

Torres Rojas, Genara

TOI #14787

From: erichburg27@yahoo.com
Sent: Monday, March 24, 2014 11:51 PM
To: Duffy, Daniel
Cc: Torres Rojas, Genara; Van Duyne, Sheree; American, Heavyn-Leigh
Subject: Freedom of Information Online Request Form

Information:

First Name: Eric
Last Name: Richburg
Company: Pro-Wall & Closet
Mailing Address 1: 239 Hart Street
Mailing Address 2:
City: Brooklyn
State: NY
Zip Code: 11206
Email Address: erichburg27@yahoo.com
Phone: 7185733025
Required copies of the records: No

List of specific record(s):

Please send me a standard copy of the conditional offer of employment letter that the Port Authority of New York New Jersey sends to GENERAL MAINTAINER applicants. Also, please send me the PANYNJ's official policy pertaining to the issuance of conditional offers of employment.

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

April 11, 2014

Mr. Eric Richburg
Pro-Wall & Closet
239 Hart Street
Brooklyn, NY 11206

Re: Freedom of Information Reference No. 14787

Dear Mr. Richburg:

This is in response to your March 24, 2014 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for "a standard copy of the conditional offer of employment letter that the Port Authority of New York New Jersey sends to GENERAL MAINTAINER applicants.", and a copy of the "PANYNJ's official policy pertaining to the issuance of conditional offers of employment."

Material responsive to your request and available under the Code can be found on the Port Authority's website at <http://www.panynj.gov/corporate-information/foi/14787.pdf>. Paper copies of the available records are available upon request.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,



Daniel D. Duffy
FOI Administrator

*225 Park Avenue South, 17th Floor
New York, NY 10003
T: 212 435 3642
F: 212 435 7555*

Date

XXXXXX

Address

City, ST Zip

Dear XXXXXXX:

On behalf of our Agency, I would like to congratulate and welcome you to The Port Authority of NY & NJ. I believe you will have a challenging and rewarding experience as a member of our organization, and I look forward to your arrival.

It is my pleasure to confirm our conversation wherein a conditional offer of employment of temporary status was extended to you as a **Seasonal General Maintainer**. We offer you a starting salary of \$15.98 per hour. This offer is contingent upon successful completion of *all* background checks, clearance by the Office of Medical Services, and obtaining your Commercial Driver License (CDL) permit.

The Seasonal General Maintainer position starts work in late September with an anticipated end date in mid-April. You will be notified of your assigned facility and official start date once you clear medical and obtain your CDL permit. As discussed, you may be assigned to any Port Authority facility and we reserve the right to change your facility assignment.

You have been scheduled for a medical on DAY, DATE at 8:00 a.m. Please report to the Office of Medical Services at 233 Park Avenue South (between 18th & 19th Streets), 8th Floor, New York, NY. *(Please see attached letter regarding instructions to prepare for your medical appointment.)*

Please do not hesitate to call me at (212) 435-2825 should you have any questions in the interim.

Sincerely,

Bonnie Choi
Talent Acquisition and Workforce Management
Human Resources Department

Date

To: XXXXX

You have been scheduled for your medical examination on DAY, DATE at 8:00 a.m. Please report to:

**The Port Authority of NY & NJ
Office of Medical Services
233 Park Avenue South, 8th Floor
New York, New York**

Please do not eat or drink, other than water, for 6 hours prior to your appointment. You may however, take your currently prescribed medications. If you wear contact lenses, you will be required to remove them during the examination so please bring appropriate solutions, etc.

If you wear glasses, please bring them with you.

Please bring any detailed medical and/or psychological reports, including hospitalizations, surgery, X-ray/MRI/CT Scan reports and treatment information to your examination.

It is also very important that you remember to call in the results of your Tuberculosis skin test as failure to do so will delay your start date. If you have any questions, you may contact the Office of Medical Services at 212.435.2666.

Sincerely,

Human Resources Department