



**Department of Public Works
Operations Division**

Jerrel Kruschke, P.E.
Commissioner of Public Works

Danielle A. Rodriguez, M.B.A.
Director of Operations

January 13, 2026

City Service Commission
Department of Employee Relations
200 East Wells Street, Room 706

SUBJECT: Extended Temporary Appointments for Temporary Snow and Ice Control Drivers

Dear City Service Commissioners:

The Department of Public Works, Operations Division, is requesting the approval of eight (8) extended temporary appointments for our seasonal Temporary Winter Relief Drivers. These drivers are retired City of Milwaukee Department of Public Works employees who have retained a Commercial Driver's License and previous experience with snow and ice control operations equipment who choose to return in a temporary capacity to assist with winter operations.

The Temporary Winter Relief Drivers are listed below:

1. Reynaldo Cortez, active October 16, 2025 and ending May 9th, 2026
2. Gene DeRoune, active October 16, 2025 and ending May 9th, 2026.
3. Jerry Gainer, active October 16, 2025 and ending May 9th, 2026.
4. Stanley Haynes, active October 16, 2025 and ending May 9th, 2026.
5. Eric Jackson, active October 16, 2025 and ending May 9th, 2026.
6. Michael Mack, active October 16, 2025 and ending May 9th, 2026.
7. Thomas Neal, active October 16th, 2025 and ending May 9th, 2026.
8. Gary Payton, active October 16th, 2025 and ending May 9th, 2026.

The extended temporary appointments are requested through May 9th, 2025 (pay period 10) to ensure we can continue to provide essential services and maintain safe travel for City of Milwaukee residents and visitors in winter.

Thank you for your consideration.

Very truly yours,
Danielle A. Rodriguez, M.B.A.
Director of Operations
DR:KJ
cc: M. Porter





Department of Employee Relations
200 E. Wells Street, Room 706
Milwaukee, WI 53202-3554



R. 07.08.19

NOTICE OF TEMPORARY APPOINTMENT

Rule IX, Section 2 of the Civil Service Rules allows a department to appoint a person to a position on a temporary basis. A temporary appointment may be appropriate when services are for a limited period, or during the leave of absence of an employee who plans to return to the service of the city. Therefore a temporary appointment is limited to a period of 90 days, unless an extension is authorized by the City Service Commission.

When making an employment offer for a temporary appointment, the appointing officer must submit this completed form to DER no later than the close of the pay period in which the temporary appointment has been made. All temporary appointees must meet the minimum requirements established for the position to which the individual is appointed.

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO DER, CITY HALL, ROOM 706 OR DERCERTIFICATION@MILWAUKEE.GOV

TEMPORARY APPOINTMENT / APPOINTEE DETAILS			
DEPARTMENT/DIVISION DPW- Operations	LAST NAME Cortez	FIRST NAME Reynaldo	INITIAL
AUTHORIZED POSITION TITLE Temporary Winter Relief Driver	PAY RANGE 9JN	F&P COMMITTEE APPROVAL DATE NA	REQUISITION # 11896
UNDERFILL TITLE (IF APPLICABLE)	PAY RANGE	WAS THE INDIVIDUAL HIRED FROM AN ELIGIBLE LIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Referral #	
REASON FOR TEMPORARY APPOINTMENT <input type="checkbox"/> During Leave of Absence of an employee who is expected to return <input checked="" type="checkbox"/> To perform services of a temporary nature and for a limited period	EFFECTIVE DATE 1/18/2026	ANTICIPATED EXPIRATION DATE 5/9/2026	T.A. RATE OF PAY \$41.77
ATTACH A COPY OF THE CURRENT JOB DESCRIPTION & A RESUME IN ADDITION TO COMPLETING THE INFORMATION BELOW			
PROVIDE AN EXPLANATION OF WHY THE TEMPORARY APPOINTMENT IS NEEDED: Operate equipment when needed for snow and ice control opreations			
EXPLAIN HOW THE INDIVIDUAL WAS SELECTED FOR THE APPOINTMENT, INCLUDING THE SELECTION PROCESS USED AND IF NOT FROM AN ELIGIBLE LIST, HOW THE INDIVIDUAL WAS IDENTIFIED AS A POTENTIAL TEMPORARY APPOINTEE: Retired snow operator.			
PROVIDE INFORMATION TO DEMONSTRATE HOW THE INDIVIDUAL MEETS THE MINIMUM REQUIREMENTS:			
TRAINING AND EDUCATION:	WORK EXPERIENCE: Former snow and ice control driver for the City of Milwaukee with a good driving record	OTHER REQUIREMENTS (i.e. LICENSES) CDL	
IS THIS INDIVIDUAL A CURRENT CITY OF MILWAUKEE EMPLOYEE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, CURRENT DEPARTMENT:	CURRENT POSITION TITLE:	EMPLOYEE ID NUMBER: 010383
IS THE INDIVIDUAL BEING GIVEN THIS TEMPORARY APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO THE APPOINTING OFFICER, ANY MEMBER OF THE APPOINTING BOARD OR BODY, DIRECT SUPERVISOR, OR TO ANY ELECTIVE OF APPOINTIVE CITY OFFICIAL? (Refer to CSC Rule VIII, Section 10 regarding nepotism.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – Explain Relationship			
THIS TEMPORARY APPOINTMENT IS MADE IN ACCORDANCE WITH RULE IX, SECTION 2 OF THE CITY SERVICE COMMISSION AND IS LIMITED TO A PERIOD OF 90 DAYS UNLESS AN EXTENSION IS APPROVED BY THE COMMISSION.			
REPORTING OFFICER Keishla Ortiz	SIGNATURE 	TITLE HR Representative	DATE 1/14/26
APPROVING OFFICER Chuck Schumacher	SIGNATURE 	TITLE Operations Administration Manager	DATE 1/14/2026
THIS SECTION FOR DER REVIEW			
DER REVIEW COMPLETED BY:	SIGNATURE	TITLE	DATE



Department of Employee Relations
200 E. Wells Street, Room 706
Milwaukee, WI 53202-3554



R. 09.04.14

TEMPORARY APPOINTEE STATEMENT OF UNDERSTANDING

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SECTION I. TO BE COMPLETED BY HIRING AUTHORITY – PLEASE TYPE OR PRINT LEGIBLY

APPLICANT NAME <i>(last, first, middle)</i>	DATE	
Mack Sr Michael J	10/16/2025	
POSITION TITLE	PAY RANGE	RATE OF PAY
Temporary Winter Relief Driver	9JN	

SECTION II. TEMPORARY APPOINTEE STATEMENT OF UNDERSTANDING

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I understand that as a temporary appointee I am ineligible for paid holidays, sick leave, vacation or other benefits while serving on this temporary appointment, and that this temporary appointment shall not confer upon me any privilege of regular appointment. (Note: A current City of Milwaukee employee who accepts a temporary appointment to a different position retains his/her current benefits and civil service status).

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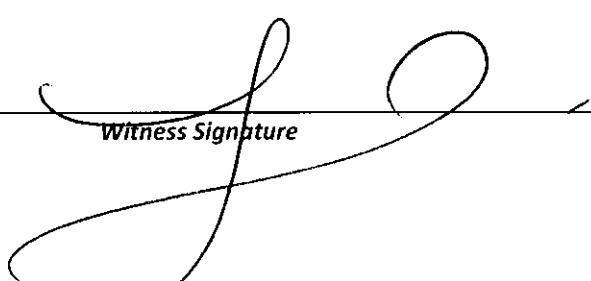
I understand that acceptance of a temporary appointment will not affect my rights to certification for permanent appointment to any position for which I am currently on an eligible list for.

In accordance with Civil Service Rule VIII, Section 10, concerning nepotism, I hereby certify that I am not related, either by blood or through marriage, to the appointing officer or to any member of the appointive board or body or to any direct superior or to any elective or appointive City official. (This includes relative of both whole and half blood, and extends to persons as closely related as first cousins when the relationship is by blood, or more closely related than first cousins when the relationship is through marriage, and includes the cases of husbands of sisters-in-law and wives of brothers-in-law).

A Rule IX, Section 2, temporary appointee who is on an eligible list may be considered for future regular appointment when the appointee ranks among the certifiable highest eligible on the list, or compete in a future examination.


Temporary Appointment Applicant Signature

10/16/25
Date Signed


Witness Name (Print): Kacylyn Mack
Witness Signature



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200 E. Wells Street, Room 706
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APPLICANT NAME (last, first, middle)	DATE	
Fowler Paul D	10/16/2025	
POSITION TITLE	PAY RANGE	RATE OF PAY
Temporary Winter Relief Driver	9JN	

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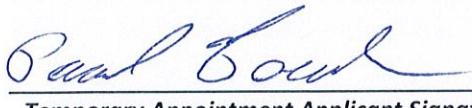
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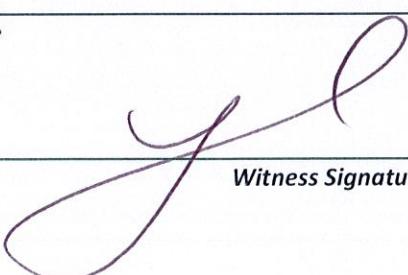
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Temporary Appointment Applicant Signature

10-16-25
Date Signed


Witness Name (Print)


Witness Signature



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APPLICANT NAME (last, first, middle)	DATE	
Neal, Thomas, Allen	10/16/2025	
POSITION TITLE	PAY RANGE	RATE OF PAY
Temporary Winter Relief Driver	9JN	

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Temporary Appointment Applicant Signature

Date Signed

Witness Name (Print)

Witness Signature



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APPLICANT NAME <i>(last, first, middle)</i>	DATE	
DeROUNE GENE S.	10/16/2025	
POSITION TITLE	PAY RANGE	RATE OF PAY
Temporary Winter Relief Driver	9JN	

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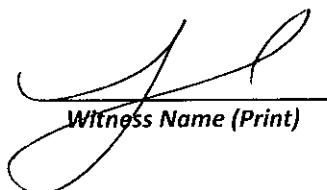
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Date Signed


Witness Name (Print)


Witness Signature



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APPLICANT NAME (last, first, middle)	DATE	
Eric Jackson	10/16/2025	
POSITION TITLE	PAY RANGE	RATE OF PAY
Temporary Winter Relief Driver	9JN	

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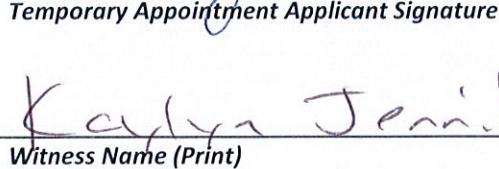
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Temporary Appointment Applicant Signature

10-16-25

Date Signed


Witness Name (Print)

Witness Signature



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APPLICANT NAME (last, first, middle)	DATE	
JERRY C. GAINER	10/16/2025	
POSITION TITLE	PAY RANGE	RATE OF PAY
Temporary Winter Relief Driver	9JN	

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Temporary Appointment Applicant Signature

10/16/25

Date Signed

Witness Name (Print)

Witness Signature



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APPLICANT NAME (last, first, middle)	DATE	
<i>Colter Rynalds</i>	10/16/2025	
POSITION TITLE	PAY RANGE	RATE OF PAY
Temporary Winter Relief Driver	9JN	

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R. Rynalds
Temporary Appointment Applicant Signature

10-16-25
Date Signed

Kaylyn Jenkins
Witness Name (Print)

J. S.
Witness Signature



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Milwaukee, WI 53202-3554



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APPLICANT NAME <i>(last, first, middle)</i>	DATE	
<i>Stanley Haynes</i>	10/16/2025	
POSITION TITLE	PAY RANGE	RATE OF PAY
Temporary Winter Relief Driver	9JN	

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Stanley Haynes
Temporary Appointment Applicant Signature

10-16-25
Date Signed

Kaylyn Sonik
Witness Name (Print)

L.
Witness Signature



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R. 07.08.19

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TEMPORARY APPOINTMENT / APPOINTEE DETAILS			
DEPARTMENT/DIVISION DPW- Operations	LAST NAME Payton	FIRST NAME Gary	INITIAL
AUTHORIZED POSITION TITLE Temporary Winter Relief Driver	PAY RANGE 9JN	F&P COMMITTEE APPROVAL DATE NA	REQUISITION # 11896
UNDERFILL TITLE (IF APPLICABLE)	PAY RANGE	WAS THE INDIVIDUAL HIRED FROM AN ELIGIBLE LIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Referral #	
REASON FOR TEMPORARY APPOINTMENT <input type="checkbox"/> During Leave of Absence of an employee who is expected to return <input checked="" type="checkbox"/> To perform services of a temporary nature and for a limited period	EFFECTIVE DATE 1/13/2026	ANTICIPATED EXPIRATION DATE 5/9/2026	T.A. RATE OF PAY \$41.77
ATTACH A COPY OF THE CURRENT JOB DESCRIPTION & A RESUME IN ADDITION TO COMPLETING THE INFORMATION BELOW			
PROVIDE AN EXPLANATION OF WHY THE TEMPORARY APPOINTMENT IS NEEDED: Operate equipment when needed for snow and ice control opreations			
EXPLAIN HOW THE INDIVIDUAL WAS SELECTED FOR THE APPOINTMENT, INCLUDING THE SELECTION PROCESS USED AND IF NOT FROM AN ELIGIBLE LIST, HOW THE INDIVIDUAL WAS IDENTIFIED AS A POTENTIAL TEMPORARY APPOINTEE: Retired snow operator.			
PROVIDE INFORMATION TO DEMONSTRATE HOW THE INDIVIDUAL MEETS THE MINIMUM REQUIREMENTS:			
TRAINING AND EDUCATION:	WORK EXPERIENCE: Former snow and ice control driver for the City of Milwaukee with a good driving record	OTHER REQUIREMENTS (i.e. LICENSES) CDL	
IS THIS INDIVIDUAL A CURRENT CITY OF MILWAUKEE EMPLOYEE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, CURRENT DEPARTMENT:	CURRENT POSITION TITLE:	EMPLOYEE ID NUMBER: 016671
IS THE INDIVIDUAL BEING GIVEN THIS TEMPORARY APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO THE APPOINTING OFFICER, ANY MEMBER OF THE APPOINTING BOARD OR BODY, DIRECT SUPERVISOR, OR TO ANY ELECTIVE OF APPOINTIVE CITY OFFICIAL? (Refer to CSC Rule VIII, Section 10 regarding nepotism.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – Explain Relationship			
THIS TEMPORARY APPOINTMENT IS MADE IN ACCORDANCE WITH RULE IX, SECTION 2 OF THE CITY SERVICE COMMISSION AND IS LIMITED TO A PERIOD OF 90 DAYS UNLESS AN EXTENSION IS APPROVED BY THE COMMISSION.			
REPORTING OFFICER Keishla Ortiz	SIGNATURE 	TITLE HR Representative	DATE 1/14/2025
APPROVING OFFICER Chuck Schumacher	SIGNATURE 	TITLE Operations Administration Manager	DATE 1/14/2026
THIS SECTION FOR DER REVIEW			
DER REVIEW COMPLETED BY:	SIGNATURE	TITLE	DATE



Department of Employee Relations
200 E. Wells Street, Room 706
Milwaukee, WI 53202-3554



NOTICE OF TEMPORARY APPOINTMENT

R. 07.08.19

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SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO DER, CITY HALL, ROOM 706 OR DERCERTIFICATION@MILWAUKEE.GOV

TEMPORARY APPOINTMENT / APPOINTEE DETAILS			
DEPARTMENT/DIVISION DPW- Operations	LAST NAME Neal	FIRST NAME Thomas	INITIAL
AUTHORIZED POSITION TITLE Temporary Winter Relief Driver	PAY RANGE 9JN	F&P COMMITTEE APPROVAL DATE NA	REQUISITION # 11896
UNDERFILL TITLE (IF APPLICABLE)	PAY RANGE	WAS THE INDIVIDUAL HIRED FROM AN ELIGIBLE LIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Referral #	
REASON FOR TEMPORARY APPOINTMENT <input type="checkbox"/> During Leave of Absence of an employee who is expected to return <input checked="" type="checkbox"/> To perform services of a temporary nature and for a limited period	EFFECTIVE DATE 1/18/2026	ANTICIPATED EXPIRATION DATE 5/9/2026	T.A. RATE OF PAY \$41.77

ATTACH A COPY OF THE CURRENT JOB DESCRIPTION & A RESUME IN ADDITION TO COMPLETING THE INFORMATION BELOW

PROVIDE AN EXPLANATION OF WHY THE TEMPORARY APPOINTMENT IS NEEDED:

Operate equipment when needed for snow and ice control opreations

EXPLAIN HOW THE INDIVIDUAL WAS SELECTED FOR THE APPOINTMENT, INCLUDING THE SELECTION PROCESS USED AND IF NOT FROM AN ELIGIBLE LIST, HOW THE INDIVIDUAL WAS IDENTIFIED AS A POTENTIAL TEMPORARY APPOINTEE:

Retired snow operator.

PROVIDE INFORMATION TO DEMONSTRATE HOW THE INDIVIDUAL MEETS THE MINIMUM REQUIREMENTS:

TRAINING AND EDUCATION:	WORK EXPERIENCE:	OTHER REQUIREMENTS (i.e. LICENSES)
	Former snow and ice control driver for the City of Milwaukee with a good driving record	CDL

IS THIS INDIVIDUAL A CURRENT CITY OF MILWAUKEE EMPLOYEE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, CURRENT DEPARTMENT:	CURRENT POSITION TITLE:	EMPLOYEE ID NUMBER: 007423
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IS THE INDIVIDUAL BEING GIVEN THIS TEMPORARY APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO THE APPOINTING OFFICER, ANY MEMBER OF THE APPOINTING BOARD OR BODY, DIRECT SUPERVISOR, OR TO ANY ELECTIVE OF APPOINTIVE CITY OFFICIAL? (Refer to CSC Rule VIII, Section 10 regarding nepotism.)

No Yes – Explain Relationship

THIS TEMPORARY APPOINTMENT IS MADE IN ACCORDANCE WITH RULE IX, SECTION 2 OF THE CITY SERVICE COMMISSION AND IS LIMITED TO A PERIOD OF 90 DAYS UNLESS AN EXTENSION IS APPROVED BY THE COMMISSION.

REPORTING OFFICER Keisha Ortiz	SIGNATURE Keisha Ortiz	TITLE HR Representative	DATE 1/14/2026
APPROVING OFFICER Chuck Schumacher	SIGNATURE Chuck Schumacher	TITLE Operations Administration Manager	DATE 1/14/2026
THIS SECTION FOR DER REVIEW			
DER REVIEW COMPLETED BY:	SIGNATURE	TITLE	DATE



Department of Employee Relations
200 E. Wells Street, Room 706
Milwaukee, WI 53202-3554



R. 07.08.19

NOTICE OF TEMPORARY APPOINTMENT

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SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO DER, CITY HALL, ROOM 706 OR DERCERTIFICATION@MILWAUKEE.GOV

TEMPORARY APPOINTMENT / APPOINTEE DETAILS				
DEPARTMENT/DIVISION DPW- Operations	LAST NAME Mack	FIRST NAME Michael	INITIAL	
AUTHORIZED POSITION TITLE Temporary Winter Relief Driver	PAY RANGE 9JN	F&P COMMITTEE APPROVAL DATE NA	REQUISITION # 11896	
UNDERFILL TITLE (IF APPLICABLE)	PAY RANGE	WAS THE INDIVIDUAL HIRED FROM AN ELIGIBLE LIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Referral #		
REASON FOR TEMPORARY APPOINTMENT <input type="checkbox"/> During Leave of Absence of an employee who is expected to return <input checked="" type="checkbox"/> To perform services of a temporary nature and for a limited period	EFFECTIVE DATE 1/18/2026	ANTICIPATED EXPIRATION DATE 5/9/2026	T.A. RATE OF PAY \$41.77	
ATTACH A COPY OF THE CURRENT JOB DESCRIPTION & A RESUME IN ADDITION TO COMPLETING THE INFORMATION BELOW				
PROVIDE AN EXPLANATION OF WHY THE TEMPORARY APPOINTMENT IS NEEDED: Operate equipment when needed for snow and ice control operations				
EXPLAIN HOW THE INDIVIDUAL WAS SELECTED FOR THE APPOINTMENT, INCLUDING THE SELECTION PROCESS USED AND IF NOT FROM AN ELIGIBLE LIST, HOW THE INDIVIDUAL WAS IDENTIFIED AS A POTENTIAL TEMPORARY APPOINTEE: Retired snow operator.				
PROVIDE INFORMATION TO DEMONSTRATE HOW THE INDIVIDUAL MEETS THE MINIMUM REQUIREMENTS:				
TRAINING AND EDUCATION:	WORK EXPERIENCE: Former snow and ice control driver for the City of Milwaukee with a good driving record	OTHER REQUIREMENTS (i.e. LICENSES) CDL		
IS THIS INDIVIDUAL A CURRENT CITY OF MILWAUKEE EMPLOYEE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, CURRENT DEPARTMENT:	CURRENT POSITION TITLE:	EMPLOYEE ID NUMBER: 007488	
IS THE INDIVIDUAL BEING GIVEN THIS TEMPORARY APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO THE APPOINTING OFFICER, ANY MEMBER OF THE APPOINTING BOARD OR BODY, DIRECT SUPERVISOR, OR TO ANY ELECTIVE OF APPOINTIVE CITY OFFICIAL? (Refer to CSC Rule VIII, Section 10 regarding nepotism.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – Explain Relationship				
THIS TEMPORARY APPOINTMENT IS MADE IN ACCORDANCE WITH RULE IX, SECTION 2 OF THE CITY SERVICE COMMISSION AND IS LIMITED TO A PERIOD OF 90 DAYS UNLESS AN EXTENSION IS APPROVED BY THE COMMISSION.				
REPORTING OFFICER Keisha Ortiz	SIGNATURE 	TITLE HR Representative	DATE 1/14/25	
APPROVING OFFICER Chuck Schumacher	SIGNATURE 	TITLE Operations Administration Manager	DATE 1/14/2026	
THIS SECTION FOR DER REVIEW				
DER REVIEW COMPLETED BY:	SIGNATURE	TITLE	DATE	



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NOTICE OF TEMPORARY APPOINTMENT

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TEMPORARY APPOINTMENT / APPOINTEE DETAILS			
DEPARTMENT/DIVISION DPW- Operations	LAST NAME DeRoune	FIRST NAME Gene	INITIAL
AUTHORIZED POSITION TITLE Temporary Winter Relief Driver	PAY RANGE 9JN	F&P COMMITTEE APPROVAL DATE NA	REQUISITION # 11896
UNDERFILL TITLE (IF APPLICABLE)	PAY RANGE	WAS THE INDIVIDUAL HIRED FROM AN ELIGIBLE LIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Referral #	
REASON FOR TEMPORARY APPOINTMENT <input type="checkbox"/> During Leave of Absence of an employee who is expected to return <input checked="" type="checkbox"/> To perform services of a temporary nature and for a limited period	EFFECTIVE DATE 1/18/26	ANTICIPATED EXPIRATION DATE 5/9/2026	T.A. RATE OF PAY \$41.77

ATTACH A COPY OF THE CURRENT JOB DESCRIPTION & A RESUME IN ADDITION TO COMPLETING THE INFORMATION BELOW

PROVIDE AN EXPLANATION OF WHY THE TEMPORARY APPOINTMENT IS NEEDED:

Operate equipment when needed for snow and ice control opreations

EXPLAIN HOW THE INDIVIDUAL WAS SELECTED FOR THE APPOINTMENT, INCLUDING THE SELECTION PROCESS USED AND IF NOT FROM AN ELIGIBLE LIST, HOW THE INDIVIDUAL WAS IDENTIFIED AS A POTENTIAL TEMPORARY APPOINTEE:

Retired snow operator.

PROVIDE INFORMATION TO DEMONSTRATE HOW THE INDIVIDUAL MEETS THE MINIMUM REQUIREMENTS:

TRAINING AND EDUCATION:	WORK EXPERIENCE:	OTHER REQUIREMENTS (i.e. LICENSES)
	Former snow and ice control driver for the City of Milwaukee with a good driving record	CDL

IS THIS INDIVIDUAL A CURRENT CITY OF MILWAUKEE EMPLOYEE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, CURRENT DEPARTMENT:	CURRENT POSITION TITLE:	EMPLOYEE ID NUMBER: 008115
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IS THE INDIVIDUAL BEING GIVEN THIS TEMPORARY APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO THE APPOINTING OFFICER, ANY MEMBER OF THE APPOINTING BOARD OR BODY, DIRECT SUPERVISOR, OR TO ANY ELECTIVE OF APPOINTIVE CITY OFFICIAL? (Refer to CSC Rule VIII, Section 10 regarding nepotism.)

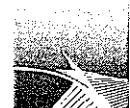
No Yes – Explain Relationship

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REPORTING OFFICER <i>Keeshen Ortiz</i>	SIGNATURE <i>Keeshen Ortiz</i>	TITLE HR Representative	DATE 1/14/25
APPROVING OFFICER Chuck Schumacher	SIGNATURE <i>Chuck Schumacher</i>	TITLE Operations Administration Manager	DATE 1/14/2026
<i>THIS SECTION FOR DER REVIEW</i>			
DER REVIEW COMPLETED BY:	SIGNATURE	TITLE	DATE



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Milwaukee, WI 53202-3554



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TEMPORARY APPOINTMENT / APPOINTEE DETAILS				
DEPARTMENT/DIVISION DPW- Operations	LAST NAME Jackson	FIRST NAME Eric	INITIAL	
AUTHORIZED POSITION TITLE Temporary Winter Relief Driver	PAY RANGE 9JN	F&P COMMITTEE APPROVAL DATE NA	REQUISITION # 11896	
UNDERFILL TITLE (IF APPLICABLE)	PAY RANGE	WAS THE INDIVIDUAL HIRED FROM AN ELIGIBLE LIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Referral #		
REASON FOR TEMPORARY APPOINTMENT <input type="checkbox"/> During Leave of Absence of an employee who is expected to return <input checked="" type="checkbox"/> To perform services of a temporary nature and for a limited period	EFFECTIVE DATE 1/18/2026	ANTICIPATED EXPIRATION DATE 5/9/2026	T.A. RATE OF PAY \$41.77	
ATTACH A COPY OF THE CURRENT JOB DESCRIPTION & A RESUME IN ADDITION TO COMPLETING THE INFORMATION BELOW				
PROVIDE AN EXPLANATION OF WHY THE TEMPORARY APPOINTMENT IS NEEDED: Operate equipment when needed for snow and ice control opreations				
EXPLAIN HOW THE INDIVIDUAL WAS SELECTED FOR THE APPOINTMENT, INCLUDING THE SELECTION PROCESS USED AND IF NOT FROM AN ELIGIBLE LIST, HOW THE INDIVIDUAL WAS IDENTIFIED AS A POTENTIAL TEMPORARY APPOINTEE: Retired snow operator.				
PROVIDE INFORMATION TO DEMONSTRATE HOW THE INDIVIDUAL MEETS THE MINIMUM REQUIREMENTS:				
TRAINING AND EDUCATION:	WORK EXPERIENCE: Former snow and ice control driver for the City of Milwaukee with a good driving record	OTHER REQUIREMENTS (i.e. LICENSES) CDL		
IS THIS INDIVIDUAL A CURRENT CITY OF MILWAUKEE EMPLOYEE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, CURRENT DEPARTMENT:	CURRENT POSITION TITLE:	EMPLOYEE ID NUMBER: 008472	
IS THE INDIVIDUAL BEING GIVEN THIS TEMPORARY APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO THE APPOINTING OFFICER, ANY MEMBER OF THE APPOINTING BOARD OR BODY, DIRECT SUPERVISOR, OR TO ANY ELECTIVE OF APPOINTIVE CITY OFFICIAL? (Refer to CSC Rule VIII, Section 10 regarding nepotism.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – Explain Relationship				
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REPORTING OFFICER Keishnia Ortiz	SIGNATURE <i>Keishnia Ortiz</i>	TITLE HR Representative	DATE 1/14/25	
APPROVING OFFICER Chuck Schumacher	SIGNATURE <i>Chuck Schumacher</i>	TITLE Operations Administration Manager	DATE 1/14/2026	
THIS SECTION FOR DER REVIEW				
DER REVIEW COMPLETED BY:	SIGNATURE	TITLE	DATE	



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NOTICE OF TEMPORARY APPOINTMENT

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TEMPORARY APPOINTMENT / APPOINTEE DETAILS			
DEPARTMENT/DIVISION DPW- Operations	LAST NAME Gainer	FIRST NAME Jerry	INITIAL
AUTHORIZED POSITION TITLE Temporary Winter Relief Driver	PAY RANGE 9JN	F&P COMMITTEE APPROVAL DATE NA	REQUISITION # 11896
UNDERFILL TITLE (IF APPLICABLE)	PAY RANGE	WAS THE INDIVIDUAL HIRED FROM AN ELIGIBLE LIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Referral #	
REASON FOR TEMPORARY APPOINTMENT <input type="checkbox"/> During Leave of Absence of an employee who is expected to return <input checked="" type="checkbox"/> To perform services of a temporary nature and for a limited period	EFFECTIVE DATE 1/18/26	ANTICIPATED EXPIRATION DATE 5/9/2026	T.A. RATE OF PAY \$41.77
ATTACH A COPY OF THE CURRENT JOB DESCRIPTION & A RESUME IN ADDITION TO COMPLETING THE INFORMATION BELOW			
PROVIDE AN EXPLANATION OF WHY THE TEMPORARY APPOINTMENT IS NEEDED: Operate equipment when needed for snow and ice control operations			
EXPLAIN HOW THE INDIVIDUAL WAS SELECTED FOR THE APPOINTMENT, INCLUDING THE SELECTION PROCESS USED AND IF NOT FROM AN ELIGIBLE LIST, HOW THE INDIVIDUAL WAS IDENTIFIED AS A POTENTIAL TEMPORARY APPOINTEE: Retired snow operator.			
PROVIDE INFORMATION TO DEMONSTRATE HOW THE INDIVIDUAL MEETS THE MINIMUM REQUIREMENTS:			
TRAINING AND EDUCATION:	WORK EXPERIENCE: Former snow and ice control driver for the City of Milwaukee with a good driving record	OTHER REQUIREMENTS (i.e. LICENSES) CDL	
IS THIS INDIVIDUAL A CURRENT CITY OF MILWAUKEE EMPLOYEE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, CURRENT DEPARTMENT:	CURRENT POSITION TITLE:	EMPLOYEE ID NUMBER: 010068
IS THE INDIVIDUAL BEING GIVEN THIS TEMPORARY APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO THE APPOINTING OFFICER, ANY MEMBER OF THE APPOINTING BOARD OR BODY, DIRECT SUPERVISOR, OR TO ANY ELECTIVE OF APPOINTIVE CITY OFFICIAL? (Refer to CSC Rule VIII, Section 10 regarding nepotism.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – Explain Relationship			
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REPORTING OFFICER Keishla Ortiz	SIGNATURE 	TITLE HR Representative	DATE 1/14/26
APPROVING OFFICER Chuck Schumacher	SIGNATURE 	TITLE Operations Administration Manager	DATE 1/14/2026
THIS SECTION FOR DER REVIEW			
DER REVIEW COMPLETED BY:	SIGNATURE	TITLE	DATE



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TEMPORARY APPOINTMENT / APPOINTEE DETAILS			
DEPARTMENT/DIVISION DPW- Operations	LAST NAME Haynes	FIRST NAME Stanley	INITIAL
AUTHORIZED POSITION TITLE Temporary Winter Relief Driver	PAY RANGE 9JN	F&P COMMITTEE APPROVAL DATE NA	REQUISITION # 11896
UNDERFILL TITLE (IF APPLICABLE)	PAY RANGE	WAS THE INDIVIDUAL HIRED FROM AN ELIGIBLE LIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Referral #	
REASON FOR TEMPORARY APPOINTMENT <input type="checkbox"/> During Leave of Absence of an employee who is expected to return <input checked="" type="checkbox"/> To perform services of a temporary nature and for a limited period	EFFECTIVE DATE 1/18/26	ANTICIPATED EXPIRATION DATE 5/9/2026	T.A. RATE OF PAY \$41.77
ATTACH A COPY OF THE CURRENT JOB DESCRIPTION & A RESUME IN ADDITION TO COMPLETING THE INFORMATION BELOW			
PROVIDE AN EXPLANATION OF WHY THE TEMPORARY APPOINTMENT IS NEEDED: Operate equipment when needed for snow and ice control opreations			
EXPLAIN HOW THE INDIVIDUAL WAS SELECTED FOR THE APPOINTMENT, INCLUDING THE SELECTION PROCESS USED AND IF NOT FROM AN ELIGIBLE LIST, HOW THE INDIVIDUAL WAS IDENTIFIED AS A POTENTIAL TEMPORARY APPOINTEE: Retired snow operator.			
PROVIDE INFORMATION TO DEMONSTRATE HOW THE INDIVIDUAL MEETS THE MINIMUM REQUIREMENTS:			
TRAINING AND EDUCATION:	WORK EXPERIENCE: Former snow and ice control driver for the City of Milwaukee with a good driving record	OTHER REQUIREMENTS (i.e. LICENSES) CDL	
IS THIS INDIVIDUAL A CURRENT CITY OF MILWAUKEE EMPLOYEE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, CURRENT DEPARTMENT:	CURRENT POSITION TITLE:	EMPLOYEE ID NUMBER: 026987
IS THE INDIVIDUAL BEING GIVEN THIS TEMPORARY APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO THE APPOINTING OFFICER, ANY MEMBER OF THE APPOINTING BOARD OR BODY, DIRECT SUPERVISOR, OR TO ANY ELECTIVE OF APPOINTIVE CITY OFFICIAL? (Refer to CSC Rule VIII, Section 10 regarding nepotism.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – Explain Relationship			
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REPORTING OFFICER Keishnia Ortiz	SIGNATURE 	TITLE HR Representative	DATE 1/14/26
APPROVING OFFICER Chuck Schumacher	SIGNATURE 	TITLE Operations Administration Manager	DATE 1/14/2026
THIS SECTION FOR DER REVIEW			
DER REVIEW COMPLETED BY:	SIGNATURE	TITLE	DATE