

User Separation

Abdul El-Sayed

Was the user to be separated selected above? *

Yes

User Type *

Employee

Employee ID / Person ID *

[REDACTED]

Position Number *

17000

Classification *

Director HHVS

Location Code *

700

Department Code *

H00 100

Department Description *

HHVS/Central Admin

Personal Email, if available

Is there a forwarding mailing address? *

No

Is the user in either the Guardian or 400 Monroe Buildings? *

☒ Yes

Separation reason *

Resignation

AK
4/17/20

User Separation

Comments

Please add any comment related to this employee separation

Attach any Supporting Documents

Is the separating employee an approver in Procure to Pay? *

Yes

Replacement Procure to Pay Approver *

Kennyle Johnson

Is the separating employee an approver in Jira? *

Yes

Replacement Jira Approver *

Kennyle Johnson

Effective Date/Time *

4/3/25 5:00 pm

Request Access to User's Data? *

Yes

OneDrive: Copy personal workspace files/folders from separated user to personal workspace of user gaining access.

Email: Change the separated user's email to a shared mailbox and grant access to the user gaining access.

Network File/Folder: Copy files/folders from separated user's home directory to the home directory of user gaining access.

PC (local folders or files): Copy local files/folders from separated user to a folder in the network directory of the user gaining access.

User Separation

Type of Data Access *

- ☒ OneDrive
- ☒ Email
- ☒ Network File/Folder
- ☒ PC (local folders or files)

Grant Access To? *

This person will obtain access

Kennyle Johnson

	A	B	C	D	E	F	G	H
	Payroll Statutory Unit	Process Date	Person Number	Person Name	Primary Departmen t	Balance Category	Balance Name	Current
1	Charter County of Wayne Michigan	5/02/25		Abdulrahm an M EI- Sayed	H00 100 HHVS/Cent ral Admin	Hours(Abse nces)	ABS SKESKE Discretionary Disbursement Retro Hours	160.000
2								
3	Charter County of Wayne Michigan	5/02/25		Abdulrahm an M EI- Sayed	H00 100 HHVS/Cent ral Admin	Absences	ABS SKESKE Discretionary Disbursement Retroactive	12,728.71
4	Charter County of Wayne Michigan	5/02/25		Abdulrahm an M EI- Sayed	H00 100 HHVS/Cent ral Admin	Hours(Abse nces)	ABS VEXEX Discretionary Disbursement Retro Hours	141.000
5	Charter County of Wayne Michigan	5/02/25		Abdulrahm an M EI- Sayed	H00 100 HHVS/Cent ral Admin	Absences	ABS VEXEX Discretionary Disbursement Retroactive	14,956.24

Beatrice Golden

From: Donna Wilson
Sent: Wednesday, April 23, 2025 11:58 AM
To: Beatrice Golden
Subject: FW: HHVS Exec Leave Payout for Approval-A El-Sayed

Bea,

Approved. Thanks

Donna Wilson, SPHR (she, her, hers)

P/HR Director

InPerson Schedule: Tuesday, Wednesday, and Thursday

Telework Schedule: Monday and Friday

313-224-5907 (phone)

313-967-1227 (fax)

dwilson6@waynecountymi.gov

www.waynecounty.com

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Personnel/ Human Resources

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From: Beatrice Golden <bgolden@waynecountymi.gov>
Sent: Wednesday, April 23, 2025 11:12 AM
To: Donna Wilson <Dwilson6@waynecountymi.gov>
Cc: LeVar Jackson <Ljackson7@waynecountymi.gov>
Subject: HHVS Exec Leave Payout for Approval-A El-Sayed
Importance: High

Hi Donna,
Need approval before 10am Thursday.

Person ID	Name	Plan Name	Accrual Date	Ending Balance	Termination Date	Hrly Rate	%	Amount
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	El-Sayed, Abdulrahman	SKESKE - EXECUTIVE SICK PLAN FT_US	04/03/25	160.00	04/03/25	
						106.072596 0.75 12728.71
	El-Sayed, Abdulrahman	VEXEX - VACATION EXECUTIVE FT_US	04/03/25	141.00	04/03/25	
						106.072596 1 14956.24

Thanks,

Beatrice Golden

Department Administrator, PHR/Administration

InPerson Schedule: Monday, Tuesday, and Thursday

Telework Schedule: Wednesday and Friday

Guardian Building

500 Griswold, 9th Floor

Detroit, MI 48226

313-224-2808 (phone)

313-967-1227 (fax)

bgolden@waynecountymi.gov

www.waynecounty.com



Human Resources Customer Service Commitment

To provide accurate, timely, useful information, to both internal and external customers, in a friendly, professional and confidential manner, within a 48 hour period. To send customer service feedback, click [here](#)

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Port ID: PAY301RT

WAYNE COUNTY
RETRO PAY ALL CALCULATED REPORT

Page No. 295
Run Date 11/02/2023
Run Time 21:55:43

Request Type: J - Job Mass ID:

Pay i Date	Earns Desc	Rate Code Rate Type	Hours	Original Rate Used	Original Earns Amt	New Rate Used	New Earns Amt	Retro pay Amount	Retro pay Interest	OK to Pay?	Off Dupl?	Off Cycle	Exp?	Exception Message
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RETRO DATES

Employee ID/Name:	Abdulrahman El-Sayed	Retro Seq#:	418075	Effective:	10/01/2023	Begin:	09/18/2023	End:	10/01/2023		
'01/2023	PBSickBnk	2.40	230.77	96.153846	230.77	0.00	Y	N	N	Y	Change in Pay Period
'01/2023	Regular	26.40	2,538.46	96.153846	2,538.46	0.00	Y	N	N	Y	Change in Pay Period
'01/2023	AnnLvUse	19.20	1,846.15	96.153846	1,846.15	0.00	Y	N	N	Y	Change in Pay Period
'01/2023	PBSickBnk	1.60	153.85	96.153846	153.85	0.00	Y	N	N	Y	Change in Pay Period
'01/2023	Regular	17.60	1,692.31	96.153846	1,692.31	0.00	Y	N	N	Y	Change in Pay Period
'01/2023	AnnLvUse	12.80	1,230.77	96.153846	1,230.77	0.00	Y	N	N	Y	Change in Pay Period
'15/2023	Regular	48.00	4,615.38	96.153846	4,730.77	115.39	Y	N	N	N	
'15/2023	Regular	32.00	3,076.92	96.153846	3,153.85	76.93	Y	N	N	N	
'29/2023	Regular	48.00	4,615.38	96.153846	4,730.77	115.39	Y	N	N	N	
'29/2023	Regular	32.00	3,076.92	96.153846	3,153.85	76.93	Y	N	N	N	

Total for Employee : 23076.91 23461.55 384.64 0.00

Wayne County Commission

Alisha R. Bell
Chair



Pamela Lane
Acting Clerk of the Commission

April 18, 2023

Dr. Abdul El-Sayed
aelsayed@waynecounty.com

Dear Dr. El-Sayed:

I am pleased to confirm that the Wayne County Commission approved your appointment as Local Health Officer, pursuant to the State of Michigan's Public Health Code (Public Act 368 of 1978; MCL 333.1101) on April 11, 2023. The term of the appointment is effective March 1, 2023.

By copy of this communication, we are advising the appropriate parties.

Sincerely,

PAMELA LANE
Acting Clerk of the Commission
Wayne County Commission

mo

Enclosure

cc: Donna Wilson, Personnel/Human Resources Director
Yogesh Gusani, Department of Management and Budget
Alisha R. Bell, Chair of Wayne County Commission

RESOLUTION

No. 2023-294

By Commissioner Bell

RESOLVED, by the Wayne County Commission this 11th day of April, 2023 that approval be, and is hereby, granted authorizing the appointment of Dr. Abdul El-Sayed (of Ann Arbor), Director, Department of Health, Human and Veterans Services (HHVS), to the position of Local Health Officer, pursuant to the State of Michigan's Public Health Code (Public Act 368 of 1978; MCL 333.1101), as recommended by the Chief Executive Officer; and be it further

RESOLVED, that the term of the appointment is effective March 1, 2023.

(2023-40-036)

Wayne County Commission

Alisha R. Bell
Chair



Pamela Lane
Acting Clerk of the Commission

March 23, 2023

Dr. Abdul El-Sayed
aelsayed@waynecounty.com

Dear Dr. El-Sayed,

I am pleased to confirm that the Wayne County Commission approved your appointment to the Health Choice of Michigan Board of Trustees on March 16, 2023. The term of the appointment is from March 16, 2023 through December 31, 2024.

Please contact the Office of the County Clerk at (313) 224-5525 to arrange for it to administer the Oath of Office.

By copy of this communication, we are advising the appropriate parties.

Sincerely,

PAMELA LANE
Acting Clerk of the Commission
Wayne County Commission

mo

Enclosure

cc: Cathy M. Garrett, Wayne County Clerk
Donna Wilson, Personnel/Human Resources Director
Yogesh Gusani, Department of Management and Budget
Gregory P. Mahar, Director of Elections
Alisha R. Bell, Chair of Wayne County Commission

RESOLUTION

No. 2023-216

By Commissioner Bell

RESOLVED, by the Wayne County Commission this 16th day of March, 2023 that approval be, and is hereby, granted authorizing the appointment of Dr. Abdul El-Sayed (of Ann Arbor) to the HealthChoice of Michigan Board of Trustees, pursuant to the Municipal Health Facilities Corporations Act of 1987 (Public Act 230 of 1987; MCL 331.1101) and Article 5 of the HealthChoice of Michigan's Second Amended and Restated Articles of Incorporation. The term of the appointment is from March 16, 2023 through December 31, 2024.

(2023-66-019A)

Requisition Details - Req ID 218005 - Created Date 2-Mar-2023

Job Template: ***New Requisition
Requisition Form: Requisition for Personnel
Proposed Job Title: Director of Health, Human and Veteran Services
Number of Positions: 1
Number of Positions Hired: 0
Department: Executive Office - CEO - Department of Health, Human and Veterans Services
Requesting User Name: Dana Thompson
Requesting User Email: dthompso@waynecounty.com

Requisition Questions

Position Information	
Position Number:	017000 ND 23-0231
Division:	Health, Human and Veteran Services
Requested Classification:	Director of HHVS
Fund:	101
Activity:	70100
Line Item:	702000
Pay Group:	WAY
Dept Code:	H00 100
Location Code:	700
Weekly Schedule:	5
Hours per week:	40
Shift:	DAYS
Type:	Permanent
Date From: (mm/dd/yyyy format)	03/01/2023
Date To: (mm/dd/yyyy format)	
Supervisor's Name:	Genelle Allen
Supervisor's Position Number:	
Position Status:	Backfill
Funding Source:	General Fund
If Grant Funded or funded by other sources, please provide Grant Name or name of other sources and the percentage of funding:	

No above minimum pay offer can be made without prior approval of the Department of Personnel/Human Resources.

Employee Information	
Type:	New Hire
Employee Name:	Abdulrahman El-sayed
Salary Requested:	\$200,000.00
Employee ID:	

Complete only if requesting a swap

DL
3/7/23

Position Exchange (Swap) Information

Current Class Title:

Annual Salary: (Please use this format - \$00,000.00)

Effective Date: (mm/dd/yyyy format)

Reason for Swap:

Position Number:

Previous Incumbent Information

Previous Incumbent Name: Melita Jordan

Previous Incumbent Classification: Director of HHVS

Previous Incumbent Date of Separation: (mm/dd/yyyy format) 02/28/2023

Previous Incumbent Reason for Separation: Appointment Expired

Request for Freeze Exemption

Explain need to fill:

To provide oversight and direction of the department of Health, Human and Veteran Services.

Explain result of not filling:

The department may not have the appropriate oversight and not function at the most efficient level.

Budget Action - M&B Use Only

EXO Number:

0728

[Original Answer]

[As of 03-Mar-2023
12:09 PM by Sherrita
Jones]

Comments:

position budgeted at \$184,500, per Kamau K. there is a budget adjustment forthcoming to cover the increase and the new employee moving from being a Project Consultant. Funding not yet available for this position at time of review.

[Original Answer]

[As of 03-Mar-2023
12:09 PM by Sherrita
Jones]

Budgeted:

Yes

[Original Answer]

[As of 03-Mar-2023
12:09 PM by Sherrita
Jones]

Funding Available:

No

[Original Answer]

[As of 03-Mar-2023
12:09 PM by Sherrita
Jones]

Approved:

Yes

[Original Answer]

[As of 03-Mar-2023
12:09 PM by Sherrita
Jones]

Budget Director - M&B Use Only

Executive Review Committee:

No

[Original Answer]

[As of 06-Mar-2023 04:06 AM by
Jake Brower]

Comments:

[Original Answer]

Approved: funding available via accumulated vacancy
savings pending draft BAs submitted by HHVS.

[As of 06-Mar-2023 04:06 AM by
Jake Brower]

Classification Action "P/HR Use Only"

Classification Action:

[Original Answer]

Unclassified Service

[As of 06-Mar-2023 10:57 AM by Ewonnice Thomas]

Change needed?

[Original Answer]

No Change

[As of 06-Mar-2023 10:57 AM by Ewonnice Thomas]

Job Code / Union Code:

[Original Answer]

BB100 / 76

[As of 06-Mar-2023 10:57 AM by Ewonnice Thomas]

Requisition Number:

Certification Action

Commission Confirmation Required:

Method of Filing:

Unclassified Sen App

Effective Date of Appointment (mm/dd/yyyy format):

3-1-2023

Eligibility List Used:

9999MER

Approved by:

NMB

Date Approved:

3-4-2023

Requisition Approvers

Title	Name	Email	Status	Note	Date Approved
Approver 1 - Department Director or Designee	Genelle Allen	gallen@waynecounty.com	Approved		03-Mar-2023 07:11 AM
Approver 2 - Budget Analyst	Sherrita Jones	sjones@waynecounty.com	Approved		03-Mar-2023 12:09 PM
Approver 3 - Budget	Jake Brower	jbrower@waynecounty.com	Approved		06-Mar-2023 04:06 AM
Approver 4 - Personnel/Human Resources	Ewonnice Thomas	ethomas2@waynecounty.com	Approved		06-Mar-2023 01:01 PM
Approver 5 - Certifications	Necole Glasker	nglasker@waynecounty.com	Pending		

Hired Applicants

Name	Job Title	Job ID	Hired Date
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DEPARTMENT OF PERSONNEL/HUMAN RESOURCES
TALENT MGMT- CERTIFICATION DIVISION

EXECUTIVE/UNCLASSIFIED SERVICE APPOINTMENTS
APPROVED TO SCHEDULE ENDORSEMENTS/MEDICAL FORM

CERTIFICATION USE ONLY

☐ NEW EMPLOYEE

☒ CURRENT EMPLOYEE

☐ FORMER EMPLOYEE

NAME: ABDULKAHMAN EL-SAYED EMPLOYEE ID#: _____ SS#: _____

DEPARTMENT: [REDACTED] LDE: _____

EXAM #: 9999 MED

☐ Asst Div Director- POS#: _____/Req#: _____

☐ Director OF HHVS POS#: 17000 /Req#: 93.0231

☐ Deputy Director POS#: _____/Req#: _____

☐ Department Executive POS#: _____/Req#: _____

☐ Executive Assistant POS#: _____/Req#: _____

☐ _____ POS#: _____/Req#: _____

SALARY REQUESTED APPROVED \$200K

Salary Range:

Grade:

Department Notified of Approval: DANA THOMPSON / 3.6.2023
Name Date

Endorsement/Medical Date: _____ (*Not Required)

START DATES: 5-1-2023 ORIENTATION DATE: _____
(If date different from start date)

☐ Orientation Packet ☐ I-9 Form ☐ Drug Test

☐ Executive Acceptance Form ☐ Offer Letter Sent

☐ Social Media Search Assessed: _____

✓ Google

✓ Facebook, Twitter, Linked In.

NOTES: _____



Warren C. Evans
Wayne County Executive

MEMORANDUM

To: Donna Wilson, Director
Personnel/Human Resources

Donna Wilson
2/28/2023

Attn: Necole Glasker

From: Assad Turfe
Deputy County Executive

Date: February 24, 2023

Re: Provisional Appointment of Abdulrahman El-Sayed

County Executive's Office seeks to appoint Abdulrahman El-Sayed [REDACTED] as the Director of Health Human and Veteran Services (#17000), effective March 1, 2023. We are requesting the annual salary of \$200,000.00. He will receive the Executive Appointee Benefits package.

Should you have any questions or concerns, feel free to contact me at (313) 220-0808.

Assad Turfe
Deputy County Executive



Warren C. Evans
Wayne County Executive

March 3, 2023

Dr. Abdulrahman El-Sayed



aelsayed@waynecounty.com

RE: Conditional Offer of Employment

Dear Dr. El-Sayed:

It is my pleasure to extend you this offer of employment letter, for the position of **Director of Health, Human and Veteran Services** for the Wayne County Human and Veteran Services Department, which is within the Executive Branch of Wayne County. The date of your Appointment shall be mutually agreed upon, which is subject to approval of the Wayne County Commission.

Please be advised that your offer of employment is contingent upon successfully passing a background review, reference verifications and drug screen.

The terms of the offer are as follows:

- **Department/Office:** As a member of the team, you will be assigned to the Wayne County Health, Human and Veteran Services Department.
- **Base Salary:** The bi-weekly base salary will be \$7,692.30 (\$200,000.00 if annualized), subject to deductions for taxes and other withholdings as required by law.
- **Benefits:** Benefits are outlined in the Executive Benefit Plan/Health and Welfare Benefit Plan documents. The identified documents will provide employer-sponsored medical, dental, vision insurance coverage information. Eligibility for other benefits, including life insurance, disability, retirement plans are also described in the documents. Employee contribution payments for benefit plans are subject to annual rate changes.
- **Parking:** You will receive assigned parking privileges, at no cost to you.

DEPARTMENT OF PERSONNEL/HUMAN RESOURCES
500 Griswold Street, Suite 900 ♦ Detroit, MI 48226 ♦ (313) 224-5901 ♦ Fax (313) 967-1231
www.waynecounty.com

Please be advised that the items identified in this letter and the Executive Benefit Plan/Health and Welfare Benefit Plan may be amended, modified, and/or terminated at the employer's discretion, including parking.

In accordance with the Wayne County Charter, your employment is at-will and either party can terminate the relationship at any time with or without cause and with or without notice.

If you have any questions, please feel free to contact me at (313) 224-6007. To accept this offer letter of employment, please sign and return to the Department of Personnel/Human Resources within two (2) days, along with any other information that was requested.

Sincerely,

Julie LeMaster

Julie LeMaster
Division Director of Strategic HR & Informatics

APPOINTEE ACKNOWLEDGEMENT/ACCEPTANCE:


Signature

3/1/23
Date

Attach to
Requisition for Personnel

Department of Personnel/Human Resources

POSITION DESCRIPTION
(Essential Functions & Physical Requirements)

POSITION NO. 017000

Classification: Director of HHVS

Department/Division: HHVS

Location: Guardian Building, 10th Floor

Supervisor of Position: Genelle Allen

Does this position supervise any other employees? Yes ☒ No ☐

I. Essential Job Functions of Position:

Hrs. per Week

1. Organizational development or restructuring, change management, or strategic integration of business units	20
2. Implements the policies and procedures within the department and contracted agencies in congruence with County policies • Develop and implement long-term and short-term strategic plans, objectives and goals for the Wayne County Department of Health, Human and Veterans Services	25
3. Meets with government agencies and private organizations serving children, youth, veterans and families	10
4. Oversees education and program practices for the Juvenile Detention Facility and other related programs serving youth in the juvenile justice system	15
5. Planning for and implementing innovative operational and technological solutions for health services throughout the county	10
6. Ensure the Department, its operations and the delivery of services are in compliance with State of Michigan and Federal guidelines	5
7. Develop and manage the departmental budget, including monitoring divisional spending plans and developing internal and external fiscal policy and procedures • Oversee the procurement of grant funds and Federal, State and local appropriations	15
8. Ensures oversight of the day-to-day operations and activities of the Wayne County Department of Health, Human and Veterans Services	40
9. Manages the search and application for new grants; supervises the management of related grant activities, including the filing of application, grant draw downs, expenditures reporting and reconciliation	15
10. Leadership/advocacy role in public health matters and citizen management in public health of the spokesperson on public health issues, in particular, during public health emergencies	5
11. Attends CEO Department Head meetings, Board meetings, Commission meetings, Departmental meetings, internal staff meetings and other meetings as required	15
12. Performs other duties as assigned	5

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

II. Equipment Used:

List equipment used regularly in this work.

☒ Office Hardware	☒ Personal Computer/Printer	☒ Copy Machine
☐ Hand Tools	☐ Lawn Mower	☐ Power Tools
☒ Fax Machine/Scanner	☒ Cellphones	☐

I, _____, have read both sides of this Position Description. I am able to perform all the above duties and can work under the conditions as described with or without an accommodation. I understand that if I am in need of an accommodation to assist me in performing the duties

described above, I will immediately notify the Department of Management & Budget – Benefit Administration. I acknowledge that I have received a copy of the Position Description.

Signature

Date

P/HR No. 171
Revised: 7/13/18

- III. Using the frequency scale below (0-5) rate the kind of physical/mental activities and environmental conditions that are involved in the essential functions of this position. Rate each characteristic.**

FREQUENCY

- 5 – Constant – 20+ hrs. or more per 40 hr. work week.**
- 4 – Very Frequent – 13-19 hrs. per 40 hr. work week.**
- 3 – Frequent – 6-12 hrs. per 40 hr. work week.**
- 2 – Occasional – 2-5 hrs. per 40 hr. work week.**
- 1 – Rare – 1 hr. or less per 40 hr. work week.**
- 0 – Never**

PHYSICAL EFFORT	FREQUENCY
Standing	2
Sitting	3
Walking	3
Running	0
Driving	
* motorcycle/scooter	0
* motor vehicles	0
* heavy equipment	0
* high rate of speed	0
Lifting	
* light/0-14 lbs.	1
* moderate/15-50 lbs.	0
* heavy/over 50 lbs.	0
Pushing or Pulling	0
Climbing	
* stairs	0
* ladders	0
* working at heights	0
* working underground	0
Bending	2
Squatting	1
Crawling	0
Reaching	2
Hand Dexterity	
* grasping	2
* holding	2
* keyboarding	4
* repetitive movements	4
Reading	5
Writing	5

PHYSICAL EFFORT	FREQUENCY
Eye-Hand Coordination	2
Seeing	
* clear vision required-near and/or far	3
* color vision	2
* depth perception	2
* field of vision (peripheral)	2
Hearing	3
Talking	3
Sliding Under Automobile	0
Swimming	0
Use of Telephone	3
Contact with General Public	2
Working Alone (isolated)	2
Working Overtime	3
Traveling	2
ENVIRONMENTAL CONDITIONS	FREQUENCY
Working Around Hazardous Machinery	0
Electrical Hazards	0
Wet Surroundings	0
Working at Night	0
Loud Noise	0
Low Noise	0
Cluttered Floor Area	0
High Temperature	0
Low Temperature	0
Poor Ventilation	0
Vibrations	0
Dust or Fumes	0
Working Inside	0
Working Outside	0

Add any other physical requirements not listed:



Director of HHVS

Pay Plan Title:	Director of HHVS	
Functional Title:	Director of HHVS	
Position No#:	017000	Union Code/Name: 76 (Appointee)
Department Name:	HHVS	FLSA Status: Exempt
Supervisor Title:	Chief Operating Officer	Job Code: B8100
Supervisor ID:		Work Hr/Wk: 40hr/wk

Purpose/Description

The Director of Health, Human and Veterans Services (HHVS) reports to the COO. The Director of HHVS has the responsibility and administrative oversight of the reporting divisions under this department: Public Health Services, Clinical Services, Access to Care, Medical Examiner's Office, Juvenile and Youth Services and Veteran Services. The HHVS Director oversees, or serves as, the County's Health Officer which is mandated and required by the Michigan Public Health Code. The HHVS Director has the responsibility of communicating to these Divisions the goals and objectives of the CEO and ensuring that they are met. The Director has the authority and responsibility of ensuring that health services and information regarding health services are provided to the citizens of the County of Wayne, in accordance with State and Federal Guidelines and the Michigan Public Health Code, and leads and supports the services, contracts, funding and projects associated with HHVS, to ensure effectiveness of service delivery, resource utilization and results.

Education and Experience

Experience

- At least 10-years of progressively responsible experience in the areas of human or social services, health care administration or health care finance, including at least 3-years of leading/directing such organizations is required. Public agency experience is preferred.
- Experience in the administration of state and federal-funded health programs; clinical care operations at federally qualified health clinics; licensed public institutions or public health clinics.
- Prior experience with state and federal compliance, including programs operating under the auspices of the Michigan Department of Health and Human Services or the United States Department of Health and Human Services, with particular emphasis on Medicaid-funded program initiatives
- Prior experience developing health care financing models that fully leverage third-party payments from private and public payers is preferred.
- Experience with Lean Six Sigma, Six Sigma or an equivalent process/quality improvement discipline is preferred.



Education and Experience continued

Education

- Bachelor's degree in a business or health-related discipline is required. Masters or higher graduate degree in public administration, finance, health & human services or other business-related field, or equivalent experience in the clinical sciences, is preferred.

Tasks and Knowledge

Tasks

- Organizational development or restructuring, change management, or strategic integration of business units
- Implements the policies and procedures within the department and contracted agencies in congruence with County policies
- Develop and implement long-term and short-term strategic plans, objectives and goals for the Wayne County Department of Health, Human and Veterans Services
- Meets with government agencies and private organizations serving children, youth, veterans and families
- Oversees education and program practices for the Juvenile Detention Facility and other related programs serving youth in the juvenile justice system
- Planning for and implementing innovative operational and technological solutions for health services throughout the county
- Ensure the Department, its operations and the delivery of services are in compliance with State of Michigan and Federal guidelines
- Develop and manage the departmental budget, including monitoring divisional spending plans and developing internal and external fiscal policy and procedures
- Oversee the procurement of grant funds and Federal, State and local appropriations
- Ensures oversight of the day-to-day operations and activities of the Wayne County Department of Health, Human and Veterans Services
- Manages the search and application for new grants; supervises the management of related grant activities, including the filing of application, grant draw downs, expenditures reporting and reconciliation
- Leadership/advocacy role in public health matters and citizen management in public health of the spokesperson on public health issues, in particular, during public health emergencies
- Attends CEO Department Head meetings, Board meetings, Commission meetings, Departmental meetings, internal staff meetings and other meetings as required
- Performs other duties as assigned

Knowledge

- **Administration and Management**-Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources.
- **Personnel and Human Resources**-Knowledge of principles and procedures for personnel recruitment, selection, training, compensation, benefits, and labor relations and negotiation.
- **Customer and Personal Service**-Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and the evaluation of customer satisfaction.



Tasks and Knowledge continued

- **English Language**-Knowledge of the structure and content of the English language including the meaning and spelling of words, rules of composition, and grammar.
- **Law and Government**-Knowledge of applicable key laws, legal codes, court procedures, precedents, government regulations, executive orders, agency rules, ordinances and the democratic political process.
- **Economics and Accounting**-Knowledge of economic and accounting principles and practices, the financial markets, banking and the analysis and reporting of financial data.
- **Public Safety and Security**-Knowledge of relevant equipment, policies, procedures, and strategies to promote effective local, state, or national security operations for the protection of people, data, property, and institutions.
- **Education and Training**-Knowledge of principles and methods for curriculum and training design, teaching and instruction for individuals and groups, and the measurement of training effects.
- **Psychology**-Knowledge of human behavior and performance; individual differences in ability, personality, and interests; learning and motivation; psychological research methods; and the assessment and treatment of behavioral and affective disorders.

Cultural Competence / Inclusion

- General knowledge and understanding of cultural competence and value of techniques for ensuring inclusion.

Basic Skills

- **Leadership**-Ability to motivate and inspire people to meet or exceed objectives that direct positive changes in groups by utilizing data driven decision making. Commit to leading the organization to achieve its goals while also helping team members fulfill their potential.
- **Active Learning**- Understanding the implications of new information for both current and future problem-solving and decision-making.
- **Active Listening**- Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
- **Critical Thinking**- Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- **Learning Strategies**-Selecting and using training/instructional methods and procedures appropriate for the situation when learning or teaching new things.
- **Monitoring**- Monitoring/Assessing performance of self, other individuals, or organizations to make improvements or take corrective action.
- **Reading Comprehension**-Understanding written sentences and paragraphs in work related documents.
- **Speaking**- Talking to others to convey information effectively.
- **Writing**- Communicating effectively in writing as appropriate for the needs of the audience.

Social Skills

- **Coordination**- Adjusting actions in relation to others' actions.
- **Instructing**-Teaching others how to do something



- **Negotiation**-Bringing others together and trying to reconcile differences.
- **Persuasion**-Persuading others to change their minds or behavior.

Social Skills continued

- **Service Orientation**-Actively looking for ways to help people.
- **Social Perceptiveness**-Being aware of others' reactions and understanding why they react as they do.

Complex Problem Solving Skills

- **Complex Problem Solving**- Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.

Technical Skills

- **Equipment Selection**-Determining the kind of tools and equipment needed to do a job.
- **Operation and Control** -Controlling operations of equipment or systems.
- **Operations Analysis** -Analyzing needs and product requirements to create a design.
- **Quality Control Analysis** -Conducting tests and inspections of products, services, or processes to evaluate quality or performance.
- **Troubleshooting** -Determining causes of operating errors and deciding what to do about it.

Systems Skills

- **Judgment and Decision Making** -Considering the relative costs and benefits of potential actions to choose the most appropriate one.
- **Systems Analysis**- Determining how a system should work and how changes in conditions, operations, and the environment will affect outcomes.
- **Systems Evaluation**- Identifying measures or indicators of system performance and the actions needed to improve or correct performance, relative to the goals of the system.

Resource Management Skills

- **Management of Financial Resources**- Determining how money will be spent to get the work done, and accounting for these expenditures.
- **Management of Material Resources** -Obtaining and seeing to the appropriate use of equipment, facilities, and materials needed to do certain work.
- **Management of Personnel Resources**- Motivating, developing, and directing people as they work, identifying the best people for the job.
- **Time Management**- Managing one's own time and the time of others.

Desktop Computer Skills

- **Spreadsheets**- Using a computer application to enter, manipulate, and format text and numerical data; insert, delete, and manipulate cells, rows, and columns; and create and save worksheets, charts, and graphs.
- **Presentations**- Using a computer application to create, manipulate, edit, and show virtual slide presentations. Hosting conference calls and video conferences.
- **Internet**- Navigating the Internet to find information, including the ability to open and configure standard browsers; use searches, hypertext references, and transfer protocols; and send and retrieve electronic mail (e-mail).



- **Navigation-** Using scroll bars, a mouse, and dialog boxes to work within the computer's operating system. Being able to access and switch between applications and files of interest.
- **Word Processing-** Using a computer application to type text, insert pictures, format, edit, print, save, and retrieve word processing documents

Communication

- Requires public speaking
- Requires telephone conversations
- Requires use of electronic mail
- Requires writing letters and memos
- Requires face-to-face discussions with individuals or teams
- Requires contact with others (face-to-face, by telephone, or otherwise)

Competition

- Requires awareness of competitive pressures

Conflict

- Requires interacting with and deescalating dealing with unpleasant, angry, or discourteous people or other conflicting situations

Impact of Decisions

- Requires making decisions that impact the results of employees or the organization Mistakes are not easily correctable and have serious consequences
- Opportunity to make decisions without supervision
- Requires making decisions that affect other people, the financial resources, and/or the image and reputation of the organization

Level of Challenge

- Requires being exact or highly accurate
- Freedom to determine tasks, priorities, and goals

Pace and Scheduling

- Requires meeting strict deadlines

Personal Interaction

- Requires coordinating or leading others in accomplishing work activities
- Requires work with external customers or the public
- Requires work with others in a group or team

Responsibility for Others

- Includes responsibility for work outcomes and results
- Includes responsibility for the health and safety of others

Work Setting

- Requires primarily working indoors in environmentally controlled conditions



Technology

Software

- Knowledge of MS Word
- MS Excel
- MS Outlook (e-mail)
- Preferable: SharePoint or other document management system
- Preferable: Oracle, PeopleSoft, JD Edwards

Hardware

- Desktop or laptop computer
- Scanner
- Fax machine
- Telephone
- Printer

Supervision or managerial responsibility

- The Director of HHVS manages all departmental operations and project activities occurring within HHVS.

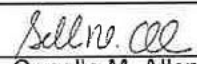
Supervision or guidance received

- The Director of HHVS will receive guidance from the COO; daily.

Qualifications are established at the discretion of the appointing department.

Department- Head Approval	Date	Revision Reasons	Approver(s)	Document Control Number
	2/20/2020	N/A	E.Thomas , N.Bandele	450-B8100-017000-JD-058

8

Send original to the Department of Personnel/Human Resources.	Wayne County Department of Personnel/Human Resources REPORT OF OUTSIDE EMPLOYMENT	See back of form for information						
Employee ID: [REDACTED] Name: <u>Abdulrahman El-Sayed</u>								
Department: <u>HHVS/CEO</u> Division: <u>N/A</u>								
Class Title: <u>Project Consultant</u> Hours/Week: <u>4</u> Days/Week: <u>1-2</u>								
Shift: ☐ Day ☐ Afternoon ☐ Night ☒ Rotating								
I am requesting approval to accept/continue the following outside employment:								
Name of Employer: <u>AME Higher LLC</u>								
Address of Employer: <u>2222 W. Grand River Ave. Ste A, Okemos, MI 48864</u>								
Dates of Employment: From: <u>09/2018</u> To: <u>present</u>								
<table style="width: 100%; border: none;"><tr><td style="text-align: center; width: 33%;">(Circle One)</td><td style="text-align: center; width: 33%;">(Circle One)</td><td style="text-align: center; width: 33%;">(Circle)</td></tr><tr><td style="vertical-align: top;">Work Hours: From <u>1</u> PM To <u>5</u> PM</td><td style="vertical-align: top;">Work Days: M T W Th F S S</td><td></td></tr></table>			(Circle One)	(Circle One)	(Circle)	Work Hours: From <u>1</u> PM To <u>5</u> PM	Work Days: M T W Th F S S	
(Circle One)	(Circle One)	(Circle)						
Work Hours: From <u>1</u> PM To <u>5</u> PM	Work Days: M T W Th F S S							
Nature of Work: 1) I host the "America Dissected" podcast focused on health & society. 2) I speak for non-profit organizations (outside Michigan) on issues related civics & public health. 3) I teach on issues related to civics & health. 4) I write on issues related to civics & health.								
I certify that I will not engage in any outside employment, activity, or enterprise which has or may be determined to be inconsistent, incompatible or in conflict with my County employment, nor shall I accept outside employment in any position which will have the effect of reducing my efficiency as an employee in the County Service. I further understand that if I am approved for a leave of absence, the approval of this request is immediately withdrawn.								
Employee's Signature: <u></u> Date: <u>12/16/22</u>								
The above request for approval of outside employment is: ☒ Approved ☐ Denied								
Comments: _____								
Department Head or Representative: <u></u> Date: <u>12/16/2022</u>								
Genelle M. Allen, COO								
*** FOR USE BY THE DEPARTMENT OF PERSONNEL/HUMAN RESOURCES ***								
Remarks: <u>Not to exceed policy limits.</u>								
Personnel/Human Resources: <u></u> Date: <u>12/19/2022</u>								

PERSONNEL/HUMAN RESOURCES
POLICY ON OUTSIDE EMPLOYMENT

With respect to outside employment, the following shall apply to all employees in the County service:

- (a) Employees of the County shall not engage in any employment, activity, or enterprise which has or may be determined to be inconsistent, incompatible, or in conflict with their duties as County employees or with the duties, functions, or responsibilities of their appointing authorities.
- (b) No employee holding a full-time position in the County service shall hold any other position in any other governmental jurisdiction or in private employment, when such other position may have the effect of reducing the efficiency of such employee in the County service.
- (c) Employees who desire to accept outside employment in addition to their regular County positions shall inform their appointing authority of the nature and extent of such outside employment. The appointing authority shall thereupon determine whether or not the holding of such outside employment conflicts with the duties and responsibilities of the employee. The appointing authority shall transmit to the Department of Personnel/Human Resources this form with their determination. The Department of Personnel/Human Resources may from time to time inquire as to whether or not such outside employment is inconsistent with the performance of the employee's service to the County or reduces their efficiency as a County employee.
- (d) Employees on any type of leave of absence shall not engage in any outside employment. If previously approved for Outside Employment, when granted a requested leave of absence, prior approval is immediately withdrawn. Upon return from leave, an employee may submit a new request for Outside Employment.
- (e) Employees engaged in outside employment must resubmit their requests for approval **each year** on the anniversary of their original request or date of last renewal.
- (f) Employees who fail to comply with or violate the provisions of this Policy are subject to **SUSPENSION, DEMOTION, AND OR REMOVAL** from County Service.
- (g) Do not use this form for reporting election or appointment to a public office.

Requisition Details - Req ID 207852 - Created Date 23-Nov-2022

Job Template: ***New Requisition
Requisition Form: Requisition for Personnel
Proposed Job Title: Project Consultant
Number of Positions: 1
Department: Executive Office - CEO - Department of Health, Human and Veterans Services
Job Description: Please add Job Description, once approved.
Requesting User Name: Ingrid Mccamey
Requesting User Email: imccamey@waynecounty.com

Requisition Questions

Position Information		
Position Number:	054017	
Division:	HHVS/Admin	
Requested Classification:	Project Consultant	
Fund:	101	
Activity:	70100	
Line Item:	705000	
Pay Group:	WAY	
Dept Code:	H00 180	
Location Code:	700	
Weekly Schedule:	5	
Hours per week:	40	
Shift:	DAYS	
Type:	Temporary	
Date From: (mm/dd/yyyy format)	12/01/2022	
Date To: (mm/dd/yyyy format)	2/08/2023	[Original Answer]
	2/28/2023	[As of 28-Nov-2022 08:23 AM]
Supervisor's Name:	Melita Jordan	
Supervisor's Position Number:	000000	
Position Status:	Unfreeze an inactive position in same classification	
Funding Source:	General Fund	
If Grant Funded or funded by other sources, please provide Grant Name or name of other sources and the percentage of funding:		

No above minimum pay offer can be made without prior approval of the Department of Personnel/Human Resources.

Employee Information	
Type:	New Hire
Employee Name:	Abdulrahman El-Sayed
Salary Requested:	50,000.00 \$96 PER HOUR - PER ATTCH.
Employee ID:	

Complete only if requesting a swap

Position Exchange (Swap) Information

Current Class Title:

Annual Salary: (Please use this format - \$00,000.00)

Effective Date: (mm/dd/yyyy format)

Reason for Swap:

Position Number:

Previous Incumbent Information

Previous Incumbent Name: N/A

Previous Incumbent Classification: N/A

Previous Incumbent Date of Separation: (mm/dd/yyyy format) N/A

Previous Incumbent Reason for Separation: N/A

Request for Freeze Exemption

Explain need to fill: Project Consultant for HHVS Administration

Explain result of not filling: Project will not have a director

Budget Action - M&B Use Only

EXO Number:		[Original Answer]
	0203	[As of 28-Nov-2022 07:09 AM]
Comments:		[Original Answer]
	Budget adjustment will be submitted to move funds from regular salaries.	[As of 28-Nov-2022 07:09 AM]
Budgeted:		[Original Answer]
	Yes	[As of 28-Nov-2022 07:09 AM]
Funding Available:		[Original Answer]
	Yes	[As of 28-Nov-2022 07:09 AM]
Approved:		[Original Answer]
	Yes	[As of 28-Nov-2022 07:09 AM]

Budget Director - M&B Use Only

Executive Review Committee:		[Original Answer]
	No	[As of 28-Nov-2022 08:54 AM]
Comments:		[Original Answer]
	Approved per Budget Director. A budget adjustment will be submitted to fund position.	[As of 28-Nov-2022 08:54 AM]

Classification Action:

[Original Answer]

Unclassified Service

[As of 28-Nov-2022 10:05 AM]

Change needed?

[Original Answer]

No Change

[As of 28-Nov-2022 10:05 AM]

Job Code / Union Code:

[Original Answer]

X0111 / 17

[As of 28-Nov-2022 10:05 AM]

Requisition Number:

ND

22-1245

Certification Action

Commission Confirmation Required:

Method of Filing:

Effective Date of Appointment (mm/dd/yyyy format):

Unclassified serv Appt
12-1-2022 to 2-28-2023
9999 MEP

Eligibility List Used:

Approved by:

NMM

Date Approved:

11-30-2022

Requisition Approvers

Title	Name	Email	Status	Note	Date Approved
Approver 1 - Department Director or Designee	Melita Jordan	MJordan1@waynecounty.com	Bypassed	Bypassed By Necole Glasker: Per Ingrid via Genelle - Bypass initiated.	27-Nov-2022 08:09 PM
Approver 2 - Budget Analyst	Laura McGhee	lmcghee@waynecounty.com	Approved		28-Nov-2022 07:14 AM
Approver 3 - Budget	Venita Terry	vterry@waynecounty.com	Approved		28-Nov-2022 08:54 AM
Approver 4 - Personnel/Human Resources	Ewonnle Thomas	ethomas2@waynecounty.com	Approved		28-Nov-2022 10:09 AM
Approver 5 - Certifications	Necole Glasker	nglasker@waynecounty.com	Pending		

Hired Applicants

Name	Job Title	Job ID	Hired Date
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Additional Notes:



DEPARTMENT OF PERSONNEL/HUMAN RESOURCES
CERTIFICATION DIVISION

UNCLASSIFIED SERVICE APPOINTMENTS (TEMPORARY)
APPROVED TO SCHEDULE ENDORSEMENTS/MEDICAL FORM

CERTIFICATION USE ONLY

☒ NEW EMPLOYEE ☐ CURRENT EMPLOYEE ☐ FORMER EMPLOYEE

NAME: ABDULKAHMAN EL-SAYED EMPLOYEE ID#: _____ SS#: _____

DEPARTMENT: HHVS- ADMIN LDE: _____ ☐ * Retiree- NOT TO EXCEED 1000 HOUR

EXAM #: 9999 MED

☐ Election Clerk () POS#: _____/Req#: _____

☒ *Project Consultant POS#: 5401M /Req#: 22-1245
*Salary Request: \$96 HRLY

☐ Laborer/Temp-SSW POS#: _____/Req#: _____

☐ _____ POS#: _____/Req#: _____

EXAM #: 9999 TEMP

☐ Clerk/Typist POS#: _____/Req#: _____

☐ _____ POS#: _____/Req#: _____

SALARY REQUESTED APPROVED \$96 HRLY

*Shall not be paid more than 70% of their annual rate at the time of retirement- See Admin Order 5-2009.

Department Notified of Approval: GENELLE / 11-30-2022
Name Date

Endorsement/Medical Date: _____

START DATES: 12-1-2022 END DATE: 2-28-2023

☐ Full Temp Packet w/ ☐ I-9 Form ☐ Drug Test

☐ Background Clearance, Personnel Information Sheet, FICA and Tax Forms Only

☐ Social Media Search Assessed: _____

☒ Google

☒ Facebook, Twitter, Linked In.



Warren C. Evans
Wayne County Executive

November 23, 2022

Donna Wilson
12/1/2022

Ms. Donna Wilson, Director
Personnel/Human Resources
500 Griswold Street, 9th Floor
Detroit, MI 48226
ATTN: Necole Glasker

Dear Ms. Wilson:

The Department of Health, Human and Veterans Services is requesting an Executive Service Appointment for the classification of Project Consultant-Executive Position # 050417 with a requested salary of \$96 per hour for:

<u>Name</u>	<u>Employee ID#/SS#</u>	<u>Effective Date</u>
Abdulrahman M. El-Sayed		12/01/2022

The effective date is contingent upon the completion of the County Executive Office's approval, background check and drug screen (if applicable).

Sincerely,

Genelle M. Allen
Chief Operating Officer

Cc: Melita Jordan

EXECUTIVE OFFICE

500 GRISWOLD, DETROIT, MICHIGAN 48226 • (313) 224-0291 • www.waynecounty.com





WAYNE COUNTY
DEPARTMENT OF PERSONNEL/HUMAN RESOURCES

APPLICATION

Name of Position Applying for

(Copy full title from examination announcement, if applicable)

HOW TO APPLY - (Read all instructions carefully)

This application must be filled out completely on both sides and returned to the Wayne County Department of Personnel/Human Resources, 500 Griswold, 9th Floor, Detroit, Michigan 48226 or faxed to (313) 967-1231. Applications for examinations must be received by 4:30 p.m. of the closing date posted on the examination announcement. Give complete and detailed information regarding your experience, education and training. If more space is needed, attach additional sheets. Attach copies of transcripts, if required.

(NOTE: Materials submitted will not be returned). PLEASE TYPE OR PRINT LEGIBLY. This document must be fully completed.

First Name: Abdulrahman Last Name: El-Sayed Middle: Mohamed SS # (last 4-digits): [REDACTED]

Address: [REDACTED] City: [REDACTED]

State: [REDACTED] Zip: [REDACTED] Phone Number: [REDACTED] E-mail Address: [REDACTED]

Have you ever been employed by Wayne County? ☐ Yes ☒ No Are you 18 years of age or older? ☒ Yes ☐ No

Do you have a relative employed by Wayne County? ☐ Yes ☒ No If yes, provide name, explain relationship to you and department employed in: N/A

Have you ever been dismissed or requested to resign from a former position? ☐ Yes ☒ No If your answer is "yes", explain below. Attach additional sheets if necessary. May the County call your current supervisor, if so, please indicate phone number and email address: N/A - self-employed

Did you graduate from High School? ☒ Yes ☐ No Other schools or training (for example: trade, vocational, or business). For each, give the name and location (city and state) of school, dates attended, certificate and any other pertinent data. If no, do you have a GED? ☐ Yes ☐ No

Name of college or university:	Degree Received:	# Credits Earned		Dates Attended:	
		Semester Hours	Quarter Hours	From:	To:
<u>University of Michigan - Ann Arbor</u>	<u>BS (with Highest Distinction)</u>				
	Major: <u>Biology, Political Science</u>				
Name of graduate school:	Degree Received:	# Credits Earned		Dates Attended:	
		Semester Hours	Quarter Hours	From:	To:
<u>Oxford University</u>	<u>Doctor of Philosophy</u>			<u>2007</u>	
<u>Columbia University</u>	<u>Medical Doctor</u>	<u>N/A</u>			
	Area of Study: <u>Medicine, Public Health</u>				<u>2014</u>

What occupational license, registration, certificate, or journeyman cards do you hold?

Type: # Exp. Date:

Type: # Exp. Date:

Driver's License #: CDL Endorsement: State: Exp. Date:

Did you obtain any of your education or experience under any other name? ☐ Yes ☒ No

If yes, under what name? If yes, date changed:

In compliance with federal law, all person hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

FOR USE BY THE DEPARTMENT OF PERSONNEL/HUMAN RESOURCES ONLY

ACTION	BY	DATE	EXP.	EDU.	LATE	OTHER
Reject						
Conditional						
Accept						

(Please complete the form below and the reverse side of this application)

DO NOT DETACH

STATISTICAL SURVEY

The following information is requested for statistical purposes only. Provisions of various Federal and State laws require all employers to review hiring practices to eliminate discrimination on the basis of race, sex or age. The information you supply here will be kept strictly confidential and separate from your application. See Race Definitions on back.

1. Date of Birth: [REDACTED]

2. ☒ Male ☐ Female	3. Select all that apply ☐ White/Caucasian ☐ Black/African American ☐ Two or more Races ☐ Hispanic or Latino ☐ Asian ☐ American Indian ☐ Native Hawaiian or Pacific Islander
--	---

PRIOR WORK EXPERIENCE: Account for ALL your time in the past TEN years and any earlier experience which qualifies you for the position you are applying. If more than one position was held under the same employer, describe each position separately. If more space is needed, attach additional sheets. Describe in detail the kind of work, responsibilities and the number and kind of positions supervised, if any. Be sure to sign the certificate at the bottom of this page.

Formatted: Left, Tab stops: 0.21", Left

EXAMPLE

From: October 11, 1998 Employer: Smith & Co. Address: 75 Main Street
 To: August 14, 1999 Title: Clerk-Typist City: Detroit State: MI Zip: 48226-2638
 Hours per week: 40 Duties: Coding and filing correspondence and memoranda, pulling papers wanted, maintaining computer file of prospects.
 Starting Salary: \$ 1,000 mo. cross index cards, file labels and occasionally letters from rough draft.
 Last Salary: \$ 1,125 mo. Reason for leaving: Better position.

From: 2014 Employer: Columbia University Address: 722 W 168th St, New York, NY 10032
 To: 2015 Title: Asst Professor of Epidem City: New York State: NY Zip: 10032
 Hours per week: 40 Duties: Tenure track faculty position in the department of Epidemiology at Columbia University
 Starting Salary: \$ 5,000
 Last Salary: \$ 5,000 Reason for leaving: Mayor Mike Duggan Email Address:
 Supervisor Name: N/A Phone Number: 5127241209

From: 2015 Employer: City of Detroit Health Department Address: 3 Woodward Ave
 To: 2017 Title: Exec Dir & Health Officer City: Detroit State: MI Zip: 48105
 Hours per week: 40 Duties: Lead the rebuilding of the city's health department after it was privatized during city bankruptcy and emergency management.
 Starting Salary: \$ 5,000
 Last Salary: \$ 5,000 Reason for leaving: Email Address:
 Supervisor Name: Phone Number:

From: 2017 Employer: Abdul El-Sayed for Michigan Address: PO Box 48130
 To: 2018 Title: Candidate for Governor City: Detroit State: MI Zip: 48226
 Hours per week: 00 Duties: I was a candidate for governor of Michigan in the 2018 democratic primary running full time.
 Starting Salary: \$ N/A
 Last Salary: \$ N/A Reason for leaving: N/A Email Address:
 Supervisor Name: Phone Number:

From: 2018 Employer: AME Higher LLC Address: 200 Dhu Warren Rd
 To: 2022 Title: Principal City: Ann Arbor State: MI Zip: 48105
 Hours per week: 80 Duties: I am the principle of AME Higher LLC, through which I manage my writing, speaking, podcasting, and media work. These include my podcast America Dissected, my role as a commentator at CNN, my two books, my newsletters, and teaching in adjunct positions at the University of Michigan, University of Chicago, Wayne State University, and American Theological
 Starting Salary: \$ 0000
 Last Salary: \$ 0000 Reason for leaving: N/A Email Address: Phone Number:
 Supervisor Name:

QUAL OPPORTUNITY EMPLOYER: Wayne County provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including but not limited to: recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.
COMMODATIONS: If reasonable accommodation is needed to participate in the job application or interview process, to perform essential job functions, and/or to receive other benefits and privileges of employment, please contact the Wayne County Department of Personnel/Human Resources at 313-224-5901 or by via email at revam@waynecounty.com. Hearing or speech impaired persons using TDD's or similar devices may contact the Michigan Relay Center, toll free at (800) 649-3777 or 711, to communicate directly with the Department of Personnel/Human Resources during regular working hours.

CERTIFICATE OF APPLICANT: My signature below certifies that all the information provided in this application is true. I understand and agree that any misstatement of material facts contained in this application may cause me to forfeit all my rights to employment with the County of Wayne. I understand that any claims related to this application will be fully waived if not brought within 180 days. I further certify that this application is made under my correct legal name. I authorize my former employers furnish any and all information concerning my previous employment to the Wayne County Department of Personnel/Human Resources. I hereby release my former employers from any liability for providing this information. A copy of this authorization shall be considered as effective and valid as the original. I understand that Wayne County, as a condition of employment, may run a complete check of any possible reference, background and criminal records I might have.

DATE: _____ SIGNATURE: _____

Hispanic or Latino	All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.
Asian	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. This area includes: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
American Indian or Native Alaskan	All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
Native Hawaiian or Pacific Islander	Having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
More than two Races	Persons who identify with more than one of the above racial designations.

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

NAME: Abdulrahman Mohamed El-Sayed

SSN#: [REDACTED]

SCHOOL: COLLEGE OF PHYSICIANS AND SURGEONS: MEDICINE

DEGREE(S) AWARDED:
Doctor of Medicine

DATE AWARDED:
May 21, 2014

PROGRAM: DUAL MD/PHD: MEDICINE AND GRADUATE SCHOOL OF ARTS AND SCIENCES

SUBJECT COURSE TITLE
NUMBER

GRADE

Spring 2013

THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL

INTC	M7010	PRIMARY CARE CLERKSHIP	H
MEDI	M7202	MEDICINE CLERKSHIP II	H
OBSG	M7201	OB/GYN CLERKSHIP	H
PEDS	M7201	PEDIATRICS CLERKSHIP	HP

THE FOLLOWING COURSES ARE GRADED PASS/FAIL

OPHT	M7201	OPHTHALMOLOGY CLERKSHIP	P
ORTS	M7201	ORTHOPAEDIC SURGERY CLERKSHIP	P
OTOL	M7201	OTOLARYNGOLOGY CLERKSHIP	P
UROL	M7201	UROLOGY CLERKSHIP	P

Fall 2013

THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL

MEDI	M7201	MEDICINE CLERKSHIP	H
NEUR	M7201	NEUROLOGY CLERKSHIP	HP
PSCY	M7201	PSYCHIATRY CLERKSHIP	HP
SURG	M7201	SURGERY CLERKSHIP	HP

THE FOLLOWING COURSES ARE GRADED PASS/FAIL

NEUR	M7205	NEUROSURGERY CLERKSHIP	P
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Spring 2014

THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL

SURG	M7201	SURGERY CLERKSHIP	HP
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THE FOLLOWING COURSES ARE GRADED PASS/FAIL

ANES	M7201	ANESTHESIOLOGY CLERKSHIP	P
------	-------	--------------------------	---

SENIOR COURSES TAKEN DURING THE FINAL THREE SEMESTERS

THE FOLLOWING COURSES ARE GRADED HONORS/HIGHPASS/PASS/FAIL

MD	N13P	MEDICINE:HOSPITALIST SUBI	H
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This official transcript was produced on
AUGUST 30, 2015.



SEAL OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Barry S. Kane

Barry S. Kane

Associate Vice President and University Registrar

ACADEMIC ADMINISTRATION DIVISION

Examination Schools, High Street, Oxford OX1 4BG
Tel: +44(0)1865 286212 Fax: +44(0)1865 270104
degree.conferrals@admin.ox.ac.uk



28 October 2011

Degree Confirmation

This is to certify that the student named below has satisfied all the requirements for the award of the degree indicated below.

Student Name: Abdulrahman Mohamed El-Sayed

College: Oriel College

Awarding Body: University of Oxford

Qualification: Doctor of Philosophy

Programme of Study: Doctor of Philosophy in Public Health

Thesis Title: Inequalities in obesity in England: an agent-based systems approach

Mode of Study: Full Time

Language of Instruction: English

Programme Start Date: 09 October 2009

Programme End Date: 27 October 2011

Date of Award: 27 October 2011

A handwritten signature in black ink, appearing to read 'M.D. Sibly'.

M.D. Sibly

Secretary of Faculties and Academic Registrar





PERSONAL & CONFIDENTIAL

Mr A M El-Sayed
Oriol College
Oriol Square
Oxford OX1 4EW

Ref: EX44/MAH

27 October 2011

Dear Mr El-Sayed

**Result of examination for the degree of Doctor of Philosophy
Division of Medical Sciences**

I have much pleasure in informing you that the Division has granted you leave to supplicate for the degree of Doctor of Philosophy approved on 27 October 2011. On behalf of the University may I congratulate you on this considerable achievement, which is often made only by significant personal sacrifice and effort.

Arrangements for supplicating for the degree should be made through the proper officer of your college. Please note, you must submit a hardbound copy of your thesis to the Research Degrees Team (at the Examination Schools), for deposit in the Bodleian Library, before supplicating for the degree.

In addition to the deposit of a hardbound copy of your thesis in the Bodleian, you are invited to deposit an electronic copy of your thesis in the Oxford University Research Archive. For more information see either www.ouls.ox.ac.uk/ora/oxford_etheses or the enclosed information sheet.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M A Hames'.

Mrs M A Hames
Research Degrees Supervisor

cc:

Dr P Scarborough, Professor M Goldacre
The Tutor for Graduates, Oriol College
Miss Wheeler, Graduate Office,
- File Copy

CONFIDENTIAL

MSB-R(11) 222

GS011

UNIVERSITY OF OXFORD
DEGREE OF DOCTOR OF PHILOSOPHY
REPORT OF THE EXAMINERS

26 OCT 2011

FOR OFFICE USE ONLY

Thesis sent to examiners _____

Examiners' report received _____

Board/Department of	Medical Sciences Board (Clinical Medicine)	
Candidate's Name	Mr Abdulrahman El-Sayed	OSS No. [REDACTED]
College, Hall or other Society	Oriol College	
Examiner Names	Internal: Dr M J Rayner External: Professor J A Critchley	
Supervisor(s)	Dr P Scarborough & Professor M Goldacre	
Title of Thesis as approved by the Board/Department	Inequalities in obesity in England: An agent-based systems approach	

We have examined the above-named candidate for the degree of Doctor of Philosophy, and report to the board/department as follows:

[Please select one of the statements 1- 6 and delete all the rest. For a first examination, examiners may only select from recommendations 1, 2 or 4; for a subsequent examination, examiners may select any one of 1- 6. Full explanation of the recommendations available is on p.7 of the Memorandum of Guidance for Examiners.]

1. AWARD OF THE D.PHIL.. (a) as the thesis stands or (b) having approved all required minor corrections

(a) We are satisfied:

- (i) the candidate possesses a good knowledge of the particular field of learning within which the subject of the thesis falls;
- (ii) that the candidate has made a significant and substantial contribution in the particular field of learning within which the subject of the thesis falls;
- (iii) that the thesis is presented in a lucid and scholarly manner;
- (iv) that it merits the degree of Doctor of Philosophy; and
- (v) that the candidate has presented a satisfactory abstract of the thesis..

(b) We have asked the candidate to correct certain minor errors in the thesis and confirm that these corrections have been carried out to our satisfaction and therefore (a)(i)-(v) are satisfied.*

Initials: MDL AC Date: 19/11 06/10/11

2. REFERENCE BACK FOR D.PHIL. OR AWARD OF THE M.LITT./M.SC.

We recommend that the board should offer the candidate a choice between:

- (a) reference of the thesis back for revision for re-examination for the Degree of Doctor of Philosophy, or
- (b) (i) leave to supplicate for the Degree of Master of Letters or of Master of Science, as appropriate, as the thesis stands or
- (b) (ii) leave to supplicate for the Degree of Master of Letters or of Master of Science, as appropriate, subject to minor corrections, on the basis that the thesis has not reached the standard required for the Degree of Doctor of Philosophy but has nevertheless reached that required for the Degree of Master of Letters or of Master of Science.

We have set out the respects in which the thesis falls below the standard required for the degree in the full report and we understand that the full report will be made available to the candidate following approval by the board.

(Please delete (b) (i) or (ii) as applicable)

3. REFERENCE BACK FOR M.Litt./M.Sc. ONLY

We recommend that the candidate's thesis be referred back for revision for re-examination for the degree of Master of Letters/Master of Science, and we have set out the respects in which the thesis falls below the standard required for the degree in the full report and we understand that the full report will be made available to the candidate following approval by the board.

(Please delete as necessary)

* The University's Examination Decrees now require examiners to report only after they have confirmed that minor correction have been satisfactorily completed. Please initial and date (b) in box 1 to confirm that the required corrections have been made and approved.

4. REFERENCE BACK FOR D.PHIL. or for the degree of M.Litt./M.Sc. as the candidate may choose.
We recommend that the board should offer the candidate a choice between (a) reference of the thesis back for revision for re-examination for the Degree of Doctor of Philosophy, or (b) reference of the thesis back for revision for re-examination for the Degree of Master of Letters or Master of Science.

We have set out the respects in which the thesis falls below the standard required for the degree in the full report and we understand that the full report will be made available to the candidate following approval by the board.

(Please delete as necessary.)

5. AWARD OF M.Litt./M.Sc. (Please delete as necessary)

We are satisfied that candidate's work while not of sufficient merit to qualify for the degree of Doctor of Philosophy, has nevertheless reached such a standard as to entitle the candidate to supplicate for the degree of Master of Letters/Master of Science; and are satisfied that (a) the candidate possesses a good general knowledge of the field of learning within which the subject of the thesis falls; (b) that the candidate has shown competence in investigating the chosen topic; (c) that the candidate has made worthwhile contribution to knowledge or understanding in the field of learning within which the subject of the thesis falls; (d) that the thesis is presented in a lucid and scholarly manner; (e) that it merits the award of the degree of Master of Letters/Master of Science.

6. OUTRIGHT FAILURE

We recommend that the candidate's application for leave to supplicate be refused.

We provide a detailed report below/annexed. (Examiners are asked to provide reports in word-processed or typewritten form if at all possible.)

Signed Date: 9/9/11

Name: DR M J RAYNER

Signed Date: 06/10/11

Name: PROFESSOR J A CRITCHLEY

} Examiners

Notes

Examiners should note that their full report will now be made available to the candidate.

1. In the case of a first examination, where the examiners are not able to recommend the award of the D.Phil., examiners are normally required to annex to their report a statement (for transmission to the candidate) setting out the respects in which the thesis falls below the standard required for the degree in question, and what changes are necessary for it to reach that standard. In exceptional circumstances, and notwithstanding a recommendation under 2 or 4, the examiners may certify (as an appendix to their report and after indicating the respects in which the thesis falls below the standard required for D.Phil.) that they are unable to indicate how the thesis might be changed, within the time allowed, in order to reach the required standard for the degree of Doctor of Philosophy.

DGS Signature

DGS Name

Date DGS Approved

Approved by Peter Sezzand for GSO 27/10/11

with effect from 1 February 1996 (revised 2 April 2007, revised 9 January 2008) GSO1\GSO11

University of Oxford
Degree of Doctor of Philosophy
Report of the Examiners
Mr Abdulrahman El-Sayed
Oriol College

'Inequalities in obesity in England: An agent-based systems approach'

What the thesis covered

This thesis is about inequalities in obesity in England (in relation to ethnic background and socio-economic status) and presents the results of a novel approach to the modelling of obesity – Agent Based Modelling (ABM). The candidate first carried out a series of systematic reviews of the current literature in relation to inequalities in obesity rates in the UK showing that inequalities do indeed exist and where they are most acute. Then the candidate described the particular ABM that he proposed to use and showed firstly it had some validity in that life-course trajectories in obesity produced by the model were comparable with real data. Then using the model he showed: 1) that higher obesity rates among blacks may arise during childhood; 2) that various curative and prevention strategies against obesity have different and sometimes unexpected effects; 3) that targeting social networks is not likely to improve the efficacy of anti-obesity interventions; and 4) that interventions against neighbourhood and social segregation may not substantially decrease ethnic inequalities in obesity.

Aims of the thesis

The main research questions for the thesis, as stated by the candidate on page 17 of the thesis were:

1. 'What are the trajectories in inequalities in obesity [In England] over the adult life course?
2. 'How effective are various preventive and curative intervention strategies in reducing obesity in England?
3. 'Can targeting the most well-connected individuals in a social network improve the efficacy of anti-obesity interventions?
4. 'How do neighbourhood and social segregation affect ethnic inequalities in obesity?'

The candidate also aimed to 'discuss the implications of this work with regard to the aetiology of obesity in England and the development of agent-based approaches in social epidemiology'

Strengths of the thesis

This is a very well structured thesis which adopts a novel approach to the social epidemiology of obesity. Agent-based modelling is a useful and progressively well recognised technique for epidemiological research (supplementing – but probably not replacing – more traditional approaches such as multiple regression). ABM has not – as far as we know – previously been used for research into obesity so this thesis makes a unique contribution to the fields of both ABM and obesity. (Agent based modelling

involves 'bottom-up computer simulation that researchers can use to understand the population-level implications of individual behaviours, interactions and movements' (p 13).)

The most interesting results in the thesis were, in our view those in relation to targeting of social networks and neighbourhood and social segregation in anti-obesity intervention where the results of the modelling should make a useful contribution to the research into the effectiveness of such interventions. However other results in the thesis, in particular the results of the systematic reviews, are also useful and are already the subject of one paper published by the candidate and others in preparation.

Limitations

The thesis seemed to have been rather hastily written with several inconsistencies in style, referencing, etc. which the candidate has now corrected. The principle limitation was that the modelling was limited by the data used to populate the model. The data came principally from the Health Survey for England (1999 and 2004) which have clear deficiencies of which the candidate is aware and explicit about in the thesis. This limitation could probably not have been avoided at this point in time.

Weaknesses

There were no weaknesses in this thesis beyond the limitations mentioned above.

Gaps

The thesis was comprehensive within its scope. All proposed research questions and aims were addressed.

Candidate's performance at oral examination

The candidate performed well at oral examination, he defended his thesis competently and answered all questions put to him comprehensively and with interesting responses.

Minor corrections

A list of minor corrections to the thesis was supplied to the candidate. The candidate has since corrected the thesis and provided a cover letter detailing all the corrections he has made. These corrections and the cover letter were made to the satisfaction of the internal examiner (MR)

Dr Mike Rayner and Professor Julia Critchley, 14/10/2011

Academic Transcript of: **EL SAYED ABDULRAHMAN MOHAMED**
STUDENT NAME

STUDENT ID NUMBER

E192845701 -I
CONTROL NUMBER

22-Nov-2022
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Page 1

UNIVERSITY OF MICHIGAN
OFFICE OF THE REGISTRAR - ANN ARBOR, MI 48109-1382



Paul R. Johnson
University Registrar

UNIVERSITY OF MICHIGAN DEGREES AWARDED

School/College: Literature, Sci, and the Arts
Major: Biology
Major: Political Science
Degree: Bachelor of Science, With Highest Distinction
Awarded: 26-APR-2007

Fall 2003	Undergraduate L.S. & A	Grade	Hours	MSH	CTP	MHP
BIOLOGY 162	Intro Biology	A	5.00	5.00	5.00	20.00
CAAS 103	Soc Sci Sem	A+	3.00	3.00	3.00	12.00
	Justice For All?					
ENGLISH 125	College Writing	A+	4.00	4.00	4.00	16.00
FRENCH 270	Lit&Culture	A	3.00	3.00	3.00	12.00
	Two's Company					
Term Total	GPA: 4.000		15.00	15.00	15.00	60.00

NON-UNIVERSITY OF MICHIGAN ACADEMIC EXPERIENCE

ADVANCED PLACEMENT AND EXAMINATION CREDIT

		CREDITS
CHEM 125	Gen Chem Lab I	1.00
CHEM 126	Gen Chem Lab II	1.00
CHEM 130	G Chem&R Princ	3.00
ECON 101	Principle Econ I	4.00
ECON 102	Principle Econ II	4.00
ENGLISH 101X	Departmental	3.00
FRENCH 235	Adv French	3.00
MATH 120	AP Calculus Credit I	4.00
POLSCI 111	Intro Amer Pol	4.00

Winter 2004	Undergraduate L.S. & A	Grade	Hours	MSH	CTP	MHP
CHEM 210	Struct & React I	A+	4.00	4.00	4.00	16.00
CHEM 211	Invest Chem	A+	1.00	1.00	1.00	4.00
MATH 116	Calculus II	A	4.00	4.00	4.00	16.00
POLSCI 160	Intro World Pol	A	4.00	4.00	4.00	16.00
PSYCH 122	Intgrp Dialogue	A	2.00	2.00	2.00	8.00
Term Total	GPA: 4.000		15.00	15.00	15.00	60.00

BEGINNING OF UNDERGRADUATE RECORD

Fall 2004	Undergraduate L.S. & A	Grade	Hours	MSH	CTP	MHP
CHEM 215	Struct&React II	A	3.00	3.00	3.00	12.00
CHEM 216	Syn Char Org	A+	2.00	2.00	2.00	8.00
CHFM 230	P Chem Princ&Appl	A+	3.00	3.00	3.00	12.00
POLSCI 353	Arab-Israeli	A	4.00	4.00	4.00	16.00
POLSCI 359	African Politics	A	4.00	4.00	4.00	16.00
Term Total	GPA: 4.000		16.00	16.00	16.00	64.00

Transfer Course Credit Accepted towards	MSH	CTP	MHP
Undergraduate L.S. & A	0.00	27.00	0.00

Winter 2005	Undergraduate L.S. & A	Grade	Hours	MSH	CTP	MHP
BIOLOGY 310	Intro Biochemistry	A	4.00	4.00	4.00	16.00
PHYSICS 125	Gen Phys Mech Std	A+	4.00	4.00	4.00	16.00
PHYSICS 127	Mech&Sound Lab	A+	1.00	1.00	1.00	4.00
POLSCI 339	Evol Communism	A	4.00	4.00	4.00	16.00
Term Total	GPA: 4.000		13.00	13.00	13.00	52.00

Continued next page >

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Paul R. Johnson
University Registrar

Spring 2005 Undergraduate L.S. & A Grade Hours MSH CTP MHP
PHYSICS 126 Electricity-Light A+ 4.00 4.00 4.00 16.00
Term Total GPA: 4.000 4.00 4.00 4.00 16.00

Fall 2005 Undergraduate L.S. & A Grade Hours MSH CTP MHP
BIOLOGY 225 Animal Physiol A+ 3.00 3.00 3.00 12.00
BIOLOGY 226 Animal Phys Lab A+ 2.00 2.00 2.00 8.00
PHYSICS 128 Elec Light Lab A 1.00 1.00 1.00 4.00
POLSCI 301 Pol Thot-Mod A 3.00 3.00 3.00 12.00
POLSCI 497 Sen Compar Gov A 3.00 3.00 3.00 12.00
Term Total GPA: 4.000 12.00 12.00 12.00 48.00

Winter 2006 Undergraduate L.S. & A Grade Hours MSH CTP MHP
BIOLOGY 390 Evolution A+ 4.00 4.00 4.00 16.00
EBD 341 Parasitology A 4.00 4.00 4.00 16.00
POLSCI 389 Topics A 3.00 3.00 3.00 12.00
POLSCI 451 Terrorism, War and Due Process A 3.00 3.00 3.00 12.00
Term Total GPA: 4.000 14.00 14.00 14.00 56.00

Fall 2006 Undergraduate L.S. & A Grade Hours MSH CTP MHP
BIOLOGY 207 Intro Micro A 4.00 4.00 4.00 16.00
BIOLOGY 281 General Ecology A 3.00 3.00 3.00 12.00
ENGLISH 325 Essay Writing A+ 3.00 3.00 3.00 12.00
MCDB 401 Advanced Topics A- 3.00 3.00 3.00 11.10
Term Total GPA: 3.930 13.00 13.00 13.00 51.10

Winter 2007 Undergraduate L.S. & A Grade Hours MSH CTP MHP
AMCULT 201 American Value A+ 4.00 4.00 4.00 16.00
Term Total GPA: 4.000 4.00 4.00 4.00 16.00
BIOLOGY 305 Genetics A 4.00 4.00 4.00 16.00
Cumulative Total GPA: 3.991 118.00 137.00 439.10

UNDERGRADUATE REMARKS

19-Dec-2003 University Honors
14-Mar-2004 William J. Brannstrom Freshman Prize
30-Apr-2004 University Honors
19-Dec-2004 University Honors
20-Mar-2005 James B. Angell Scholar
18-Mar-2006 Phi Beta Kappa
27-Apr-2006 University Honors
18-Mar-2007 James B. Angell Scholar

END OF UNDERGRADUATE RECORD

BEGINNING OF GRADUATE RECORD

Transfer Course Credit Accepted towards MSH CTP MHP
Rackham 0.00 18.00 0.00

GRADUATE REMARKS

15-Jun-2009 18 Hours Relevant Masters Medical School

END OF GRADUATE RECORD

Continued next page >

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Paul R. ...
University Registrar

End of Transcript
Total Number of Pages: 3



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TRANSCRIPT GUIDE

DEFINITION OF AN OFFICIAL TRANSCRIPT

An Official Transcript is one that has been received directly from the issuing institution. It must bear the University seal, date and signature of the registrar. Transcripts received that do not meet these requirements should not be considered official and should be routinely rejected for any permanent use. This definition of an official transcript has been endorsed by the Michigan Association of Collegiate Registrars and Admissions Officers.

ACCREDITATION

The three campuses of the University of Michigan are accredited by the North Central Association of Colleges and Schools - Higher Learning Commission. Many of the departments and programs within the University are also accredited by various agencies. Detailed information about these agencies and the accreditation process is available from the Dean's office of each academic unit.

CALENDAR

The University of Michigan operates under the trimester calendar. A unit of credit is a semester hour.

ELIGIBILITY FOR ENROLLMENT

Unless otherwise indicated, a student is eligible to enroll.

EXPLANATION OF COLUMN HEADINGS

HRS = Elected Hours/Units; MSH = GPA Semester Hours; CTP = Credit Toward Program; MHP = GPA Honor Points.

ABBREVIATIONS FOR CREDIT CONDITIONS

AGC = Approved for Graduate Credit; CBE = Credit by Exam; DCO = Degree Credit Only; NDC = Not for Undergraduate degree credit; NFC = Not for Credit;

NGD = Not for Graduate Degree Credit; REP = Repetition.

STUDY ABROAD

Study abroad credit is considered upper level unless otherwise noted.

LETTER GRADES

9.0 GRADING SCALE (A+ through B = Pass unless otherwise noted)

A+ = 9.0; A = 8.0; A- = 7.0; B+ = 6.0; B = 5.0; B- = 4.0; C+ = 3.0; C = 2.0; C- = 1.0; D+ = 0.0; D = 0.0; D- = 0.0; E = 0.0.

4.4 GRADING SCALE

A+ = 4.4; A = 4.0; A- = 3.7; B+ = 3.4; B = 3.0; B- = 2.7; C+ = 2.4; C = 2.0; C- = 1.7; D+ = 1.4; D = 1.0; D- = 0.7; E = 0.0.

4.3 GRADING SCALE

A+ = 4.3; A = 4.0; A- = 3.7; B+ = 3.3; B = 3.0; B- = 2.7; C+ = 2.3; C = 2.0; C- = 1.7; D+ = 1.3; D = 1.0; D- = 0.7; E = 0.0.

4.0 GRADING SCALE

A+ = 4.0; A = 4.0; A- = 3.7; B+ = 3.3; B = 3.0; B- = 2.7; C+ = 2.3; C = 2.0; C- = 1.7; D+ = 1.3; D = 1.0; D- = 0.7; E = 0.0.

ADDITIONAL GRADES

EX = EXCELLENT; GD = GOOD; PS = PASS; LP = LOW PASS; F = FAIL (EX, GD, PS and LP = Pass)

CR = Credit; NC = No credit; S = Satisfactory; U = Unsatisfactory; P = Pass; F = Fail

I = Incomplete (I OR IL followed by a letter grade indicates an initial incomplete that has been given a final grade.); NR = No grade reported;

= Grade not submitted; ED = Unofficial drop; V1 = Audit or Visit; W = Withdrew from course; Y = Extended multi-term class

M = Marginal; IPL = Incomplete Permanent Lapse; NRC = No Record COVID, a non-passing grade used to address a global pandemic

COMPUTATIONS FOR TERM OR CUMULATIVE GPA: Term GPA = Term MHP/Term MSH; Cumulative GPA = Cumulative MHP/Cumulative MSH; Example: 42.0 MHP/12.0 MSH = 3.5 GPA.

Print in ink only.

**DECLARATION OF
SOCIAL SECURITY CARD NAME AND NUMBER****Instructions**

Fill in your name and Social Security Number below as they appear on your current Social Security Card. You **must** present your Social Security Card and picture identification for verification purposes.

Current InformationFirst Name: Abdulrahman Middle: Mohamed Last Name: El-SayedSocial Security Number: [REDACTED]

NOTE: Wayne County is subject to fines for errors in reporting your payroll information to the Internal Revenue Service. Please carefully answer the following questions.

Have you ever changed your name?

☒ YES ☐ NO

If you answered **YES**, was your last name change recorded with the Social Security Administration?

☒ YES ☐ NO ☐ NOT SURE

If you answered **NO** or **NOT SURE**, what name (include middle initial) appears on your most recent Social Security Card:

First Name: _____

Middle Initial: _____

Last Name: _____

Have you ever used more than one Social Security Number?

☐ YES ☒ NO

If you answered YES, list other numbers you have used and why you stopped using them.

Certification

By Signing this form I agree to the terms and conditions stated herein. I understand any submission of fraudulent information or failure to present my Social Security card may be cause for revocation of an employment offer.

Signature:  Date: 11/22/22



Warren C. Evans
Wayne County Executive

BACKGROUND INVESTIGATION FORM

RE: Employment with the County of Wayne

I, Abdulrahman El-Sayed, understand that the Wayne County Department of Personnel/Human Resources, as a condition of employment, will run a complete check of any possible criminal record(s) that I might have. I understand that any information found regarding convictions or felony charges may result in my being refused and/or disqualified from employment with the County of Wayne.


Signature

11/22/22
Date

Required Information:

NAME: Abdulrahman El-Sayed
Print Full Name

Date of Birth: 
Month/Date/Year

Gender: ☐ Female ☒ Male

Race: Middle Eastern/North African

Driver's License#: 

Last four (4) digits of Social Security #: 

DO NOT WRITE BELOW THIS LINE

{ } NO BACKGROUND RECORD ATTACHED
{ } BACKGROUND RECORD- ATTACHED



Information Provided

Name : Abdulrahman El-Sayed
Date of Birth : [REDACTED]
Gender : Male
Race : Unknown/Other
Reason : Employment - Paid Staff
Amount Paid : \$0.00
Order Date : 11/28/2022 2:59:32 PM
Miscellaneous No :

A SEARCH OF MICHIGAN'S CRIMINAL HISTORY FILE HAS NOT LOCATED A CRIMINAL RECORD THAT EXACTLY MATCHES THE INFORMATION THAT YOU HAVE PROVIDED.



Wayne County – CODE OF ETHICS STATEMENT
AND ETHICS ORDINANCE

DECLARATION AND SIGN OFF

I Abdulrahman El-Sayed acknowledge and declare that I have received and read the enrolled ordinance no. 2014-734, Ethics Ordinance, as well as, the "Code of Ethics Statement" and been given an opportunity to inquire as to their contents.

Public Servant Signature:

Date of Signature:

11/22/22



WAYNE COUNTY

EMPLOYMENT STATUS ACCEPTANCE FORM

TEMPORARY UNCLASSIFIED SERVICE APPOINTMENT

The position you have accepted with Wayne County is temporary in nature and is for a period less than six (6) months but can be extended. Please be advised that your offer of employment is contingent upon successfully passing a background review, drug test and/or physical examination (if applicable) with final confirmation from the Department of Personnel/Human Resources.

The classification you are entering is excluded from the Classified Civil Service Rules as well as from collective bargaining by the Charter of Wayne County.

No benefits are associated with the appointment except for FICA participation, unemployment compensation (if applicable), and workers' compensation (if applicable). Should you be appointed to a permanent position prior to the expiration of your temporary appointment, the applicable benefits will be available, and you will be scheduled to attend New Employee Orientation.

Included in this package, you will find the following onboard documents for completion:

- Employee Pre-hire Checklist;
- I-9 (Employment Eligibility Verification) Form;
- Social Security Declaration Form;
- City, State and Federal Income Tax Forms;
- Background Review Form;
- Final Compensation Designation Form;
- Personnel Information Form;
- Direct Deposit Authorization Form; and
- Code of Ethics Statement and Ethics Ordinance Form

Please sign below acknowledging that you were given the above information and understand the conditions related to your employment with Wayne County.

Abdulahman El-Sayed		11/22/22
Print Name	Signature	Date



Employee Pre-hire Checklist (Temporary/Contractual)

- ☐ Employee Pre-hire Checklist;
- ☐ I-9 (Employment Eligibility Verification) Form;
- ☐ Social Security Declaration Form;
- ☐ City, State and Federal Income Tax Forms;
- ☐ Background Review Form;
- ☐ Final Compensation Designation Form;
- ☐ Personnel Information Form; and
- ☐ Direct Deposit Authorization Form

WAYNE COUNTY TEMPORARY UNCLASSIFIED SERVICE ACCEPTANCE

The position you have accepted with Wayne County is temporary in nature and is for a period less than six (6) months but can be extended. Please be advised that your offer of employment is contingent upon successfully passing a background review, drug test and/or physical examination (if applicable) with final confirmation from the Department of Personnel/Human Resources.

The classification you are entering is excluded from the Classified Civil Service Rules as well as from collective bargaining by the Charter of Wayne County.

No benefits are associated with the appointment except for FICA participation, unemployment compensation (if applicable), and workers' compensation (if applicable). Should you be appointed to a permanent position prior to the expiration of your temporary appointment, the applicable benefits will be available, and you will be scheduled to attend New Employee Orientation.

EMPLOYEE POLICY ACKNOWLEDGEMENT

(Refer to: [Forms and Documents | Personnel/Human Resources \(waynecounty.com\)](#))

- Employee Handbook Acknowledgement
- Disclosure of Employee Information
- Drug-Free Workplace
- Equal Employment Opportunity

- APO-Equal Employment Opportunity/Non-Discrimination in the Workplace
- Weapons in the Workplace
- Fraud Reporting
- HIPAA Policy
- Inclement Weather or Other Emergency Conditions
- Leave of Absence for Political Candidates
- Non-Solicitation
- Outside Employment
- Political Activities
- Release of Information
- Smoking
- Sexual Harassment Policy
- Time Reporting Policy
- Workplace Violence
- Americans with Disability Act
- Conflict of Interest
- Non-Discrimination
- Occupational Health and Safety Program
- Right to Know (Hazard Communication)
- Workers Compensation
- Criminal Charges
- Diversity in the Workplace
- Vehicle Policy
- 1,000 Hour Policy

Disclaimer:

I acknowledge that I have been informed to read the policies listed above and read the Employee Handbook prior to first employment start date. I am also acknowledging that I was given the above information related to my job status and understand the conditions related to my employment with Wayne County.

Abdulrahman El-Sayed _____ Print Name	 _____ Signature	11/22/22 _____ Date
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457 FICA Alternative Plan Enrollment Form
(Plan ID: 764680)

Please print using blue or black ink. You should use this form if you are enrolling in the 457 FICA Alternative Plan. Return completed forms to the address above.

Information About You

Abdulrahman Mohamed El-Sayed

Full Name (first, middle, last)

Social Security Number

Street Address

City

State

Zip

12/01/2022

Employee ID
Number

Birth date (MM/DD/YYYY)

Date of Hire (MM/DD/YYYY)

Daytime Phone Number

Single ☐ Married ☒ Divorced ☐

Male ☐ Female ☐

Authorization for 457 FICA Alternative Plan Enrollment

I certify that the information above is accurate and complete. I give the Wayne County Employees' Retirement System permission to execute the payroll deductions of my 457 FICA Alternative Plan eligible wages according to my Collective Bargaining Agreement, Benefit Plan document or as required by my employment agreement with the County as well as the instructions above unless otherwise noted.

Your Signature

Date Signed

11/28/2022

Please note that online access will allow you to view your current fixed rate of return, get balance information and tell you how to move your funds upon leaving the County. If you do not receive a packet or have further questions please call the Retirement System Office at (313) 224- 5890.

Office Use Only

Company Authorization _____

Date _____

Union Code _____ Date Enrolled _____

Wayne County
Department of Personnel/Human Resources
PERSONNEL INFORMATION FORM

PERSONAL DATA

Name*:

Soc. Sec. #

*As listed on social Security Card

Abdulrahman Mohamed El-Sayed

Other Name:

(if different from Name now used.
For example maiden name)

Marital Status:

☐

Single

☒

Married

☐

Divorced

Home Phone Number:

()

-

Cell Phone Number:

()

Address:

Number and Street

(Apt., Route, etc)

City

State

Zip Code

County

Mailing Address* (if different from above)

Number and Street

(Apt., Route, etc)

City

State

Zip Code

County

Gender:

☐

Female

☒

Male

Date of Birth:

Email address:

.com

RACIAL DESIGNATION: (You may check all categories that apply)

☐

White

(not of Hispanic origin) having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐

Black or African American

(not of Hispanic origin) having origins in any of the Black racial groups of Africa.

☐

American Indian or Alaska Native

Having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐

Asian

Having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐

Hispanic or Latino

Of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

☐

Native Hawaiian or Pacific Islander

Having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands

DRIVER'S LICENSE DATA

Driver's License #:

State:

MI

Expiration Date:

EMERGENCY CONTACT INFORMATION

(Enter the person(s) you want contacted in an emergency)

PRIMARY: :

First Name

Last Name

Relationship

ADDRESS:

Number and Street

(Apt., Route, etc)

City

State

Zip Code

County

Phone#:

()

(During Working Hours)

ALTERNATE:

First Name

Last Name

Relationship

ADDRESS:

Number and Street

(Apt., Route, etc)

City

State

Zip Code

County

Phone#:

()

(During Working Hours)



COUNTY OF WAYNE
DEPARTMENT OF PERSONNEL/HUMAN RESOURCES

FINAL COMPENSATION DESIGNATION FORM

Employee Name: (Last, First, Middle)	Employee I.D. No.	Social Security Number	Department/Agency	Classification
El-Sayed, Abdulrahman Mohamed				

Instructions: You may choose only one primary and one secondary designee. However, if your children are your designees, you may select more than one child.
Note: All surviving children listed as designees will share equally.

PRIMARY DESIGNEE:	Last 4 Digits of Social Security Number	Relationship	Address & Phone Number of Designee	Birth Date
Name of Designee				

SECONDARY DESIGNEE:	Last 4 Digits of Social Security Number	Relationship	Address & Phone Number of Designee	Birth Date
Name of Designee				

Certification: I instruct the County of Wayne, in the event of my death, to pay all compensation due me to my primary designee(s) subject to the Department of Personnel/Human Resources Policy and Procedures provided on the second page of this form. If my primary designee is not living to accept payment, my secondary designee(s) shall be paid. My estate shall receive payment if neither my primary nor my secondary designee(s) is living to accept payment.


SIGNATURE

12/29/2022
DATE

Distribution: Original to Personnel
Copy to Employee