONS AND REGULATIONS.

None -

12. PLEASE STATE WHAT TECHNICAL OR SPECIAL TRAINING OR EXPERIENCE, IF ANY, IS REQUIRED FOR THE SATISFACTORY PERFORMANCE OF THE DUTIES OF THIS POSITION.

① Since most of the training is a laboratory - where pathological & serological examinations are made in large numbers.

② a course in short hand & penmanship.

I CERTIFY TO THE CORRECTNESS OF THE ABOVE RECORD.		APPROVED		APPROVED	
June 1, 1917. DATE		June 1 - 1917 DATE			
SIGNED Josephine Washburn EMPLOYEE		SIGNED Wm. A. Hunt IMMEDIATE SUPERIOR		SIGNED	

13. REMARKS.
By the nature of the work done considerable overtime work is required and performed. No extra pay is received for overtime work.

No. _____

[illegible]

(1) IF THERE HAS BEEN A SEPARATION FROM THE STATE SERVICE, GIVE REASONS THEREFOR, AND THE DATE OF REINSTATEMENT

LIVING QUANTITIES (ACTUAL OR ESTIMATED VALUE)	MEALS (ACTUAL OR ESTIMATED)	CLOTHING	EXPENSES TRAVELLING TO AND FROM WORK	MISCELLANEOUS	FEES RECEIVED FROM OTHER SOURCES FOR WORK PERFORMED IN CONNECTION WITH STATE WORK	TOTAL BY MONTH	TOTAL BY YEAR
\$	\$	\$	\$	\$	\$	\$	\$

(m) REMARKS

* EXPLANATORY NOTE FOR (3) CIVIL SERVICE CLASS. INDICATE BY USING LETTERS AND NUMBERS IN COLUMN (3)

- 1 A-IF APPOINTED FROM AN ELIGIBLE LIST ESTABLISHED BY COMPETITIVE EXAMINATION
1 B-IF APPOINTED AS THE RESULT OF A NON-COMPETITIVE EXAMINATION
1 C-IF APPOINTED WITHOUT EXAMINATION WITH APPROVAL OF CIVIL SERVICE COMMISSION
1 D-IF APPOINTED FROM THE LABOR LIST
2-IF ELECTED OR OTHERWISE APPOINTED, EXPLAIN IN "REMARKS" (m)

IF APPOINTMENT IS SECURED FROM A COMPETITIVE LIST, WRITE THE NAME OF THE LIST IN COLUMN (3)
IF APPOINTMENT WAS NOT MADE FROM A COMPETITIVE LIST, WRITE "NO LIST" IN COLUMN (3)

1. EMPLOYEE'S OFFICE TITLE OR DEPARTMENTAL DESIGNATION	2. IMMEDIATE SUPERIOR (NAME AND TITLE)	3. LENGTH OF SERVICE AT WORK NOW PERFORMED	4. TIME DEVOTED TO DUTIES (REQUIRED) HRS. PER _____ DAYS PER _____ WEEKS PER _____ DAY _____ WEEK _____ YEAR _____ (GIVE HOURS, DAYS, WEEKS OR FRACTIONS THEREOF)	5. ABSENCE ALLOWANCE _____ DAYS WITH PAY (VACATION) _____ DAYS WITHOUT PAY (VACATION) _____ DAYS WITH PAY (SICK)
		____ YRS. _____ MOS. [EXPLAIN IN "REMARKS" (18)]	ESTIMATED OVERTIME IF ANY _____ [EXPLAIN IN "REMARKS" (18)]	

[illegible]

8. ARE YOU RESPONSIBLE FOR THE DIRECTION OF OTHERS? (YES OR NO)

11. PLEASE STATE IN WHAT RESPECTS, IF ANY, THE CLASSES OF WORK ABOVE SET FORTH DO NOT LOGICALLY ATTACH TO THE POSITION UNDER EXISTING CONDITIONS AND REGULATIONS.

ORGANIZATION UNIT (a)	TITLES OF EMPLOYEES (a)	SALARY RATE (c)	NUMBER OF EMPLOYEES (a)	TOTAL SALARY OF EMPLOYEES (c)
		TOTALS		

12. PLEASE STATE WHAT TECHNICAL OR SPECIAL TRAINING OR EXPERIENCE, IF ANY, IS REQUIRED FOR THE SATISFACTORY PERFORMANCE OF THE DUTIES OF THIS POSITION.

SIGNED _____
BUREAU HEAD OR OTHER OFFICIAL

13. REMARKS.

No. _____

[illegible]

(1) IF THERE HAS BEEN A SEPARATION FROM THE SERVICE, GIVE REASONS THEREFOR, AND THE DATE OF REINSTATEMENT

There has been no separation from the service.

* INDICATE BY USING LETTERS AND NUMBERS IN COLUMN (3)

1 A - IF APPOINTED FROM AN ELIGIBLE LIST ESTABLISHED BY COMPETITIVE EXAMINATION
1 B - IF APPOINTED AS THE RESULT OF A NON-COMPETITIVE EXAMINATION
1 C - IF APPOINTED WITHOUT EXAMINATION WITH APPROVAL OF CIVIL SERVICE COMMISSION
1 D - IF APPOINTED FROM THE LABOR LIST
IF ELECTED OR OTHERWISE APPOINTED. EXPLAIN IN "REMARKS" (m)

No. _____

[illegible]

(1) IF THERE HAS BEEN A SEPARATION FROM THE SERVICE, GIVE REASONS THEREFOR, AND THE DATE OF REINSTATEMENT

There has been no separation from the service.

* INDICATE BY USING LETTERS AND NUMBERS IN COLUMN (3)

1 A - IF APPOINTED FROM AN ELIGIBLE LIST ESTABLISHED BY COMPETITIVE EXAMINATION

18 - IF APPOINTED AS THE RESULT OF A NON-COMPETITIVE EXAMINATION

1 C - IF APPOINTED WITHOUT EXAMINATION WITH APPROVAL OF CIVIL SERVICE COMMISSION

10 - IF APPOINTED FROM THE LABOR LIST

- IF ELECTED OR OTHERWISE APPOINTED, EXPLAIN IN "REMARKS" (m)

1. EMPLOYEE'S OFFICE TITLE OR DEPARTMENTAL DESIGNATION <i>Stenographer</i>	2. IMMEDIATE SUPERIOR (NAME AND TITLE) <i>Asst Director of Biologic Laboratories</i>	3. LENGTH OF SERVICE AT WORK NOW PERFORMED _____.YRS. <u>8</u> MOB.	4. TIME DEVOTED TO DUTIES (REQUIRED) HRS. PER DAY <u>7</u> DAYS PER WEEK <u>5 1/2</u> WEEKS PER YEAR <u>49</u> (GIVE HOURS, DAYS, WEEKS OR FRACTIONS THEREOF) ESTIMATED OVERTIME IF ANY _____ [EXPLAIN IN "REMARKS" (12)]	5. ABSENCE ALLOWANCE _____. DAYS WITH PAY (VACATION) _____. DAYS WITHOUT PAY (VACATION) <u>30</u> DAYS WITH PAY (SICK)
---	---	--	---	---

I have charge of the stenographic work of the Laboratory, type write the reports and letters which are sent out; prepare the requisitions for purchases; keep the financial accounts, and prepare a permanent record of the test made on each specimen.

^{Dr. supervisor} ~~Dr. supervisor~~ ^{the stenographic work of the Lab.} ^{& clinical} ^{sup. the financial accounts.} 2. I conduct the business ^{of the Lab.} ^{perform} ^{Wasserman an} ^{tests & other for} ^{the} ^{also} ^{I supervise}

test, make preliminary tests for rabies, make culture media, ~~laboratory~~ ^{also} I supervise this class of work done by this in the laboratory.

8. ARE YOU RESPONSIBLE FOR THE DIRECTION OF OTHERS? (YES OR NO) *yes*

9. LIST THE TITLES OR NAMES OF BUREAUS, DIVISIONS, SECTIONS, ETC., UNDER YOUR DIRECTION, SHOWING FOR EACH THE TOTAL NUMBER OF EMPLOYEES AND THE TOTAL SALARY COST [USING COLUMNS (A), (D) AND (E).] IF YOUR SUPERVISION DOES NOT COVER AN ENTIRE BUREAU, DIVISION OR OTHER ORGANIZATION UNIT, LIST THE CIVIL SERVICE TITLES, AND FOR EACH TITLE THE SALARY RATE AND NUMBER OF EMPLOYEES WHOM YOU DIRECT [USING COLUMNS (B), (C) AND (D).]

[illegible]

The supervision power which I exercise in particular matters relating to organization, discipline, ^{discipline} ~~the~~ all referred to the Director of the Lake.

June 1, 1917 DATE
SIGNED *Genevieve O. Stuart* EMPLOYEE

June 1 - 1897 DATE
Signed W. A. K. H. T. IMMEDIATE SUPERIOR

SIGNED

BUREAU HEAD ON OTHER OFFICIALS

11. PLEASE STATE IN WHAT RESPECTS, IF ANY, THE CLASSES OF WORK ABOVE SET FORTH DO NOT LOGICALLY ATTACH TO THE POSITION UNDER EXISTING CONDITIONS AND REGULATIONS.

12. PLEASE STATE WHAT TECHNICAL OR SPECIAL TRAINING OR EXPERIENCE, IF ANY, IS REQUIRED FOR THE SATISFACTORY PERFORMANCE OF THE DUTIES OF THIS POSITION.

Short hand, typewriting together
with educatⁿ equivalent to
high school training

13. REMARKS. By the nature of the work done considerable overtime work is required and performed. No extra pay is given for overtime work.

No. _____

HISTORY OF EMPLOYEE FROM THE TIME OF ENTRANCE TO THE SERVICE											
(1) DEPARTMENT	(2) POSITION (TITLE)	(3) CIVIL SERVICE CLASS* 1 CLASSIFIED A - COMPETITIVE B - NON-COMPETITIVE C - WITHOUT EXAM. D - LABOR 2 UNCLASSIFIED	(4) HOW EACH POSITION SECURED (ORIGINAL APPOINTMENT, PROMOTION, OR TRANSFER)	(5) DATE OF APPOINTMENT, PROMOTION OR TRANSFER	(6) BY WHOM APPOINTED (TITLE OF OFFICIAL)	(7) IS POSITION YOU HOLD STATUTORY? (GIVE SECTION)	(8) SALARY OR WAGE (COMPUTE ON ANNUAL BASIS)	(9) REINSTATEMENTS, PROMOTIONS, FEES, AND DEDUCTIONS OF ASSESSMENTS (GIVE TOTAL OF ALL)	PENSION		(12)
									(10) AMOUNT CONTRIBUTED ANNUALLY BY EMPLOYEE	(11) AMOUNT CONTRIBUTED ANNUALLY BY STATE	DATE OF SEPARATION FROM SERVICE IF ANY
Of Health	Laboratory Attendant			Original May 15/16	Comm. of Health	no.	\$ 360		none		
Laboratory Attendant				appointed							

[illegible]

m) REMARKS
Selected by assistant director of Lab & appointed
Com. of Health

(1) IF THERE HAS BEEN A SEPARATION FROM THE SERVICE, GIVE REASONS THEREFOR, AND THE DATE OF REINSTATEMENT

There has been no separation from the service.

* INDICATE BY USING LETTERS AND NUMBERS IN COLUMN (3)

1 A - IF APPOINTED FROM AN ELIGIBLE LIST ESTABLISHED BY COMPETITIVE EXAMINATION

1 B - IF APPOINTED AS THE RESULT OF A NON-COMPETITIVE EXAMINATION

1 C - IF APPOINTED WITHOUT EXAMINATION WITH APPROVAL OF CIVIL SERVICE COMMISSION

1 D - IF APPOINTED FROM THE LABOR LIST

2 - IF ELECTED OR OTHERWISE APPOINTED, EXPLAIN IN "REMARKS" (m)

1. EMPLOYEE'S OFFICE TITLE OR DEPARTMENTAL DESIGNATION

3. LENGTH OF SERVICE AT
WORK NOW PERFORMED

5. ABSENCE ALLOWANCE

21 DAYS WITH PAY (VACATION)

_____ DAYS WITHOUT PAY (VACATION)

30 DAYS WITH PAY (SICK)

Assist in the care and feeding of the animals, clean the glassware, send out outfit for the collection of specimens, and generally assist in keeping the laboratory tidy.

STATE THE EXTENT TO WHICH THE VOLUME OF YOUR WORK VARIES.

(YES OR NO)

THIS SPACE IS TO BE FILLED IN BY THE BUREAU HEAD, OR OTHER ADMINISTRATIVE OFFICIAL

none.

[illegible]

None

APPROVED

APPROVED

June 1. 1917 DATE

June 1 - 1917 DATE

Mrs. A. Gagnon

Wm. A. Winter.

Siemens

EUROPEAN HEAD OR OTHER OFFICIAL

13. REMARKS. *By the nature of the work done considerable overtime work is required and performed. No extra pay is given for over-time work.*