

STATE OF OHIO
STATE PERSONNEL BOARD OF REVIEW

Obianuju E. Anunike,

Appellant,

v.

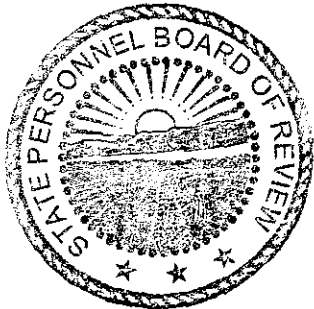
Case No. 07-SUS-02-0053

Department of Rehabilitation and Correction,
Ohio Reformatory for Women,

Appellee.

ORDER

This matter came on for consideration on the motion of Appellee that the Rescission attached hereto be adopted. Being fully advised in the premises, the Board hereby orders that the attached rescission, incorporated herein by reference and made a part of the case file in this appeal, be **ADOPTED**, and that Appellant's appeal be **DISMISSED**.



Lumpe – Aye
Booth – Aye
Tracy – Aye

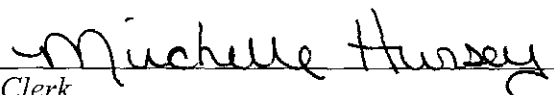


J. Richard Lumpe, *Chairman*

CERTIFICATION


The State of Ohio, State Personnel Board of Review, ss:

I, the undersigned clerk of the State Personnel Board of Review, hereby certify that the foregoing is ~~(the original)~~ a true copy of the original) order or resolution of the State Personnel Board of Review as entered upon the Board's Journal, a copy of which has been forwarded to the parties this date, July 25, 2007.



Michelle Hussey
Clerk

NOTE: Please see the reverse side of this Order **or** the attachment to this Order for information regarding your appeal rights.

7/25/07 

BEFORE THE STATE PERSONNEL BOARD OF REVIEW

OBIANUJU E. ANUNIKE, :
Appellant, : CASE NO. 07-SUS-02-0053
v. :
DEPARTMENT OF REHABILITATION & : ALJ YOUNG
CORRECTIONS, OHIO REFORMATORY
FOR WOMEN :
Appellee.

STATE PERSONNEL BOARD OF REVIEW
2007 JUL 11 PM 2:48

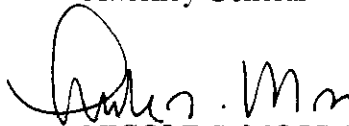
APPELLEE'S NOTICE OF RESCISSION OF R.C. § 124.34 ORDER

The Appellee, Ohio Department of Rehabilitation and Correction, Ohio Reformatory for Women by serves notice of its rescission of the R.C. § 124.34 Order that is the subject of the appeal in the above-captioned matter, pursuant to Ohio Administrative Code § 124-3-03(C).

Attached please find a copy of the Personnel Action evidencing the rescission of the R.C. § 124.34 Order that was served on Appellant Obianuju E. Anunike on August 31, 2006.


Respectfully submitted,

MARC DANN
Attorney General




NICOLE S. MOSS (0062938)
Assistant Attorney General
Employment Law Section
150 East Gay Street, 22nd Floor
Columbus, Ohio 43215
(614) 644-7257 Telephone
(614) 752-4677 Fax

7-11-07



CERTIFICATE OF SERVICE

I certify that a copy of the foregoing *Notice of Rescission* was served upon Obianuju E. Anunike, 3155 Summerwood Court, Galena, Ohio 43201 by ordinary U.S. Mail, postage prepaid this 11th day of July, 2007.


NICOLE S. MOSS (0062938)
Assistant Attorney General

ACTION
STATE OF OHIO

FROM: ODRC Ohio Reformatory for Women
 TO: ODRC
 DIVISION OR INSTITUTION
 UNIT OR OFFICE
 DATE STAMP

NAME		DATE OF BIRTH		MARITAL STATUS		EDUCATION				
FROM: ANUNIKE	OBIANUJU E	SEX: F	MO: 9	DAY: 16	YR: 65	NO OF YEARS	DEGREE	MAJOR		
TO:										
ADDRESS		CITY		STATE		ZIP CODE		COUNTY		
FROM: 3155 SUMMERWOOD CT	GALENA	OH	43021	DELA						
TO:										
EFFECTIVE DATE	DEPARTMENT ID	POSITION NO.	UNION CODE	BARG UNIT	BU FLAG	PERM/TEMP	FULLPART	HC COUNTY		
07/08/2007	FROM: 211100	20021015		22	9	Perm	Full	Union		
TO:										
FROM:	JOB CODE TITLE	JOB CODE	GRADE	STEP	BASE RATE	LONG	SUPPL	SUPPL	TOTAL	STATUS
	CORRECTION SPC	63181	12	6	\$28.13	1.08			\$29.21	C
TO:										

NATIONAL ID 275920557

EMPLOYEE ID 10023478

HIRE	CHANGE (DATA-POSITION-TRANSFER-PROMO-DEMOTION)	TERMINATION	LEAVES
Action Reason <input type="checkbox"/> HIR EMR EMERGENCY <input type="checkbox"/> HIR PER PERMANENT <input type="checkbox"/> HIR TEM TEMPORARY <input type="checkbox"/> HIR SEA SEASONAL <input type="checkbox"/> HIR INT INTERMITTENT <input type="checkbox"/> HIR FTS FIXED TERM SALARIED <input type="checkbox"/> HIR DIM FIXED TERM PER DIEM <input type="checkbox"/> HIR EXI INTERIM EXTERNAL <input type="checkbox"/> HIR ETR ESTAB TERM REG <input type="checkbox"/> HIR ETI ESTAB TERM IRREG <input type="checkbox"/> HIR PRJ PROJECT EMPLOYEE REHIRE Action Reason <input type="checkbox"/> REH REH REHIRE <input type="checkbox"/> REH REL REEMPLOY LAYOFF APPT TYPE _____ <input type="checkbox"/> REH RCL RECALL LAYOFF APPT. TYPE _____ <input type="checkbox"/> REH RSP REINST SEP <input type="checkbox"/> REH RTP REINST 3RD PARTY <input type="checkbox"/> REH RET RETURN FROM RETIREMENT	Action Reason <input type="checkbox"/> DEM DEM DEMOTION <input type="checkbox"/> DTA SCS CIVIL SERV STATUS <input type="checkbox"/> DTA APC APPT CHNG TO _____ <input type="checkbox"/> DTA XLV EXTEND LEAVE DATE <input type="checkbox"/> DTA RNP REASSIGN NO PAY IN <input type="checkbox"/> DTA RPI REASSIGN PAY INCR <input type="checkbox"/> DTA RPT REASSIGN 3RD PTY <input type="checkbox"/> DTA TWL TEMP WORK LVL ENDS JOB CODE RATE STEP <input type="checkbox"/> DTA SVC SERVICE CHANGE <input type="checkbox"/> DTA SSN SSN CORRECTION <input type="checkbox"/> DTA DCP DAS CLASS PLAN <input type="checkbox"/> DTA ETW END TWL <input type="checkbox"/> DTA HQC HQ LOCATN CHNG <input type="checkbox"/> DTA LAT LATERAL CLASS CHNG <input type="checkbox"/> DTA NAM NAME CHANGE <input type="checkbox"/> DTA PGC PAY GROUP CHANGE <input type="checkbox"/> DTA DPL DISPLACEMENT <input type="checkbox"/> DTA RCD RECALL DISPLACE <input type="checkbox"/> DTA CIM CANCEL INTERIM <input type="checkbox"/> DTA TMP INTERIM INTERNAL <input type="checkbox"/> PAY RTC RATE <input type="checkbox"/> PRO PRO PROMOTION <input type="checkbox"/> XFR TRW TRAN W/IN AGCY <input type="checkbox"/> XFR TRB TRAN BTWN AGCY	Action Reason <input type="checkbox"/> RET DIR DISABILITY RET <input type="checkbox"/> RET RET RETIRED <input type="checkbox"/> TER RES RESIGNED - REG WRITTEN ORAL <input type="checkbox"/> TER DEA DECEASED <input type="checkbox"/> TER REM REMOVED <input type="checkbox"/> TER PRB PROB REMOVAL <input type="checkbox"/> TER LOF LAY OFF <input type="checkbox"/> TER UNR UNCLAS TERM <input type="checkbox"/> TER ORM OTHER REMOVAL <input type="checkbox"/> TER CAP CANCEL APPT <input type="checkbox"/> TER DBS DISABILITY SEP NO INSURANCE <input type="checkbox"/> TWP DS: DISABILITY SEP WITH INSURANCE REINSTATED BY _____ <input type="checkbox"/> TER IMS INTERIM SEP <input type="checkbox"/> TER NGS RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> TER NRR RES - NOT RECOM FOR REHIRE <input type="checkbox"/> TER EFT END FIXED TERM	Action Reason <input type="checkbox"/> PLA MLF MILITARY LEAVE - FEDERAL <input type="checkbox"/> PLA MLS MILITARY LEAVE - STATE <input type="checkbox"/> PLA PLB PERSONAL LV - BARG UNIT <input type="checkbox"/> PLA ETA ESTABLISHED TERM <input type="checkbox"/> PLA BEL EDUCATIONAL LV - BARG UNIT <input type="checkbox"/> PLA VCS VOLNTRY COST SAVINGS <input type="checkbox"/> PLA UNI UNION LEAVE <input type="checkbox"/> LOA EED EDUCATIONAL LV - EXEMPT <input type="checkbox"/> LOA SEI SEASONAL <input type="checkbox"/> LOA PRS PERSONAL LV - EXEMPT DISCIPLINE Action Reason <input type="checkbox"/> SUS SJS SUSPENSION <input type="checkbox"/> DTA DVD LEAVE DEBIT <input type="checkbox"/> DTA DFN PENALTY FINE <input type="checkbox"/> DTA DWS WORKING SUSP RETURN FROM LEAVE Action Reason <input type="checkbox"/> RFL RFL RETURN FROM LEAVE <input type="checkbox"/> RFL MIL RETURN FROM MILITARY

DATE OF LAST PROMOTION	CERTIFICATION NO.	DATE OF CONTINUOUS SERVICE	STANDARD HOURS 2080	ACCOUNTING INFO/BENEFITS
				EMPL CLASS PER OFFCR CD NONE BENEFIT PGM SEP ACCT INFO

REMARKS: REQUESTING 5 DAY WORKING SUSPENSION REDUCED TO A 3 DAY WORKING SUSPENSION PER ATTACHED SETTLEMENT
 P: ANDREWS, WARDEN DATE

<input type="checkbox"/> ALL ITEMS ON PRE-HIRE FORM HAVE BEEN COMPLETED	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Certification _____
APPROVAL OF APPOINTING AUTHORITY SIGNATURE	DATE	

SIGNATURE OF RELEASING AUTHORITY	DATE	SIGNATURE APPROVER	DATE
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