

OFFICE OF THE GOVERNOR

ROBERT BENTLEY
GOVERNOR



STATE CAPITOL
MONTGOMERY, ALABAMA 36130

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STATE OF ALABAMA

June 17, 2016

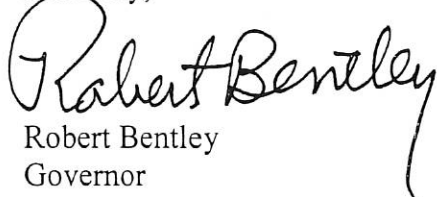
Mr. James Nolin
Chief Information Officer

Dear Mr. Nolin:

This letter will serve as notice that you are, as of today's date, terminated from your probationary state employment as Chief Information Officer with the State of Alabama, Department of Finance. With this termination, all ISD access is discontinued immediately.

By copy of this letter, I am advising the State Personnel Department of this termination.

Sincerely,


Robert Bentley
Governor

c: Secretary Stan Stabler, Alabama Law Enforcement Agency
Mr. David Byrne, Governor's Legal Office
State Personnel Department

**STATE OF ALABAMA PERSONNEL DEPARTMENT
RECOMMENDATION FOR PERSONNEL ACTION**

1. Name of Employee James A Nolin		2. Social Security Number [REDACTED]	3. Salary \$6,850.80 SA
4. Position Number 0420219	5. Class Title/Code Chief Information Officer (10550)		6. Class Option Title/Code (000)
7. Department/Code Finance (010)	8. Division/Code Information Services/Data (104A)	9. Effective Date 6/17/16 cob	
INSTRUCTIONS		KIND OF ACTION	
<p>Item 11 requires signature of both department heads.</p> <p>Items 11, 13, 14, 15, 21 require approval of Personnel Director before action is official.</p> <p>Items 12, 13, 14, 15 must have copy of letter to employee attached. If voluntary demotion, letter from employee should be attached.</p> <p>Item 17 should have copy of letter of resignation or confirmatory letter from department attached.</p>		<p>10. Transfer within department <input type="checkbox"/></p> <p>11. Transfer to another department <input type="checkbox"/></p> <p>12. Suspension <input type="checkbox"/></p> <p>13. Demotion <input type="checkbox"/></p> <p>14. Layoff <input type="checkbox"/></p> <p>15. Dismissal <input type="checkbox"/></p> <p>16. Separation by death <input type="checkbox"/></p> <p>17. Resignation <input type="checkbox"/></p> <p>18. Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Service <input type="checkbox"/></p> <p>19. Expiration of temporary appointment <input type="checkbox"/></p> <p>20. Expiration of provisional appointment <input type="checkbox"/></p> <p>21. Leave Without Pay <input type="checkbox"/></p> <p>22. Returned from LWOP <input type="checkbox"/></p> <p>23. Military Leave Without Pay <input type="checkbox"/></p> <p>24. Returned from Military LWOP <input type="checkbox"/></p> <p>25. Other Seperated During Probation <input checked="" type="checkbox"/></p>	
ITEMS AFFECTED BY ACTION	FROM:	TO:	
26. Department/Code (Items 10 and 11)	_____ (_____)	_____ (_____)	
27. Division/Code (Items 10 and 11)	_____ (_____)	_____ (_____)	
28. County of Employment/Code (Items 10 and 11)	_____ (_____)	_____ (_____)	
29. Class Title/Code (Items 10, 11, 13)	_____ (_____)	_____ (_____)	
30. Class Option/Code (Items 10, 11, 13)	_____ (_____)	_____ (_____)	
31. Dates (Items 12, 21, 22, 23 and 24)	_____	_____	
32. Salary (Item 13)	_____	_____	
33. Postion Number (Items 10, 11 and 13)	_____	_____	
34. If action is item 13, 15, 17 or 18, is reemployment recommended? (If "No", explanation must be given.)			
35. Remarks			
36. Signed (Appointing Authority) Governor Robert Bentley		Date 6/17/16	
37. Signed (Appointing Authority) With his expressed authority		Date AMS	
38. Approved (Personnel Director) Jacqui Graham		Date 6/17/16	