

Baseline Stepstone Duration
LA County Municipal Court Case# 9CR04751
Monterey County Superior Court Case# 0020776

Pg	ID	Date	Milestone	StepDate	Stepstone	Step	Days	Step	Debt
			1982						
4	680	12-22-82	College Grad (MSU)	12-20-80	Marriage (Defendant)	732	732	0	0
			1983						
5	679	03-03-83	Employment (NGESD_Mgr)	12-22-82	College Grad (MSU)	71	803	0	0
6	659	06-27-83	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	116	919	0	0
			1985						
7	660	08-27-85	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	908	1,711	0	0
			1986						
8	661	08-05-86	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	1,251	2,054	0	0
			1987						
9	663	02-25-87	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	1,455	2,258	0	0
			1988						
11	664	07-26-88	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	1,972	2,775	0	0
			1989						
14	665	02-27-89	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	2,188	2,991	0	0
15	666	08-17-89	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	2,359	3,162	0	0
			1990						
16	667	10-04-90	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	2,772	3,575	0	0
			1992						
20	668	01-15-92	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	3,240	4,043	0	0
			1993						
28	669	01-15-93	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	3,606	4,409	0	0
			1994						
37	670	01-18-94	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	3,974	4,777	0	0
			1995						
44	671	01-30-95	Performance Rev (NGESD_Mgr)	03-03-83	Employment (NGESD_Mgr)	4,351	5,154	0	0
48	577	02-01-95	Separation (LBPD)	12-20-80	Marriage (Defendant)	5,156	5,156	0	0
49	205	05-09-95	Wage Assignment (LBSC)	02-01-95	Separation (LBPD)	97	5,253	3,500	3,500
			1996						
50	274	01-10-96	Performance Rev (NGESD)	03-03-83	Employment (NGESD_Mgr)	4,696	5,499	0	0
56	273	02-19-96	Reprimand / Warn (NGESD)	03-03-83	Employment (NGESD_Mgr)	4,736	5,539		
57	040	02-23-96	Drug Test Req (NGEAP)	03-03-83	Employment (NGESD_Mgr)	4,740	5,543	0	0
58	278	03-24-96	UIO Benefits Req (NGESD)	05-09-95	Wage Assignment (LBSC)	320	5,573	-3,500	0
59	579	04-11-96	Medical Leave (NGEAP)	03-03-83	Employment (NGESD_Mgr)	4,788	5,591	0	0
60	269	07-22-96	Reprimand / Warn (NGESD)	03-03-83	Employment (NGESD_Mgr)	4,890	5,693	0	0
61	268	07-22-96	Reprimand / Warn (NGESD)	03-03-83	Employment (NGESD_Mgr)	4,890	5,693	0	0
62	267	07-30-96	Reprimand / Warn (NGESD)	03-03-83	Employment (NGESD_Mgr)	4,898	5,701	0	0
63	265	10-04-96	Employment Term (NGESD)	03-03-83	Employment (NGESD_Mgr)	4,964	5,767	0	0
64	263	12-26-96	UIO Benefits Denied (EDD)	03-24-96	UIO Benefits Req (NGESD)	277	5,850	4,400	4,400
			1997						
65	379	01-03-97	UIO Benefits Denied (EDD)	03-24-96	UIO Benefits Req (NGESD)	285	5,858	6,600	6,600
			1999						
	172	11-15-99	QDRO Completed (NGBS)	03-12-99	QDRO Requested (LBSC)	248	6,904	-41,750	32,094
			2000						
67	339	09-05-00	Employment Appl (CAJC)	10-04-96	Employment Term (NGESD)	1,432	7,199	125,819	125,819
			2002						
69	548	01-04-02	Wage Assignment	02-01-95	Separation (LBPD)	2,529	7,685	346,053	346,053
75	495	01-26-02	Wage Assignment (MCDCCS)	02-01-95	Separation (LBPD)	2,551	7,707	56,759	56,759
80	561	04-04-02	Wage Assignment	02-01-95	Separation (LBPD)	2,619	7,775	90,616	90,616
	609	11-27-02	Seek Employment (MCDCCS)	10-04-96	Employment Term (NGESD)	2,245	8,012	63,279	63,279

Baseline Stepstone Evidence
LA County Municipal Court Case# 9CR04751
Monterey County Superior Court Case# 0020776

Pg	ID	Date	Milestone	Agency	Form ID	Source	Type	Debt
		1982						
4	680	12-22-82	College Grad	Parent		122 MSU	Document, Correspondence	
		<21> graduates with BSEE from Mississippi State University.						
		1983						
5	679	03-03-83	Employment	Employer		014 NGESD_Mgr	Document, Contract	
		<21> hired by <14> as Analog Circuit Designer.						
6	659	06-27-83	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org 3318 to 3313, \$500/wk, Duane Cooper/John Buck. Transfer due to reorganization.						
		1985						
7	660	08-27-85	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org 6712, \$625/wk to \$656/wk, R Rising/K Hauerley. Promotion to Engineer/Senior						
		1986						
8	661	08-05-86	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org 6712, \$691/wk to \$721/wk, R Rising/K Hauerley. High level of contribution on the NAS21A and NAS27 AI hardware.						
		1987						
9	663	02-25-87	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org H221, R Rising/K Hauerley. Analytical skills are major strength and includes circuits, components, and feedback control.						
		1988						
11	664	07-26-88	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org H221, R Rising/D Hood. Analytical skills are major strength and includes circuits, components, and feedback control.						
		1989						
14	665	02-27-89	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org H221 to H872, \$626/wk, R Rising/D Hood. Transfer due to reorganization.						
15	666	08-17-89	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org H872, \$626/wk to \$859/wk, R Rising/D Hood. Salary increase to provide a salary commensurate with extra effort and above average performance.						
		1990						
16	667	10-04-90	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org J573, R Rising/J Barnum. Continues to develop expertise in the use ECAE stations. High analytical ability. Analysis always thorough and correct.						
		1992						
20	668	01-15-92	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org J573, R Rising/D Hansen. Lead engineer in improving the Error Rate of Change (ERO) measurement for the Paeekeeper program.						
		1993						
28	669	01-15-93	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org L840, R Rising/K Hauerley. Design of Torque r/Resolver circuitry gor AIMS program and provides guidance to others in the use of various CAE tools.						
		1994						
37	670	01-18-94	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org L840, R Rising/K Hauerley. Design of Torquer/Resolver circuitry gor AIMS program and provides guidance to others in the use of various CAE tools.						
		1995						
44	671	01-30-95	Performance Rev	Employer		014 NGESD_Mgr	Document, Memorandum	
		Org LP10, P Katz/R Mchubut. Responsible for managing, customizing, and integrating computer aided design tools and has done a commendable job.						
48	577	02-01-95	Separation	Parent		043 LBPB	Report, Police	
		<15> makes 911 call to report alleged domestic violence. <15> takes kids to friends house.						
49	205	05-09-95	Wage Assignment	Civil	1285.70 / 7684	044 LBSC	Document, Court	3,500
		Wage and Earnings Assignment Order. \$2,200 per month and \$3,500 arrearages.						

Baseline Stepstone Evidence (Continued)

Pg	ID	Date	Milestone	Agency	Form ID	Source	Type	Debt
1996								
50	274	01-10-96	Performance Rev	Employer		042 NGESD	Document, Memorandum	
Org L3E3, P Johnson/R Solina. Absenteeism due to court dates and lawyer appointments and lack of initiative on Peacekeeper and NAS programs. Great job managing CAE tools.								
56	273	02-19-96	Reprimand / Warn	Employer		042 NGESD	Document, Memorandum	
To <21> from <14>. 1st Written Warning. Siting late to work 02 -19-96 after getting OK. Presented <17> with the rest of <18> report to counter blatant misrepresentations sent to <6>								
57	040	02-23-96	Drug Test Req	Employer		050 NGEAP	Document, Waiver	
Limits of Confidentiality to see <20>								
58	278	03-24-96	UIO Benefits Req	UIO		042 NGESD	Document, Memorandum	
Medical leave instructions								
59	579	04-11-96	Medical Leave	Employer		050 NGEAP	Document, Billing	
Medical leave ordered by Northrop Grumman Employee Assistance Program.								
60	269	07-22-96	Reprimand / Warn	Employer		042 NGESD	Document, Memorandum	
To <21> from <14>. Memo of Concern. Siting timecard not filled in because of sickness 05 -30-96 and 05-31-96								
61	268	07-22-96	Reprimand / Warn	Employer		042 NGESD	Document, Memorandum	
To <21> from <14>. 2nd Written Warning. Siting late to work 07 -22-96.								
62	267	07-30-96	Reprimand / Warn	Employer		042 NGESD	Document, Memorandum	
To <21> from <14>. Time Card Correction 7 -19-96 4 hours of vacation								
63	265	10-04-96	Employment Term	Employer		042 NGESD	Document, Memorandum	
To <21> Letter of Termination. Site absence due to move into new housing 09-30-96 and 10-03-96 both days were requested prior.								
64	263	12-26-96	UIO Benefits	UIO		056 EDD	Document, Correspondence	4,400
To <21>. Telephone Interview Instructions, not eligible for unemployment.								
1997								
65	379	01-03-97	UIO Benefits	UIO		056 EDD	Document, Correspondence	6,600
To <21>. Notice of Determination. Not eligible to receive benefits.								
2000								
67	339	09-05-00	Employment Appl	Parent		083 CAJC	Document, Correspondence	125,81
To <21>. Receipt of and copy of application for employment to the CA Administrative Office of the Courts.								
2002								
69	548	01-04-02	Wage Assignment	Civil	1285.70 / 7684	103 LACBFSO_DA	Document, Correspondence	346,05
To <21>. Received 05/20/02. Order/Notice to Withhold Income for Child Support regarding <21>. \$1183 + \$200 for 3 children. Health Insurance Form.								
75	495	01-26-02	Wage Assignment	Civil	1285.70 / 7684	105 MDCSS	Document, Warning	56,759
Order Notice to withhold income from A -Rentals of Long Beach. 1,738/mo, \$1,183 CS + \$555 arrearage.								
80	561	04-04-02	Wage Assignment	Civil	1285.70 / 7684	103 LACBFSO_DA	Document, Billing	90,616
To employer <21>. Received 06/13/02. Our office previously forwarded an Order/Notice to Withhold Income for CS to you. Mentions \$2,718 / mo.								

12-22-82

680

MISSISSIPPI STATE UNIVERSITY

hereby confers upon

James Douglas Undershine

the degree of

**Bachelor of Science
College of Engineering**

together with all the honors, privileges and obligations thereto appertaining.
In Testimony Whereof, the seal of the University and the signatures of its officers are hereunto affixed this twenty-second day of December, nineteen hundred and eighty-two



Blw. Harrison
President of the Board of Regents

James D. McComan
President of the University

Willis S. McDaniel
Dean

679

3-15-03

JIM UNTERSINE
HIRED BY NORTHROP

PRESENT
NEW

SEE REVERSE
FOR INSTRUCTIONS

AS OF
11 / 1

PERSONNEL CHANGE REQUEST (PCR)
Form C-285 (R9-80)

NORTHROP PRIVATE
DIV L ORGN ZONE
EMPL NO. 1111

LAST NAME FIRST NAME MI REPORTING CODE SOCIAL SECURITY NO. SENIORITY DATE
JOB TITLE RANGE MIN RANGE MID RANGE MAX RANGE PENETRATION

CLASSIFICATION
P/R JOB CODE JOB TITLE

BASE RATE

SHIFT BONUS	TYPE PREMIUM	TYPE PREMIUM	TYPE PREMIUM	TYPE PREMIUM	WORK RATE	REVISION	EFFECTIVE

TRANSFER TO BE USED IN CONJUNCTION WITH ORGANIZATION CHANGE ONLY

L ORGN	ZONE	9H	GROUP	CLOCK	TIME START	END SHIFT	PHONE	PHONE EXTENSION	AREA	ACQUISITION	WORKING LIMITS	IN LIBRARY	YES	NO	REV. WEEK	EFFECTIVE
311	M	1														

LEAVE OF ABSENCE

MEDICAL MILITARY EDUCATIONAL
 PERSONAL INDUSTRIAL OTHER

TERMINATION

TYPE OF TERMINATION
 VOLUNTARY QUIT RELEASED DURING PROBATIONARY PERIOD MILITARY
 LAYOFF RETIRED OTHER
 DISCHARGED DEATH

APPROVALS

INITIATING MANAGER SIGNATURE: [Signature]
TYPED NAME: [Name]
APPROVING MANAGER SIGNATURE: [Signature]
RECEIVING MANAGER SIGNATURE: [Signature]
APPROVING MANAGER SIGNATURE: [Signature]

ORGN ZONE: 311 / 310
EXT: 5492 / 5705DATE: 5-27-83 / 6/27/83

COMMENTS

Transfer due to reorganization.

NORTHROP
Northrop Corporation

PRESENT
NEW

PERSONNEL CHANGE REQUEST (PCR)
Form C-295 (R9-80)

AS OF
12/11/84

SEE REVERSE
FOR INSTRUCTIONS

SENIORITY DATE
03-29-83

SOCIAL SECURITY NO.
539-08-3658

REPORTING CODE
D

FIRST NAME
JAMES

LAST NAME
WATERSHINE

REV WEEK	EFFECTIVE
8-31-85	

RANGE MIN	RANGE MID	RANGE MAX	RANGE PENETRATION
502.00	665.00	877.00	37.84

P/R	JOB CODE	EMPLOYEE NO.	JOB TITLE
3	024056	E4014828	Engineer/Senior

BASE RATE	SHIFT BONUS	TYPE PREMIUM	TYPE PREMIUM	TYPE PREMIUM	TYPE PREMIUM	WORK RATE	WORK RATE	WORK RATE	EFFECTIVE
625.00						625.00	625.00	625.00	8-31-85

TO BE USED IN CONJUNCTION WITH ORGANIZATION CHANGE ONLY

L ORGN	ZONE	SH	GROUP	CLOCK	TIME	START TIME	END SHIFT	PHONE	PHONE	EXTENSIONS	AREA	DESIGNATION	REGISTRATION	NO	WORKS	LIMITATIONS	IN LIEU OF	LAYOFF	TYPE	CHANGE	REV	WEEK	EFFECTIVE	
N	6712	N5	1												NO									8-31-85

LEAVE OF ABSENCE

TYPE OF LEAVE	MEDICAL	MILITARY	PERSONAL	INDUSTRIAL	OTHER	EDUCATIONAL	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TERMINATION

TYPE OF TERMINATION	VOLUNTARY QUIT	LAYOFF	DISCHARGED	RELEASED DURING PROBATIONARY PERIOD	RETIRED	MILITARY	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPROVALS

INITIATING MANAGER SIGNATURE	ORGN/ZONE	EXT	DATE
R.T. Rising	6712/CI-2	6439	5/23/85
APPROVING MANAGER SIGNATURE	ORGN/ZONE	EXT	DATE
A.M. Paquette	6710/CI-2	6437	5/23/85
RECEIVING MANAGER SIGNATURE	ORGN/ZONE	EXT	DATE
J.P. Hauler	6700/CI-2	6438	5/23/85
EMPLOYEE ACKNOWLEDGMENT	ORGN/ZONE	EXT	DATE
Scott Hauler			5/23/85

Promotion to Engineer/Senior.

Jim has demonstrated superior performance as responsible engineer for 5 circuit card assemblies on NAS-21 and NAS-27. He has taken on the additional responsibility of lead engineer on hybrid circuits for these programs. The promotion is requested to provide him a job classification commensurate with his work responsibilities.

NORTHROP
Northrop Corporation

PRESENT
NEW

PERSONNEL CHANGE REQUEST (PCR)
Form G-295 (RS-80)

NORTHROP PRIVATE
L ORGN ZONE EMPL NO.
1 772 61 71724

AS OF
1 1 87

SEE REVERSE
FOR INSTRUCTIONS

LAST NAME FIRST NAME MI REPORTING CODE SOCIAL SECURITY NO. SENIORITY DATE
JAMES JAMES 11 550-8-5508 23-23-11

SEQ. NO.	TYPE CHANGE	REV. WEEK	EFFECTIVE

RANGE MIN	RANGE MID	RANGE MAX	GRADE	PERCENTAGE
622.00	622.00	622.00	11	100

P/R JOB CODE JOB TITLE
034057 ENGINEER / SENIOR

BASE RATE	SHIFT BONUS	TYPE PREMIUM	TYPE PREMIUM	TYPE PREMIUM	TYPE PREMIUM	WORK RATE	SEC. NO.	TYPE CHANGE	REV. WEEK	EFFECTIVE
721.00						691.00				09/09/86

TO BE USED IN CONJUNCTION WITH ORGANIZATION CHANGE ONLY

L ORGN	ZONE	SH	GROUP	CLOCK	START TIME	END SHIFT	PHONE	PHONE	EXTENSIONS	AREA DISCRIMINATION	REGISTRATION NO.	WORK LIMITATIONS	IN LIEU OF LAYOFF	REV. WEEK	EFFECTIVE
034057												None	<input type="checkbox"/> YES <input type="checkbox"/> NO		

LEAVE OF ABSENCE

TYPE OF LEAVE	LAST DAY WORKED	FIRST DAY OF LEAVE	LAST DAY OF LEAVE	LEAVE ORGN	RETURN DATE	PAY IN FULL	REV. WEEK	EFFECTIVE
<input type="checkbox"/> MEDICAL <input type="checkbox"/> MILITARY <input type="checkbox"/> EDUCATIONAL						<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> PERSONAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER						<input type="checkbox"/> YES <input type="checkbox"/> NO		

TERMINATION

TYPE OF TERMINATION	TERMINATION DATE	LAST DAY WORKED	EFFECTIVE TIME
<input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> RELEASED DURING PROBATIONARY PERIOD <input type="checkbox"/> MILITARY			
<input type="checkbox"/> LAYOFF <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER			
<input type="checkbox"/> DISCHARGED <input type="checkbox"/> DEATH			

COMMENTS

A salary increase is recommended to reward Jim's high level of contribution on the NAS-21A and NAS-27 AI hardware checkout, and to thus achieve equity of his compensation relative to others with the same job classification.

APPROVALS

INITIATING MANAGER SIGNATURE	ORGN/ZONE	EXT	DATE
<i>R. J. Russey</i>	6710/CI	6437	7/29/86
TYPED NAME			
R. J. Russey			
APPROVING MANAGER SIGNATURE	ORGN/ZONE	EXT	DATE
<i>K. H. Haulsby</i>	6700/CI	6448	7/29/86
RECEIVING MANAGER SIGNATURE			
<i>[Signature]</i>			
APPROXIMATING MANAGER SIGNATURE	ORGN/ZONE	EXT	DATE
<i>[Signature]</i>	7130/EE		8-5-86
EMPLOYEE ACKNOWLEDGMENT	ORGN/ZONE	EXT	DATE
<i>[Signature]</i>	112/MI		8/5/86
PERSONNEL	ORGN/ZONE	EXT	DATE
<i>[Signature]</i>			

Employee Name J.D. Untershine Position Title Engineer/Senior
 Organization No. H221 Employee No. 76724
 Reviewer's Name R.T. Rising Reviewer's Title Manager
 Review period: September 26, 1985 / February 24, 1987
 From To

I. RESPONSIBILITIES: Describe primary job responsibilities assigned as well as any special assignments during this review period (attach separate sheet if necessary).

Analog circuit design for the NAS-21A and NAS-27 programs.

II. PERFORMANCE FACTORS: Evaluate performance based on the level required to perform job responsibilities as described in I above. (Nonsupervisory personnel, items 1-8; supervisory personnel, items 1-11).

1 = Way Above Normal 2 = Above Normal 3 = Normal 4 = Below Normal 5 = Way Below Normal

ALL PERSONNEL

COMMENTS

1. Job Knowledge 1 2 3 4 5 Continuing to expand computer usage for analysis.

Degree of knowledge compared to amount required to perform job responsibilities.

2. Analytical Skills 1 2 3 4 5 _____

Ability to logically think through a task, determine need for information, evaluate data, and determine alternatives.

3. Judgement 1 2 3 4 5 _____

Sound reasoning and objectivity, makes effective decisions and knows when to seek help.

4. Quantity 1 2 3 4 5 _____

Productivity, speed and consistency, keeping commitments.

5. Quality 1 2 3 4 5 _____

Degree of accuracy, thoroughness and acceptability of work produced.

6. Communications 1 2 3 4 5 _____

Ability to communicate effectively, orally and/or in writing.

7. Interpersonal skills 1 2 3 4 5 _____

Ability to deal with associates, subordinates, supervisors and customers; flexibility and adaptability; tact, courtesy.

8. Planning/Initiative 1 2 3 4 5 _____

Ability to organize work in an efficient manner, anticipate conditions and plan ahead, establish priorities and schedules.

MANAGEMENT PERSONNEL ONLY

9. Staffing 1 2 3 4 5 _____

Ability to evaluate and develop subordinates; dealing with employee relations issues; compliance with company EEO and Affirmative Action programs.

10. Directing 1 2 3 4 5 _____

Ability to achieve desired results through subordinates; delegating; providing guidance.

11. Controlling 1 2 3 4 5 _____



SALARIED EMPLOYEE PERFORMANCE APPRAISAL FORM 6571 B (R10-85)

SEPAS-1 Page 2 of 2

Employee Name J.D. Untershine

Date February 25, 1987

III. OVERALL EVALUATION SUMMARY: Summary of work performed including specific accomplishments (attach separate sheet if necessary)

Jim performed an analysis of the 831075 CCA using PSpice, and as a result a value change was implemented. He redesigned the light driver from a constant current source to a constant voltage source to prevent lamp failure. Jim was responsible for a design change to the buffer for the photo multiplier tube, which minimized false detections.

IV. OVERALL PERFORMANCE RATING 1 2 3 4 5 [] [x] [] [] []

V. MAJOR STRENGTHS Jim's analytical skills is his major strength. This includes circuits, components, and feedback control.

VI. AREAS REQUIRING FURTHER DEVELOPMENT Jim, when describing results or problems needs to provide more preliminary or background information even though it might have been provided at a previous discussion.

VII. PRESENT STATUS

- Ready now for advancement: could be moved to position with greater challenge.
Sufficient time in present assignment: could be broadened by lateral transfer.
Properly placed: progressing satisfactorily.
New in assignment: needs more experience.
Unable to handle present assignment: should be transferred or terminated.

VIII. PROMOTION POTENTIAL RATING

- Way Above Normal, Above Normal, Normal, Below Normal, Way Below Normal

IX. POTENTIAL REPLACEMENT(S) None Not applicable

Table with 6 columns: NAME, ORGN., READY NOW, IN 6 MOS., IN 12 MOS., IN 24 MOS. Rows a and b.

X. THIS SPACE IS FOR THE USE OF THE EMPLOYEE (OPTIONAL)

R.T. Rising Prepared By Date J.D. Untershine Employee Signature (Receipt Acknowledged) Date

K.A. Hauersley Approved By Date

- Employee Development, Employee, Orgn. File, Rough Draft

NORTHROP

Electronics Division
Electronics Systems Group

**SEPAS-1
SALARIED EMPLOYEE PERFORMANCE APPRAISAL
FORM 8871A (78-08)**

Page 1 of 2

Employee Name James D. Untershine Position Title Engineer/Senior
 Organization No. H221 Employee No. 76724
 Reviewer's Name R.T. Rising Reviewer's Title R & D Manager 5
 Review Period 24 February 1987 / 03 March 1988
FROM TO

I. RESPONSIBILITIES: Describe primary job responsibilities assigned as well as any special assignments during this review period (attach separate sheet if necessary).
Analog circuit development for NAS-14, NAS-21A, and NAS-27 programs.

II. PERFORMANCE FACTORS: Evaluate performance based on the level required to perform job responsibilities as described in I above. (Nonsupervisory personnel, items 1-8; supervisory personnel, items 1-11).

1 = Consistently Exceeds Expectations of Position 2 = Frequently Exceeds Expectations of Position 3 = Meets Expectations of Position 4 = Frequently Does Not Meet Expectations of Position 5 = Consistently Does Not Meet Expectations of Position

ALL PERSONNEL

COMMENTS

1. Job Knowledge: Degree of knowledge compared to amount required to perform job responsibilities.

1	2	3	4	5	<u>Always learning. Wrote programs to generate data and plots for AG and transient response.</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Analytical Skills: Ability to logically think through a task, determine need for information, evaluate data, and determine alternatives.

1	2	3	4	5	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Judgement: Sound reasoning and objectivity, makes effective decisions and knows when to seek help.

1	2	3	4	5	<u>Jim works with a minimum amount of supervision.</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Quantity: Productivity, speed and consistency, keeping commitments.

1	2	3	4	5	<u>Jim is committed to meeting schedules.</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Quality: Degree of accuracy, thoroughness and acceptability of work produced.

1	2	3	4	5	<u>Jim's analysis are meticulous and accurate.</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Communications: Ability to communicate effectively, orally and/or in writing.

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Interpersonal Skills: Ability to deal with associates, subordinates, supervisors and customers, flexibility and adaptability; tact, courtesy.

1	2	3	4	5	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Planning/Initiative: Ability to organize work in an efficient manner, anticipate conditions and plan ahead, establish priorities and schedules.

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MANAGEMENT PERSONNEL ONLY

9. Staffing: Ability to evaluate and develop subordinates; dealing with employee relations issues; compliance with company EEO and Affirmative Action programs.

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Directing: Ability to achieve desired results through subordinates; delegating; providing guidance.

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Controlling: Ability to make efficient use of all assigned resources (personnel, budgets, equipment, etc.) and take corrective action.

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SEPAS-1
SALARIED EMPLOYEE PERFORMANCE APPRAISAL
FORM 6571 B (76-65)
Page 2 of 2

Employee Name James D. Unterschine

Date 18 March 1988

III. OVERALL EVALUATION SUMMARY: Summary of work performed including specific accomplishments (attach separate sheet if necessary)

Jim has developed the signal conditioning for the gyro pickoff and used Dbase to generate the wire lists for the tracker and multibus racks for the 3000 test set. Jim had the lead technical role in evaluating the requirements for outside purchase of hybrids for the 830700 CCA and will later evaluate their hardware. Jim is responsible for providing inputs and solutions for the Failure Review Board. He has provided technical support for field returns for all Astroinertial Programs.

IV. OVERALL PERFORMANCE RATING 1 2 3 4 5

V. MAJOR STRENGTHS Jim's analytical skills is his major strength. This includes circuit development and feedback control loop design. He is able to perform analysis by hand and using computer programs. Jim is committed to meeting schedules.

VI. AREAS REQUIRING FURTHER DEVELOPMENT Jim's discussions would be clearer if he provided more of an overview and background information prior to presenting the details.

VII. PRESENT STATUS

- Ready now for advancement: could be moved to position with greater challenge.
- Sufficient time in present assignment: could be broadened by lateral transfer.
- Properly placed: progressing satisfactorily.
- New in assignment: needs more experience.
- Unable to handle present assignment: should be transferred or terminated.

VIII. PROMOTION POTENTIAL RATING

Very High 1 2 3 4 5 Very Low

IX. POTENTIAL REPLACEMENT(S) NONE NOT APPLICABLE

NAME	ORGN.	READY NOW	IN 6 MOS.	IN 12 MOS.	IN 24 MOS.
a.					
b.					

X. THIS SPACE IS FOR THE USE OF THE EMPLOYEE (OPTIONAL)

R.T. Rising
R.T. Rising

Reviewer's Signature

7/21/88
Date

J.D. Unterschine
J.D. Unterschine

Employee's Signature (Receipt Acknowledged)

7-24-88
Date

D.D. Hood

Approved By

Date

- Employee Development
- Employee
- Orgn. File
- Rough Draft

NORTHROP
Electronics Division
Systems Systems Group

SEPAS-2
INDIVIDUAL DEVELOPMENT PLAN
FORM 0072 (08-86)

Date 18 March 1988

Employee Name James D. Untershine Position Title Engineer/Senior
Organization No. H221 Employee No. 76724
Reviewer's Name R. T. Rising Reviewer's Title R & D Manager 5

Comment where applicable; be specific; avoid broad objectives and generalities. The primary characteristics of a worthwhile objective are that it requires a real effort on the part of the individual, that its attainment represents a significant accomplishment, and that it be, in fact, attainable within reason.

TO BE COMPLETED BY EMPLOYEE

1. Sufficient challenge in present position; no interest in other assignments at this time (if this section is applicable, no need to complete items 2-6 unless so desired). Aside from the support of on-going programs, my objective is to organize and simplify the use of design tools at our disposal to allow the analog design process to be straight forward and systematic. Write programs that make it easier to change or create PSPICE models. Create DBASE or VIEWBASE programs that allow wirelist and part lists to be generated. Write stand alone programs that allow the analog designer an easy way to experiment with transfer functions.

Individual's indicated interests in other positions or assignments _____

TO BE COMPLETED BY REVIEWER

Skills and/or performance improvements prerequisite to prepare for next higher level position or other position of interest _____

Manager's recommendations for developmental measures _____

R. T. Rising
R.T. Rising
Reviewer Signature

J. D. Untershine
J.D. Untershine
Employee Signature

- Employee Development - Employee - Orig. File - Rough Draft

NORTHROP
Northrop Corporation

PRESENT
NEW

PERSONNEL CHANGE REQUEST (PCR)
Form C-285 (R9-80)

SEE REVERSE FOR INSTRUCTIONS

AS OF
1/1/84

NORTHROP PRIVATE

DIV L ORGN ZONE
53 1001 1001

EMPL NO.
75726

LAST NAME
MAYHEW

FIRST NAME MI
MAYHEW M

REPORTING CODE
1001

SOCIAL SECURITY NO.
55-55-5555

SENIORITY DATE
03-27-83

CLASSIFICATION

P/R
01

JOB CODE
01

JOB TITLE
ENGINEER SR

RANGE MIN
654

RANGE MID
750

RANGE MAX
846

RANGE PENETR UN
27.5

RATE

BASE RATE
0265.00

SHIFT BONUS
00.00

TYPE PREMIUM
00.00

WORK RATE
0265.00

TRANSFER

L ORGN ZONE SH
1001 1001 1

GROUP
1

START TIME
0700

END SHIFT
1600

PHONE NO.
1001

PHONE EXTENSIONS
1001

AREA DESCRIPTION
1001

REQUISITION NO.
1001

IN LIEU OF PAYOR YES NO
 YES NO

EFFECTIVE DATE
1/1/84

LEAVE OF ABSENCE

TYPE OF LEAVE
 MEDICAL MILITARY EDUCATIONAL
 PERSONAL INDUSTRIAL OTHER

TERMINATION DATE
1/1/84

LAST DAY WORKED
12/31/83

FIRST DAY OF LEAVE
1/1/84

LAST DAY OF LEAVE
1/1/84

LEAVE ORGN
1001

RETURN DATE
1/1/84

PAY IN FULL YES NO
 YES NO

EFFECTIVE DATE
1/1/84

TYPE OF TERMINATION

VOLUNTARY QUIT RELEASED DURING PROBATIONARY PERIOD MILITARY
 LAYOFF RETIRED OTHER
 DISCHARGED DEATH

COMMENTS

Transfer due to reorganization.

APPROVALS

INITIATING MANAGER SIGNATURE
R. Blaine

TYPED NAME
R. BLAINE

ORG/ZONE
1001/1001

EXT
6439

DATE
2/3/89

APPROVING MANAGER SIGNATURE
D. Hood

TYPED NAME
D. HOOD

ORG/ZONE
1001/1001

EXT
6440

DATE
2/29/89

RECEIVING MANAGER SIGNATURE
R. Blaine

TYPED NAME
R. BLAINE

ORG/ZONE
1001/1001

EXT
6439

DATE
2-27-89

EMPLOYEE ACKNOWLEDGMENT
J. Blaine

TYPED NAME
J. BLAINE

ORG/ZONE
1001/1001

EXT
6437

DATE
2/27/89

PERSONNEL
Scott Williams

ORG/ZONE
1001/1001

EXT
6437

DATE
2/27/89

2-27-89

NORTHROP PRIVATE

EMPLOYEE COPY



PERSONNEL CHANGE REQUEST (PCH) Form G-285 (R9 80)

NORTHROP PRIVATE

DIV L ORGN ZONE EMPL NO. 8 5 2 7 4

LAST NAME FIRST NAME MI REPORTING CODE SOCIAL SECURITY NO. SENIORITY DATE

UNTERSHINE JIM S. 8 5 2 7 4 8 5 2 7 4

SEE INSTRUCTIONS FOR INSTRUCTIONS

PRESENT NEW

AS OF 1/1/89

CLASSIFICATION	P/R	JOB CODE	JOB TITLE	RANGE MIN	RANGE MID	RANGE MAX	RANGE PENETRATION	SENO	NO.	TYPE CHANGE	REV WEEK	EFFECTIVE

TO BE USED IN CONJUNCTION WITH ORGANIZATION CHANGE ONLY

DATE	ORGN	ZONE	SH	GROUP	CLOCK	START TIME	END SHIFT	PHONE	EXTENSIONS	DESCRIPTION	REQUISITION NO.	WORK LIMITATIONS	IN LIEU OF LAYOFF	NO.	SENO	NO.	TYPE CHANGE	REV WEEK	EFFECTIVE	
1-1-89																				

LEAVE OF ABSENCE

TYPE OF LEAVE: MEDICAL MILITARY EDUCATIONAL PERSONAL INDUSTRIAL OTHER

TERMINATION

TYPE OF TERMINATION: VOLUNTARY QUIT RELEASED DURING PROBATIONARY PERIOD MILITARY LAYOFF RETIRED OTHER DISCHARGED DEATH

COMMENTS

Jim has shown above average performance while utilizing work stations for symbol generation, schematic entry, and analysis. Jim created programs in BASIC that extract schematic symbols, schematics, and utility output files for storage on floppy disks. Another program extracts symbols used in board layout, utility output files, board files, and Viewplace DWG files.

To aid in analysis, Jim has also written programs in BASIC. One program plots frequency response or time response from entered poles and zeroes. The second program finds complex roots of a polynomial.

Jim's extra effort on the 3000 Test Set resulted in an on time, within budget, delivery for which a commendation memo was received from the Program Office.

This salary increase is requested to provide a salary commensurate with his extra effort and above average performance.

APPROVALS

INITIATING MANAGER SIGNATURE: *R. Rising* ORGN/ZONE: 8872/C1 EXT: 0439 DATE: 5/2/89

APPROVING MANAGER SIGNATURE: *J. Secombe* ORGN/ZONE: 8870/44 EXT: 3337 DATE: 5-2-89

RECEIVING MANAGER SIGNATURE: _____ ORGN/ZONE: _____ EXT: _____ DATE: _____

APPROVING MANAGER SIGNATURE: *[Signature]* ORGN/ZONE: 8870/44 EXT: 3337 DATE: 5/2/89

EMPLOYEE ACKNOWLEDGMENT: *[Signature]* ORGN/ZONE: 8870/44 EXT: 3337 DATE: 5/2/89

PERSONNEL: *[Signature]* ORGN/ZONE: _____ EXT: _____ DATE: _____

9-18-90



SEPAS-1 SALARIED EMPLOYEE PERFORMANCE APPRAISAL FORM 8571A (R10-88) Page 1 of 2

Employee Name JAMES D. UNTERSHERNE Position Title ENGINEER/SENIOR
Organization No. J573 Employee No. 76724
Reviewer's Name R. RISING Reviewer's Title MANAGER/ANALOG DESIGN
Review Period 21 August 1989 / 30 August 1990 FROM TO

I. RESPONSIBILITIES: Describe primary job responsibilities assigned as well as any special assignments during this review period (attach separate sheet if necessary). Analog circuit development for NAS-21A, NAS-27, and Peacekeeper.

II. PERFORMANCE FACTORS: Evaluate performance based on the level required to perform job responsibilities as described in I above. (Nonsupervisory personnel, items 1-8; supervisory personnel, items 1-11).
1 = Consistently Exceeds Expectations of Position 2 = Frequently Exceeds Expectations of Position 3 = Meets Expectations of Position 4 = Frequently Does Not Meet Expectations of Position 5 = Consistently Does Not Meet Expectations of Position

ALL PERSONNEL

COMMENTS

- 1. Job Knowledge: Degree of knowledge compared to amount required to perform job responsibilities. Jim has continued to develop circuit design and ECAE tools knowledge.
2. Analytical Skills: Ability to logically think through a task, determine need for information, evaluate data, and determine alternatives. High analytical ability.
3. Judgement: Sound reasoning and objectivity, makes effective decisions and knows when to seek help.
4. Quantity: Productivity, speed and consistency, keeping commitments.
5. Quality: Degree of accuracy, thoroughness and acceptability of work produced. Jim's analysis are always thorough and correct.
6. Communications: Ability to communicate effectively, orally and/or in writing.
7. Interpersonal Skills: Ability to deal with associates, subordinates, supervisors and customers, flexibility and adaptability; tact, courtesy.
8. Planning/Initiative: Ability to organize work in an efficient manner, anticipate conditions and plan ahead, establish priorities and schedules.

MANAGEMENT PERSONNEL ONLY

- 9. Staffing: Ability to evaluate and develop subordinates; dealing with employee relations issues; compliance with company EEO and Affirmative Action programs.
10. Directing: Ability to achieve desired results through subordinates; delegating; providing guidance.
11. Controlling: Ability to make efficient use of all assigned resources (personnel, budgets, equipment, etc.) and take corrective action.

SEPAS-1
SALARIED EMPLOYEE PERFORMANCE APPRAISAL
FORM 8571B (R10-88) Page 2 of 2

Employee Name JAMES D. UNTERSHTINE

Date 18 September 1990

III. OVERALL EVALUATION SUMMARY: Summary of work performed including specific accomplishments (attach separate sheet if necessary)

SEE ATTACHED SHEET

IV. OVERALL PERFORMANCE RATING 1 2 3 4 5

V. MAJOR STRENGTHS Jim continues to develop his expertise in the use of the ECAE stations. The tools he uses are Viewlogic, PSpice, DBase, DOS, MathCad and Basic.

VI. AREAS REQUIRING FURTHER DEVELOPMENT When Jim is presenting technical material, it would be easier for the listener if he presented more background information.

VII. PRESENT STATUS

- Ready now for advancement: could be moved to position with greater challenge.
- Sufficient time in present assignment: could be broadened by lateral transfer.
- Properly placed: progressing satisfactorily.
- New in assignment: needs more experience.
- Unable to handle present assignment: should be transferred or terminated.

VIII. PROMOTION POTENTIAL RATING

Very High 1 2 3 4 5 Very Low

IX. POTENTIAL REPLACEMENT(S) NONE NOT APPLICABLE

NAME	ORGN.	READY NOW	IN 6 MOS.	IN 12 MOS.	IN 24 MOS.
a.					
b.					

X. THIS SPACE IS FOR THE USE OF THE EMPLOYEE (OPTIONAL)

R. Rising R. Rising 10-04-90
Reviewer's Signature Date

J. Untershtine J. Untershtine 10-3-90
Employee's Signature (Receipt Acknowledged) Date

J. Assman 10-4-90
Approved By Date

- Compensation
- Employee
- Orgn. File
- Rough Draft

SEPAS-1
SALARIED EMPLOYEE PERFORMANCE APPRAISAL
Page 2 of 2 (continued)

Employee Name Jim Untershine

Date 18 September 1990

III. OVERALL EVALUATION SUMMARY: Summary of work performed including specific accomplishments.

Jim is the responsible engineer for the NAS-21A and NAS-27 platform stabilization subsystem. This includes the Roll, Pitch, and Yaw circuit card assemblies. He is also responsible for the angle measurement subsystem which includes the double angle converter. Jim wrote programs in Basic to determine the worst case limits for each hybrid used in the double angle converter. These worst case values were used to find subsystem errors due to harmonics. Jim provided technical support to procurement and to the hybrid vendor. This included reviewing vendor data and making recommendations. Jim is the Failure Review Board representative for the Electrical Design Organization.

Jim is the responsible engineer for the Attitude subsystem for the Peacekeeper program. This includes the internal and external components. He used Syscap to evaluate Attitude hybrid limits for ATE problems. A Basic program and a DBase program was written to convert test data, stored in the ATE data base, into a DBase file and to graphically merge with new test limits. Utilizing the Viewlogic to Syscap utilities required generating symbols that call parts from Syscap library. Jim also provides technical support to the NH&S organization for radiation testing of the Attitude hybrids.

NORTHROP
Electronics Division
Electronics Systems Group

SEPAS-2
INDIVIDUAL DEVELOPMENT PLAN
FORM 6572 (R10-88)

Date 18 September 1990

Employee Name JAMES D. UNTERSCHINE Position Title SENIOR ENGINEER
Organization No. J573 Employee No. 76724
Reviewer's Name R. RISING Reviewer's Title MANAGER/ANALOG DESIGN

Comment where applicable; be specific; avoid broad objectives and generalities. The primary characteristics of a worthwhile objective are that it requires a real effort on the part of the individual, that its attainment represents a significant accomplishment, and that it be, in fact, attainable within reason.

TO BE COMPLETED BY EMPLOYEE

1. Sufficient challenge in present position; no interest in other assignments at this time (if this section is applicable, no need to complete items 2-6 unless so desired). New assignment to attitude subsystem will require detailed study of system level, card level, and hybrid level operating characteristics and error sources.
2. Individual's stated career objectives _____
3. Developmental activities undertaken by individual since last evaluation _____
4. Individual's indicated interests in other positions or assignments _____

TO BE COMPLETED BY REVIEWER

5. Skills and/or performance improvements prerequisite to prepare for next higher level position or other position of interest _____
6. Manager's recommendations for developmental measures _____

R. Rising
Reviewer Signature

J. Unterschine
Employee Signature

-- Compensation -- Employee -- Orgn. File -- Rough Draft

NORTHROP PRIVATE (When Completed)

1-14-92
NORTHROP
 Electronics Systems Division

SALARIED EMPLOYEE PERFORMANCE APPRAISAL

FORM LG6572 (9-91)

PAGE 1 OF 6

EMPLOYEE NAME Jim Unterschine	EMP. NO. 76724	POSITION TITLE Engineer/Senior
----------------------------------	-------------------	-----------------------------------

II. In relation to the expectations described in Section I, discuss the employee's accomplishments and how effectively those accomplishments support the identified customer needs.

Jim completed assignments for the NAS-27, NAS-21A, Peacekeeper, and BAT programs. He is currently working on the BAT program.

He modified the test set used for the double angle converter CCA (830700), so hybrids could be tested. The test set is utilized for the NAS-27 and NAS-21A programs. He also supported tests and trouble shooting of various CCAs. Jim supported the procurement of hybrids and evaluation of vendor test data.

Jim supported testing and trouble shooting of CCAs and hybrids for the Peacekeeper program. He was the lead engineer in improving the error rate of change (EROC) measurement. A different grounding concept was utilized to eliminate noise. He supported the modification, verification testing, and analysis of test results. Jim was the lead engineer for the tests to investigate the 6M7333 hybrid VCO characteristics. These tests were done at the hybrid and board level. He also analyzed the attitude PLL function. This resulted in the relaxation of the unlock specification, which increased the yield. Jim wrote a program, in BASIC, that converted the test station data files to Viewlogic Probe files. Plots were generated using the probe files.

Continued on attachment.

III. PERFORMANCE FACTORS

Rate and provide descriptions of how the employee demonstrated each of the following performance factors. Base your comments and ratings on the expectations and accomplishments described in Sections I and II. Use the 1 - 5 rating that best describes your perception of performance on each factor.

- 1 consistently exceeds expectations of position
- 2 frequently exceeds expectations of position
- 3 Meets expectations of position
- 4 frequently does not meet expectations of position
- 5 Consistently does not meet expectations of position

1 2 3 4 5

1. **JOB KNOWLEDGE:** Performance indicates that employee possesses skills and job-specific knowledge necessary to complete assigned responsibilities. Describe performance:
 Jim's performance, for the above accomplishments, shows he has the necessary knowledge for his position.

1 2 3 4 5

2. **JUDGMENT:** Overall, decisions were appropriate for the existing conditions; acts with consideration of the impact on others. Describe performance:
 Jim considers the impact of his decisions on other organizations to obtain a cost effective solution. Sometimes he does more than necessary when working with the CAE tools.

1 2 3 4 5

3. **INITIATIVE:** Takes necessary steps to identify and address customer needs with minimal direction. Describe performance:
 Jim, with minimum supervision, works with our customers to determine and clarify needs.

Human Resources Employee Orgn. File Rough Draft

NORTHROP PRIVATE (When Completed)

NORTHROP PRIVATE (When Completed)

NORTHROP
 Electronic Systems Division

SALARIED EMPLOYEE PERFORMANCE APPRAISAL

FORM LG6672 (9-81)

PAGE 2 OF 6

EMPLOYEE NAME Jim Unterschine	EMP. NO. 76724
----------------------------------	-------------------

III. PERFORMANCE FACTORS (Continued)

		X		
1	2	3	4	5

4. **RELIABILITY:** Demonstrates accountability through good attendance, keeping management and customers informed, and providing accurate information. Describe performance:

Jim keeps management accurately informed relative to status and technical problems.

		X		
1	2	3	4	5

5. **ORGANIZATIONAL SKILLS:** Organizes work in a way which optimizes use of the time and resources. Describe performance:

He makes optimal use of time and quickly adjusts to schedule changes.

		X		
1	2	3	4	5

6. **VERBAL COMMUNICATION:** Communicates effectively when presenting ideas to managers and co-workers during informal discussions, meetings, and formal presentations. Describe performance:

Jim's needs to improve in this area. Sometimes it is difficult to comprehend his ideas since he doesn't provide adequate background material and a high level description prior to going into details.

		X		
1	2	3	4	5

7. **INTERPERSONAL EFFECTIVENESS.** Interaction with co-workers and customers demonstrates respect, during informal discussions, meetings, and formal presentations. Describe performance:

Jim is effective when interfacing with other organizations resulting in obtaining desired results.

		X		
1	2	3	4	5

8. **QUANTITY:** Work output is consistent with schedules and commitments. Describe performance.

Jim's tasks are complete and on time with minimum supervision.

X				
1	2	3	4	5

9. **QUALITY:** Products and services committed to and delivered meet customer requirements. Describe performance:

Jim is always increasing his job knowledge, in particular, of personal computers/work stations and CAE tools.

IV. PERFORMANCE FACTORS - The following factors may not apply to all positions: Rate and provide descriptions of those applicable to the employee during this review period.

	X			
1	2	3	4	5

1. **TEAMWORK.** Participates with others to share resources and improve cooperation through the identification of problems/goals and the use of mutually agreeable problem solving approaches. Describe performance:

Jim works within his organization and with other organizations to resolve problems and to define goals.

		X		
1	2	3	4	5

2. **ANALYTICAL SKILLS:** Logically assesses tasks, determines needs, evaluates data, and develops alternatives. Describe performance:

Jim satisfactorily evaluates alternatives when making a decision.

NORTHROP PRIVATE (When Completed)

NORTHROP PRIVATE (When Completed)

NORTHROP
Electronic Systems Division

SALARIED EMPLOYEE PERFORMANCE APPRAISAL

FORM LG8572 (9-91)

PAGE 3 OF 8

EMPLOYEE NAME
Jim Unterschine

EMP. NO.
78724

IV. PERFORMANCE FACTORS (Continued)

		x		
1	2	3	4	5

3. **PLANNING:** Anticipates requirements and accurately estimates time and resources required. Describe performance:

Jim anticipates needs when establishing goals and schedules.

	x			
1	2	3	4	5

4. **WRITTEN COMMUNICATION:** Writes clear, concise, well organized memos, letters, reports and other written communication. Describe performance:

His written communications are well organized.

V. PERFORMANCE FACTORS - For ALL Managers And Lead People: Rate and provide descriptions of how the employee demonstrated each of the following performance factors.

1	2	3	4	5

1. **LEADERSHIP:** Keeps employees informed, clarifies organization's direction/goals, encourages a creative work environment, inspires others to be involved in meeting organizational goals; willing to be a final authority. Describe performance:

1	2	3	4	5

2. **STAFFING:** Demonstrates the skills to interview and select employees based on short and long term organization objectives. Ensures employees are classified and compensated appropriately for work performed. Makes personnel assignments which effectively meet changing requirements. Describe performance:

1	2	3	4	5

3. **IMPROVING PERFORMANCE:** Accurately assess performance and requirements, clarifies performance. Describe performance:

1	2	3	4	5

4. **EMPLOYEE DEVELOPMENT:** Provides direction, coaching and opportunity required for the professional development of employees. Describe performance:

For Items 5 and 6, No. Rating is Required

- 5. **BUSINESS CONDUCT:** Discuss specific ways the employee demonstrates and promotes commitment to Northrop's Code of Ethics/Standards of Conduct.
- 6. **EEO:** Discuss specific ways the employee demonstrates and promotes commitment to the policies and practices of Equal Employment Opportunity.

NORTHROP PRIVATE (When Completed)

NORTHROP PRIVATE (When Completed)

NORTHROP
Electronic Systems Division

SALARIED EMPLOYEE PERFORMANCE APPRAISAL

FORM LG8572 (8-91)

PAGE 4 OF 6

EMPLOYEE NAME Jim Unterschine	EMP. NO. 78724
----------------------------------	-------------------

VI. OVERALL RATING

- 1 consistently exceeds expectations of position
- 2 frequently exceeds expectations of position
- 3 Meets expectations of position
- 4 frequently does not meet expectations of position
- 5 Consistently does not meet expectations of position

		x		
1	2	3	4	5

Consider the following in determining the overall rating of the employee's performance

- Some performance factors from Sections III, IV and V may have more importance than others. The overall rating is not obtained by simply averaging the individual factors.
- The employee's accomplishments from Section II should be compared to stated expectations from Section I.
- Consider not only results identified in Section II, but the process used to obtain those results, as noted in Section III, IV and V.

VII. DISCUSSION OF PERFORMANCE IMPROVEMENT REQUIREMENTS AND/OR DEVELOPMENTAL OPPORTUNITIES:

1. Describe what the employee needs to do to address any performance concerns noted in the previous sections.

Jim has improved his verbal communications. I recommend, after a conversion, Jim evaluate the discussion with respect to the sufficiency of detail. Requesting feedback from the listener would provide useful inputs.

When modifying/developing CAE tools, Jim should be sure he is not doing more than is required to complete a particular task.

2. Describe what the employee can do to further develop his/her skills and abilities in relation to the specific performance factors discussed in the previous sections.

When the need for modifications to the VALID tools occurs, Jim should check with the responsible organization

EMPLOYEE COMMENTS (OPTIONAL)

I HAVE DISCUSSED THE CONTENTS OF THIS REVIEW WITH THE EMPLOYEE:

REVIEWER'S NAME (TYPE OR PRINT) R. Rising	REVIEWER'S NAME (SIGNATURE) <i>R. Rising</i>	DATE 1-14-92
--	---	-----------------

I HAVE READ THIS REVIEW AND DISCUSSED IT WITH MY MANAGER:

EMPLOYEE'S NAME (TYPE OR PRINT) J. Unterschine	EMPLOYEE'S NAME (SIGNATURE) <i>Jim Unterschine</i>	DATE 1-14-92
NEXT LEVEL MANAGER (TYPE OR PRINT) D. Hansen	NEXT LEVEL MANAGER (SIGNATURE) <i>D. Hansen</i>	DATE 1/15/92

NORTHROP PRIVATE (When Completed)

NORTHROP PRIVATE (When Completed)

NORTHROP
Electronic Systems Division

SALARIED EMPLOYEE PERFORMANCE APPRAISAL

FORM LG8572 (9-91)

PAGE 5 OF 6

EMPLOYEE NAME Jim Unterschine	EMP. NO. 76724
----------------------------------	-------------------

VIII. INDIVIDUAL DEVELOPMENT PLAN (Optional at the discretion of the employee)

The following questions will help you and your manager prepare your individual Development Plan. First, answer the questions listed in the Employee Section in as much details as you believe is appropriate. Complete the Employee Section and give it to your manager who will then use it as a basis of answering the questions listed in the Manager Section.

Employee Section (Use additional sheets if necessary)

1. What do I find most enjoyable, challenging and/or rewarding about my current position?

The design and analysis of feedback control systems and related circuitry.

The use of schematic capture and simulation to provide the analog designer a productive way of realizing circuit design.

The creation of software programs to allow easier ways to get results for complicated circuit analysis.

2. What do I find least enjoyable, challenging and/or rewarding about my current position?

3. What other assignments within my current position would be of interest to me?

I would like to be tasked with library maintenance and interface creation for VALID. The VALID system needs to be easier to use for the output of design documentation and PCB files for layout. The design documentation needs to be in the ESD-Hawthorne format for parts lists and wire lists.

4. What other positions would be of interest to me?

5. What skills or knowledge do I want to develop further?

The creation of software programs using "C" and the VALID CAEVIEW program which is "C" based.

6. What activities have I undertaken, or do I plan to undertake to help in my career development.

NORTHROP PRIVATE (When Completed)

NORTHROP PRIVATE (When Completed)

NORTHROP
Electronic Systems Division

SALARIED EMPLOYEE PERFORMANCE APPRAISAL

FORM LG6672 (8-91)

PAGE 8 OF 8

EMPLOYEE NAME Jim Unterschine	EMP. NO. 78724
----------------------------------	-------------------

VIII. INDIVIDUAL DEVELOPMENT PLAN (Continued)

Manager Section

1. What assignments or special projects could be given to the employee that are in line with their indicated interested, or will help the employee further develop the skills or knowledge noted in the Employee Section?

The library maintenance and interface creation for VALID is the responsibility of another organization. When Jim uses VALID, there will opportunities to develop skills and knowledge in this area.

2. What skills and/or performance improvements are recommended for the employee to prepare for other positions of interest.

EMPLOYEE COMMENTS (OPTIONAL)

REVIEWERS NAME (TYPE OR PRINT) R. Rising	REVIEWER'S NAME (SIGNATURE) <i>R. Rising</i>	DATE 1-14-92
EMPLOYEE'S NAME (TYPE OR PRINT) Jim Unterschine	EMPLOYEE'S NAME (SIGNATURE) <i>James Unterschine</i>	DATE 1-14-92
NEXT LEVEL MANAGER (TYPE OR PRINT) D. Hansen	NEXT LEVEL MANAGER (SIGNATURE) <i>D. Hansen</i>	DATE 1/10/92

NORTHROP PRIVATE (When Completed)

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SALARIED EMPLOYEE PERFORMANCE APPRAISAL

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EMPLOYEE NAME Jim Unterschine	EMP. NO. 76724
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II. (Continued)

Jim was responsible for the evaluation and selection of the air data pressure and temperature sensors for the BAT program. He supported the SOCO generation. He performed circuit design and verified system level requirements. He designed the A/D and analog multiplexer circuits. Jim wrote programs for the VALID CAE system to extract and format a parts list from the schematic entry data. He utilized the VALID system for design, simulation, schematic entry and packaging. Jim wrote a program, in BASIC, to create the Academy files used to layout boards. Jim learned UNIX in to manipulate files in VALID. He was the focal point, for VALID, for the BAT personnel.

NORTHROP PRIVATE (When Completed)

SALARIED EMPLOYEE PERFORMANCE APPRAISAL

EMPLOYEE NAME Jim Unterschine	EMP. NO. 76724	POSITION TITLE Engineer Senior	ORGN. NO. J573
REVIEW PERIOD FROM December 1990 TO October 1991		REVIEWERS NAME Robert Rising	REVIEWERS TITLE Manager Analog Design
			JOB CODE 335338
			SENIORITY DATE 03/83

I. DESCRIPTION OF PERFORMANCE EXPECTATIONS: Describe the activities you expect the employee to perform in support of specific customer needs. Also, define the criteria you will use in determining how well the employee performed these activities.

CUSTOMERS: Program/Project Office, Mechanical Design, Test Equipment Organization, Operations, Reliability Organization, and Components Group

CUSTOMERS' NEEDS	ACTIONS TO SUPPORT CUSTOMER NEEDS	SUCCESS CRITERIA
PRELIMINARY DESIGN Hardware/firmware partitioning Define subsystem interface reqmts Establish circuit performance criteria	Perform hardware/firmware trade studies Evaluate requirements Define all interface characteristics	Accurate and thorough definitions
CIRCUIT DESIGN Releaseable schematics Parts list Layout	Design circuits to meet customer requirements Utilize customer and/or Northrop preferred components.	Generate releasable schematics Provide accurate parts list and power dissipation Circuit meets all goals within budget, schedule, power dissipation, weight, and volume limitations Accurate and thorough analyses compliant with procedures
DESIGN SUPPORT Layout rules Mechanical design Interconnect information	Provide layout guidelines Check schematic, layout, routing, and parts list	Error free, releasable drawings
ENGINEERING TESTS Test requirements Test Procedures First article tests System integration tests	Provide functional descriptions Provide circuit outputs and tolerances Support test procedure generation Support first article and integration tests	Satisfactory test procedures Accurate checkout of CCAs and Systems
PROGRAM SUPPORT Test procedure review Test equipment SCDs Factory tests	Review system test procedures Support test equipment checkout Generate inputs and review SCDs Support factory tests	Reliable system tests Satisfactory test equipment Error free SCDs Timely response and timely solutions

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1-13-93
NORTHROP

SALARIED EMPLOYEE PERFORMANCE EVALUATION						PERFORMANCE PERIOD	
						FROM: 01/92	TO: 12/92
EMPLOYEE NAME Untershine, J.	EMPL NO 76724	DIV 60	ORG NO L840	PR 3	JOB CODE 335338	JOB TITLE ENGINEER/SENIOR	
SECTION I				POSITION RESPONSIBILITIES			
<p>The primary engineering responsibility is analog circuit development consisting of:</p> <ol style="list-style-type: none"> 1) Conceptual design 2) Preliminary design 3) Circuit design 4) Design support 5) Engineering tests 6) Program support <p>Jim is the responsible engineer for the NAS-27, NAS-21A and Peacekeeper programs.</p> <p>Jim provides support for all on going programs which includes trouble shooting, TA revisions, test equipment revisions, and design modification.</p> <p>He provides engineering direction to support organizations such as Reliability, NH&S, Components, Systems, and Quality.</p>							
SECTION II				PERFORMANCE IMPROVEMENT PLAN			
Produce error free schematics, parts lists, wire lists, and analysis.							
SECTION III				PERSONAL DEVELOPMENT PLAN (OPTIONAL)			
EMPLOYEE INITIALS JU		DATE 2/10/92		REVIEWING MANAGER INITIALS RR		DATE 2/10/92	

Form C-470 (1-92) Page 1 of 7

NORTHROP PRIVATE
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NORTHROP

SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME Untershine, J.		EMPLOYEE NO. 76724	ORG NO. L840
SECTION IV GOAL SETTING			
CUSTOMER(S)	GOALS AND DESIRED OUTCOMES		WEIGHT
Northrop Corp.	MANAGEMENT PRACTICES: (0 To -10 if not followed) In every decision, action, and interaction, demonstrate satisfactory performance in all management practices, including: <ul style="list-style-type: none"> o Communication and modeling behaviors consistent with the Northrop Values. o Performing all responsibilities in line with the Northrop Standards of Conduct and other preferred business practices. o Advancing the Division's progress toward our goals in the areas of Equal Opportunity and Affirmative Action programs. o Ensuring full compliance with all relevant legal requirements. o Adhering to and enforcing all applicable security policies and procedures regarding the handling of classified information. 		
	TOTAL		
SIGNATURES			
REVIEWING MANAGER <i>R. Rising</i>	DATE 2/10/92	EMPLOYEE <i>J.U.</i>	DATE 2/10/92

Form C-470 (1-92) Page 2 of 7

(ATTACH ADDITIONAL SHEETS AS NECESSARY)

NORTHROP PRIVATE
(WHEN COMPLETED)

NORTHROP

EMPLOYEE NAME Untershine, J.		EMPLOYEE NO. 78724	ORG. NO. L840
SECTION IV		GOAL SETTING	
CUSTOMER(S)	GOALS AND DESIRED OUTCOMES	WEIGHT	
Mechanical Design	PERFORMANCE: Provide design information to Mechanical Design that is correct and stable. Excluding changes in requirements, 1 change/error = 80%, 2 changes = 0%, no changes/errors = 200%.	25	
Procurement, Manufacturing, Components Engr.	Reduce the use of non-standard parts, excluding ASICS and microprocessors, to less than 5% of total electronic part types for FSD or production programs unless directed otherwise by customer or program office. 10% non std = 50%, 5% = 100%, 2% = 200%.	10	
Program Orgs	Support existing programs, as needed, for design modifications, test instruction revisions, SCD revisions, and test set modifications without errors. 1 change/error = 80%, 2 changes = 0%, no changes/errors = 200%.	20	
	Support testing as needed. This includes defining, conducting, and evaluating results of tests, and generating reports. 1 technical error = 80%, 2 technical errors = 0%, no changes = 200%.	15	
	Complete tasks on schedule. Completed on schedule = 100%, 15% ahead of schedule = 200%, completed 15% behind schedule = 60%, >20% late = 0%.	10	
	FINANCIAL: Complete tasks within approved budget. 0.9 x budget = 200%, 1.1 x budget = 50%.	20	
TOTAL		100	
SIGNATURES			
REVIEWING MANAGER <i>R. Rising</i>	DATE 2/10/92	EMPLOYEE <i>J.U.</i>	DATE 2/10/92

Form C-470 (1-92) Page 3 of 7

(ATTACH ADDITIONAL SHEETS AS NECESSARY)

NORTHROP PRIVATE
(WHEN COMPLETED)

NORTHROP

SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME Untershine, J.		EMPLOYEE NO. 76724	ORG NO. LB40
SECTION IV		GOAL SETTING	
CUSTOMER(S)	GOALS AND DESIRED OUTCOMES	WEIGHT	
NAS-27 Program Office	The tasks below are known at this time. The results will be evaluated against the goals on the previous pages. Modify power supply tester to satisfactorily test the Peltier section. Modify limits for Peltier gain verification.		
AIMS Program Office	Design circuit for the AIMS program to meet functional and radiation requirements.		
	TOTAL		
SIGNATURES			
REVIEWING MANAGER <i>R. Rising</i>	DATE 2/10/92	EMPLOYEE <i>J.U.</i>	DATE 2/10/92

Form C-470 (1-92) Page 2 of 7 (ATTACH ADDITIONAL SHEETS AS NECESSARY)

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NORTHROP

SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME Untershine, J.		EMPLOYEE NO. 76724	ORG NO. LB40
SECTION IV GOAL SETTING			
CUSTOMER(S)	GOALS AND DESIRED OUTCOMES	WEIGHT	
NAS-27 Program Office	The tasks below are known at this time. The results will be evaluated against the goals on the previous pages. Modify power supply tester to satisfactorily test the Peltier section. Modify limits for Peltier gain verification.		
AIMS Program Office	Design circuit for the AIMS program to meet functional and radiation requirements.		
TOTAL			
SIGNATURES			
REVIEWING MANAGER <i>R. Rising</i>	DATE 2/10/92	EMPLOYEE <i>J.U.</i>	DATE 2/10/92

Form C-470 (1-92) Page 2 of 7 (ATTACH ADDITIONAL SHEETS AS NECESSARY)

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SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME J. Untershine		EMPLOYEE NO. 76724	ORG NO. L840
SECTION V		GOAL ASSESSMENT	
STATUS/REVISIONS	ACHIEVEMENTS	SCORE	
Design information to mechanical design	Preliminary layout instructions and VALID output files for the AIMS RESOLVER / TORQUER board.		
Reduce non-standard parts	Parts specified to be used on AIMS RESOLVER / TORQUER board chosen from Qualified Part List (QPL). Special part types specified to reduce board space included brick capacitors and cores for transformers.		
Support existing programs	Evaluated PEACEKEEPER Attitude unlock threshold limits to eliminate system failures due to false unlock indications.		
Support testing	Proposed a solution to the NAS 27 Peltier supply test set problem that was later implemented.		

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SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME		EMPLOYEE NO.	ORG. NO.
Untershine, J.		76724	LB40
SECTION V		GOAL ASSESSMENT	
STATUS/REVISIONS	ACHIEVEMENTS	SCORE	
<p>Below is a summary of the goals and desired outcomes shown in Section IV. The tasks shown in the next column were evaluated against these. This was done on a work sheet due to the matrix of task versus each goal below. All goals are not applicable to each task.</p> <p>Provide design information to Mechanical Design that is correct and stable</p> <p>Reduce the use of non-standard parts</p> <p>Support existing programs, as needed, for design modifications, and test instruction revision</p> <p>Accurately define and support testing</p> <p>Complete tasks on schedule</p> <p>Complete tasks within approved budget</p>	<p>Mechanical Design:</p> <p>AIMS: Schematics of the proposed Resolve/Torquer electronics were prepared for preliminary and conceptual design reviews. The schematics and parts were created such that the Valid (GED) CAE system was able to provide the Allagro Packager a data file used to place components for routing and for thermal studies. Final schematics will be released upon completion of the design.</p> <p>Component Procurement:</p> <p>AIMS: Components utilized that were from the parts list issued by the component organization. (10 x 200% = 20)</p> <p>Support Existing Programs: Peacekeeper; Provided field failure support for Attitude Readout Subsystem problems concerning the 108410 card unlock detection PROMs and the Phase Lock Loop VCO characteristics. (0.5 x 20 x 200 = 20)</p> <p>NAS-27; Identified and proposed a solution to the power supply test set problem concerning limit problems with the Peltier temperature control tests. (0.5 x 20 x 0.8 = 8)</p> <p>Schedule: AIMS; Program in process, presently meeting schedule after accounting for customer directed changes. (10 x 100% = 10)</p> <p>Budget: AIMS; Program in process, presently meeting the budget goals. (20 x 200% = 40)</p>	<p>NA</p> <p>20</p> <p>20</p> <p>8</p> <p>10</p> <p>40</p>	
TOTAL		98	
A total score of 98 was received out of a baseline of 75. (131%)			

NORTHROP PRIVATE
(WHEN COMPLETED)

SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME Untershine, J.	EMPLOYEE NO. 76724	ORG. NO. LB40
SECTION VI PERFORMANCE FACTORS		RATING
BUSINESS CONDUCT Follows all policies and procedures, and is consistent with Northrop values in all actions, behavior and decisions.		3
PROFESSIONAL/TECHNICAL PROFICIENCY Applied knowledge of torque motor drivers and angle measurement techniques to the design of the AIMS gimbal control circuitry. Presented preliminary design review of AIMS circuitry to Litton and Northrop IPD teams. Acquired knowledge in the use of transformers, MOSFETs, brushless DC torque motors.		3
COMMITMENT TO RESULTS Analysis and simulations to support design reviews and circuit requirement compliance for the AIMS gimbal control circuitry, have been timely and satisfactory. Tasks related to AIMS IPD team support include generation of test requirements, component selection, pitch chart generation, power calculations, SRD updates, and AVO generation for requirement issues.		3
LEADERSHIP Tasked with the generation and maintenance of the AIMS component library for the Valid CAE tools. Provided guidance to others in the use of the Valid CAE, PSpice simulator, Allegro, and Workview.		3
DEVELOPMENT The design of the drive circuitry for a brushless DC torque motor with tapped Sine and Cosine windings is a new concept. This design was a learning experience in the various aspects of magnetic coupling and MOSFET characteristics.		4
TEAM WORK/TOTAL QUALITY AND PROCESS IMPROVEMENT Jim works well with other organizations and disciplines. He provided guidance to others in the use of the Valid, PSpice, Allegro, and Viewlogic. He wrote a Basic program to extract PSpice library models for use in Cadence, and Workview.		4
INTERPERSONAL RELATIONS Jim can works will with everyone. He is able to express ideas and opinions in a way that is not offensive. He is very professional and friendly.		4

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NORTHROP PRIVATE
(WHEN COMPLETED)

SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME James Unterschine	EMPLOYEE NO. 76724	ORG. NO. L840
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SECTION VII INTERIM UPDATES

UPDATE 1
See Section V.

EMPLOYEE INITIALS JU	DATE 9-18-92	REVIEWING MANAGER INITIALS RR	DATE 9-18-92
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UPDATE 2

EMPLOYEE INITIALS	DATE	REVIEWING MANAGER INITIALS	DATE
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SECTION VIII OVERALL PERFORMANCE SUMMARY

Jim is in the process of designing the torquer/resolver circuitry for the AIMS program. To date, he is meeting the schedule and budget goals. During the design he has learned the effects of magnetic coupling on the driver circuits. During this design he has increased his knowledge of the Valid CAE tools. This includes schematic capture, the Analog Work Bench simulator, and the Allegro Packager. He already has considerable experience with the PSpice simulation tool.

Jim provides guidance to others in the use of the various CAE tools. He wrote a BASIC program to extract PSpice library models for use in Cadence.

Jim consistently meet the requirements of his position.

PERFORMANCE RATING: 3

SECTION IX EMPLOYEE COMMENTS (OPTIONAL)

SECTION X SKILL CODES

SKILL CODE 1:	SKILL CODE 2:	SKILL CODE 3:
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SECTION XI SIGNATURES

REVIEWING MANAGER <i>R. Rasing</i>	DATE 1-13-92	NEXT LEVEL MANAGER <i>J. Unterschine</i>	DATE 1/15/93
MATRIX MANAGER (IF REQUIRED)	DATE	EMPLOYEE <i>James Unterschine</i>	DATE 1-13-93

1-13-94

NORTHROP PRIVATE
(WHEN COMPLETED)

3

SALARIED EMPLOYEE PERFORMANCE EVALUATION

PERFORMANCE PERIOD	
FROM: 01/93	TO: 12/93

EMPLOYEE NAME Jim Untershine	EMPL. NO. 76724	DIV 60	ORG NO. L840	PR 3	JOB CODE 2SB338	JOB TITLE Engineer/Senior
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SECTION I POSITION RESPONSIBILITIES

The primary engineering responsibility is analog circuit development consisting of the following tasks:

- 1) Conceptual design
- 2) Preliminary design
- 3) Detailed circuit design
- 4) Design support
- 5) Engineering tests
- 6) Program support

SECTION II PERFORMANCE IMPROVEMENT PLAN

SECTION III PERSONAL DEVELOPMENT PLAN (OPTIONAL)

EMPLOYEE INITIALS JU	DATE 4-26-93	REVIEWING MANAGER INITIALS R. Rising	DATE 4-26-93
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(WHEN COMPLETED)

SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME Jim Untershine		EMPLOYEE NO. 76724	ORG NO. L840
SECTION IV		GOAL SETTING	
CUSTOMER(S)	GOALS AND DESIRED OUTCOMES	WEIGHT	
Northrop Corp.	<p>MANAGEMENT PRACTICES: (0 to -10 if not followed) In every decision, action, and interaction, demonstrate satisfactory performance in all management practices, including:</p> <ul style="list-style-type: none"> o Communication and modeling behaviors consistent with the Northrop Values. o Performing all responsibilities in line with the Northrop Standards of Conduct and other preferred business practices. o Advancing the Division's progress toward our goals in the areas of Equal Opportunity and Affirmative Action programs. o Ensuring full compliance with all relevant legal requirements. o Adhering to and enforcing all applicable security policies and procedures regarding the handling of classified information. 		
	TOTAL	100	
SIGNATURES			
REVIEWING MANAGER <i>R. Resery</i>	DATE 4-23-93	EMPLOYEE <i>Jim Untershine</i>	DATE 4-26-93

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(ATTACH ADDITIONAL SHEETS AS NECESSARY)

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SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME		EMPLOYEE NO.	ORG NO.
Untershine, James		76724	L840
SECTION V		GOAL ASSESSMENT	
STATUS/REVISIONS	ACHIEVEMENTS	SCORE	
<p>AIMS (SPTR)</p> <p>Mechanical Design (Design information that is stable and correct)</p> <p>Procurement, Manufacturing, Components Engineering (Reduce use of non-standard parts)</p> <p>Support Testing</p> <p>Complete Tasks on Schedule</p> <p>Points calculations: shown on attached page.</p>	<p>Supported all Torquer/Resolver (SPTR) related layout, interconnect, and rework operations.</p> <p>Created a BASIC program to convert the Allegro input files to a usable wirelist to aid component interconnection verification and provide a list of connector pin assignments.</p> <p>Changes include 4 capacitor values (to check circuit while waiting for requirements), 1 opamp type (to accommodate rise/fall time and slew rate problems).</p> <p>Additional circuitry added includes 2 PAL s, 3 registers, and associated wiring (to correct the processor to torquer resolver interface signals).</p> <p>Non-standard parts include the supply filter chokes and radiation detector diode and transistor on the SPTR board. Utilized components as specified by Litton or the Components Organization.</p> <p>Analysis of SPTR circuitry yielded component stress, and test limits used for circuit board testing.</p> <p>Generated a detailed test procedure for design verification of the Torquer, Resolver, Shutter, and Nuclear event detector with and without Processor operation.</p> <p>Changes to test procedure included power supply current limits and Processor related register values to provide appropriate torquer signals.</p> <p>Completed on schedule the prototype testing to evaluate resolver excitation sample and hold timing, and the impact of the modified torque motor characteristics.</p> <p>Completed behind schedule the design verification testing of the Torquer / Resolver circuitry using the Processor generated interface signals due to hardware availability.</p>		
		TOTAL	150

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(ATTACH ADDITIONAL SHEETS AS NECESSARY)

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(WHEN COMPLETED)

SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME Untershine, James		EMPLOYEE NO. 76724	ORG NO. LB40
SECTION V		GOAL ASSESSMENT	
STATUS/REVISIONS	ACHIEVEMENTS	SCORE	
<p>CAE LIBRARY MANAGEMENT</p> <p>Mechanical Design (Design information that is stable and correct)</p> <p>Procurement, Manufacturing, Components Engineering (Reduce use of non-standard parts)</p> <p>Support Testing</p> <p>Complete Tasks on Schedule</p> <p>MISC. CONTRIBUTIONS</p>	<p>The PSpice simulation libraries are extracted using a BASIC program to provide package types for all of the discrete parts symbols. This will help eliminate packaging errors between the mechanical and development groups.</p> <p>The component symbols that are included in the NORTHROP library will be checked for correct part number, allowing the partlist from the schematic to be easily transferable to procurement.</p> <p>The simulation models that are extracted from the PSpice simulation libraries will enable test limits on external circuit signals to be correct. The separated model files will be included in the circuit deck to allow tracability of simulation results.</p> <p>Programs written in C and BASIC were produced in timely fashion to support plotting problems and library maintenance.</p> <p>Created a BASIC program to convert NICOLET digital oscilloscope data files to PROBE files to speed test data collection, to aid in signal parameter measurement, and provide documentation of lab measurements.</p>		
	TOTAL		

NORTHROP PRIVATE
(WHEN COMPLETED)

SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME	EMPLOYEE NO.	ORG NO.
Untersshine, Jim	76724	L840
SECTION VI PERFORMANCE FACTORS		RATING
BUSINESS CONDUCT Jim has complied with all the company's policies and procedures. He applies the Northrop Values to all of his efforts.		3
PROFESSIONAL/TECHNICAL PROFICIENCY Jim is proficient in analog circuit design and the use of the CAE tools such as Viewlogic and PSpice.		4
COMMITMENT TO RESULTS Jim completes tasks in a timely manner to support needs.		3
LEADERSHIP Jim assumes responsibility for meeting the organization's goals.		3
DEVELOPMENT Jim, on his own initiative, has learned to program in Basic and C. He is continually increasing his knowledge in the CAE tools (Viewlogic and PSpice) usage. He also is continuing to improve his knowledge of the Viewlogic application programs and writing programs to support the needs of NESD.		4
TEAM WORK/TOTAL QUALITY AND PROCESS IMPROVEMENT Jim works well with others. He provides assistance to others in the application of the CAE tools. He is working on improving the CAE process. Jim needs to generate his status reports in a timely manner.		4
INTERPERSONAL RELATIONS Jim is effective in working within his organization and with other organizations. He discusses problems and potential solutions in a constructive manner and asserts his own point of view in appropriate situations.		4

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SALARIED EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME Untershine, Jim		EMPL NO. 76724	ORG NO. L840
SECTION VII INTERIM UPDATES			
UPDATE 1 Reviewed goals and updated Section V, Goal Assessment.			
EMPLOYEE INITIALS JDU	DATE 10/04/93	REVIEWING MANAGER INITIALS RR	DATE 10/04/93
UPDATE 2			
EMPLOYEE INITIALS	DATE	REVIEWING MANAGER INITIALS	DATE
SECTION VIII OVERALL PERFORMANCE SUMMARY			
<p>Jim demonstrated his design expertise while successfully designing analog circuits for the AIMS program. This included a torquer drive circuit, resolver output conditioning circuit, and resolver driver circuit. He is presently increasing his knowledge of the Viewlogic and PSpice CAE tools. This includes the usage, generating models, and modifying the operation of the tools. He is progressing at a satisfactory rate.</p>			
PERFORMANCE RATING: (SEE REVERSE SIDE FOR RATING SCALE DEFINITIONS)			3
SECTION IX EMPLOYEE COMMENTS (OPTIONAL)			
SECTION X SKILL CODES			
SKILL CODE 1:	SKILL CODE 2:	SKILL CODE 3:	
SECTION XI SIGNATURES			
REVIEWING MANAGER R. Arseny	DATE 1-13-94	NEXT LEVEL MANAGER [Signature]	DATE 1/18/94
MATRIX MANAGER (IF REQUIRED)	DATE	EMPLOYEE James Untershine	DATE 1-13-94

GOAL ASSESSMENT WORK SHEET

NAME Untershine, James

GOALS	GOAL WEIGHT	TASK/PROG. #1 WT = 8 AIMS	TASK/PROG. #2 WT = 2 CAETOOLS	TASK/PROG. #3 WT =	TASK/PROG. #4 WT =	POINTS EARNED
CORRECT AND STABLE DESIGN INFORMATION	25	(8/10) (25) = 20 (150%) (20) = 30	(2/10) (25) = 5 (80%) (5) = 4			34
NON-STANDARD PARTS	10	(8/10) (10) = 8 (200%) (8) = 16				16
SUPPORT EXISTING PROGRAMS	20	0	0			
SUPPORT TESTING	15	(8/10) (15) = 12 (150%) (12) = 18	0			18
COMPLETE ON SCHEDULE	10	(8/10) (10) = 8 (100%) (8) = 4	(2/10) (10) = 2 (100%) (2) = 2			10
COMPLETE ON BUDGET	20	0	0			
CDRL ITEM DELIVERY	0	0	0			
CUSTOMER RATING	0	0	0			
STATUS SHEETS	0	-5	-1			-6
TOTAL	100	pts avail = 48	pts avail = 9			72

[[TOTAL POINTS EARNED]/(TOTAL POINTS AVAILABLE)] (100) = 72/57 = 126% This is = to 126 points as shown on Page 2 of the SEPE.

1-30-95

NORTHROP GRUMMAN

NORTHROP GRUMMAN PRIVATE
(WHEN COMPLETED)

**PERFORMANCE MANAGEMENT PROCESS
INDIVIDUAL PERFORMANCE EVALUATION**

PERFORMANCE PERIOD	
FROM: Mar 94	TO: Dec 94

EMPLOYEE NAME Jim Untershine	EMP. NO. 76724	DIV. 60	ORG. NO. LP10	JOB CODE 2SB338	JOB TITLE Engineer / Senior
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I. POSITION RESPONSIBILITIES: Summarize key duties and responsibilities for which the employee is accountable; reference job descriptions, management charters, or functional outlines.

Manages the Computer Aided Engineering tools for the Electrical Engineering Department. Performs the following items: 1) Support the user community by helping resolve anomalies, 2) defines standard processes, 3) manage libraries, 4) create symbols and models, and 5) is the primary interface with vendors.

A. NARRATIVE ASSESSMENT: Manager, provide final evaluation of employee's performance of position responsibilities including professional and technical proficiency.

Jim has done a very good job in installing, configuring, and customizing our computer aided design tools. He has created standard flows and process that can be used by all users. He has setup libraries in common areas and implemented a library control system for managing existing and new parts.

B. SUMMARY ASSESSMENT: Manager, mark the applicable box.

NEEDS IMPROVEMENT COMPETENT COMMENDABLE OUTSTANDING

II. ASSESSMENT OF WORK STYLE EFFECTIVENESS: Manager, evaluate the process and manner which characterizes the employee's approach to his or her work. Mark the applicable box.

	NEEDS IMPROVEMENT	COMPETENT	COMMENDABLE	OUTSTANDING
COMMITMENT TO RESULTS: Thorough and timely in completing assignments; products/services are of uniform high quality; resourceful in overcoming obstacles and solving problems; attains high levels of customer satisfaction; recognizes importance of good attendance.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JUDGMENT AND INITIATIVE: Makes correct assessments of situations, problems and opportunities and comprehends needed action; is a self-starter, accepting personal responsibility for creating results.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEVELOPMENT: Accepts assignments which are broadening and/or challenging; pursues appropriate learning to enhance current performance and elevate contributions to work group performance; accepts coaching and feedback from managers, peers, and subordinates.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAM WORK AND PROCESS IMPROVEMENT: Shares ideas, information, and knowledge that will improve individual and/or work group productivity and quality performance; participates constructively on teams; uses time, equipment, and material in a cost-effective manner.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL SKILLS: Treats others with respect and understanding; addresses problems, challenges, and obstacles positively and constructively; maintains self-control and composure in difficult situations; communicates effectively with others.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II A. NARRATIVE ASSESSMENT: Manager, comment on work style effectiveness ratings.

Jim performs most of his assignments with enthusiasm aggressively persuing and resolving performance and functional problems. He has created custom programs in C++ as necessary to tailor the tools into our work environment and has done so with outstanding results. He lacks the same level of enthusiasm in organizing and managing how people use the tools. He is resourceful and clever presenting unique and sound solutions to configuring and standardizing the tool environment.

II B. NORTHROP GRUMMAN VALUES AND STANDARDS OF BUSINESS CONDUCT: Manager, assess degree to which employee models Northrop Values and adheres to company standards of business conduct; honors commitments, earns trust, is objective and fair; respects workforce diversity; and practices and encourages honest, open communication.

Jim has complied with all company business ethics and security policies and procedures. He is effective in working with other people and earns their trust. He is fair, respects people, and is conscientious of his actions and how they relate to company ethics.

II C. SUMMARY ASSESSMENT: Manager, mark the applicable box.

NEEDS IMPROVEMENT COMPETENT COMMENDABLE OUTSTANDING

NORTHROP GRUMMAN PRIVATE
(WHEN COMPLETED)

EMPLOYEE NAME Jim Untershine	EMPLOYEE NUMBER 76724	ORG. NO. LP10
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III. PERFORMANCE GOAL SETTING

BUSINESS GOALS				
For each goal, identify: (A) Process Improvement (B) Customer Satisfaction (C) EEO/Diversity (D) Other Business. Indicate goal type A, B, C, or D for each goal.				WEIGHT
1.	Provide technical information that is correct. For development of symbols 0 errors = 100%, 1 errors = 50%, 2 errors = 0% For development of simulation models 0 errors = 200%, 2 errors = 50%, 4 errors = 0%	GOAL TYPE B		30
2.	Support the reduction of non-standard parts, excluding special functions (ASICs, Microprocessors, Hybrids, to less than 5% of the total electronic parts types for FSD or Production programs unless justified and approved. 10% non-std = 50%, 5% = 100%, 2% = 200%	GOAL TYPE B		5
3.	Generate approved models as necessary in a timely manner. Symbols completed before design complete = 100% after design complete = 75% Simulation Models completed before design complete = 100% after design complete = 75%	GOAL TYPE B		10
4.	Develop standard processes and flows for our CAE tools. Insure all users are using current process and flows.	GOAL TYPE A		25
5.	Provide service to users within 1 working day for simple problems and 1 week for difficult problems. Install new releases and libraries as required to support the users.	GOAL TYPE B		20
6.	Maintain satisfactory customer interface, understand requirements and needs. Maintain satisfactory rating with user of the CAE system.	GOAL TYPE B		10
7.		GOAL TYPE		
EMPLOYEE INITIALS J.U.	DATE 1/30/95	MANAGER INITIALS PR	DATE 1/30	TOTAL WEIGHT 100
PROFESSIONAL DEVELOPMENT GOALS				
Include training, education, and special assignments that enhance employee's career/professional development.				

**NORTHROP GRUMMAN PRIVATE
(WHEN COMPLETED)**

EMPLOYEE NAME Jim Untershine	EMPLOYEE NUMBER 76724	ORG. NO. LP10
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III A. PERFORMANCE GOAL EVALUATION

BUSINESS GOALS - RESULTS		
Interim Progress Notes:		
1.	Final Evaluation: Jim has created several models for PSPICE. These have been correct in form and content.	SCORE 30
Interim Progress Notes:		
2.	Final Evaluation: Jim has supported the use of standard parts by identifying and creating libraries of parts that can be used by all users. Jim created standard templates for symbol creation. Libraries are easily maintained.	SCORE 5
Interim Progress Notes:		
3.	Final Evaluation: Jim supported the creation of symbols in a timely manner to support the new and sustaining programs. Jim completed the transformation of the PSPICE library into a common form for all users.	SCORE 10
Interim Progress Notes:		
4.	Final Evaluation: Jim supported the development of standard flows. He prepared on line documentation to identify standard flow process. However, Jim did little to monitor and ensure that the users are following these process flows.	SCORE 10
Interim Progress Notes:		
5.	Final Evaluation: Jim has provided quick response to users to help resolve technical issues. He has helped resolve unique issues relating to plotting and quick installations by creating macros in C++.	SCORE 20
Interim Progress Notes:		
6.	Final Evaluation: Jim maintains a good relationship with the users. He understands their needs and problems and helps them resolve both technical and process issues.	SCORE 10
Interim Progress Notes:		
7.	Final Evaluation:	SCORE 0
TOTAL SCORE		85
PROFESSIONAL DEVELOPMENT GOALS-RESULTS		

**NORTHROP GRUMMAN PRIVATE
(WHEN COMPLETED)**

EMPLOYEE NAME Jim Unterschine		EMPLOYEE NUMBER 78724		ORG. NO. LP10	
IV. INTERIM COACHING MEETINGS: Manager, summarize discussion of performance to date and near-term expectations; comments should address Position Responsibilities, Work Style Effectiveness, and Goals.					
<p>Position responsibilities were reviewed and discussed in detail. Commitment to results and how they effect our organizations performance ratings were discussed. The importance of delivering what the customer wants, how he wants it, and when he wants it were discussed and related to goals.</p>					
Meeting 1 (Mandatory):			Other Meetings (Optional):		
Employee Initials J.U.	Date 1/30/95	Manager Initials P.R.	Date 1/30/95	Employee Initials	Date
V. OVERALL PERFORMANCE RATING: Manager, mark applicable box, consider employee's performance with respect to Position Responsibilities (20%-40%), Work Style Effectiveness (20%-40%), and Business Goals (20%-60%). (Sum = 100%)					
Needs improvement in one or more critical performance area(s) explained in the comment section below. A specific performance improvement plan must be detailed in Section VI. Professional development goals in area(s) of deficiency should be considered for the next annual PMP.	Meets essential job requirements including volume and quality of work. Has no significant performance deficiency.	Meets or exceeds all essential job requirements including volume and quality of work. Has no significant performance deficiency. Frequently demonstrates initiative, raising performance through expanding job knowledge, and improving individual or work group effectiveness.	A Northrop Grumman role model. Combines exceptional desire, interpersonal competence, commitment, and judgment. Overcomes adversity and consistently achieves top results. Creates breakthroughs that elevate work group and/or company performance.		
NEEDS IMPROVEMENT <input type="checkbox"/>	COMPETENT <input checked="" type="checkbox"/>	COMMENDABLE <input type="checkbox"/>	OUTSTANDING <input type="checkbox"/>		
V.A. COMMENTS EXPLAINING OVERALL PERFORMANCE RATING: Manager, explain reasons for Overall Performance Rating.					
<p>Jim has been responsible for managing, customizing, and integrating our computer aided design tools. He has done a commendable job in installing and customizing them to fit into our daily work environment and meet our contract requirements. He has created menus and macros that reduce user time and improve plotting. Jim needs to improve in the area of process control. This included managing the users, enforcing standards, and tool education to others.</p>					
VI. PERFORMANCE IMPROVEMENT PLAN: Manager and employee, record agreement as to specific performance improvement expectations for the next annual performance period.					
<p>Conduct classes in tool usage and management. Enforce standards among users.</p>					
VII. EMPLOYEE COMMENTS (Optional)					
Skill Code 1:		Skill Code 2:		Skill Code 3:	
VIII. SIGNATURES (Please type or print, and sign)					
EMPLOYEE <i>Jim Unterschine</i>	DATE 1/30/95	IMMEDIATE MANAGER <i>Phil Kot</i>	DATE 1/30/95		
MATRIX MANAGER (if applicable)	DATE	NEXT LEVEL MANAGER <i>R. Michael Schubert</i>	DATE 1/30/95		

577
2-1-95
577

SUZANNE CALLS 911.
TAKES THE KIDS TO LORI'S.

MAY HAVE BEEN 1-31-95.

5-9-95 (205)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address): CAROLE C. ROUIN ONE WORLD TRADE CENTER SUITE 2320 LONG BEACH, CA 90831-2320 109405 ATTORNEY FOR (Name): KAREN SUZANNE UNTERSCHINE		TELEPHONE NO.: (310) 437-5409	FOR COURT USE ONLY <div style="font-size: 48px; text-align: center;">COPY</div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 415 WEST OCEAN BOULEVARD MAILING ADDRESS: 415 WEST OCEAN BOULEVARD CITY AND ZIP CODE: LONG BEACH, CA 90802 BRANCH NAME: SOUTH DISTRICT			
PETITIONER/PLAINTIFF: KAREN SUZANNE UNTERSCHINE RESPONDENT/DEFENDANT: JAMES DOUGLAS UNTERSCHINE			
WAGE AND EARNINGS ASSIGNMENT ORDER <input type="checkbox"/> Modification <input type="checkbox"/> Child Support <input checked="" type="checkbox"/> Spousal or Family Support		CASE NUMBER: ND 019431	

TO THE PAYOR: This is a court order. You must withhold a portion of the earnings of (obligor's name and date of birth): **JAMES DOUGLAS UNTERSCHINE (SS#559-08-5658, DOB 2/1/56)** and pay as directed below. (An explanation of this order is printed on the reverse.)

THE COURT ORDERS YOU TO

- Pay part of the earnings of the employee or other person ordered to pay support as follows:

a. <input type="checkbox"/> \$	per month current child support.	d. <input type="checkbox"/> \$	per month child support arrearages.
b. <input type="checkbox"/> \$	per month current spousal support.	e. <input type="checkbox"/> \$	per month spousal support arrearages.
c. <input checked="" type="checkbox"/> \$2,200.00	per month current family support.	f. <input checked="" type="checkbox"/> \$ 400.00	per month family support arrearages.

g. Total deductions per month: \$2,200.00
- The payments ordered under items 1a, 1b, and 1c shall be paid to (name, address): **KAREN SUZANNE UNTERSCHINE, 3130 MARIQUITA, LONG BEACH, CA 90803**
- The payments ordered under item 1d, 1e, and 1f shall be paid to (name, address):
- The payments ordered under item 1 shall continue until further written notice from payee or the court.
- This order modifies an existing order. The amount you must withhold may have changed. The existing order continues in effect until this modification is effective.
- This order affects all earnings payable beginning as soon as possible but not later than 10 days after you receive it.
- Give the obligor a copy of this order within 10 days.
- Other (specify):

For the purposes of this order, the arrearages are set as follows:

- | | | |
|--|---|----------------------|
| 9. a. <input type="checkbox"/> Child support: | <u>Amount</u> | <u>As of (date)</u> |
| b. <input type="checkbox"/> Spousal support: | | |
| c. <input checked="" type="checkbox"/> Family support: | \$ 3,500.00 (NO PREJUDICE TO PROVE-UP) | 1 - June - 95 |

Date: **MAY 09 1995**

GEORGE KALINSKI
TEMPORARY JUDGE
JUDGE OF THE SUPERIOR COURT

CLIENT'S COPY

(See reverse for information and instructions)

Form Adopted by Rule 4285-10
 Judicial Council of California
 1285.70 (Rev. January 1, 1995)

WAGE AND EARNINGS ASSIGNMENT ORDER
 (Family Law - Domestic Violence Prevention - Uniform Parentage)

Family Code, § 5206
 Code of Civil Procedure, § 706.031
REPEALED BY AB 1077, 1997

**PERFORMANCE MANAGEMENT PROCESS
INDIVIDUAL PERFORMANCE EVALUATION**

PERFORMANCE PERIOD	
FROM: 1/3/95	TO: 12/31/95

EMPLOYEE NAME UNTERSCHINE, JIM	EMP. NO. 78724	DIV. 60	ORG. NO. L3E1	JOB CODE 28B338	JOB TITLE SENIOR ENGINEER
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I. POSITION RESPONSIBILITIES: Summarize key duties and responsibilities for which the employee is accountable; reference job descriptions, management charters, or functional outlines.

Responsible Engineer for: 1) attitude subsystem on Peacekeeper program, 2) platform stabilization on NAS program, 3) angle measurement on NAS program, 4) manages computer-aided engineering tools for electrical engineering department

Performs the following items: 1) Conceptual designs resulting from the translation of abstract requirements into a detailed set of implementation data, 2) trade studies, 3) preliminary designs, 4) detail designs, 5) analysis and simulation, and 6) design review.

I A. NARRATIVE ASSESSMENT: Manager, provide final evaluation of employee's performance of position responsibilities including professional and technical proficiency.

Jim has assisted with analysis and data reduction for the PK program. He has managed the CAE tools for our organization and solved problems to minimize impact.

I B. SUMMARY ASSESSMENT: Manager, mark the applicable box.

NEEDS IMPROVEMENT	COMPETENT	COMMENDABLE	OUTSTANDING
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. ASSESSMENT OF WORK STYLE EFFECTIVENESS: Manager, evaluate the process and manner which characterize the employee's approach to his or her work. Mark the applicable box.

	NEEDS IMPROVEMENT	COMPETENT	COMMENDABLE	OUTSTANDING
COMMITMENT TO RESULTS: Thorough and timely in completing assignments; products/services are of uniform high quality; resourceful in overcoming obstacles and solving problems; attains high levels of customer satisfaction; recognizes importance of good attendance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGMENT AND INITIATIVE: Makes correct assessments of situations, problems and opportunities and comprehends needed action; is a self-starter, accepting personal responsibility for creating results.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEVELOPMENT: Accepts assignments which are broadening and/or challenging; pursues appropriate learning to enhance current performance and elevate contributions to work group performance; accepts coaching and feedback from managers, peers, and subordinates.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAM WORK AND PROCESS IMPROVEMENT: Shares ideas, information, and knowledge that will improve individual and/or work group productivity and quality performance; participates constructively on teams; uses time, equipment, and material in a cost-effective manner.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL SKILLS: Treats others with respect and understanding; addresses problems, challenges, and obstacles positively and constructively; maintains self-control and composure in difficult situations; communicates effectively with others.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II A. NARRATIVE ASSESSMENT: Manager, comment on work style effectiveness ratings.
Jim is often absent without prior notification, which appears to have affected the quality of work he has done. Jim has shown little initiative or interest in expanding his working knowledge. He often hands off tasks, such as some attitude problems, to systems engineers rather than working with them to enhance his knowledge and assist in solution development. Jim has passed up some opportunities on NAS related to B-2 TPS effort which would have been challenging and assisted in broadening his working knowledge of the NAS system.

II B. NORTHROP GRUMMAN VALUES AND STANDARDS OF BUSINESS CONDUCT: Manager, assess degree to which employee: models Northrop Values and adheres to company standards of business conduct; honors commitments, earns trust, is objective and fair; respects workforce diversity; and practices and encourages honest, open communication.

See above comments.

II C. SUMMARY ASSESSMENT: Manager, mark the applicable box.

NEEDS IMPROVEMENT	COMPETENT	COMMENDABLE	OUTSTANDING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NORTHROP GRUMMAN PRIVATE
(WHEN COMPLETED)

EMPLOYEE NAME UNTERSHPINE, JIM	EMPLOYEE NUMBER 76724	ORG. NO. L3E1
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III. PERFORMANCE GOAL SETTING

BUSINESS GOALS		WEIGHT
For each goal, Identify: (A) Process Improvement (B) Customer Satisfaction (C) EEO/Diversity (D) Other Business. Indicate goal type A, B, C, or D for each goal.		
1. Maintain 100% compliance with Timekeeping Policies & Procedures. Achieve 100% error-free on monthly organization audits and Timekeeping spot audits. 1 Error/mo. = -5 pts. 2 Errors/mo. = -10 pts. 3 errors = Written Warning + -20 pts.	GOAL TYPE B	0
2. Maintain good housekeeping. Comply with Fire and Safety regulations. Maintain Satisfactory or better rating on spot audits. Lower than Satisfactory for 2 mos. = -5 pts. Lower than Satisfactory for 4 mos. = -10 pts.	GOAL TYPE B	0
3. Participate in organization's Process Improvement. Provide Input in the form of suggestions/ideas and relevant feedback as to potential improvements. Enter & update tasks in the task logfile. Maintain 100% compliance with metrics.	GOAL TYPE A	15
4. Complete tasks to agreed upon schedules. Ensure High Quality of output related to task assignments. On Schedule : 100% 10% Ahead of Schedule: 150% 20% Behind Schedule: 50% 30% Behind Schedule: 0%	GOAL TYPE B	20
5. Support CAE tool problems and software package updates. Respond to CAE problem reports within 2 hours. Provide the necessary coordination with NISC for problem resolution as needed.	GOAL TYPE B	15
6. Provide response to requests for Electrical Engineering services within 1 day. Provide technical support that is logical, correct, and stable to existing programs as required. Support includes design modifications, SCD reviews, conducting tests, evaluation of data & results, and the generation of reports which are well-organized and complete.	GOAL TYPE B	20
7. Perform activities per organizational process flow and standards: 1) Design Flow Process 2) CAE Standards 3) Checklists 4) Turnover Documents, including memos 5) Provide Weekly Status Reports that are concise and meaningful. Turned in after COB Monday. -5 pts.	GOAL TYPE A	10
EMPLOYEE INITIALS <i>J.U.</i> DATE <i>5-18-95</i>	MANAGER INITIALS <i>Pg</i> DATE <i>5-18-95</i>	TOTAL WEIGHT 80

PROFESSIONAL DEVELOPMENT GOALS

Include training, education, and special assignments that enhance employee's career/professional development.

NORTHROP GRUMMAN PRIVATE
(WHEN COMPLETED)

EMPLOYEE NAME UNTERSHPINE, JIM	EMPLOYEE NUMBER 76724	ORG. NO. L3E1
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III. PERFORMANCE GOAL SETTING

BUSINESS GOALS			
For each goal, identify: (A) Process Improvement (B) Customer Satisfaction (C) EEO/Diversity (D) Other Business. Indicate goal type A, B, C, or D for each goal.			WEIGHT
8.	Maintain satisfactory customer interface, understand customer requirements and needs. Maintain satisfactory rating with Program Office, Project Engineering, Manufacturing.	GOAL TYPE B	20
9.		GOAL TYPE	
10.		GOAL TYPE	
11.		GOAL TYPE	
12.		GOAL TYPE	
13.		GOAL TYPE	
14.		GOAL TYPE	
EMPLOYEE INITIALS	DATE	MANAGER INITIALS	DATE
J.U.	5-18-95	AJ	5-18-95
TOTAL WEIGHT			100

PROFESSIONAL DEVELOPMENT GOALS

Include training, education, and special assignments that enhance employee's career/professional development.

NORTHROP GRUMMAN PRIVATE
(WHEN COMPLETED)

EMPLOYEE NAME UNTERSCHINE, JIM	EMPLOYEE NUMBER 76724	ORG. NO. L3E1
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III A. PERFORMANCE GOAL EVALUATION

BUSINESS GOALS - RESULTS		
1.	Interim Progress Notes: Failed audits twice. Establish routine for filling out time card.	
	Final Evaluation: Jim has not failed an audit since interim review.	SCORE -10.0
2.	Interim Progress Notes: Housekeeping practices have been satisfactory.	
	Final Evaluation: Housekeeping practices have been maintained at a satisfactory level.	SCORE 0.0
3.	Interim Progress Notes: Task Logfile updated for each task assigned time card metrics.	
	Final Evaluation: Task Logfile updated for each task assigned time card metrics.	SCORE 15.0
4.	Interim Progress Notes: Tasks have been performed ASAP when schedule was not specified.	
	Final Evaluation: Some organization tasks have not been performed on time or error free.	SCORE 17.0
5.	Interim Progress Notes: All CAE problems have been addressed in timely manner.	
	Final Evaluation: All CAE problems have been addressed in timely manner.	SCORE 15.0
6.	Interim Progress Notes: All requests for support have been provided ASAP.	
	Final Evaluation: Support for monthly meetings and attitude plotting capability input for CDRL were not performed in a timely manner.	SCORE 18.0
7.	Interim Progress Notes: Weekly status reports need to be provided in a more timely manner.	
	Final Evaluation: Weekly status reports are sporadic at times.	SCORE 8.0
TOTAL SCORE		63.0

PROFESSIONAL DEVELOPMENT GOALS-RESULTS

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NORTHROP GRUMMAN PRIVATE
(WHEN COMPLETED)

EMPLOYEE NAME UNTERSCHINE, JIM	EMPLOYEE NUMBER 76724	ORG. NO. L3E1
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III A. PERFORMANCE GOAL EVALUATION

BUSINESS GOALS - RESULTS		
8.	Interim Progress Notes: Customer requirements must be more clearly understood before beginning each task. Plan on performing monthly customer survey.	
	Final Evaluation: No customer input has been received for the months of October through December, 1995.	SCORE 18.0
9.	Interim Progress Notes:	
	Final Evaluation:	SCORE
10.	Interim Progress Notes:	
	Final Evaluation:	SCORE
11.	Interim Progress Notes:	
	Final Evaluation:	SCORE
12.	Interim Progress Notes:	
	Final Evaluation:	SCORE
13.	Interim Progress Notes:	
	Final Evaluation:	SCORE
14.	Interim Progress Notes:	
	Final Evaluation:	SCORE
TOTAL SCORE		81.0
PROFESSIONAL DEVELOPMENT GOALS-RESULTS		

**NORTHROP GRUMMAN PRIVATE
(WHEN COMPLETED)**

EMPLOYEE NAME				EMPLOYEE NUMBER		ORG. NO.					
UNTERSCHINE, JIM				76724		L3E1					
<p>IV. INTERIM COACHING MEETINGS: Manager, summarize discussion of performance to date and near-term expectations; comments should address Position Responsibilities, Work Style Effectiveness, and Goals.</p> <p>Jim needs to ensure that his Time card is kept up to date. This will prevent any more audit findings from occurring. More effort needs to be given to submitting weekly activity reports in a timely manner.</p> <p>It is recommended that Jim work on improving his understanding of customer requests. This will prevent any misunderstandings from occurring. It is also recommended that, keeping in line with his experience level, an increase in initiative be demonstrated in resolving assigned tasks and issues.</p>											
Meeting 1 (Mandatory):				Other Meetings (Optional):							
Employee Initials	Date	Manager Initials	Date	Employee Initials	Date	Manager Initials	Date				
J.U.	9-15-95	PJ	9-15-95	J.U.	12-12-95	PJ	12-19-95				
<p>V.V. OVERALL PERFORMANCE RATING: Manager, mark applicable box, consider employee's performance with respect to Position Responsibilities (20%-40%), Work Style Effectiveness (20%-40%), and Business Goals (20%-60%). (Sum = 100%)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; vertical-align: top;"> <p>Needs improvement in one or more critical performance area(s) explained in the comment section below. A specific performance improvement plan must be detailed in Section VI. Professional development goals in area(s) of deficiency should be considered for the next annual PMP.</p> <p align="center">NEEDS IMPROVEMENT</p> <p align="center"><input checked="" type="checkbox"/></p> </td> <td style="width:25%; vertical-align: top;"> <p>Meets essential job requirements including volume and quality of work. Has no significant performance deficiency.</p> <p align="center">COMPETENT</p> <p align="center"><input type="checkbox"/></p> </td> <td style="width:25%; vertical-align: top;"> <p>Meets or exceeds all essential job requirements including volume and quality of work. Has no significant performance deficiency. Frequently demonstrates initiative, raising performance through expanding job knowledge, and improving individual or work group effectiveness.</p> <p align="center">COMMENDABLE</p> <p align="center"><input type="checkbox"/></p> </td> <td style="width:25%; vertical-align: top;"> <p>A Northrop Grumman role model. Combines exceptional desire, interpersonal competence, commitment, and judgment. Overcomes adversity and consistently achieves top results. Creates breakthroughs that elevate work group and/or company performance.</p> <p align="center">OUTSTANDING</p> <p align="center"><input type="checkbox"/></p> </td> </tr> </table>								<p>Needs improvement in one or more critical performance area(s) explained in the comment section below. A specific performance improvement plan must be detailed in Section VI. Professional development goals in area(s) of deficiency should be considered for the next annual PMP.</p> <p align="center">NEEDS IMPROVEMENT</p> <p align="center"><input checked="" type="checkbox"/></p>	<p>Meets essential job requirements including volume and quality of work. Has no significant performance deficiency.</p> <p align="center">COMPETENT</p> <p align="center"><input type="checkbox"/></p>	<p>Meets or exceeds all essential job requirements including volume and quality of work. Has no significant performance deficiency. Frequently demonstrates initiative, raising performance through expanding job knowledge, and improving individual or work group effectiveness.</p> <p align="center">COMMENDABLE</p> <p align="center"><input type="checkbox"/></p>	<p>A Northrop Grumman role model. Combines exceptional desire, interpersonal competence, commitment, and judgment. Overcomes adversity and consistently achieves top results. Creates breakthroughs that elevate work group and/or company performance.</p> <p align="center">OUTSTANDING</p> <p align="center"><input type="checkbox"/></p>
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<p>V.A. COMMENTS EXPLAINING OVERALL PERFORMANCE RATING: Manager, explain reasons for Overall Performance Rating.</p> <p>Jim's absenteeism and lack of initiative have impacted his performance on tasks ranging from PK (attitude problems and monthly status meetings) to NAS (B-2 TPS effort). As a result the quality of his work output has suffered, i.e. incomplete organization equipment audits and furniture survey for move. In addition, Jim needs to put forth effort to develop his technical proficiency to higher levels. While Jim does a great job managing our organizations CAE tools, this is not a critical aspect of the organization and only encompasses approximately 1/4 - 1/3 of his time.</p>											
<p>VI. PERFORMANCE IMPROVEMENT PLAN: Manager and employee, record agreement as to specific performance improvement expectations for the next annual performance period.</p> <ul style="list-style-type: none"> - Absenteeism - Notify manager of court dates and lawyer commitments as soon as known. It is understood that emergencies can and do arise which will be treated on an individual basis. - Initiative/Quality - Will take lead role in power shell mock-up breadboard. Will oversee building and checkout of bbd and assure quality of work. Will work on opportunities as they arise. - Development - Plan on pursuing other opportunities more in line with career interests. 											
<p>VII. EMPLOYEE COMMENTS (Optional)</p> <p>The continuing animosity that has been harbored towards myself since August of 1994, by Mrs. Johnson, has heighten the level of stress related to my dissolution of marriage and resulting custody battle that started in February of 1995. Mrs. Johnson's continued animosity directed toward myself as my manager, the divorce, financial insolvency, as well as fear and anxiety of my children being forced to live with their abusive mother, has resulted in lack of concentration, loss of appetite, and insomnia. Job performance has suffered drastically and a stress leave is eminent.</p>											
Skill Code 1:		Skill Code 2:		Skill Code 3:							
VIII. SIGNATURES (Please type or print, and sign)											
EMPLOYEE		DATE		IMMEDIATE MANAGER		DATE					
Jim Unterschine, <i>Jim Unterschine</i>		1-8-96		Pam Johnson, <i>Pam Johnson</i>		1-9-96					
MATRIX MANAGER (if applicable)		DATE		NEXT LEVEL MANAGER		DATE					
				Rod Borne, <i>Rod Borne</i>		1/10/96					

NORTHROP PRIVATE

2-19-96
273

Memorandum

Electronic & Systems Integration Division
Combat Support Systems - Hawthorne

In reply refer to: L3E1-96-029

To: J. Untershine

From: P. Johnson

Subject: FIRST WRITTEN WARNING

Date: February 19, 1996

Copies: R. Solina
D. Tallie
Personnel File

Ref:

As stated in Working With Northrop Grumman, irregular attendance is considered a minor. Additionally, it is clearly stated in Section G, titled Attendance and Job Performance, that "If you know you will be absent, obtain the approval of your supervisor in advance." Additionally, this is coupled with your PMP Goal #4, which specifically states that 24 hour notice is required for last minute emergency-type situations.


While you did notify me prior to 10 am on Monday, February 19, that you would be in late, you mentioned the reason was for an appointment. It is my general understanding that appointments are made ahead of time. Therefore, prior notification should have been given.

This first written warning notice is given for failing to notify me in advance of your appointment, which is the disciplinary action that is mentioned in both Working With Northrop Grumman and in your PMP goal.

This occurrence does not appear to have been related to an emergency situation, nor does it appear to be illness related. If this scenario occurs again, you will be issued a Second Written Warning.


P. Johnson, Manager
Electrical Design
L3E1/N4-2, Ext. 5342

Receipt Acknowledgement:


Jim Untershine 2-19-96
Date

NORTHROP PRIVATE

NORTHROP GRUMMAN

2-23-96
(40)

**EMPLOYEE ASSISTANCE PROGRAM (EAP)
LIMITS OF CONFIDENTIALITY**

The content of all EAP sessions is privileged. The holder of the privilege is you, the client. All information shared with the employee assistance counselor will be held confidential, except as required by law. EAP records are kept separate from all medical and personnel records. In order to share information with any individual, professional, medical, or legal agency, the employee assistance counselor must generally obtain a signed consent for release of information from you.

EAP information may not be considered privileged in circumstances prescribed by law, including but not limited to the following:

- (1) Suspected child or elder abuse.
- (2) Potential danger to yourself or others.
- (3) Criminal trial or civil cases initiated by you for the purpose of establishing identity or guardianship, or proceedings where the records have been subpoenaed or you have put your medical condition in issue.
- (4) Fitness for duty questions, including positive drug/alcohol tests.
- (5) Adverse reports to Security (cleared employees only). See HRM 5-4, Attachment D.

I have read the above information and understand its contents, and have received a signed copy of this document.

Employee Name (please type or print) JAMES UNTERSCHINE	Employee Signature <i>Jim Unterschine</i>	Employee No. 76724	Date 2-23-96
Witness Name (please type or print) LORRAINE WESTBROOKS	Witness Signature <i>Lorraine Westbrook</i>		Date 2/23/96

G. FAYE WILLIAMS-JENKINS
PERSONNEL RECORDS
213-600-4090

IMPORTANT INSTRUCTIONS

3-24-96
278
Please read & retain
for future reference

To Jim Unterschine Employee No. 76724 Date 3-24-96

In order to maintain your employment with the Company, you must request a Disability Leave of Absence by completing the enclosed Disability Leave of Absence Request, Form C-175, if you are to be absent from work more than ten (10) working days due to illness or accident.

IT IS YOUR RESPONSIBILITY TO SEE THAT YOUR DOCTOR OR A PRACTITIONER'S PORTION OF FORM C-175 IS COMPLETED AND RETURNED TO THE MEDICAL DEPARTMENT WITHIN FIVE (5) WORKING DAYS FROM RECEIPT OF THIS FORM.

A. EXTENSION OF LEAVE

1. The Company expects that your leave will end on the date specified; however, it is recognized that certain circumstances may necessitate an extension beyond that date. Should it become necessary to have your present leave extended, you are required to:
 - a. Provide a statement from your physician stating the required duration of such an extension.
 - b. Contact the Personnel Records Department (213) 600-4090, and inform them of your extension at least five (5) days prior to the expiration of your leave.
2. If you fail to obtain an extension for your leave, or fail to report to work on or before the expiration date of your leave, you may be discharged.

B. RETURN TO WORK FROM LEAVE

1. You must contact Personnel Records five (5) days prior to the expiration of your leave.
2. Prior to your return to work it is necessary for you to obtain a Release to Return to Work from your Doctor or Practitioner.
3. You must report to Medical immediately upon return.
4. Upon receiving clearance from the Medical Department, you must report to Personnel Records.

C. APPLYING FOR STATE DISABILITY INSURANCE BENEFITS

1. A "First Claim for Disability Insurance" must be filed not later than the twentieth (20th) day from the start of your illness. These forms are available in Personnel Records, Group Insurance or California Department of Employment Offices.
 - a. We are enclosing a Claim form for your convenience in applying for State Disability benefits.
 - b. Any compensation paid or payable under State Disability Insurance (SDI), Workers' Compensation, or Group Disability Plan will be deducted from your paycheck commencing with the eighth calendar day of illness or injury, or immediately if hospitalized.

FOR ADDITIONAL INFORMATION REGARDING DISABILITY INSURANCE BENEFITS, CONTACT ANY CALIFORNIA DEPARTMENT OF EMPLOYMENT OFFICE.

4-11-96
579

SEE

271
VIO BENEFITS

MEDICAL LEAVE STARTED

ORDERED BY NGEED.

THIS DATE IS A THURSDAY?

[Handwritten signature]

6-3-96
269

Memorandum

Electronic & Systems Integration Division
Combat Support Systems - Hawthorne

In reply refer to: L3E1-96-065

To: J. Unterschine

From: P. Johnson

Subject: Memo of Concern


Date: June 3, 1996

Copies: R. Solina
K. Wilson
Personnel File

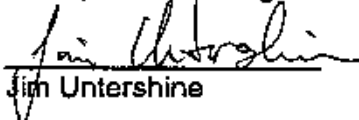
Ref:

This memo of concern is being issued to remind you that it is each employee's responsibility to fill out their timecard as work is being performed and to ensure that it is filled out on a daily basis as a minimum. Your timecard for the week of May 27-31 had no entries on it by Friday, May 31. It is true that Monday, May 27 was a holiday and that you had called in ill on Thursday, May 30. However, you were at work on Tuesday, May 28, and Wednesday, May 29, and the timecharges for those days should have been entered progressively on your timecard. If this scenario is repeated, I will have to issue you a written warning notice, as detailed in Working With Northrop Grumman.

In addition, Friday, May 31 you did not call in until 11:00. Under the Attendance and Job Performance section of Working With Northrop Grumman, Section G, it states "... (an) absence must be reported to your supervisor, or designee, no later than the second hour of your shift.... Failure to do so may result in a warning notice." While this may have been related to the previously reported illness, I am reminding you that you have already received one written warning for failure to notify me of absences and that I will have to issue you a second if this occurs again.


P. Johnson, Manager
Electrical Design
L3E1/N4-2, Ext. 5342

Receipt Acknowledgement:


Jim Unterschine Date 6-11-96

NORTHROP GRUMMAN

7-22-96
248**Memorandum****Private**Electronic & Systems Integration Division
Combat Support Systems - Hawthorne

In reply refer to: L3E1-96-083

To: J. Unterschine

From: P. Johnson

Subject: **Second Written Warning**

Date: July 22, 1996

Copies: L. Apodaca
D. Tallie
Personnel File

Ref: L3E1-96-029

As stated in Working With Northrop Grumman, irregular attendance is considered a minor offense. Additionally, it is clearly stated in Section G, titled Attendance and Job Performance, that "If prior arrangements have not been made, absence must be reported to your supervisor, or designee, no later than the second hour of your shift." Additionally, this is coupled with your PMP Goal #4, which specifically states "In the event of illness...the manager &/or secretary will be notified by 10 am of that day."

On Monday, July 22, you failed to call in and a note was left on your desk at 11:10 am. You informed me that afternoon that you had overslept and did not awaken until 10:30. This is not the first occurrence of this type of tardiness - we had a discussion concerning this subject the week of June 18, 1996 in which I indicated that a written notice would be forthcoming if this type of irregular attendance continued. This occurrence does not appear to have been related to an emergency situation, nor does it appear to be illness related.

This second written warning notice is given for excessive tardiness, which is the disciplinary action that is mentioned in both Working With Northrop Grumman and in your PMP goal.

In addition, any additional offense, either major or minor, in the next 12 months could result in a Final Written Notice, disciplinary suspension or discharge. Twelve months without any further warnings will clear your record and result in the removal of the Second Written Warning Notice from your file.

If you feel that you have been unfairly treated regarding this issue, I urge you to contact either Dianna Tallie or Kevin Wilson in Employee Relations. Your signature is not an acknowledgement of guilt, but a receipt of notification of the disciplinary action only.

Pamela Johnson
P. Johnson, Manager
Electrical Design
L3J0/N4-2, Ext. 5342

Receipt Acknowledgement:

Jim Unterschine
Jim Unterschine 7-25-96
Date

NORTHROP GRUMMAN

7-30-96
267


Memorandum
Northrop Grumman Corporation

In reply refer to L3J0-96-088

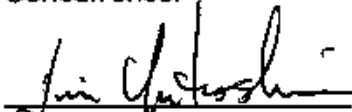
To Payroll/Timekeeping
Subject TIME CARD CORRECTION - J. UNTERSCHINE
Copies J. Unterschine

From P. Johnson
Date 30 July 1996
Ref

On Friday, 7/19/96, Jim Unterschine, Employee Number 76724, Orgn. L3J0, charged 8.0 hours to Sales Order Number 56353570. Please change to 4.0 hours on Sales Order Number 5633570 and 4.0 hours vacation.


P. Johnson, Manager
Electrical Design
Orgn. L3J0/N4-2, Ph. 600-5342

Concurrence:


Jim Unterschine
Electrical Design
Organ. L3J0/N4-2, Ph. 600-4780

NORTHROP GRUMMAN

Memorandum

Electronic & Systems Integration Division
 Combat Support Systems - Hawthorne

Private

10-4-96
 265

In reply refer to: L3J0-96-108

To: J. Unterschine

From: P. Johnson

Subject: **Letter of Termination**

Date: October 4, 1996


Copies: L. Apodaca
 D. Tallie
 Personnel File

Ref: L3E1-96-102

As stated in Working With Northrop Grumman, irregular attendance is considered a minor offense. Additionally, it is clearly stated in Section G, titled Attendance and Job Performance, that "If prior arrangements have not been made, absence must be reported to your supervisor, or designee, no later than the second hour of your shift."

On Monday, September 30, you failed to call in and did not come in at all. There was no pre-arrangement made with me for this time off. On Thursday, October 3, there was a repeat of this same scenario. This type of irregular attendance resulted in a Final Written Warning issued September 13, 1996.

I have no choice but to terminate you effective immediately.


 P. Johnson, Manager
 Electrical Design
 L3J0/N4-2, Ext. 5342

NORTHROP GRUMMAN



Serving the People of California

State of California / Health and Welfare Agency / Employment Development Department

12-26-96
263



TELEPHONE INTERVIEW INSTRUCTIONS

REFER TO:

JAMES UNTERSINE
2817 E. 6TH ST.
LONG BEACH, CA.
90804

Date: 12-26-96
SSA #: 559-08-5658
Last Name: UNTERSINE
FO STAMP

LONG BEACH JOB SERVICE #155
EMPLOYMENT DEVELOPMENT DEPARTMENT
1313 PINE AV
LONG BEACH CA 90819-3189
(310) 599-5871

IMPORTANT: We have scheduled a **TELEPHONE INTERVIEW** for you. This is the earliest appointment available. You have the right to request more time if you need to get more information, contact witnesses, or obtain the advice of a representative. You may also send information to the address shown above. If you need more time or will not be available at the time shown, call the office at the number above ASAP by ASAP and ask for ADJUSTOR so we can set up another appointment for you. We will call you at the time shown. If the Department cannot reach you and more information is needed, we may send you a questionnaire.

INSTRUCTIONS:

1. Benefits can not be paid unless you are determined eligible, your claim form is received, and the interview is completed. During the interview, we will discuss information that you:

- Quit your job (_____)
- Were fired from your job (_____)
- Are not able to/available for work
- Worked and/or earned wages
- Did not look for work
- Gave incorrect information/withheld information (_____)
- Other _____
- Mailed in a claim form late
- Did not have child care
- May have been overpaid benefits
- Are attending school during normal working hours
- Have not provided immigration documents
- Failed to take part in reemployment services
- Are out of work due to a strike or lock out
- Did not have transportation
- Refused a job with (_____)

If the interview involves an employer, the employer may be contacted for additional information.

2. INTERVIEW INSTRUCTIONS

- You will be called by telephone: FR on 01/03/97 between 8am and 12 PM
 - Please call _____ on _____ between _____ and _____
- If you are calling long distance, please tell the interviewer, who will then call you back.

3. REQUEST FOR ADDITIONAL INFORMATION

- Complete and return the attached form(s) to this office by _____ if you do not return the form, a decision will be made based on available information.
- Please answer the following questions (if needed, use reverse of this form for response)

1-3-97
379STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT

NOTICE OF DETERMINATION

SSA NUMBER 559 08 5658

DATE MAILED 01/03/97
BENEFIT YEAR BEGAN 12/15/96J D UNTERSCHINE 1550
2817 E 6TH ST
LONG BEACH CA 90804EMPLOYMENT DEVELOPMENT DEPT
LONG BEACH JS
1313 PINE AVE
LONG BEACH CA90813-3189
TELEPHONE: (310) 599-5871

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1256 BEGINNING 09/29/96 AND CONTINUING UNTIL YOU RETURN TO WORK AFTER THE DISQUALIFYING ACT AND EARN \$1150.00 OR MORE IN BONA FIDE EMPLOYMENT, AND YOU CONTACT THE ABOVE OFFICE TO REOPEN YOUR CLAIM.

YOU WERE DISCHARGED FROM YOUR LAST JOB WITH NORTHROP GRUMMAN ELECTRONICS BECAUSE YOU BROKE A REASONABLE EMPLOYER RULE. AFTER CONSIDERING THE AVAILABLE INFORMATION, THE DEPARTMENT FINDS THAT YOU DO NOT MEET THE LEGAL REQUIREMENTS FOR PAYMENT OF BENEFITS. SECTION 1256 PROVIDES - AN INDIVIDUAL IS DISQUALIFIED IF THE DEPARTMENT FINDS HE VOLUNTARILY QUIT HIS MOST RECENT WORK WITHOUT GOOD CAUSE OR WAS DISCHARGED FOR MISCONDUCT FROM HIS MOST RECENT WORK. SECTION 1260A PROVIDES - AN INDIVIDUAL DISQUALIFIED UNDER SECTION 1256 IS DISQUALIFIED UNTIL HE/SHE, SUBSEQUENT TO THE DISQUALIFYING ACT, PERFORMS SERVICES IN BONA FIDE EMPLOYMENT FOR WHICH HE/SHE RECEIVES REMUNERATION EQUAL TO OR IN EXCESS OF FIVE TIMES HIS OR HER WEEKLY BENEFIT AMOUNT.

APPEAL:

YOU HAVE THE RIGHT TO FILE AN APPEAL IF YOU DO NOT AGREE WITH ALL OR PART OF THIS DECISION.

TO APPEAL, YOU MUST DO ALL OF THE FOLLOWING:

- A. WRITE A LETTER STATING THAT YOU WANT TO APPEAL. EXPLAIN WHY YOU DO NOT AGREE. WRITE YOUR SOCIAL SECURITY NUMBER ON YOUR LETTER (TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 5022).
- B. MAIL YOUR LETTER TO THE ADDRESS OF THE OFFICE LISTED ABOVE (TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 5023).
- C. FILE YOUR APPEAL WITHIN TWENTY (20) DAYS OF THE MAIL DATE OF THIS NOTICE OR NO LATER THAN 01/23/97.

YOUR HANDBOOK, A GUIDE TO UNEMPLOYMENT INSURANCE BENEFITS, GIVES MORE INFORMATION ABOUT APPEALS. IF YOU DO NOT HAVE A HANDBOOK, CONTACT THE ABOVE OFFICE.

APPEAL INFORMATION:

WHEN YOUR APPEAL IS RECEIVED, YOUR CASE WILL BE REVIEWED. IF THE DECISION IS STILL THE SAME, WE WILL SEND YOUR APPEAL TO THE OFFICE OF APPEALS. IF YOU APPEAL AFTER THE 20 DAYS, YOU MUST GIVE A GOOD REASON FOR THE DELAY OR THE ADMINISTRATIVE LAW JUDGE MAY DISMISS YOUR APPEAL.

THE OFFICE OF APPEALS WILL SEND YOU A LETTER WITH THE DATE, PLACE, AND TIME OF YOUR HEARING AND A PAMPHLET EXPLAINING APPEAL HEARING PROCEDURES. AT THE HEARING, THE ADMINISTRATIVE LAW JUDGE WILL LISTEN TO YOU, EXAMINE THE FACTS, AND MAKE A DECISION. YOU MAY HAVE A REPRESENTATIVE OR SOMEONE ELSE HELP YOU.

FOR MORE INFORMATION OR HELP WITH YOUR APPEAL, PLEASE CALL THE NUMBER ON THE TOP OF THIS FORM.

IF YOU ARE CLAIMING BENEFITS:

WHILE YOU WAIT FOR THE JUDGE'S DECISION, YOU MUST MAIL YOUR CLAIM FORMS.
IF YOU DO NOT GET CLAIM FORMS OR A HEARING LETTER, CONTACT THE ABOVE

OFFICE. IF THE JUDGE DECIDES YOU CAN BE PAID, WE CAN ONLY PAY IF CLAIM FORMS WERE RECEIVED.

OTHER SERVICES: CONTACT EDD FOR INFORMATION ABOUT (1) JOB REFERRALS, (2) DISABILITY INSURANCE, (3) OTHER EDD SERVICES (4) SERVICES OFFERED BY OTHER AGENCIES.

DE1080 CT AL LEE, CHIEF DEPUTY DIRECTOR (SDR)



Thank you for submitting your application for employment to the California Administrative Office of the Courts. The following is a copy of your application that you may wish to print out or retain on disk for your records.

I am applying for the position of: SENIOR RESEARCH ANALYST (Job #R-B-65)

PERSONAL INFORMATION

NAME: Untersshine, James, Douglas
ADDRESS: 3321 E 7th St #1
CITY, STATE, ZIP: Long Beach CA 90804
BUSINESS PHONE: 562-439-2139
HOME PHONE: 562-439-2130

I HAVE WORD PROCESSING AND/OR COMPUTER EXPERIENCE ON (HARDWARE):

PC, MAC, SUN, UNIX

AND HAVE USED (SOFTWARE PROGRAMS):

Word, Excell, Access, PowerPoint, Project, Quicken,

EDUCATION

HIGH SCHOOL GRADUATE: Yes
G.E.D.: No

NAME AND LOCATION OF SCHOOL: Mississippi State University
COURSE OF STUDY: Elect. Eng
TYPE OF DEGREE OR CERTIFICATE RECEIVED: BSEE

NAME AND LOCATION OF SCHOOL: Gulf Coast Community College
COURSE OF STUDY: Engineering
TYPE OF DEGREE OR CERTIFICATE RECEIVED: none

NAME AND LOCATION OF SCHOOL: Long Beach City College
COURSE OF STUDY: Engineering
TYPE OF DEGREE OR CERTIFICATE RECEIVED: none

NAME AND LOCATION OF SCHOOL: Cerritos Community College
COURSE OF STUDY: Engineering
TYPE OF DEGREE OR CERTIFICATE RECEIVED: none

EMPLOYMENT HISTORY

WERE YOU EVER DISCHARGED OR REJECTED DURING PROBATION, OR HAVE YOU RESIGNED UNDER THREAT OF DISCHARGE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT: Yes

DETAILS: Northrop Grumman termination was a direct result of absence due to lawyer appointments, custody evaluation appointments, court hearings. The Dept. of Defense pulled security clearance based on financial insolvency was directly related to excessive child support garnishments.

JOB TITLE: Research Analyst (self employed)

PERIOD OF EMPLOYMENT:

FROM: 1996 **TO:** 2000 **HOURS PER WEEK:** 40

SALARY: \$3000

DESCRIPTION OF DUTIES:

Collection, organization, and data base management of data relating to Family Law practices and procedures in Los Angeles County. Analysis of the aforementioned data in an attempt to establish a baseline for modelling the present child support guideline as a feedback control system that can linearly approximate the actual support of the children Identifying the methods by which attorneys, paralegals, custody evaluation professionals, mental health professionals, civil and criminal court processes, and other related agencies use the existing child support guideline to violate the civil rights of heterosexual taxpayers caught within an inadequate system.

NUMBER OF EMPLOYEES SUPERVISED:**REASON FOR LEAVING:** Case is still pending jury trial (9CR04751)**NAME AND ADDRESS OF EMPLOYER:**

Ground Zero Services of Long Beach, 3321 E 7th St, Long Beach, CA 90804

SUPERVISOR'S NAME: James Untersshine**SUPERVISOR'S PHONE:** 562439-2139

JOB TITLE: Senior Engineer**PERIOD OF EMPLOYMENT:****FROM:** 1983 **TO:** 1996 **HOURS PER WEEK:** 40**SALARY:** \$60,000**DESCRIPTION OF DUTIES:**

Responsible engineer for design and development of feedback control system electronics used in inertial guidance systems used in reconnaissance aircraft and intercontinental ballistic missiles. Subsystems include: platform stabilization, telescope pointing, angle measurement (NAS27), and attitude subsystem (PEACEKEEPER). Computer aided Design software maintenance manager which included the organization of file libraries to integrate schematic capture, circuit simulation, and circuit board layout. Wrote extensive C language programs to allow output files from the various programs to provide seamless integration between Viewlogic, PSpice, and Academy programs. All programs were portable between the PC and Sun platforms.

NUMBER OF EMPLOYEES SUPERVISED:**REASON FOR LEAVING:** Terminated due to loss of security clearance**NAME AND ADDRESS OF EMPLOYER:**

Northrop Grumman Electronics Systems Group, 2301 W 120th St, Hawthorne, CA 90250

SUPERVISOR'S NAME: Robert Rising**SUPERVISOR'S PHONE:**

JOB TITLE: General Automotive Mechanic**PERIOD OF EMPLOYMENT:****FROM:** 1980 **TO:** 1981 **HOURS PER WEEK:** 40**SALARY:** \$11,000**DESCRIPTION OF DUTIES:**

Performed automotive repairs. Certified in engine repair, engine tune-up, manual transmission & rear axle, electrical systems, heating & air conditioning, brakes, front end.

NUMBER OF EMPLOYEES SUPERVISED: 2**REASON FOR LEAVING:** Continue college education**NAME AND ADDRESS OF EMPLOYER:**

Goodyear Tire and Rubber, 180925th Ave, Gulfport, MS 39532

SUPERVISOR'S NAME: John Vigilo**SUPERVISOR'S PHONE:**

JOB TITLE: Service Manager**PERIOD OF EMPLOYMENT:****FROM:** 1978 **TO:** 1980 **HOURS PER WEEK:** 40**SALARY:** \$9,000**DESCRIPTION OF DUTIES:**

Customer satisfaction, repair scheduling, work assignment, inventory, and performed automotive repairs. Certified in engine repair, engine tune-up, manual transmission & rear axle, electrical systems, heating & air conditioning, brakes, front end.

NUMBER OF EMPLOYEES SUPERVISED: 4**REASON FOR LEAVING:** No advancement, low pay.**NAME AND ADDRESS OF EMPLOYER:**

Firestone Tire and Rubber, 264 Central Ave, Biloxi, MS 39532

SUPERVISOR'S NAME: Barry Feranda**SUPERVISOR'S PHONE:**



COUNTY OF LOS ANGELES
CHILD SUPPORT SERVICES DEPARTMENT

1-4-02
5-20-02
548

JANUARY 04, 2002

JIM UNTERSCHINE
2817 E. 6TH ST
LONG BEACH, CA 90814-0000

Dear Employer:

In re: KAREN SUZANNE UNTERSCHINE V. JAMES DOUGHLAS UNTERSCHINE
CASE NUMBER: 019.171.344
SC NUMBER : ND0019431

Your employee has been ordered to provide dependant health insurance coverage. This office is required by law to enforce this obligation.

To assist us, it is essential that you complete items 20 through 24, inclusive, of the enclosed form (DHS 6110) and return it to us within ten (10) days.

Please telephone our office at the number listed below, if you have any questions.

Thank you for your assistance.

Very truly yours,

L. STEWART
Chief Attorney

By

HEGHINE HARUTYUNYAN
Family Support Officer

CRIMINAL PROSECUTION DIVISION
PO BOX 76803
LOS ANGELES, CALIFORNIA 90076-0803
(800)615-8858, 277F776
Outside USA (323)890-9800
Website: <http://childsupport.co.la.ca.us>

DA716RE905.01



**COUNTY OF LOS ANGELES
CHILD SUPPORT SERVICES DEPARTMENT**

JANUARY 04, 2002

JIM UNTERSHTINE
2817 E. 6TH ST
LONG BEACH, CA 90814-0000

Attn. Payroll Department

Dear Employer:

In re: KAREN SUZANNE UNTERSHTINE V. JAMES DOUGHLAS UNTERSHTINE
SC Number: ND0019431
Your Employee: JAMES D. UNTERSHTINE
SSN: 559-08-5658

Enclosed is an Order/Notice to Withhold Income for Child Support and/or Order for Health Insurance Coverage (Assignment) in the above case. Such assignments are required by California law in every case where an order for support is payable through a court designated agency such as the Court Trustee. The purpose of this requirement is to ensure that families receive the support to which they are legally entitled in a timely and regular manner.

In furtherance of this public policy the Code of Federal Regulations and the California Family Code impose specific requirements for the payment and distribution of support payments made by earnings assignment. Among other things federal regulations require that the employer send the payment to the payee (in this case, the Court Trustee) within 10 days of the date the money is payable to the employee. In addition federal regulations require that the funds be applied to the payor's account as if paid on the payroll date on which your employee would otherwise have received them (date of collection). It is therefore necessary that the date of collection be supplied with each earnings assignment payment that you submit on your employee's behalf.

To ensure that payments are properly distributed and that your employee gets proper credit, please supply all of the following information for each earnings assignment payment you submit:

1. Date of Collection
2. Case Number
3. Last Name, First Name (as they appear on court order)

Make payments payable and mail to:

COURT TRUSTEE, P.O. BOX 513544, LOS ANGELES, CA 90051-1544

Additional information about the Order/Notice to Withhold Income for Child Support is contained on the reverse side of the Order/Notice to Withhold Income for Child Support.

Your assistance and cooperation are appreciated. Please do not hesitate to call if there are any questions.

Very truly yours,

L. STEWART
Chief Attorney

By

HEGHINE HARUTYUNYAN
Family Support Officer

DA71582V07.11

PO BOX 76803
LOS ANGELES, CALIFORNIA 90076-0803
(800)615-8858, 277F776
Outside USA (323)890-9800
Website: <http://childsupport.co.la.ca.us>

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

Original [] Amended [X] Termination []

State CALIFORNIA
Co./City/Dist. Of LOS ANGELES
Tribunal/Case Number NDD019431

JIM UNTERSCHINE
Employer/Withholder's Name
2817 E. 6TH ST
Employer/Withholder's Address
LONG BEACH, CA 90814-0000

Employer/Withholder's Federal EIN Number (if known)
RE: UNTERSCHINE, JAMES D.
Employee/Obligor's Name (Last, First, MI)
559-08-5658
Employee/Obligor's Social Security Number
ND0019431
Employee/Obligor's Case Identifier

Child(ren)'s Name(s):
DOB
JULIA ANNE UNTERSCHINE 02/23/1984
RACHEL ERICA UNTERSCHINE 02/11/1987
CHRISTINE ELIZABETH UNTERSCHINE 12/04/1992

UNTERSCHINE, KAREN
Obligee's Name (Last, First, MI)

[X] If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee/obligor through his/her employment.

ORDER INFORMATION: This Order/Notice is based upon an order for support order ND0019431 from [REDACTED]

You are required by law to deduct these amounts from employee's/obligor's income until further notice.
\$1,183.00 Per MONTH current child support
\$200.00 Per MONTH past-due child support-Arrears 12 weeks or greater? [] yes [X] no
\$ Per current medical support
\$ Per past-due medical support
\$ Per spousal support
\$ Per other (specify):

for a total of \$1,383.00 per MONTH to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, use the following to determine how much to withhold:

\$319.39 per weekly pay period. \$691.50 per semimonthly pay period (twice a month).
\$637.32 per biweekly pay period (every two weeks). \$1,383.00 per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the paydate/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is CALIFORNIA, begin withholding no later than the first pay period occurring 10 days after the date of this Order/Notice. Send payment within 10 working days of the paydate/date of withholding. The total withheld amount, including your fee, cannot exceed 50% of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not CALIFORNIA, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

If remitting payment by EFT/EDI, call (323) 838-7500 before first submission. Use this FIPS code: 06037
Bank routing code: 121000358 Bank account number: 1431980435

Make check payable to: (Payee and Case identifier): COURT TRUSTEE ND0019431

Send check to: P.O. BOX 513544
LOS ANGELES, CA 90051

Authorized by: [Signature] Date: JANUARY 04, 2002
Authorized by: Date:
Print Name L. STEWART, CHIEF ATTORNEY Date:
Of Authorized Date:
Official(s): Date:

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

MEDICAL INSURANCE FORM

COMPLETE THIS FORM ONLY IF THE CHILDREN INVOLVED IN THIS ACTION ARE APPLYING FOR OR RECEIVING TANF OR MEDI-CAL. SEND TO THE DEPARTMENT OF HEALTH SERVICES ONCE THE ABSENT PARENT HEALTH INSURANCE COVERAGE FOR THE DEPENDENT CHILD(REN) IS OBTAINED AND VERIFIED.

MAIL TO: Child Support Services Department PO BOX 76803 LOS ANGELES, CA 90076-0803 277F776

FOR COUNTY USE ONLY

Date

PLEASE TYPE OR PRINT (DO NOT ABBREVIATE) COUNTY INFORMATION (ITEMS 1 THROUGH 3)

1. County LOS ANGELES 2. IV-D Case Number 019.171.344 3. Phone Number (800) 615-8858

CUSTODIAL PARENT INFORMATION (ITEMS 4 THROUGH 10)

4. Name (First, Middle, Last) 5. Social Security Number 6. Complete Street Address 7. Home Telephone Number 8. Name of Employer 9. Employer's Complete Street Address 10. Work Telephone Number

DEPENDENT CHILDREN INFORMATION

11. Dependent Children on Medi-Cal by Health Insurance (If more space is needed, complete another form)

Table with columns: Child's Name (First, Middle, Last), Social Security Number, Sex, Date of Birth (Mo., Day, Year), Co. Code, Ad Code, Medi-Cal ID Number (Case Number), F BU, Para No.

ABSENT PARENT INFORMATION (ITEMS 12 THROUGH 19)

12. Name (First, Middle, Last) 13. Date of Birth 14. Social Security Number 15. Complete Street Address 16. Home Telephone Number 17. Name of Employer 18. Employer's Complete Street Address 19. Work Telephone Number

HEALTH INSURANCE INFORMATION (ITEMS 20 THROUGH 23) If additional insurance coverage (medical, dental and/or vision) is being provided, please complete the back of this form.

20. Health Insurance is Provided by (Check appropriate box) 21. Name of Insurance Company or Union 22. Complete Street Address of Insurance Company or Union (Address where claims are mailed) 23. Policy Number

**APPENDIX
NATIONAL MEDICAL SUPPORT NOTICE
PART A**

NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998.

Issuing Agency: Los Angeles County Child Support Services Department	Court or Administrative Authority:
Issuing Agency Address: PO BOX 76803	Child Support Services Department
LOS ANGELES, CALIFORNIA 90076-0803	Date of Support Order: 11/24/1998
Date of Notice: 01/04/2002	Support Order Number: ND0019431
Case Number: ND0019431	
Telephone Number: (800) 615-8858	
FAX Number: (323) 869-0599	

Employer/Withholder's Federal EIN Number

JIM UNTERSHTINE

Employer/Withholder's Name

2817 E. 6TH ST
LONG BEACH CA 90814-0000

Employer/Withholder's Address

UNTERSHTINE , KAREN
Custodial Parent's Name (Last, First, MI)
CHILD SUPPORT SERVICES DEPARTMENT
PO BOX 76803
LOS ANGELES, CALIFORNIA 90076-0803
Custodial Parent's Mailing Address

Child(ren)'s Mailing Address (if different from Custodial Parent's)

Name, Mailing Address, and Telephone Number of a Representative of the Child(ren)

Child(ren)'s Name(s)	DOB	SSN	Child(ren)'s Name(s)	DOB	SSN
UNTERSHTINE , JULIA A.	02/23/1984	622-78-8165	UNTERSHTINE , RACHEL E.	02/11/1987	622-78-7537
UNTERSHTINE , CHRISTINE E.	12/04/1992	618-94-9807			

RE* UNTERSHTINE , JAMES D.

Employee's Name (Last, First, MI)

559-08-5658

Employee's Social Security Number

3303 E 7TH ST
LONG BEACH CA 90804-0000

Employee's Mailing Address

Substituted Official/Agency Name and Address

The order requires the child(dren) to be enrolled in any health coverages available; or only the following coverage(s): Medical; Dental; Vision; Prescription drug; Mental health; Other (specify):

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB control number 0970-0222 Expiration Date 12/31/2003.

**NATIONAL MEDICAL SUPPORT NOTICE
PART B
MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR**

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974, and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law.

Issuing Agency: Los Angeles County Child Support Services Department	Court or Administrative Authority:
Issuing Agency Address: PO BOX 76803	Child Support Services Department
LOS ANGELES, CALIFORNIA 90076-0803	Date of Support Order: 11/24/1998
Date of Notice: 01/04/2002	Support Order Number: ND0019431
Case Number: ND0019431	
Telephone Number: (800) 615-8858	
FAX Number: (323) 869-0599	

Employer/Withholder's Federal EIN Number

JIM UNTERSHINE

Employer/Withholder's Name

2817 E. 6TH ST
LONG BEACH CA 90814-0000

Employer/Withholder's Address

UNTERSHINE , KAREN
Custodial Parent's Name (Last, First, MI)

CHILD SUPPORT SERVICES DEPARTMENT
PO BOX 76803
LOS ANGELES, CALIFORNIA 90076-0803

Custodial Parent's Mailing Address

Child(ren)'s Mailing Address (if different from Custodial Parent's)

Name(s), Mailing Address and Telephone Number of a Representative of the Child(ren)

Child(ren)'s Name(s)	DOB	SSN	Child(ren)'s Name(s)	DOB	SSN
UNTERSHINE , JULIA A.	02/23/1984	622-78-8165	UNTERSHINE , RACHEL E.	02/11/1987	622-78-7537
UNTERSHINE , CHRISTINE B.	12/04/1992	618-94-9807			

RE* UNTERSHINE , JAMES D.

Employee's Name (Last, First, MI)

559-08-5658

Employee's Social Security Number

3303 E 7TH ST
LONG BEACH CA 90804-0000

Employee's Address

Substituted Official/Agency Name and Address

The order requires the child(ren) to be enrolled in any health coverages available; or only the following coverage(s): Medical; Dental; Vision; Prescription drug; Mental health; Other (specify):

MONTEREY COUNTY

DEPARTMENT OF CHILD SUPPORT SERVICES

STEPHEN H. KENNEDY
Director



P.O. Box 2059 Salinas, California 93902 • (831) 755-3200 • Fax (831) 755-3273
762 La Guardia Street Salinas, CA 93905 • (831) 647-7732 • www.co.monterey.ca.us/mcdcss
Toll Free (877) 755-8500 • TDD: (831) 769-9306

A-RENTAL
3303 EAST 7TH STREET
LONG BEACH, CA 90814

Date: JANUARY 26, 2002
Case #: 0020776
Phone Number: (831) 755-3200
Your Employee:
JAMES D. UNTERSHPINE
SSN: 559-08-5658
DOB: 02-01-1956

EMPLOYEE STATUS REPORT

An *Order/Notice to Withhold Income for Child Support* was mailed to you by this office on 01-26-2002. The *Order/Notice to Withhold Income for Child Support* is to remain in effect until further notice. Please complete the information requested below, and return this *Employee Status Report* form to the following address within 10 days:

DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 2059
SALINAS, CA 93902-2059

Or return via fax to: (831) 755-3273

1. We received the *Order/Notice* regarding the employee named above on _____ (date).
2. The employee named above is presently employed. The withholding will begin on _____ (date).
3. Our payroll is issued: Weekly Bi-weekly Monthly Twice a month;
on _____ (day of the week).
4. On _____ (date), the employee:
 was terminated voluntarily left our employment.
 is presently on lay-off status and will return to work here on _____ (estimated return date).
5. The employee named above is currently employed at _____

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. Executed on _____ (date); at _____ (city), _____ (state).

Signature _____

Please print your name: _____ phone number: _____

and job title: _____ fax number: _____

3985/ 27LAN LAS04

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

OMB Control No.: 0970-0154

Original Amended Termination

State: CALIFORNIA
Co./City/Dist. of: MONTEREY
Tribunal/Case Number: DA37831 / 0020776

Employer/Withholder's Name:
A-RENTAL
Employer/Withholder's Address:
3303 EAST 7TH STREET
LONG BEACH, CA 90814

Employer/Withholder's Federal EIN Number(if known):
RE: Employee/Obligor's Name (Last, First, MI): UNTERSHINE, JAMES D
Employee/Obligor's Social Security Number: 559-08-5658
Employee/Obligor's Case Identifier: 0000018638
Obligee Name (Last, First, MI): UNTERSHINE, KAREN
Child(ren)'s Name(s): JULIA UNTERSHINE, RACHEL UNTERSHINE, CHRISTINE UNTERSHINE
DOB: 02-23-1984, 02-11-1987, 12-04-1992

If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee/obligor through his/her employment.

ORDER INFORMATION: This Order/Notice is based upon an order for support order DA37831 from CALIFORNIA. You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ 1183.00 per MONTH current child support
\$ 555.00 per MONTH past-due support - Arrears 12 weeks or greater? [X] yes [] no
\$ per MONTH current medical support
\$ per MONTH past-due medical support
\$ per MONTH spousal support
\$ per MONTH other (specify): FAMILY SUPPORT
for a total of \$ 1,738.00 per MONTH to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

\$ 401.08 per weekly pay period. \$ 869.00 per semi-monthly pay period (twice a month).
\$ 802.15 per bi-weekly pay period (every two weeks). \$ 1,738.00 per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the paydate/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is California, begin withholding no later than the first pay period occurring ten (10) working days after the date of this Order/Notice. Send payment within seven (7) working days of the paydate/date of withholding. The total withheld amount, including your fee, cannot exceed 50% of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not California, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

If remitting by EFT/EDI, call before first submission. Use this FIPS code

Bank routing code: Bank account number:

Make check payable to (Payee and Case Identifier): MONTEREY DEPARTMENT OF CHILD SUPPORT SERVICES 0000018638

Send check to: P.O. BOX 2059 SALINAS, CA 93902-2059

Authorized by: A signature is not required on this form if issued by a Child Support Agency pursuant to Family Code section 5246(b)

Print Name: LINDA A. NALL Date: JANUARY 26, 2002
Of Authorized: CHILD SUPPORT OFFICER
Officials: MONTEREY

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

OMB Control No.: 0970-0154

Original Amended Termination

State: CALIFORNIA
Co./City/Dist. of: MONTEREY
Tribunal/Case Number: DA37831 / 0020776

EMPLOYEE'S COPY

Employer/Withholder's Name:
A-RENTAL
Employer/Withholder's Address:
3303 EAST 7TH STREET
LONG BEACH, CA 90814

Employer/Withholder's Federal EIN Number(if known):

Child(ren)'s Name(s):
DOB
JULIA UNTERSCHINE 02-23-1984
RACHEL UNTERSCHINE 02-11-1987
CHRISTINE UNTERSCHINE 12-04-1992

RE: Employee/Obligor's Name (Last, First, MI):
UNTERSCHINE, JAMES D
Employee/Obligor's Social Security Number:
559-08-5658
Employee/Obligor's Case Identifier:
000016638
Obligee Name (Last, First, MI):
UNTERSCHINE, KAREN

If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee/obligor through his/her employment.

ORDER INFORMATION: This Order/Notice is based upon an order for support order DA37831 from CALIFORNIA. You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ 1183.00 per MONTH current child support
\$ 555.00 per MONTH past-due support — Arrears 12 weeks or greater? yes no
\$ _____ per MONTH current medical support
\$ _____ per MONTH past-due medical support
\$ _____ per MONTH spousal support
\$ _____ per MONTH other (specify): FAMILY SUPPORT
for a total of \$ 1,738.00 per MONTH to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

\$ 401.08 per weekly pay period. \$ 869.00 per semimonthly pay period (twice a month).
\$ 802.15 per biweekly pay period (every two weeks). \$ 1,738.00 per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the paydate/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is California, begin withholding no later than the first pay period occurring ten (10) working days after the date of this Order/Notice. Send payment within seven (7) working days of the paydate/date of withholding. The total withheld amount, including your fee, cannot exceed 50 % of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not California, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

If remitting by EFT/EDI, call _____ before first submission. Use this FIPS code _____
Bank routing code: _____; Bank account number: _____

Make check payable to (Payee and Case Identifier): **MONTEREY
DEPARTMENT OF CHILD SUPPORT SERVICES
0000016638**

Send check to: **P.O. BOX 2059
SALINAS, CA 93902-2059**

Authorized by: A signature is not required on this form if issued by a Child Support Agency pursuant to Family Code section 5246(b)

Print Name LINDA A. NALL Date: **JANUARY 26, 2002**
Of Authorized CHILD SUPPORT OFFICER
Officials: MONTEREY

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.
DATE PRODUCED: 01-26-2002 7684/27LAN LAS04

MONTEREY COUNTY



DEPARTMENT OF CHILD SUPPORT SERVICES

STEPHEN H. KENNEDY
Director

P.O. Box 2059 Salinas, California 93902 • (831) 755-3200 • Fax (831) 755-3273
 762 La Guardia Street Salinas, CA 93906 • (831) 647-7732 • www.co.monterey.ca.us/mcdcss
 Toll Free (877) 755-8500 • TDD: (831) 769-9306

TO: CHILD SUPPORT OFFICE
DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 2059
SALINAS, CA 93902-2059

Date: JANUARY 26, 2002
 Case #: 0020776
 Phone Number: (831) 755-3200
 Employee:
JAMES D. UNTERSHTINE
 SSN: 559-08-5658
 DOB: 02-01-1958

FROM: A-RENTAL
3303 EAST 7TH STREET
LONG BEACH, CA 90814

TERMINATION OF EMPLOYMENT NOTICE

INSTRUCTIONS: Use this form to report termination of employment of JAMES D. UNTERSHTINE for whom you have a requirement to withhold support or enroll the employee's children in a health insurance plan.

DATE OF TERMINATION		REASON FOR TERMINATION	
SUBJECT TO REHIRE? <input type="checkbox"/> No <input type="checkbox"/> Yes		COBRA HEALTH INSURANCE COVERAGE AVAILABLE? <input type="checkbox"/> No <input type="checkbox"/> Yes and coverage thru: _____ (date)	
LAST KNOWN HOME ADDRESS (Street address, City, State & Zip Code)		TELEPHONE NUMBER	
NEW EMPLOYER'S NAME (if known)		TELEPHONE NUMBER (if known)	
NEW EMPLOYER'S ADDRESS (if known - Street address, City, State & Zip Code)			

CERTIFICATION OF RECORD

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: _____

SIGNATURE

NAME: _____

TITLE: _____

7683/27LAN LAS04

MONTEREY COUNTY

DEPARTMENT OF CHILD SUPPORT SERVICES

STEPHEN H. KENNEDY
Director



P.O. Box 2059 Salinas, California 93902 • (831) 755-3200 • Fax (831) 755-3273
762 La Guardia Street Salinas, CA 93905 • (831) 647-7732 • www.co.monterey.ca.us/mcdcss
Toll Free (877) 755-8500 • TDD: (831) 769-9306

A-RENTAL
3303 EAST 7TH STREET
LONG BEACH, CA 90814

Date: JANUARY 26, 2002
Case #: 0020776
Phone Number: (831) 755-3200
Your Employee:
JAMES D. UNTERSCHINE
SSN: 559-08-5658
DOB: 02-01-1956

EMPLOYEE STATUS REPORT

An *Order/Notice to Withhold Income for Child Support* was mailed to you by this office on 01-26-2002. The *Order/Notice to Withhold Income for Child Support* is to remain in effect until further notice. Please complete the information requested below, and return this *Employee Status Report* form to the following address within 10 days:

DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. BOX 2059
SALINAS, CA 93902-2059

Or return via fax to: (831) 755-3273

1. We received the *Order/Notice* regarding the employee named above on _____ (date).
2. The employee named above is presently employed. The withholding will begin on _____ (date).
3. Our payroll is issued: Weekly Bi-weekly Monthly Twice a month;
on _____ (day of the week).
4. On _____ (date), the employee:
 was terminated voluntarily left our employment.
 is presently on lay-off status and will return to work here on _____ (estimated return date).
5. The employee named above is currently employed at _____

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. Executed on _____ (date); at _____ (city), _____ (state).

Signature _____

Please print your name: _____ phone number: _____

and job title: _____ fax number: _____

3985/ 27LAN LAS04

4-4-02
6-13-02
561



COUNTY OF LOS ANGELES
CHILD SUPPORT SERVICES DEPARTMENT

APRIL 04, 2002

JIM UNTERSHTINE
2817 E. 6TH ST
LONG BEACH, CA 90814-0000

Dear Employer:

In re: KAREN SUZANNE UNTERSHTINE V. JAMES DOUGHLAS UNTERSHTINE
SC Number: ND0019431
Your Employee: JAMES DOUGLAS UNTERSHTINE
Social Security Number: 559-08-5658

Our office previously forwarded an Order/Notice to Withhold Income for Child Support to you. At that time, it was requested that the Order/Notice to Withhold Income for Child Support be implemented pursuant to applicable law. Please review this information carefully, as it contains necessary instructions.

Our records reflect that you have not complied with the assignment notice to date. An Order/Notice to Withhold Income for Child Support has the same force and effect as a court order and requires that payments withheld be remitted within ten days of the date the obligor is paid.

Pursuant to Family Code Section 5241

"An employer who willfully fails to withhold and forward support pursuant to a currently valid order...is liable to the obligee for the amount of support not withheld, forwarded, or otherwise paid to the obligee. In addition to any other penalty or liability provided by law, willful failure by an employer to comply with such an order is punishable as a contempt..."

Pursuant to Family Code Section 5246

An Order/Notice to Withhold Income for Child Support has the same force and effect as an Earnings Assignment Order.

Demand is hereby made that your compliance with the Order/Notice to Withhold Income for Child Support commence forthwith. For your convenience an updated Order/Notice to Withhold Income for Child Support has been provided. Please be aware that your employee may be subject to other assignments, such as ones issued under other Superior Court case numbers, which you may be required to comply with concurrently with this one.

If you have any questions regarding the applicability of this Order/Notice to Withhold Income for Child Support or believe that it does not apply to you, please contact our office within five days of your receipt of this letter. In the event we do not hear from you we will expect compliance to commence immediately.

Very truly yours,

L. STEWART
Chief Attorney

Enclosure

PO BOX 76803
LOS ANGELES, CALIFORNIA 90076-0803
(800)615-8858, 277F779
Outside USA (323)890-9800
Website:<http://childsupport.co.la.ca.us>

DA419REV06.00



COUNTY OF LOS ANGELES CHILD SUPPORT SERVICES DEPARTMENT

APRIL 04, 2002

JIM UNTERSCHINE
2817 E. 6TH ST
LONG BEACH, CA 90814-0000

Case Number: 019.171.344
 Soc. Sec. No.: 559-08-5658
 Date of Birth: FEBRUARY 01, 1956
 Calif. Driver's Lic.: UNKNOWN
 Last Known: 3303 E 7TH ST
 Address: LONG BEACH CA 90804
 Spouse's Name: UNKNOWN

EMPLOYEE: JAMES DOUGLAS UNTERSCHINE
 AKA: JAMES D. UNTERSCHINE

This office is establishing, modifying or enforcing a family support matter regarding the above-named person.

PLEASE PROVIDE THE INFORMATION REQUESTED ON THE REVERSE SIDE OF THIS FORM AND RETURN THIS LETTER TO THIS OFFICE PROMPTLY. This information is needed to aid our office in enforcing a support obligation. To assist you, a self-addressed, stamped envelope has been enclosed.

An employer which fails to provide relevant information to the local child support agency within 30 days of receiving a request pursuant to Family Code 17512 may be assessed a **CIVIL PENALTY OF A MAXIMUM OF \$1000 PLUS ATTORNEY'S FEES AND COSTS.**

If the space for your employee's social security number above is blank, please insert the correct number. If the space has a social security number that is incorrect, please draw a line through the number and insert the correct number.

Pursuant to Family Code 17512, "an employer shall cooperate with and provide relevant employment and income information to the local child support agency or other requesting agency for the purpose of establishing, modifying, or enforcing the support obligation. The employer shall incur no liability for providing this information to the local child support agency." [Emphasis added.]

Relevant information shall include, but not be limited to: Whether a named person has or has not been employed by you; the full name or the first and middle initial and last name of the employee; the employee's last known residence address, date of birth, social security number, all earnings paid to the employee and reported as W-2 compensation in the prior tax year, current basic rate of pay and whether dependent health insurance coverage is available to the employee through employment.

Additionally, Family Code §3771 requires you to provide within thirty days of request the following information about an employee: social security number, home address, and whether there is a health insurance policy (including policy names, numbers and persons covered and whether the policy provides coverage for dependent children of the employee who do not reside in his or her home).

Additional statutory authority supporting our request for this earnings verification is as follows: 5 U.S.C. §552a(b)(7) provides "No agency shall disclose any record which is contained in a systems of records... unless disclosure of the record would be ... (7) to another agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States for a civil or criminal law enforcement activity if the activity is authorized by law, and if the head of the agency or instrumentality has made a written request to the agency which maintains the record specifying the particular portion desired and the law enforcement activity for which the record is sought..."

Very truly yours,

PHILIP L. BROWNING
 Director

By
 HILDA MAGDALENO
 Family Support Officer

Enclosure

DA014REV08.01

PO BOX 76803
 LOS ANGELES, CALIFORNIA 90076-0803
 (800)615-8858, 277F779
 Outside USA (323)890-9800
 Website: <http://childsupport.co.la.ca.us>



**COUNTY OF LOS ANGELES
CHILD SUPPORT SERVICES DEPARTMENT**

APRIL 04, 2002

JIM UNTERSCHINE
2817 E. 6TH ST
LONG BEACH, CA 90814-0000

Attn. Payroll Department

Dear Employer:

In re: KAREN SUZANNE UNTERSCHINE V. JAMES DOUGHLAS UNTERSCHINE
SC Number: ND0019431
Your Employee: JAMES D. UNTERSCHINE
SSN: 559-08-5658

Enclosed is an Order/Notice to Withhold Income for Child Support and/or Order for Health Insurance Coverage (Assignment) in the above case. Such assignments are required by California law in every case where an order for support is payable through a court designated agency such as the Court Trustee. The purpose of this requirement is to ensure that families receive the support to which they are legally entitled in a timely and regular manner.

In furtherance of this public policy the Code of Federal Regulations and the California Family Code impose specific requirements for the payment and distribution of support payments made by earnings assignment. Among other things federal regulations require that the employer send the payment to the payee (in this case, the Court Trustee) within 10 days of the date the money is payable to the employee. In addition federal regulations require that the funds be applied to the payor's account as if paid on the payroll date on which your employee would otherwise have received them (date of collection). It is therefore necessary that the date of collection be supplied with each earnings assignment payment that you submit on your employee's behalf.

To ensure that payments are properly distributed and that your employee gets proper credit, please supply all of the following information for each earnings assignment payment you submit:

1. Date of Collection
2. Case Number
3. Last Name, First Name (as they appear on court order)

Make payments payable and mail to:

COURT TRUSTEE, P.O. BOX 513544, LOS ANGELES, CA 90051-1544

Additional information about the Order/Notice to Withhold Income for Child Support is contained on the reverse side of the Order/Notice to Withhold Income for Child Support.

Your assistance and cooperation are appreciated. Please do not hesitate to call if there are any questions.

Very truly yours,

L. STEWART
Chief Attorney

By
HILDA MAGDALENO
Family Support Officer

PO BOX 76803
LOS ANGELES, CALIFORNIA 90076-0803
(800)615-8858, 277F779
Outside USA (323)890-9800
Website: <http://childsupport.co.la.ca.us>

DA715REV07.00

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

Original Amended Termination

State CALIFORNIA
Co./City/Dist. Of LOS ANGELES
Tribunal/Case Number ND0019431

JIM UNTERSHTINE
Employer/Withholder's Name
2817 E. 6TH ST
Employer/Withholder's Address
LONG BEACH, CA 90814-0000

Employer/Withholder's Federal EIN Number (if known)
RE: UNTERSHTINE, JAMES D.
Employee/Obligor's Name (Last, First, MI)
559-08-5658
Employee/Obligor's Social Security Number
ND0019431
Employee/Obligor's Case Identifier

Child(ren)'s Name(s): **DOB**
RACHEL ERICA UNTERSHTINE 02/11/1987
CHRISTINE ELIZABETH UNTERSHTINE 12/04/1992

UNTERSHTINE, KAREN
Obligee's Name (Last, First, MI)

If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee/obligor through his/her employment.

ORDER INFORMATION: This Order/Notice is based upon an order for support order ND0019431 from [REDACTED]

You are required by law to deduct these amounts from employee's/obligor's income until further notice.
\$ 2,718.46 Per MONTH current child support
\$ Per past-due child support--Arrears 12 weeks or greater? yes no
\$ Per current medical support
\$ Per past-due medical support
\$ Per spousal support
\$ Per other (specify):
for a total of \$2,718.46 per MONTH to be forwarded to the payee below.


You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, use the following to determine how much to withhold:
\$627.81 per weekly pay period. \$1,359.23 per semimonthly pay period (twice a month).
\$1,252.74 per biweekly pay period (every two weeks). \$2,718.46 per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the paydate/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is CALIFORNIA, begin withholding no later than the first pay period occurring 10 days after the date of this Order/Notice. Send payment within 10 working days of the paydate/date of withholding. The total withheld amount, including your fee, cannot exceed 50 % of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not CALIFORNIA, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

If remitting payment by EFT/EDI, call (323) 838-7500 before first submission. Use this FIPS code: 06037
Bank routing code: 121000359 Bank account number: 1431980435

Make check payable to: (Payee and Case Identifier): COURT TRUSTEE ND0019431
Send check to: P.O. BOX 513544
LOS ANGELES, CA 90051

Authorized by:  Date: APRIL 04, 2002
Authorized by: _____ Date: _____
Print Name L. STEWART, CHIEF ATTORNEY Date: _____
Of Authorized _____ Date: _____
Official(s): _____ Date: _____

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

**APPENDIX
NATIONAL MEDICAL SUPPORT NOTICE
PART A**

NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

This Notice is issued under section 468(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998.

Issuing Agency: Los Angeles County Child Support Services Department Issuing Agency Address: PO BOX 76803 LOS ANGELES, CALIFORNIA 90076-0803 Date of Notice: 04/04/2002 Case Number: ND0019431 Telephone Number: (800) 615-8858 FAX Number: (323) 869-0599	Court or Administrative Authority: Child Support Services Department Date of Support Order: 11/24/1998 Support Order Number: ND0019431
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Employer/Withholder's Federal EIN Number

 JIM UNTERSHPINE
 Employer/Withholder's Name

 2817 E. 6TH ST
 LONG BEACH CA 90814-0000

Employer/Withholder's Address

 UNTERSHPINE, KAREN
 Custodial Parent's Name (Last, First, MI)

 CHILD SUPPORT SERVICES DEPARTMENT
 PO BOX 76803
 LOS ANGELES, CALIFORNIA 90076-0803
 Custodial Parent's Mailing Address

Child(ren)'s Mailing Address (if different from Custodial Parent's)

Name, Mailing Address, and Telephone Number of a Representative of the Child(ren)

Child(ren)'s Name(s)	DOB	SSN	Child(ren)'s Name(s)	DOB	SSN
UNTERSHPINE, RACHEL E.	02/11/1987	622-78-7537	UNTERSHPINE, CHRISTINE E.	12/04/1992	618-94-9807

RE* UNTERSHPINE, JAMES D.
 Employee's Name (Last, First, MI)

 559-08-5658
 Employee's Social Security Number

 3303 E 7TH ST
 LONG BEACH CA 90804-0000

Employee's Mailing Address

 Substituted Official/Agency Name and Address

The order requires the child(dren) to be enrolled in any health coverages available; or only the following coverage(s): Medical; Dental; Vision; Prescription drug; Mental health; Other (specify): _____

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB control number 0970-0222 Expiration Date 12/31/2003.

**NATIONAL MEDICAL SUPPORT NOTICE
PART B
MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR**

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974, and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law.

Issuing Agency: Los Angeles County Child Support Services Department	Court or Administrative Authority: Child Support Services Department
Issuing Agency Address: PO BOX 76803 LOS ANGELES, CALIFORNIA 90076-0803	Date of Support Order: 11/24/1998
Date of Notice: 04/04/2002	Support Order Number: ND0019431
Case Number: ND0019431	
Telephone Number: (800) 615-8858	
FAX Number: (323) 869-0599	

Employer/Withholder's Federal EIN Number

JIM UNTERSHPINE

Employer/Withholder's Name

2817 E. 6TH ST
LONG BEACH CA 90814-0000

Employer/Withholder's Address

UNTERSHPINE , KAREN
Custodial Parent's Name (Last, First, MI)

CHILD SUPPORT SERVICES DEPARTMENT
PO BOX 76803
LOS ANGELES, CALIFORNIA 90076-0803
Custodial Parent's Mailing Address

Child(ren)'s Mailing Address (if different from Custodial Parent's)

Name(s), Mailing Address and Telephone Number of a Representative of the Child(ren)

Child(ren)'s Name(s)	DOB	SSN	Child(ren)'s Name(s)	DOB	SSN
UNTERSHPINE , RACHEL E.	02/11/1987	622-78-7537	UNTERSHPINE , CHRISTINE E.	12/04/1992	618-94-9807

RE* UNTERSHPINE , JAMES D.

Employee's Name (Last, First, MI)

559-08-5658

Employee's Social Security Number

3303 E 7TH ST
LONG BEACH CA 90804-0000

Employee's Address

Substituted Official/Agency Name and Address

The order requires the child(ren) to be enrolled in any health coverages available; or only the following coverage(s): Medical; Dental; Vision; Prescription drug; Mental health; Other (specify):



**COUNTY OF LOS ANGELES
CHILD SUPPORT SERVICES DEPARTMENT**

APRIL 04, 2002

JIM UNTERSCHINE
2817 E. 6TH ST
LONG BEACH, CA 90814-0000

Dear Employer:

In re: KAREN SUZANNE UNTERSCHINE V. JAMES DOUGHLAS UNTERSCHINE
CASE NUMBER: 019.171.344
SC NUMBER : ND0019431

Your employee has been ordered to provide dependant health insurance coverage. This office is required by law to enforce this obligation.

To assist us, it is essential that you complete items 20 through 24, inclusive, of the enclosed form (DHS 6110) and return it to us within ten (10) days.

Please telephone our office at the number listed below, if you have any questions.

Thank you for your assistance.

Very truly yours,

L. STEWART
Chief Attorney

By

HILDA MAGDALENO
Family Support Officer

DA716REV05.01

CRIMINAL PROSECUTION DIVISION
PO BOX 76803
LOS ANGELES, CALIFORNIA 90076-0803
(800)615-0858, 277P779
Outside USA (323)890-9800
Website:<http://childsupport.co.la.ca.us>

State of California-Health and Welfare Agency

Department of Health Services

MEDICAL INSURANCE FORM

COMPLETE THIS FORM ONLY IF THE CHILDREN INVOLVED IN THIS ACTION ARE APPLYING FOR OR RECEIVING TANF OR MEDI-CAL. SEND TO THE DEPARTMENT OF HEALTH SERVICES ONCE THE ABSENT PARENT HEALTH INSURANCE COVERAGE FOR THE DEPENDENT CHILD(REN) IS OBTAINED AND VERIFIED.

MAIL TO: Child Support Services Department PO BOX 76803 LOS ANGELES, CA 90076-0803 277F779

FOR COUNTY USE ONLY

Date _____

PLEASE TYPE OR PRINT (DO NOT ABBREVIATE) COUNTY INFORMATION (ITEMS 1 THROUGH 3)

1. County LOS ANGELES 2. IV-D Case Number 019-171-344 3. Phone Number (800) 615-8858

CUSTODIAL PARENT INFORMATION (ITEMS 4 THROUGH 10)

4. Name (First, Middle, Last) 5. Social Security Number 6. Complete Street Address 7. Home Telephone Number 8. Name of Employer 9. Employer's Complete Street Address 10. Work Telephone Number

DEPENDENT CHILDREN INFORMATION

11. Dependent Children on Medi-Cal by Health Insurance (if more space is needed, complete another form)

Table with columns: Child's Name (First, Middle, Last), Social Security Number, Sex, Date of Birth (Mo, Day, Year), Co. Code, Aid Code, Medi-Cal ID Number (Case Number), F BU, Pers' No.

ABSENT PARENT INFORMATION (ITEMS 12 THROUGH 19)

12. Name (First, Middle, Last) 13. Date of Birth 14. Social Security Number 15. Complete Street Address 16. Home Telephone Number 17. Name of Employer 18. Employer's Complete Street Address 19. Work Telephone Number

HEALTH INSURANCE INFORMATION (ITEMS 20 THROUGH 23)

If additional insurance coverage (medical, dental and/or vision) is being provided, please complete the back of this form.

20. Health Insurance is Provided by (Check appropriate box) 21. Name of Insurance Company or Union 21a. Union Local Number 22. Complete Street Address of Insurance Company or Union (Address where claims are mailed) 23. Policy Number

DHS 6110