



State of Georgia  
Department of Labor  
SEPARATION NOTICE  
(DOL-800)

P4  
SOP IV018-0001  
Attachment I  
Rev. 12/01/99

1. Employee's Name SHAYD HATCHER 2. S.S. No. [REDACTED]

a. State any other name(s) under which employee worked \_\_\_\_\_

3. Period of Last Employment: From May 1, 1997 To August 12, 2000

4. REASON FOR SEPARATION:

a. LACK OF WORK

b. If for other than lack of work, state fully and clearly the circumstances of the separation:

Terminated for misconduct.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.) (DO NOT include vacation pay or earned wages)

\_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_  
(type of payment)

Date above payment(s) was/will be issued to employee \_\_\_\_\_

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.

\_\_\_\_\_ per month \_\_\_\_\_ % of contributions paid by employer.

6. Did this employee earn at least \$2,500.00 in your employ? YES  No  If NO, how much \$ \_\_\_\_\_

<p>EMPLOYER'S NAME: <u>GEORGIA DEPARTMENT OF CORRECTIONS</u>  Facility (Name) <u>HAYS STATE PRISON</u>  c/o <u>R. E. HARRINGTON</u>  Address <u>P. O. BOX 124086</u>  City <u>ATLANTA</u> State <u>GA</u> Zip Code <u>31139-1086</u>  R. E. HARRINGTON'S Telephone Numbers: _____ Fax Number: _____  <u>1-800 241-6341, 770-379 9560</u> <u>770-396-9027</u></p>	<p>Gr. D.O.L. Account Number <u>110094-00</u>  (Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)</p> <p>I CERTIFY that the above worker has been separated from work and the information furnished herein is true and correct. This report has been handed to or mailed to the worker.</p> <p><u>[Signature]</u>  Signature of Official, Employee of the Employer  or authorized agent for the employer</p> <p><u>Personnel Manager</u>  Title of Person Signing</p> <p><u>August 14, 2000</u>  Date Completed and Released to Employee</p>
<p align="center"><b>NOTICE TO EMPLOYER</b></p> <p>At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL 403FF, you may attach a copy of this form (DOL-800) as part of your response.</p>	

**NOTICE TO EMPLOYEE**

OCGA SECTION 34-8-190(c), OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICES OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.



**GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL  
CHANGE OF STATUS FORM  
DEPARTMENT OF CORRECTIONS**

This form issued to notify POST of personnel changes on certified/registered peace officers, and candidates who have an application on file for certification at POST. Applicants hired as peace officers who have no previous law enforcement experience and are uncertified are reported to POST via an Application for Peace Officer Certification. The application is due at POST on or before the officer's first day of sworn employment.

**SECTION A ALWAYS COMPLETE THIS SECTION THEN APPLICABLE SECTION BELOW**

<u>                    </u>	<u>HATCHER</u>	<u>SHAY</u>	<u>D</u>	<u>                    </u> 74	<u>Black/Male</u>	<u>                    </u>
Social Security #	Last Name	First Name	Middle Name	Date of Birth	Race/Sex	Educ.
Agency: <u>HAYS STATE PRISON</u>			Agency ID#: <u>                    </u>			

**SECTION B COMPLETE WHEN THERE IS A STATUS CHANGE WITHIN INSTITUTION**

Transfer from: <u>                    </u>	To: <u>                    </u>
Effective Date: <u>05/01/97</u>	Rank: <u>Sergeant</u> <small>(See next page for list of Ranks)</small>

**SECTION C COMPLETE FOR CHANGES IN YOUR PRESENT STAFF**

Legal Name Change to <u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
(Attach legal document of change)	Last Name	First Name	MI
Date Promoted: <u>                    </u>	Rank: <u>                    </u> <small>(See next page for list of Ranks)</small>	Date Retired: <u>                    </u>	Date Deceased: <u>                    </u>
Voluntary Resignation date: <u>                    </u>	Lay Off: (Reduction in force) date: <u>                    </u>		

**SECTION D DISCIPLINARY ACTION**

Resigned in lieu of dismissal: <u>                    </u>	Dismissed: <u>8/12/2000</u>	Demoted on: <u>                    </u>	to a: <u>                    </u>
Date	Date	Date	Rank
Suspended Indefinitely: <u>                    </u>	Suspended (min. 30 days) from: <u>                    </u>	to: <u>                    </u>	
Date	Date	Date	
Reason for disciplinary action: <u>See attached.</u>			
Officer's last known address: <u>2103 SOUTHERN STREET APT. # "A" ROME GA 30165</u>			

**AUTHORIZATION TO SUBMIT TO POST**

Authorizing Signature: Billy Tompkins Date: 8/28/2000 Phone #: (706) 857-0404

RETURN FORM TO: Delores Blevins, Georgia Corrections Academy, 1000 Indian Springs Dr., Forsyth, GA 31029  
C-11, Revised (2/26/98), THIS FORM MAY BE DUPLICATED



GEORGIA DEPARTMENT OF CORRECTIONS  
POSITION/PERSONNEL ACTION REQUEST



\* P 4 \*

TO Department Personnel Director

DATE 08/01/00

Location: HAYS STATE PRISON Initiator Lisa Norton Phone: 706-857-0405

COMMENTS

SSN [REDACTED]	Ethnic Group <u>Black</u>	Gender <u>Male</u>	Date of Birth <u>7/74</u>	Supporting Papers:		See letter of dismissal & charge sheets attached. He received the 148 supplement TERMINAL LEAVE TO FOLLOW.												
Employee ID <u>00335396</u>	Mail Drop ID <u>342</u>	<input checked="" type="checkbox"/> Letter of Resignation, Dismissal or Layoff <input type="checkbox"/> Suspension Notice <input type="checkbox"/> Job Description <input type="checkbox"/> Min. Qual. Review Decision <input type="checkbox"/> DOL 800 Separation Notice <input type="checkbox"/> Other (Specify)																
Name <u>SHAY D HATCHER</u>		Check here if rehire is not recommended <input type="checkbox"/>																
<table border="1"> <thead> <tr> <th>Action</th> <th>Reason</th> <th>Description of Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>TER CON</td> <td>Misconduct</td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>		Action	Reason	Description of Action	1		TER CON	Misconduct	2			3			*If checked, attach supporting documentation.			
Action	Reason	Description of Action																
1	TER CON	Misconduct																
2																		
3																		
Effective Date of Action <u>08/12/00</u>	Does this action impact a high security supplement? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	Terminal Leave Hours To Be Paid <u>13</u>	Last Day In Pay Status <u>08/11/00</u>	<u>8/12/00</u>	<u>8/8/00</u>													
TO		FROM <u>Chattooga</u>		Tax Location/County Code														
Classified Indicator	Position Number	Classified Indicator	Position Number	<u>00113156</u>														
Job Number	Job Title	Job Number	Job Title	<u>17234 SERGEANT (GDC)</u>														
Department ID	Dept. ID Name	Department ID	Dept. ID Name	<u>4672310301 Inmate Mgmt/Security</u>														
Paygrade	Monthly Salary Percentage	Paygrade	Monthly Salary	<u>13L 2064 50</u>														
Is Schedule Monday - Friday? Yes <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> If No, Circle Off Days Below.																		
1st Pay Period <u>1</u> <u>2</u> 3 4 5 6 7 8 <u>9</u> <u>10</u> <u>11</u> 12 13 14 15																		
2nd Pay Period 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																		
COMPLETED BY <u>[Signature]</u>		BUDGET APPROVAL BY <u>[Signature]</u>		Date <u>8-1-2000</u>														
ADDITIONAL SIGNATURE BLOCK (If Needed) <u>[Signature]</u>		APPOINTING AUTHORITY <u>[Signature]</u>		Date <u>8-2-00</u>														

*upheld*

AMB  
8/2/00

(Page 1 of 5)

GA DEPARTMENT OF CORRECTIONS  
HAYS STATE PRISON  
PO BOX 668  
TRION, GA 30753  
(706) 857-0400 OR FAX (706) 857-0624

Billy Tompkins, Warden

July 28 2000

Shay Hatcher  
2103 Southern Street  
Rome, GA 30161

This is to advise you of my intention to take the following adverse action against you. A copy of the charge(s) for which this action is proposed is attached.

- Dismissal from employment effective August 12, 2000

You have the right to respond to the Commissioner's Designee for Adverse Action within 10 calendar days from the date of receipt of the charge(s) or reason(s) given for the adverse action. Your response may be in writing, in person, or both. If you wish to appear in person, it must be at an agreed upon time between 8:00 a.m. to 4:30 p.m., Monday through Friday. In order to coordinate your written response, personal response or both, please call the following person designated to consider your response:

DOUG LAUDERDALE, COMMISSIONER'S DESIGNEE FOR ADVERSE ACTION  
2 MARTIN LUTHER KING, JR. DRIVE  
SUITE 756, EAST TOWER  
ATLANTA, GA 30334  
(404) 656-6348 or FAX (404) 657-4317

You may submit affidavits or other evidence in support of your written or personal response to this proposed adverse action.

If you fail to respond to the Commissioner's designee within 10 calendar days as set forth in this notice, you will have waived all further appeal rights, including any appeal to the State Personnel Board. As a result of a failure to respond, the adverse action as proposed will become final and effective on the above specified date without further notice.

  
\_\_\_\_\_  
Appointing Authority, Billy Tompkins, Warden

  
\_\_\_\_\_  
Employee's Signature  
Acknowledges Receipt Only

7-28-00  
Date

cc: Facilities Division Director  
North Region Director  
Department Personnel Director  
Director of Certification Division - POST Council  
Legal Office Representative  
Commissioner's Designee for Adverse Action  
CPA Adverse Action Coordinator  
Local Personnel File

### **CHARGE I**

MISCONDUCT, NEGLIGENCE OR INEFFICIENCY IN PERFORMING ASSIGNED DUTIES AND/OR UNFITNESS IN PERFORMING ASSIGNED DUTIES, in that you, Shay Hatcher, Sergeant at Hays State Prison, did, in or about January and/or February, 2000, act in an inappropriate and unprofessional manner when you used profanity toward an inmate or inmates including, but not limited to, "mother fucker".

### **CHARGE II**

MISCONDUCT, NEGLIGENCE OR INEFFICIENCY IN PERFORMING ASSIGNED DUTIES AND/OR UNFITNESS IN PERFORMING ASSIGNED DUTIES, in that you, Shay Hatcher, Sergeant at Hays State Prison, did, in or about January and/or February, 2000, act in an inappropriate and unprofessional manner when you told an inmate to squat by a wall and then placed a homosexual inmate in front of him to simulate oral sex and said "push it baby, push it on out".

### **CHARGE III**

MISCONDUCT, NEGLIGENCE OR INEFFICIENCY IN PERFORMING ASSIGNED DUTIES AND OR UNFITNESS IN PERFORMING ASSIGNED DUTIES, in that you, Shay Hatcher, Sergeant at Hays State Prison, did, in or about January and/or February, 2000, act in an inappropriate and unprofessional manner when you told an inmate to twirl like a ballerina.

### **CHARGE IV**

MISCONDUCT, NEGLIGENCE OR INEFFICIENCY IN PERFORMING ASSIGNED DUTIES AND/OR UNFITNESS IN PERFORMING ASSIGNED DUTIES, in that you, Shay Hatcher, Sergeant at Hays State Prison, did, in February, 2000, make false and/or misleading statements to the investigator in this incident.



JIM WETHERINGTON,  
Commissioner

**GEORGIA DEPARTMENT OF CORRECTIONS**

Floyd Veterans Memorial Building  
Room 770 - East Tower  
Atlanta, Georgia 30334-4900

August 10, 2000

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
ARTICLE No. Z.082.059.357

**TO:** Shay Hatcher  
2103 Southern St.  
Apartment A  
Rome, GA 30161-5490

**FROM:** Commissioner's Designee for Adverse Action

**SUBJECT:** Adverse Action  
SSN: ██████████

**REF:** (a) Appointing Authority's Letter to you dated  
July 28, 2000

**ENCL:** (1) Charge Sheet

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By Reference (a), your Appointing Authority informed you by written notice on July 28, 2000 that your employment would be terminated effective August 10, 2000 for the offenses described therein. You subsequently exercised your right to respond to the proposed adverse action, and I thereafter, received your "Written" response (via facsimile Tuesday, August 1, 2000) on Monday, August 7, 2000 at the Department's Central Office in Atlanta, GA.

In your *Written* response you denied to the specifics of the action as proposed per reference (a).

I have carefully considered the matters which you described in your response to me as well as information produced by your Appointing Authority.

After weighing all of the pertinent evidence in the case, I am of the opinion that there is sufficient evidence to establish that adverse action is appropriate per the offenses set forth in Reference (a). Reference (a) and its attached charges are approved and incorporated herein. The charges are attached as enclosure (1), for your convenience.

It is the final determination of this Department that you are to be

**DISMISSED.**

for the offenses set forth in reference (a) The action will take place on

**AUGUST 10, 2000** ?

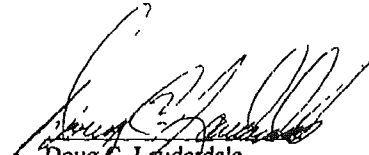
*15th day was  
8/12/00 which is  
what was entered  
(ggt)*

regardless whether you appeal to the State Personnel Board

You may appeal this final determination to the State Personnel Board Pursuant to Rule 14 of the Board's Rules and Regulations by filing an appeal in writing with

**State Personnel Board  
C/O: Office of State Administrative Hearings  
235 Peachtree Street, NE  
Suite 700  
Atlanta, Georgia 30303**

within 10 CALENDAR days from the date you receive this determination of the final action or from the effective date of this action, whichever is later

  
Doug C. Lauderdale  
Commissioner's Designee for  
Adverse Action

dcl  
Enclosure

xc James Doctor, Director, Facilities Division  
Tony Turpin, Regional Director, Northern Region  
Billy Tompkins, Warden, Hays State Prison  
Lisa Norton, Personnel Mgr, Hays State Prison  
Cindy L. Schweiger, Departmental Personnel Director  
State Personnel Board  
Wayne Melton, Director, Certification Division, POST Council  
Mirla C. Bigda, Supervising Counsel, Legal Services Office  
Glenda Thomas, Central Personnel

**PH: (404) 656-6348 \* \* \* FAX: (404) 657-4317**

Stacey Phillips - Shay Hatcher - Leave

SS# [REDACTED]

Page 1

**From:** Glenda Thomas  
**To:** Phillips, Stacey  
**Date:** 1/14/02 10:39AM #  
**Subject:** Shay Hatcher - Leave 335396

Stacey - the above employee was reinstated 12/15/00. He has been repaying annual leave for the past year. That has now been satisfied. His original leave, 245 hrs annual, can now be restored plus accruals from 12/16/00 forward. I think you put the 214 hrs, sick leave back on the books previously. The period 8/10/00 - 12/14/00 is a suspension WITHOUT pay status, so he does not accrue for that period. If you need further info, please let me know. Thanks

- \* Restored 245 annual leave.
- \* accruals correct in systems
- \* no other changes needed.



Stacey Phillips - Shay Hatcher, Randy Reed

Page 1

**From:** Glenda Thomas  
**To:** Stacey Phillips  
**Date:** 1/12/01 3:29PM  
**Subject:** Shay Hatcher, Randy Reed

SSH [redacted]  
00335396  
also send service  
change data to  
to  
6/16/96

Stacey - Shay Hatcher had 214 hrs. sick leave when he was originally terminated. He has been re-instated 12/14/00. The period from August 12 - December 13, 2000 is suspension without pay so he will not accrue until the 12/16/00 pay cycle forward.

[redacted] had 406 hrs. sick leave when he was originally terminated. He, likewise, was reinstated 12/14/00 with the suspension without pay for August 12-December 13. Both these are repaying annual leave so that will be restored after full payment.

Let me know if this is confusing. Thanks

Entered  
1/16/01  
[Signature]