

No. 12-315

IN THE
Supreme Court of the United States

AIR WISCONSIN AIRLINES CORPORATION,
Petitioner,

v.

WILLIAM L. HOEPER,
Respondent.

**On Writ of Certiorari to the
Colorado Supreme Court**

**JOINT APPENDIX:
VOLUME THREE OF THREE**

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August 29, 2012

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CERTIORARI GRANTED JUNE 17, 2013

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NOTICE

The following documents have been omitted from the printing of this Joint Appendix. They may be found in the Petitioner's Appendix to the 12-315 Petition For A Writ Of Certiorari at the following pages:

<i>Air Wisconsin Airlines Corp. v. Hoeper, No. 09SC1050, 2012 WL 907764 (Colo. Mar. 19, 2012)</i>	<i>1a</i>
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HOEPER PERSONNEL FILE





Air Wisconsin Airlines Corporation

NEW HIRE/EMPLOYMENT

PERSONAL INFORMATION:

NAME Last HOEPER JR. First WILLIAM M.I. LEE
 EMPLOYEE # 4615 SOCIAL SECURITY # REDACTED
 ADDRESS 6331 So. EUDORA WAY LITTLETON CO 80121
Street City State Zip
 PHONE REDACTED
 DATE OF BIRTH MO MAY DAY 11 YR 1956 Male Female
 MARITAL STATUS Single Married REDACTED
 EMERGENCY CONTACT 1 HOEPER COLLEEN WIFE
Last Name First Relationship Phone
Street City State Zip
 EMERGENCY CONTACT 2 REDACTED MOTHER
Last Name First Relationship Phone
Street City State Zip

EMPLOYMENT INFORMATION:

Hire Date 10-20-98 10/20/98 Job Title CAPTAIN D38-CA
 Rate of Pay 37.00 Status: F.T. Temp Seasonal
 Monthly Hourly P.T. Perm *If maintenance or flight operations, attach copy of all applicable licenses.
 Salary Grade Level: _____ (if applicable)
 Location DEN Department FLIGHT
 New Hire Packet: 1) Manager Received from ER/PRSL: Yes No 2) Given to employee Yes No
~~PREVIOUS EMPLOYER AT AIRWISCONSIN~~ Yes No
 Original Employment Date _____ Separation Date _____ Rate of Pay _____
 Position _____ Supervisor _____ Hourly Annual

EEOC INFORMATION:

Ethnic Group: White Hispanic Black American Indian/Alaskan Native Asian American/Pacific Islander
 Disabled: Yes No
 Veteran: Yes No Vietnam Era Veteran Disabled Veteran Disabled Vietnam Veteran

COMMENTS: _____
 SIGNATURE: William L. Hooper Jr. DATE: _____
 EMPLOYEE _____
 SUPERVISOR [Signature] _____
 DEPT. HEAD [Signature] 5/24/98
 V.P. / PRES. [Signature] 7/2/98
 ER / PRSNL [Signature] ENTERED APR 22 1998

for BC JR



Acknowledgment of Company ID

I understand that as part of my employment with Air Wisconsin Airlines Corporation I am required to carry a Company issued identification card. This ID card may be in addition to any other mandatory card that I am required to carry such as an airport identification card.

My Company ID is the property of Air Wisconsin Airlines Corporation. I understand that its use is subject to all Company policies and that I must surrender my ID card upon demand or separation from the Company. If I fail to do so \$100 will be deducted from my final check pursuant to Company policy.

I further understand that fraudulent or unauthorized use of my ID card may subject me to civil and criminal penalties.

In the event that informational updates are necessary, my card will be updated and replaced without cost to me. Replacement of lost ID cards will be at my expense of \$15.00.

William L Hoepfer (Employee Signature) William L HOEPER (Employee Name) (Print)

Emp# _____ (date) _____

Acknowledgment of Eligible Family Members

My Company ID card contains a list of my Eligible family members as stated in the Corporate Travel Policy, including, if applicable, my legal spouse, my dependent children (based on IRS dependency guidelines) and my parents.

I understand that I am responsible for the accuracy of this information and that Air Wisconsin Airlines Corporation may require proof of dependency at any time.

I further understand that reduced rate or non revenue travel privileges, as a result of my employment with Air Wisconsin Airlines Corporation subject me and my eligible family members to the policies stated in the Corporate Travel Policy.

William L Hoepfer (Employee Signature) William L HOEPER (Employee Name) (Print)

Emp# 4615 (date) _____

Welcome to Air Wisconsin Airlines Corporation

We are committed to maintaining a competitive, cost-effective benefit package and are proud to be able to provide you with a wide range of benefit plans. If you have questions regarding the benefits, contact the Benefits Administrator, Beth Ann M. Carlson at (920) 749-4249.

The following checked "✓" items are contained in this packet. The items in **BOLD** print require completion or additional documentation to be submitted. These items must be returned to Employee Relations/Personnel-ATW within 5 days.

GENERAL - The following items are necessary for employment with Air Wisconsin Airlines Corporation and must be completed.

- New Hire/Personal Status Change Form
- I-9 verification & supporting documentation
- W - 4
- State tax withholding form (Pilots and FA only)
- Union membership & Union dues authorization
- Drug & Alcohol Policy Acknowledgment form
- Drug & Alcohol Policy
- Union contract
- ID badge Acknowledgment form
- Direct Deposit Authorization
- AWAC Equal Opportunity/Harrassment Policy & Acknowledgement form
- Parking/ID Applications (ATW based employees only)

TRAVEL - The following items are necessary for your on-line and inter-line travel privileges.

- Travel policy summary sheet
- Employee travel card form
- Request for dependent verification (marriage license, birth certs., divorce decree, etc.)

MEDICAL/DENTAL - The company provides three different medical plans and one dental plan. The availability of certain medical plans is limited by geographic locations and this is indicated on the AWAC Medical/Dental election form. Employee contributions for the plans are indicated on the back of the AWAC Medical/Dental election form. The benefit comparison packet should be used to compare the differences between the different plans. HMO participants must complete the separate HMO enrollment form.

- Preexisting Condition Exclusion Form
- AWAC Medical/Dental Election Form
- HMO enrollment packet (for specific AWAC locations)
- Benefit comparison packet
- Notice of employee's right to continue coverage COBRA

LIFE INSURANCE - The company provides a Basic life insurance benefit at no cost to the employee. The amount of Basic life insurance is dependent upon the employee's classification. Employees are also able to elect some additional life insurance coverage. The cost of the Supplemental coverage would be the employee's responsibility. When you are initially eligible for the Supplemental coverage, additional health information will not be requested. If you decline the Supplemental coverage when you are initially eligible and decide at a later date to enroll, health information will be required for approval.

- Basic life and Supplemental-life enrollment form
- Booklet of life insurance benefits

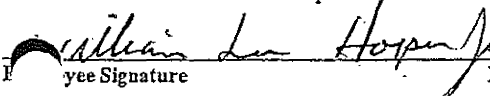
FLEXIBLE SPENDING ACCOUNTS/VACATION BUY-SELL - The company provides a plan which allows you to put money away on a pre-tax basis in order to pay for health care or dependent care expenses. The FSA information packet explains eligible expenses and how the plans work. The company also allows employees to buy and/or sell vacation time. The options for this benefit are dependent upon the employees classification.

- FSA information packet
- FSA/Vacation election form

OTHER

- 401k/Pension information
- Long Term Disability certificate (Management employees only)

I hereby acknowledge receipt of the information and material listed above. I understand I am required to complete and return the items in **BOLD** print with 5 business days. Failure to return forms may result in denial of benefits until the next available benefit enrollment period.

 4-14-98
 Employee Signature Date Employee ID #

Job Title

Location

STATION
RECORDS

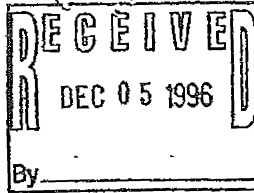
MAY

EMPLOYEE NAME HOEPER
LOC _____

EMPLOYEE # _____



2864 S. Circle, Suite 900
 Colorado Springs, CO 80906



For Mountain Air Express Use Only	
<u>SIDA</u>	
Application forwarded for background check	
<u>Di</u> Initialed	<u>12-6-96</u> Date

EMPLOYMENT APPLICATION
 --To Be Completed By The Applicant--
INSTRUCTIONS

IMPORTANT — PLEASE READ THE FOLLOWING BEFORE COMPLETING THE APPLICATION:

1. This application must be completed in ink.
2. Please print or write clearly.
3. Answer every question applicable to the job for which you are applying. Any unanswered questions may be considered a reason for disregarding your application.

NOTIFICATION TO PROSPECTIVE EMPLOYEES

Offers of employment will be contingent upon successful completion of a drug screen and 10 year background check.

AUTHORIZATION AND RELEASE FOR BACKGROUND CHECK

Mountain Air Express or its agents will evaluate my application by acquiring various types of information regarding my background including information regarding my character, work habits and history, honesty, performance, experience, education, training, driving record, civil and criminal litigation history. Date of Birth is a requirement to complete the criminal portion of Mountain Air Express' background check.

I AUTHORIZE ANY LAW ENFORCEMENT AGENCY, STATE OR FEDERAL AGENCY, INFORMATION SERVICE BUREAU, SCHOOL, FORMER EMPLOYER, INSURANCE COMPANY, OR INSTITUTION CONTACTED BY MOUNTAIN AIR EXPRESS OR AN INVESTIGATION SERVICE RETAINED BY MOUNTAIN AIR EXPRESS, TO FURNISH THE INFORMATION DESCRIBED ABOVE. I hereby release Mountain Air Express and any such persons or entities from any liability for any damage whatsoever for issuing this information.

A copy or fax of this authorization shall be valid as the original.

Date Oct 18 1996

Signature William L Hooper

Please print the following information:

<u>HOEPER</u> Last Name	<u>JR</u>	<u>WILLIAM</u> First Name	<u>LEE</u> Middle Name
<u>6331</u> Home Address	<u>So EUDORA</u> City	<u>WAY</u> City	<u>LITTLETON</u> State
<u>REDACTED</u> Social Security Number	<u>REDACTED</u> Driver's License Number	<u>REDACTED</u> State Issuing Driver's License	<u>COLO</u>
<u>MAY 11 1956</u> Date of Birth	<u>REDACTED</u> Home Phone	<u>REDACTED</u> Work Phone	

Is this a valid driver's license? If no, please explain: Yes

Have you ever been convicted of a felony or misdemeanor? This includes deferred sentences and any violations for which you have requested an expungment (If yes, please list dates and convictions): No

In the last 10 years, have you lived in any other cities or states other than your current location? (If yes, please list all locations and dates you resided there): No

In the last 10 years, have you ever worked under any other name? (If yes, please list ALL names): No

GENERAL**INFORMATION:** This section must be complete in order to be considered.

Have you been previously interviewed by Mountain Air Express? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Have you been previously employed by Mountain Air Express? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
When:	Where:	Position:	When: Where: Position:
Position applied for in order of preference. ("Any" is not applicable).		Are there any shifts, days or times that you would be unavailable? (Please list).	
1. 2. PILOT		1. 2. 3. 4.	
Today's date: 10-18-96		Minimum salary expected: N/A	
Date available: TODAY		REDACTED	
In case of emergency, notify: REDACTED		Relationship: MOTHER	
Address: 2		City: LAK	
Business Phone ()		Home Phone	

HISTORY:		Please list ALL previous work experience/education beginning with your present position going back at least 10 years. Leave no gaps in the history. If you were self-employed or unemployed for a period of time, however, short, please state so in this section. We reserve the right to verify any information provided below. If you need additional space, please attach an extra sheet.			
Most recent job (1) Period: Month/Year	Company Name	Starting Salary	Ending Salary	Supervisor's Name & Phone Number	
From: Dec 91	SNAS / DHL	4160. ⁰⁰ +		(011) GEORGE BEMAK (20)	
To: JUNE 96	Company Address	Job Title:	Specific Duties:	Reasons for leaving	
	P.O. Box 5741	PILOT	CAPTAIN CU-580	TO RETURN TO U.S.A.	
	City State Zip Code				
	MANAMA BARRAIN				
(2) Period: Month/Year	Company Name	Starting Salary	Ending Salary	Supervisor's Name & Phone Number	
From: FEB 91	D. HOFFMAN F. ASS.			(303) DANA HOFFMAN	
To: DEC 91	Company Address	Job Title:	Specific Duties:	Reasons for leaving	
	P.O. Box 18044	INVESTIGATOR		BETTER JOB	
	City State Zip Code				
	DENVER COLO 80218				
Period: Month/Year	Company Name	Starting Salary	Ending Salary	Supervisor's Name & Phone Number	
From: 10-88	AIR RESORTS AIRLINE	26300	36300	(619) ERIC CHENSON	
To: 7-90	Company Address	Job Title:	Specific Duties:	Reasons for leaving	
	2192 PALOMAR AIRPORT RD.	PILOT	CAPT. 580	FURLOUGHED	
	City State Zip Code				
	CARLSBAD CALIF 92008				
(4) Period: Month/Year	Company Name	Starting Salary	Ending Salary	Supervisor's Name & Phone Number	
From: 7-87	SIERRA PACIFIC AIRLINES	1200. ⁰⁰ +	1200. ⁰⁰ +	(602) JOHN SPENCER	
To: 5-88	Company Address	Job Title:	Specific Duties:	Reasons for leaving	
	7700 N. BUSINESS PK RD	PILOT	CU-580 F10	FURLOUGHED	
	City State Zip Code				
	TULSON ARIZONA 85743				
(5) Period: Month/Year	Company Name	Starting Salary	Ending Salary	Supervisor's Name & Phone Number	
From: 2-87	TRANS COLORADO	1200. ⁰⁰	1200. ⁰⁰	() DOUG LESH	
To: 7-87	Company Address	Job Title:	Specific Duties:	Reasons for leaving	
	1977 AVIATION WAY	PILOT	F10 SA-227	BIGGER AIRCRAFT	
	City State Zip Code				
	COLORADO SPRINGS CO 80906				
(6) Period: Month/Year	Company Name	Starting Salary	Ending Salary	Supervisor's Name & Phone Number	
From: 5-84	AIR TODAY INC	1400. ⁰⁰	1800. ⁰⁰	() CLIFF TUBBS INC	
To: 12-86	Company Address	Job Title:	Specific Duties:	Reasons for leaving	
	8900 EAST MONTVIEW BLVD	PILOT	C-404	COMPANY WENT BANKRUPT	
	City State Zip Code				
	DENVER CO				

History Continued from page two...

(7) Period: Month/Year From: 7-80 To: 5-84	Company Name JEFFERSON COUNTY SHERIFF	Starting Salary 1000	Ending Salary 1800	Supervisor's Name & Phone Number (277) 0211 HAROLD BRAY
	Company Address (mario)	Job Title: DEPUTY Specific Duties: DETENTION PATROL, AVIATION		Reasons for leaving TO RETURN TO FLYING
	City State Zip Code GOLDEN CO 80401			
(8) Period: Month/Year From: To:	Company Name	Starting Salary	Ending Salary	Supervisor's Name & Phone Number ()
	Company Address	Job Title: Specific Duties:		Reasons for leaving
	City State Zip Code			
(9) Period: Month/Year From: To:	Company Name	Starting Salary	Ending Salary	Supervisor's Name & Phone Number ()
	Company Address	Job Title: Specific Duties:		Reasons for leaving
	City State Zip Code			
(10) Period: Month/Year From: To:	Company Name	Starting Salary	Ending Salary	Supervisor's Name & Phone Number ()
	Company Address	Job Title: Specific Duties:		Reasons for leaving
	City State Zip Code			

EDUCATION:									
Name of School	Location	Phone No.	From Mo. Yr.	To Mo. Yr.	Circle Year Completed	Major/Minor	Graduated? If "No", why?	Grade Average	
High School GOLDEN SR. HIGH CJCC	GOLDEN RANGELY			6 74	9 10 11	GENERAL	YES	B	
College / University METRO STATE	DENVER			5 76	1 2 3	AVIATION	YES	A	
Graduate School					5 6 7 8				
Business, Technical, Other LAW ENFORCEMENT	GOLDEN						YES	N/A	

OTHER ACCOMPLISHMENTS:

MILITARY SERVICE RECORD AND RESERVE STATUS:	U.S. ARMED FORCES RECORD <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard							
	Serial No.	Rank	Induction Date			Discharge Date		
Military Reserve <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy	Status:		<input type="checkbox"/> Active <input type="checkbox"/> Inactive					
<input type="checkbox"/> Coast Guard <input type="checkbox"/> Air National Guard of U.S. <input type="checkbox"/> National Guard of U.S.		<input type="checkbox"/> Standby <input type="checkbox"/> Retired						

(A DD214 must be attached)

REFERENCES: List Personal References (Other Than Relatives or Former Employers Listed Above) Who Know Your Abilities.

Name	(Number, Street, City, State, Zip Code)	Phone	Occupation	Years Known
(1) DAVID BAIR	DENVER COLO	(303) 757-0820	PILOT	6
(2) JIM BALKEMA	ENGLEWOOD COLO	(303) 798-6429	RETIRED	17
(3) ERIC CHAYSON	CARLSBAD CALIF.	(619) 724-1476	PILOT	15

PILOT: (***IMPORTANT - INCLUDE A COPY OF YOUR MEDICAL CERTIFICATE AND PILOT LICENSE.)**

Simulator Total
FE, NAV, WSO, RIO, Helo, Other
Include only fixed-wing pilot time (no simulator)

LINE	PILOT/TYPE	SIG/STUDENT	TOTAL	AIRCRAFT FLOWN
SEL recip	1735	100	1835	VARIOUS
MEL recip	2000	10	2010	C-404
SEL Tprop				
MEL Tprop	4400	600	5023	CV-580
JET				
TOTAL	8868	710	8868	TOTAL HOURS FLOWN

Include all flying activity

3 YEAR FLYING HISTORY			
	ACFT	FLIGHT HRS.	POSITION
12/83	CV-580	400	CAPT
10/84	CV-580	800	CAPT
08/85	CV-580	800	CAPT

FAA Certificate No. REDACTED Were you a Check Airman/Stan Eval Pilot?
 Yes No

Instructor Pilot Hours 1250 Do you have an FAA Airline Transport Pilot Certificate a B-737 type rating?
 Yes No

Date Soloed 10-74 Specify Aircraft PA-28-140

Date Last Flight 4-6-96 Specify Aircraft CV-580

List Any Violations (Incidents or Accidents) NIA

Nature and Date of License Waivers, if Any NIA

Injury or Death of Passengers/Crew Members or Damage to Aircraft (Give place, date, type aircraft, circumstances, penalties) NIA

MECHANICAL: List Your Experience in Months and Types of Equipment Which You Maintained.

License Held and Number	Months	Equipment - Include Reciprocating, Turbo Prop & Turbo Jet Engines
A & P	Line Maintenance	
	Aircraft Overhaul/Structural	
	Engine Overhaul	
F/E	Electronic/Avionics	
FCC Radio	Heavy Checks (B&C)	
Other	Manufacturing	

Can you read and work with blueprints? Yes No Do you own a complete set of tools? Yes No If yes, Value

DISPATCH:

License Number _____

APPLICANT'S CERTIFICATION, AUTHORIZATION, AND RELEASE

I have read and understood the instructions throughout this application. My responses on this application are complete and true. I know that any false information, omissions, or misrepresentations in my responses will result in rejection of my application or my termination at any time. I authorize Mountain Air Express and its agents, including consumer reporting bureaus, to verify any of this information. I also authorize former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any such persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I will submit to a physical examination by a doctor designated by Mountain Air Express, whenever Mountain Air Express so requests. I understand that I will be pre-employment drug tested for detection of Marijuana, Cocaine, Opiates, Phencyclidine (PCP) and Amphetamines, and that a positive drug test result will constitute withdrawal of the employment offer. I further understand that Mountain Air Express prohibits the use of illegal drugs and/or working under the influence of alcohol and will terminate my employment for violating these rules. If Mountain Air Express employs me, I understand that I will be employed for an indefinite period of time and that Mountain Air Express may terminate my employment at any time for any reason.

William L. Hoop
Signature

Oct 18 1996
Date

CONFIDENTIAL

50029 ✓

AZTEC INVESTIGATIONS, INC.
3434 W. Greenway Rd. #26-272
Phoenix, Az. 85023
(602) 780-8539
Fax (602) 516-2200

Employment Verification

Received: 12/10/96

Completed: 12/12/96

Name: William L. Hoeper, Jr.

Employment: SNAS/DHL, Bahrain, 12/91-6/96, verified
12/11/96, Jane Phillips in Bahrain,
011-973-322640

CONFIDENTIAL

(Hooper, William)

Criminal: no record, Colorado

FAA: will forward

MOUNTAIN AIR EXPRESS EMPLOYEE STATUS CHANGE FORM

Please complete form using ink or typewritten

Employee Name: HOOPER - WILLIAM Date: 12-5-97
 Social Security Number: _____ Effective Date of Change: 1-1-98
 Date of Hire: 10-20-96 Employee Number: 90029 DOB: _____

EMPLOYEE INFORMATION

Complete all areas for new employees and only areas being changed for current employees.

	*Reason Code	From	To
Name:			
Address:			
City, State, Zip:			
Home Phone:			
Marital Status:			
Name of Emergency Contact:			
Relationship:			
Emergency Home Phone:			
Emergency Work Phone:			
Hourly Rate:			
Monthly Rate:		<u>\$ 1000.00 CADRE</u>	<u>\$ 833.33 CADRE</u>
Division:			
Cost Center No.:			
FLSA:			
Job Title:			
Salary Classification:			
Location:			
Work Phone:			
Employee Status:			
Work Schedule:			
Employee Type: (R, T) Regular or Temporary			

PERSONAL CHANGES

Personal (E) Employee initiated changes, e.g., name change, address change, marital status, etc.

COMPENSATION CHANGES

Promotion (P) Complete salary change, job title change, classification change.
 Merit (M) Complete salary change (hourly for non-exempt; monthly for exempt).
 Equity (A) Change in salary due to market evaluation resulting in equity adjustment.

LOCATION CHANGES

Transfer (TR) Complete location change, work phone change.

EMPLOYEE STATUS

Status (A, R, T, I) Complete for new hire (A), Reinstatement/Rehire (R), Termination (T), Inactive (I).
 Work Schedule (F, P, #) F=Full-time P=Part-time #=Hours scheduled.

AWAC 0012

Current Mgr. _____ Date _____ Receiving Mgr. _____ Date _____
 Current Div. John R. Eisenhart Date 12-5-97 Receiving Div. _____ Date _____
 Human Res. [Signature] Date 1/14/98 Employee Sign. _____ Date _____

White Copy - Human Resources Green Copy - Benefits Office Canary Copy - Payroll Pink Copy - Department/Field File Gold Copy - Employee

MOUNTAIN AIR EXPRESS EMPLOYEE STATUS CHANGE FORM

Please complete form using ink or typewritten

Employee Name: HOEPER - WILLIAM Date: 12-5-97
 Social Security Number: _____ Effective Date of Change: 10-25-97
 Date of Hire: 10-20-96 Employee Number: 90029 DOB: _____

EMPLOYEE INFORMATION

Complete all areas for new employees and only areas being changed for current employees.

*Reason Code	From	To
Name:		
Address:		
City, State, Zip:		
Home Phone:		
Marital Status:		
Name of Emergency Contact:		
Relationship:		
Emergency Home Phone:		
Emergency Work Phone:		
Hourly Rate:	\$27.75	\$30.53
Monthly Rate:	Code #1000.00 GLE	Code #833.33 GLE
Division:		
Cost Center No.:		
FLSA:		
Job Title:		
Salary Classification:		
Location:		
Work Phone:		
Employee Status:		
Work Schedule:		
Employee Type:		
(R, T) Regular or Temporary		

PERSONAL CHANGES

Personal (E) Employee initiated changes, e.g., name change, address change, marital status, etc.

COMPENSATION CHANGES

- Promotion (P) Complete salary change, job title change, classification change.
- Merit (M) Complete salary change (hourly for non-exempt; monthly for exempt).
- Equity (A) Change in salary due to market evaluation resulting in equity adjustment.

LOCATION CHANGES

Transfer (TR) Complete location change, work phone change.

EMPLOYEE STATUS

Status (A, R, T, I) Complete for new hire (A), Reinstatement/Rehire (R), Termination (T), Inactive (I).
 Work Schedule (F, P, #) F=Full-time P=Part-time #=Hours scheduled.

AWAC 0013

Current Mgr. _____ Date _____ Receiving Mgr. _____ Date _____
 Current Div. John R. Guichart Date 12-5-97 Receiving Div. _____ Date _____
 Human Res. [Signature] Date 12/9/97 Employee Sign. _____ Date _____

White Copy - Human Resources Green Copy - Benefits Office Canary Copy - Payroll Pink Copy - Department/Field File Gold Copy - Employee

MOUNTAIN AIR EXPRESS EMPLOYEE STATUS CHANGE FORM

Please complete form using ink or typewritten.

Employee Name: HOEPER, WILLIAM Date: 28 MAY 97
 Social Security Number: _____ Effective Date of Change: 24 MAY 97
 Date of Hire: 10-20-96 Employee Number: 90029 DOB: 5-11-56

EMPLOYEE INFORMATION

Complete all areas for new employees and only areas being changed for current employees.

	*Reason Code	From	To
Name:			
Address:			
City, State, Zip:			
Home Phone:			
Marital Status:			
Name of Emergency Contact:			
Relationship:			
Emergency Home Phone:			
Emergency Work Phone:			
Hourly Rate:	<u>A</u>	<u>25.00</u>	<u>27.75</u>
Monthly Rate:			
Division:			
Cost Center No.:			
FLSA:			
Job Title:			
Salary Classification:			
Location:			
Work Phone:			
Employee Status:			
Work Schedule:			
Employee Type:			
(R, T) Regular or Temporary			

PERSONAL CHANGES

Personal (E) Employee initiated changes, e.g., name change, address change, marital status, etc.

COMPENSATION CHANGES

- Promotion (P) Complete salary change, job title change, classification change.
- Merit (M) Complete salary change (hourly for non-exempt; monthly for exempt).
- Equity (A) Change in salary due to market evaluation resulting in equity adjustment.

LOCATION CHANGES

Transfer (TR) Complete location change, work phone change.

AWAC 0014

EMPLOYEE STATUS

Status (A, R, T, I) Complete for new hire (A), Reinstatement/Rehire (R), Termination (T), Inactive (I).

Work Schedule (F, P, #) F=Full-time P=Part-time #=Hours scheduled.

Current Mgr. John R. Everett Date 5/21/97 Receiving Mgr. _____ Date _____
 Current Div. _____ Date _____ Receiving Div. _____ Date _____
 Human Res. AK Date 5/21/97 Employee Sign. _____ Date _____

White Copy - Human Resources Green Copy - Benefits Office Canary Copy - Payroll Pink Copy - Department/Field File Gold Copy - Employee

MOUNTAIN AIR EXPRESS EMPLOYEE STATUS CHANGE FORM

Please complete form using ink or typewritten

Employee Name: WILLIAM L. HOEPER JR. Date: 10-18-96
 Social Security Number: REDACTED Effective Date of Change: _____
 Date of Hire: 10-18-96 Employee Number: 90029 DOB: 05-11-56

EMPLOYEE INFORMATION

Complete all areas for new employees and only areas being changed for current employees.

	*Reason Code	From	(To)
Name:			WILLIAM L. HOEPER JR.
Address:			6331 So EUDORA WAY
City, State, Zip:			LITTLETON, COLORADO 80121
Home Phone:			
Marital Status:			SINGLE
Name of Emergency Contact:			REDACTED
Relationship:			MOTHER
Emergency Home Phone:			
Emergency Work Phone:			
Hourly Rate:			
Monthly Rate:			
Union:			
Cost Center No.:			
FLSA:			
Job Title:			PILOT
Salary Classification:			
Location:			
Work Phone:			
Employee Status:			
Work Schedule:			
Employee Type: (R, T) Regular or Temporary			

PERSONAL CHANGES

Personal (E) Employee initiated changes, e.g., name change, address change, marital status, etc.

COMPENSATION CHANGES

- Promotion (P) Complete salary change, job title change, classification change.
- Merit (M) Complete salary change (hourly for non-exempt; monthly for exempt).
- Equity (A) Change in salary due to market evaluation resulting in equity adjustment.

LOCATION CHANGES

Transfer (TR) Complete location change, work phone change.

AWAC 0015

EMPLOYEE STATUS

Status (A, R, T, I) Complete for new hire (A), Reinstatement/Rehire (R), Termination (T), Inactive (I).
 Schedule (F, P, #) F=Full-time P=Part-time #=Hours scheduled.

Current Mgr. _____ Date _____ Receiving Mgr. _____ Date _____
 Current Div. _____ Date _____ Receiving Div. _____ Date _____
 Human Res. Sandra Campbell Date 10/18/96 Employee Sign. William Hooper Date 10-18-96

White Copy - Human Resources Green Copy - Benefits Office Canary Copy - Payroll Pink Copy - Department/Field File Gold Copy - Employee



MOUNTAIN AIR EXPRESS™

2864 S. Circle Drive, Suite 900
Colorado Springs, CO 80906

October 14, 1996

William L. Hoeper, Jr.
6331 So. Eudora Way
Littleton, CO 80121

Dear William:

In accordance with our recent conversations, I am pleased to offer you a position of Captain with Mountain Air Express (MAX). This offer is contingent on successful completion of a background check, drug screening and training.

The salary for this position will be \$25.00 per scheduled flight hour with a seventy-four (74) hour guarantee. You will also receive an initial pilot cadre bonus of \$12,000 payable to you at \$1,000 per month over the next twelve (12) months. This bonus is only available to pilots who begin employment prior to the start of operations.

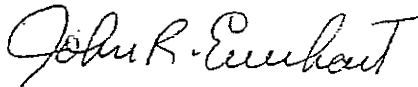
This offer of employment will also require your acceptance of a twenty-four month training contract.

Training will begin on October 20th at the Dornier facility in Portland, OR. During training you will receive \$250 weekly expense reimbursement, and hotels will be provided while in Portland (approximately 3 to 4 weeks). Hotel rooms are not provided during the portion of training which is held in Colorado Springs (approximately 2 weeks). Actual pay will begin with your first day of IOE.

We will be able to provide a more detailed training schedule as we approach your class date.

I am extremely excited to offer you this position and look forward to working with you.

Sincerely,



John R. Everhart
Director of Operations

JRE:di

William L. Hoepfer Jr.
(employment gaps)

June 1996 to present

After resigning my position at DHL/SNAS Aviation, I went to Sulmona Italy to visit my family until June 10th. I then spent the next few months working on my home in Littleton, Colorado. Having been away for 4 1/2 years it required a lot of maintenance. I then went on a vacation with a friend, attending the Strugis Motorcycle Rally in Sturgis South Dakota, and then through the Northwestern States, visiting family and friends. I spent the remainder of the time looking for aviation related work.

July 1990 to May 1991

I returned to College at Metro-State in Denver Colorado to complete my Bachelors Degree in Aviation. (Dec. 1990) I then took some time off, before finding work with D. Hoffman and Ass. .

May 1988 to October 1988

I was furloughed from Sierra Pacific on the 20th of May. I then started a Boeing 737 course at Arnauticle, completing it some time in late June. I then had a water skiing accident, severely injuring my right collar bone the first week in July. I had surgery at Lutheran Hospital in Wheatridge, Colorado. I then attended rehabilitation therapy until I found work with Air Resorts in Carlsbad, California.

December 1986 to February 1987

I was actively looking for work during this time.

References

James Balkema 2946 West Union Ave. Englewood, Colorado 80110 (303) 798-6429
retired owner of United Supply 555 South Jason Denver, Colorado
reserve Deputy Sheriff with the Arapahoe County Sheriff's Dept.

David Bair Denver, Colorado (303) 757-0820
Captain with Frontier Airlines, I worked with Dave at Sierra Pacific and Air Resorts Airlines.

Cliff Tubbesing 14255 East 25th Place Aurora, Colorado 80011 (303) 367-5057
Cliff was the Chief Pilot of Air Today. He is presently working for Sierra Pacific Airline, but was not employed there during the same time I was.

Hme Yes
 CIA Yes

MAX PILOT PANEL INTERVIEW QUESTIONS [B]

Candidate Name:	BILL HOEPER JR.	Date:	09-30-96
-----------------	-----------------	-------	----------

-DT-

A. Walk us briefly through your career?

2500 121/135 - yes, 2500 turbine - yes, 1500 PA 417 - ?
 5147 ← A/S ←

B. What do you like most about being an pilot?

responsibility, physical & mental, challenge, variety,

C. Former Military Pilot - - Why did you leave the military?

N/A

D. What qualities make a good Captain?

Communication, listen & relate, very good.

E. Describe what type of Captain or First Officer you are?

get along well, use of crew very good

F. Share an experience with us that would demonstrate the qualities you just described?

✓

G. Have you ever failed a checkride? What happened? What did you learn?

NO

H. Your beginning a new trip with a new crew, present your crew briefing?

good

I. Tell us about the most difficult First Officer or Captain the you have flown with?

learned from every CO, MEL

J. Have your ever had any aviation accidents, violations, or incidents?

NO

K. Did you ever disagree with a company policy or procedure? Did you try to change it?

good

L. What is the best career decision that you have ever made?

Return to aviation

M. Tell us about a situation when you included others in your decision making?

O. What was the most stressful situation that you have ever had in the cockpit? How did you handle it?

Wife's baby @ McDonald's

P. Why do you want to join MAX?

Colo. & WP reputation

08/13/96

COLORADO

REDACTED

051197

WILLIAM LEE HOEPER JR
6331 S EUDORA WAY
LITTLETON, CO 80121

051166 M 160 5 10 BRN BRN
H573334

REDACTED

X *William Lee Hooper Jr*

UNITED STATES OF AMERICA
Department of Transportation - FEDERAL AVIATION ADMINISTRATION

THIS CERTIFIES THAT

IV. WILLIAM LEE HOEPER JR
5873 SOUTH PRINCE STREET #319
LITTLETON CO 80120

DATE OF BIRTH	HEIGHT IN.	WEIGHT LB.	HAIR	EYES	SEX	NATIONALITY
05-11-56	70	155	BROWN	BROWN	M	USA

REDACTED

IX. HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF:

H. AIRLINE TRANSPORT PILOT R. RATINGS AND LIMITATIONS

XII. AIRPLANE MULTIENGINE LAND
B-737 CV-A340 CV-A440
COMMERCIAL PRIVILEGES

XIII. AIRPLANE SINGLE ENGINE LAND

VII. *William Lee Hooper Jr*
SIGNATURE OF HOLDER

X. DATE OF ISSUE 05-17-89

VIII. *William H. Hatcher*
ADMINISTRATOR

AC Form 8050-2 (1-77) Supersedes previous edition

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration

MEDICAL CERTIFICATE FIRST CLASS

This certifies that (Full name and address):
HOEPER JR WILLIAM LEE
6331 S EUDORA WAY
LITTLETON COLO 80121

Date of Birth	Height	Weight	Hair	Eyes	Sex
05-11-56	60	165	BROWN	BROWN	MALE

has met the medical standards prescribed in Part 67, Federal Aviation Regulations for this class of Medical Certificate.

Limitations: NONE

Date of Examination: 01.11.1996
Examiner's Serial No.: 15815-8

Examiner Signature: *Dr. Jaffar Al Tarraf*
Typed Name: DR JAFFAR AL TARARF

AIRMAN'S SIGNATURE: *William L Hooper Jr*

FAA Form 8500-9 (1-81) Supersedes Previous Edition

UNITED STATES OF AMERICA
Department of Transportation - FEDERAL AVIATION ADMINISTRATION

THIS CERTIFIES THAT

IV. WILLIAM LEE HOEPER JR
5873 SOUTH PRINCE STREET #319
LITTLETON CO 80120

DATE OF BIRTH	HEIGHT IN.	WEIGHT LB.	HAIR	EYES	SEX	NATIONALITY
05-11-56	70	155	BROWN	BROWN	M	USA

REDACTED

IX. HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF:

H. FLIGHT INSTRUCTOR R. RATINGS AND LIMITATIONS

XII. AIRPLANE SINGLE AND MULTIENGINE INSTRUMENT AIRPLANE

XIII. VALID ONLY WHEN ACCOMPANIED BY PILOT CERTIFICATE NO. REDACTED EXPIRES 05-31-91

VII. *William Lee Hooper Jr*
SIGNATURE OF HOLDER

X. DATE OF ISSUE 05-17-89

VIII. *William H. Hatcher*
ADMINISTRATOR

AC Form 8050-1 (1-77) Supersedes previous edition

UNITED STATES OF AMERICA
Department of Transportation - FEDERAL AVIATION ADMINISTRATION

THIS CERTIFIES THAT

IV. WILLIAM LEE HOEPER JR
15800 W. 13TH AVENUE
GOLDEN CO 80401

DATE OF BIRTH	HEIGHT IN.	WEIGHT LB.	HAIR	EYES	SEX	NATIONALITY
05-11-56	70	150	BROWN	BROWN	M	USA

IX. HAS BEEN FOUND TO BE PROPERLY QUALIFIED TO EXERCISE THE PRIVILEGES OF:

II. GROUND INSTRUCTOR III. CERT. NO. REDACTED

XII. ADVANCED

XIII.

VII. *William Lee Hooper Jr*
SIGNATURE OF HOLDER

X. DATE OF ISSUE 05-26-76

VIII. *John L. Medsker*
ADMINISTRATOR

AC FORM 8050-1 (1-77) Supersedes previous edition

Bill Hooper

**MOUNTAIN AIR EXPRESS
PILOT INTERVIEW
INFORMATION PACKAGE**

Welcome to Mountain Air Express, we appreciate your interest in joining the "MAX" team as a cockpit crewmember. In order, for you to make an informed employment decision, the following information shall introduce you to what your role and responsibilities as a WestPac crewmember would be. Attached are several documents which must be signed and returned to the recruiter prior to the completion of today's interview.

Applicant's
Initials

WH

The Company -
Mountain Air Express is presently a wholly owned subsidiary of Western Pacific Airlines. However, as external financing is put in place, Western Pacific will become a minority shareholder of MAX with the common link only being the Alliance Agreement whose objective is to provide "seamless" passenger service between the Companies.

As a result both companies are separate entities, with no explicit or implicit coordination of employment opportunities. What this means is that no longevity or seniority will transfer between the two companies should a MAX employee apply and be hired by Western Pacific Airlines.

WH

Employment Contract -
As a pilot for Mountain Air Express, it will be necessary to execute a Training Contract. The contract is for \$10,000 and is amortized over 24 months, thus the balance is reduced by \$416.67 per month.

WH

Compensation Policy

WH

Benefit's Package

Good
Possibly
CA Candidate

MAX PILOT PANEL INTERVIEW QUESTIONS (B)

Candidate Name:	Bill Hooper	Date:	9-30-96
-----------------	-------------	-------	---------

A. Walk us briefly through your career?

See Resumes

B. What do you like most about being an pilot? -

Responsibility - Diversity

~~C. Former Military Pilot - Why did you leave the military?~~

D. What qualities make a good Captain?

Communicator - Understand - Reports - Decisive

E. Describe what type of Captain or First Officer you are?

Good Communicator - Get along - Impassive

F. Share an experience with us that would demonstrate the qualities you just described?

Crewed with another Captain - MEL.

G. Have you ever failed a checkride? What happened? What did you learn?

No

H. Your beginning a new trip with a new crew, present your crew briefing?

I. Tell us about the most difficult First Officer or Captain the you have flown with?

J. Have your ever had any aviation accidents, violations, or incidents?

No

K. Did you ever disagree with a company policy or procedure? Did you try to change it?

Long Duty / Flight times

L. What is the best career decision that you have ever made?

To go into aviation

M. Tell us about a situation when you included others in your decision making?

Will having a baby

O. What was the most stressful situation that you have ever had in the cockpit? How did you handle it?

P. Why do you want to join MAX?

The opportunity to fly and work in color
radio, West Pac & MAX Air
Love Team

09/13/96

AWAC 0021

William L. Hooper Jr.
6331 South Eudora Way
Littleton, Colorado 80121

REDACTED

October 1, 1996

Mountain Air Express
c/o Western Pacific Airlines
8864 So. Circle Drive Suite 900
Colorado Springs, Colorado 80906

Attention: Captain Dave Fagre

Dear Captain Fagre,

Talking with you yesterday about **Mountain Air Express** was very pleasant and informative. I appreciated the friendliness and courtesy shown to me. I believe that my experience and qualifications could benefit the plans that you have for the launching of your new airline. I feel that I would be an asset to the growth of such an outstanding, well planned company like yours. I wish your company the greatest of successes.

Thank you for your time and consideration, and I hope to hear from you in the near future.

Sincerely,

William L Hooper Jr.

William L. Hooper Jr.

William L. Hooper Jr.
6331 South Eudora Way
Littleton, Colorado 80121

REDACTED

October 1, 1996

Mountain Air Express
c/o Western Pacific Airlines
8864 So. Circle Drive Suite 900
Colorado Springs, Colorado 80906

Attention: Director Of Operations Captain John Everhart

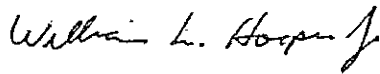
Dear Captain Everhart,

I wish to extend my appreciation for interview to fill the position of Pilot with **Mountain Air Express** on Sept. 30, 1996. The information you shared and the wonderful hospitality shown towards me, and the highlighted atmosphere of your company was very impressive.

Your discussions of the outstanding ground work and future plans for the airline was very intriguing. I believe that my qualifications and experience would benefit the challenging needs and potential growth of your organization. I hope your company enjoys an terrific success.

Thank you for your time and consideration. I am looking forward to hearing from you in the very near future.

Sincerely,



William L. Hooper Jr.

William L. Hooper Jr.
6331 South Eudora Way
Littleton, Colorado 80121

REDACTED

October 1, 1996

Mountain Air Express
c/o Western Pacific Airlines
8864 So. Circle Drive, Suite 900
Colorado Springs, Colorado 80906

Attention: Captain Randy Hodge

Dear Captain Hodge,

Talking with you yesterday about **Mountain Air Express** was very pleasant and informative. I appreciated the friendliness and courtesy shown to me. I believe that my experience and qualifications could benefit the plans that you have for the launching of your new airline. I feel that I would be an asset to the growth of such an outstanding, well planned company like yours. I wish your company the greatest of successes.

Thank you for your time and consideration, and I hope to hear from you in the near future.

Sincerely,

William L. Hooper Jr.

William L. Hooper Jr.

MAX PILOT PANEL INTERVIEW QUESTIONS [B]

Candidate Name:	W. Men "Bill" Hooper	Date:	9/21/96
-----------------	----------------------	-------	---------

Good
Possible
CA candidate

A. Walk us briefly through your career?

Background covered

B. What do you like most about being a pilot?

Responsibility

~~C. Former Military Pilot - Why did you leave the military?~~

D. What qualities make a good Captain?

Commander, Decisive

E. Describe what type of Captain or First Officer you are?

Communicator Gets along with others

Keep crew informed

F. Share an experience with us that would demonstrate the qualities you just described?

G. Have you ever failed a checkride? What happened? What did you learn?

NO

H. Your beginning a new trip with a new crew, present your crew briefing?

Spoke - it's "our job"

our airplane

I. Tell us about the most difficult First Officer or Captain the you have flown with?

CA - w/ ATC inop

J. Have your ever had any aviation accidents, violations, or incidents?

NO

K. Did you ever disagree with a company policy or procedure? Did you try to change it?

- Adding an extra leg part 91

L. What is the best career decision that you have ever made?

leave Sher. H's Rep

M. Tell us about a situation when you included others in your decision making?

O. What was the most stressful situation that you have ever had in the cockpit? How did you handle it?

- delivery of a child in front of McDonalds

P. Why do you want to join MAX?

*The opportunity to work in Colorado
to be close to family.*

08/13/96

90089

UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration						
MEDICAL CERTIFICATE <u>First</u> CLASS						
This certifies that (Full name and address): William Lee Hooper Jr. 6331 s Eudora Way Littleton, CO 80121						
Date of Birth	Ht.	Wt.	Hair	Eyes	Sex	
05-11-56	70"	162	Brown	Brown	Male	
has met the medical standards prescribed in Part 67, Federal Aviation Regulations, for this class of Medical Certificate.						
Limitations NONE GIVEN.						
Date of Examination			Examiner's Serial No.			
10-09-96			19912-7			
Signature <i>[Signature]</i>						
Typed Name Michael V. Latkewig M.D.						
AIRMAN'S SIGNATURE <i>[Signature]</i>						

FAA Form 8500-9 (7-92) Supersedes Previous Edition

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION						III. CERTIFICATE NO. REDACTED
II. TEMPORARY AIRMAN CERTIFICATE						
THIS CERTIFIES THAT IV. William Lee Hooper Jr. 6331 S. Eudora Way Littleton CO 80121						
DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	SEX	NATIONALITY
5/11/56	70 IN.	170	BRN	BRN	M	USA
IX. Has been found to be properly qualified and is hereby authorized in accordance with the conditions of issuance on the reverse of this certificate to exercise the privileges of Airline Transport Pilot.						
RATINGS AND LIMITATIONS XII. Airplane Multiengine Land B-737, CV-A340, CV-A440, DO-328 Commercial Privileges XIII. Airplane Single Engine Land						
THIS IS <input type="checkbox"/> AN ORIGINAL ISSUANCE <input checked="" type="checkbox"/> A REISSUANCE OF THIS GRADE OF CERTIFICATE					DATE OF SUPERSEDED AIRMAN CERTIFICATE 5/17/89	
BY DIRECTION OF THE ADMINISTRATOR						EXAMINER'S DESIGNATION NO. OR INSPECTOR'S REG. NO. N2M-09
X. DATE OF ISSUANCE 11/21/96			X. SIGNATURE OF EXAMINER OR INSPECTOR <i>[Signature]</i>			DATE DESIGNATION EXPIRES

FAA Form 8080-4 (8-78) USE PREVIOUS EDITION

WILLIAM L. HOEPER JR.
6331 South Endora Way
Littleton, Colorado 80121 USA

REDACTED

Sept. 17, 1996

Mountian Air Express Airlines
c/o Western Pacific
8864 So. Circle Drive Suite #1100
Colorado Springs, Colorado 80906

Attention: Human Rescources

Dear Ms. Irma Christy,

I would like to be considered for the position of Pilot with **Mountian Air Express Airlines**. I have included my resume which briefly outlines my professional aviation career.

I have just completed a 4 1/2 year overseas contract as a Captain, flying a CV-580 for DHL World Wide Express, located in Manama, Bahrain. I have over 8900 accident free hours, which include domestic and international part 121 experience. I have extensive experience operating from the hot arid weather of the Arab Gulf, and the unpredictable high altitude environment of the Rocky Mountains.

I consider myself a tenacious professional that can work not only in a team situation, but as an individual to accomplish any task regardless of size or importance. I have strived throughout my adult life to be flexible but steadfast in achieving my goals. This is obvious in my dedication to my chosen field and lifestyle and I am sure that I would be an asset as a member of your team.

I would welcome the opportunity to meet with you to discuss my employment with **Mountian Air Express Airlines**. Thank you for your consideration with this matter.

Sincerely,

William L. Hooper Jr.

William L. Hooper Jr.

WILLIAM L. HOEPER JR.
6331 South Endora Way
Littleton, Colorado 80121

REDACTED

OBJECTIVE: Career Pilot Employment

FLIGHT RATINGS: Airline Transport Pilot: Airplane MEL/B737/CV-580
Commercial Privileges: Airplane SEL
Flight Instructor: Airplane Single/Multi-engine Instrument

FLIGHT TIME: Total 8868

Pilot-in-Command	7518	Night	3666	Instrument	720
Turbine	4830	Cross Country	7553	Second-in-Command	1145
Multi-engine	7033	Instructor	1360		

WORK EXPERIENCE:

Captain CV-580: DHL World Wide Express/Manama, Bahrain (Middle East)
Flag 121 International Schedule cargo Airline - 12-91 - 5-96

Captain CV-580: Air Resorts Airlines/Carlsbad, California
Flag 121/Supplemental 125 Scheduled, Charter, Military - 10/88 - 7-90

First Officer CV-580: Sierra Pacific Airlines/Denver, Colorado
Domestic 121/Supplemental 125 Scheduled, Contract, Charter - 7/87 - 5/88

First Officer SA-227: Trans-Colorado Airlines/Colorado Springs, Colorado
135 Scheduled Commuter - 3/87 - 7/87

Captain C-404/Mu-2: Air Today Inc./Denver, Colorado
135 Scheduled Air cargo - 5/84 - 6/86

Deputy Sheriff: Jefferson County/Golden, Colorado
Patrol, Detentions, and Aviation, Certified Peace Officer - 7/80 - 5/84

Flight Instructor: Colorado Northwestern Community College/Rangely, Colorado
State Vocational Certified Aviation Instructor - 10/77 - 12/78

EDUCATION:

Bachelor of Science Aviation: Metropolitan State College Denver, Colorado
Attended 1/77 to 12/90 Part-time

Associates Degree of Aviation: Colorado Northwestern Community Rangely, Colorado
Graduated - 9/74 to 5/76

PERSONAL DATA:

Date of Birth:	May 11 1956	Health:	Excellent
Height:	5' 10"	Weight:	160 lbs.
Marital Status:	Single	Sex:	Male

Hold current United States Passport

AEPS member #965219

AVAILABILITY: 1 week after notification

AWAC 0028

EMPLOYEE BENEFIT CHECKLIST FORM

50029

Section I to be completed by employee first day of employment/training.

DIVISION/POSITION: _____

EMPLOYEE NAME: Hooper William
Last First Middle Initial

ADDRESS: _____
Street City State Zip

CONTACT PHONE(S): _____
Home Work

ELIGIBLE DEPENDENTS:

Spouse _____
Child(ren) _____

Section II to be completed by Human Resources prior to benefits effective date and returned to employee for verification.

Our records show that you have selected the following benefits plan(s) and coverage(s). Please verify that all forms have been received and the proper coverage(s) selected. If any of this information is incorrect, please contact the Human Resources Department as soon as possible.

Medical

- Employee only
- Employee & spouse
- Employee & child(ren)
- Family

Dental

- Guarantee Mutual:
- Employee only
- Employee + 1
- Employee + 2 or more

CO-300/Denticare:

- Employee only
- Employee + 1
- Employee + 2 or more

Vision

- Employee only
- Employee + 1
- Employee + 2 or more

- Waive (Must sign waiver)
- Waive (Must sign waiver)

Section 125 - Pretax Deductions

- Elected to participate
- Did not elect to participate

Deductions

Medical \$ _____
Dental \$ _____
Vision \$ _____

AWAC 0029

FOR HUMAN RESOURCES USE ONLY:

Full-time hire date: _____
First effective date: _____
Annual salary: \$ _____
Life Insurance coverage: _____
Deductions entered: _____

Medical cards received: 1-8-97
Sent to employee: 1-8-97
Dental cards received: _____
Sent to employee: _____

Changes in coverage: _____
Termination of coverage: _____

Form W-4 (1996)

Want More Money in Your Paycheck?

If you expect to be able to take the earned income credit for 1996 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. If exempt, only complete lines 1, 2, 3, 4, 7, and sign the form to validate it. No Federal income tax will be withheld from your pay. Your exemption expires February 18, 1997.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$650 and includes unearned

income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic Instructions. If you are not exempt, complete the Personal Allowances Worksheet. Additional worksheets are on page 2 so you can adjust your withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using

Form 1040-E5. Otherwise, you may find that you owe additional tax at the end of the year.

Two Earners/Two Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, use Pub. 919, Is My Withholding Correct for 1996?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two Earner/Two Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). To order Pub. 919, call 1-800-828-3675. Check your telephone directory for the IRS assistance number for further help.

Sign This Form. Form W-4 is not considered valid unless you sign it.

Personal Allowances Worksheet

- A Enter "1" for yourself if no one else can claim you as a dependent A _____
- B Enter "1" if:
 - You are single and have only one job; or
 - You are married, have only one job, and your spouse does not work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.
 B _____
- C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) C _____
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household above) E _____
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. F _____
- G Add lines A through F and enter total here. Note: This amount may be different from the number of exemptions you claim on your return ... G _____

For accuracy do all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job and your combined earnings from all jobs exceed \$30,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed \$50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate For Privacy Act and Paperwork Reduction Act Notice, see reverse.	OMB No. 1545-0010 1996
1 Type of print your first name and middle initial Last name William L. Hooper JR		2 Your social security number REDACTED
Home address (number and street or rural route) 6331 So. Eudora Way		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</small>
City or town, state, and ZIP code LITTLETON CO 80121		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) 5		3
6 Additional amount, if any, you want withheld from each paycheck 6		\$
7 I claim exemption from withholding for 1996 and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here 7		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.		
Employee's signature <i>William L. Hooper JR</i>		Date <i>JAN 15</i> , 19 <i>97</i>
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)
		10 Employer identification number

AWAC 0030

Form W-4 (1996)

Want More Money in Your Paycheck?

If you expect to be able to take the earned income credit for 1996 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. If exempt, only complete lines 1, 2, 3, 4, 7, and sign the form to validate it. No Federal income tax will be withheld from your pay. Your exemption expires February 18, 1997.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$850 and includes unearned

Income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic Instructions. If you are not exempt, complete the Personal Allowances Worksheet. Additional worksheets are on page 2 so you can adjust your withholding allowances based on itemized deductions, adjustments to income, or two-earned/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using

Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two Earners/Two Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, use Pub. 919, Is My Withholding Correct for 1997, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two Earners/Two Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). To order Pub. 919, call 1-800-829-3676. Check your telephone directory for the IRS assistance number for further help.

Sign This Form. Form W-4 is not considered valid unless you sign it.

Personal Allowances Worksheet

- A Enter "1" for yourself if no one else can claim you as a dependent A 1
- B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. B _____
- C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) C _____
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household above) E _____
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. F _____
- G Add lines A through F and enter total here. Note: This amount may be different from the number of exemptions you claim on your return ... G 1

For accuracy do all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job and your combined earnings from all jobs exceed \$30,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed \$50,000, see the Two-Earners/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 1996
For Privacy Act and Paperwork Reduction Act Notice, see reverse.				
1 Type or print your first name and middle initial WILLIAM L.		Last name HOEPER JR.		2 Your social security number REDACTED
Home address (number and street or rural route) 6331 So. EUDORA WAY			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</small>	
City or town, state, and ZIP code LITTLETON COLO			4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card..... <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) 5				PER OAVE PAGE 10-29
6 Additional amount, if any, you want withheld from each paycheck 6 <u>5</u>				
7 I claim exemption from withholding for 1996 and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability, AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here <u>1</u>				
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's signature William L. Hooper Jr.		Date 10-18		.19 96
Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)	10 Employer identification number AWAC 0031	

90089

COLORADO SPRINGS AIRPORT

RESTRICTED AREA IDENTIFICATION BADGE/ACCESS MEDIA APPLICATION

EMPLOYEE SECTION: PLEASE PRINT / TYPE - PRESS FIRMLY

Last Name: HOEGER, First Name: WILKINSON, M.I.: L, Sex: M

Aliases / Nicknames: [Empty]

Birthdate: 05/1/56, Height: 70 in., Weight: 165, Hair: BRN, Eyes: BRN

Mailing Address: Street: 6331 So EUDORA WAY, City: LITTLETON, State: CO, Zip: 80121

REDACTED

"DOOR ACCESS DELAY" RESPONSIBILITY AGREEMENT

My Airport Identification Badge has been authorized to delay door open time for a specific period of time, certain designated doors operating on the Airport's SMART TERM (card reader) System. I understand that I am responsible for the security of that door while it remains open/disabled.

Employee's Signature: [Signature], Date: Dec 23 1996

"FLIGHT LINE DRIVING" AGREEMENT

I agree to abide by all Airport and Federal Aviation Administration Rules and Regulations pertaining to the operation of a vehicle within the Restricted Area, and understand that failure to do so may result in revocation of my Airfield Drivers Authorization.

I have read, understand and will comply with the Colorado Springs Airport Ground Vehicle Operations Handbook.

Employee's Signature: [Signature], Date: Dec 23 1996

EMPLOYER SECTION: PLEASE PRINT / TYPE - PRESS FIRMLY

Employer/Company Name: MOUNTAIN AIR EXPRESS, Phone: 572-3600

Areas Duties Performed: AOA, Terminal/Ramp, FBO, Other (specify)

By my signature I certify the applicant has satisfactorily undergone a review covering the past 10 years of employment, including verification of the 5 years preceding the date the access investigation is initiated.

Authorizing Signature: Sandra Campbell, Date: 12-17-96, Printed Name: SANDRA CAMPBELL, Title: HR Admin

I certify that this employee requires airfield driving authorization, in order to perform his/her duties.

Authorizing Signature: [Empty], Date: [Empty]

CONTRACTOR SECTION: PLEASE PRINT / TYPE - PRESS FIRMLY

Sponsoring Tenant: [Empty], Completion Date: [Empty]

Brief Description of Project: [Empty]

Airport Approval: [Empty], Date: [Empty]

APPLICANT SIGNATURE MANDATORY

I have received from the Colorado Springs Airport, a restricted area identification badge and / or access media. I have read, understand and will comply with the above statements and all other Colorado Springs Airport Rules and Regulations.

All applicants may be subject to future background investigations by Federal, State or other local judicial or law enforcement agencies.

Applicant Signature: [Signature], Date: 12-23-96

AIRPORT OPERATIONS USE ONLY

Badge Type: 2, Date Issued: 12-23-96, Date SIDA Training: 12-6-96, Access Level(s): 2/1, Date Expires: 12-23-98, Drivers Training Date: [Empty], Badge/Access Media No: 2384/2384, Date Lost: [Empty], Issued By: CM, Date Terminated Badge Received: [Empty]

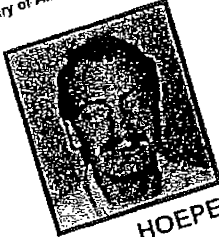
DO NOT FOLD, BEND OR MUTILATE

WHITE - COS COPY

CANARY - EMPLOYER

PINK - EMPLOYEE

AWAC 0032



L
St
of WILLIAM HOEPER JR.
Pilot
ID#: 90029

Acknowledgment of Company ID

of my employment with Air Wisconsin Airlines
to carry a Company issued identification card. This ID
any other mandatory card that I am required to carry
on card.

ly of Air Wisconsin Airlines Corporation. I
ect to all Company policies and that I must
and or separation from the Company.
ducted from my final check pursuant to Company

I further understand that fraudulent or unauthorized use of my ID card may
subject me to civil and criminal penalties.

In the event that informational updates are necessary, my card will be updated
and replaced without cost to me. Replacement of lost ID cards will be at my
expense of \$15.00.

William L Hooper (Employee Signature) William Hooper (Employee Name) (Print)
Emp# 4615 (date) July 1 1998

Acknowledgment of Eligible Family Members

My Company ID card contains a list of my Eligible family members as stated in
the Corporate Travel Policy, including, if applicable, my legal spouse, my
dependent children (based on IRS dependency guidelines) and my parents.

I understand that I am responsible for the accuracy of this information and that
Air Wisconsin Airlines Corporation may require proof of dependency at any time.

I further understand that reduced rate or non revenue travel privileges, as a
result of my employment with Air Wisconsin Airlines Corporation subject me and
my eligible family members to the policies stated in the Corporate Travel Policy.

William L Hooper (Employee Signature) William Hooper (Employee Name) (Print)
Emp# 4615 (date) July 1 1998

AWAC 0033

Form W-4 (1998)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 1998 expires February 16, 1999.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet. The worksheets on page 2 adjust your

withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances.

New—Child tax and higher education credits. For details on adjusting withholding for these and other credits, see Pub. 919, *My Withholding Correct for 1998?*

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one W-4. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). To order Pub. 919, call 1-800-828-3676. Check your telephone directory for the IRS assistance number for further help.

Sign this form. Form W-4 is not valid unless you sign it.

Personal Allowances Worksheet

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. **B** _____

C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (This may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit **F** _____

G New—Child Tax Credit: • If your total income will be between \$16,500 and \$47,000 (\$21,000 and \$60,000 if married), enter "1" for each eligible child. • If your total income will be between \$47,000 and \$80,000 (\$60,000 and \$115,000 if married), enter "1" if you have two or three eligible children, or enter "2" if you have four or more **G** _____

H Add lines A through G and enter total here. Note: This amount may be different from the number of exemptions you claim on your return. **H** _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single, have more than one job, and your combined earnings from all jobs exceed \$32,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give the certificate to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 1998
1 Type or print your first name and middle initial WILLIAM LEE HOEPER JR.		Last name HOEPER JR.		2 Your social security number REDACTED
Home address (number and street or rural route) 6331 So. EUDORA WAY		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		
City or town, state, and ZIP code LITTLETON COLORADO 80121		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply)		5 3		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 1998, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here		7 <input type="checkbox"/>		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's signature William Lee Hooper Jr.		Date 4-14-98		19
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)		10 Employer identification number

Cat. No. 10220Q

AWAC 0034

EMPLOYEE # **4615**

Deductions and Adjustments Worksheet

Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1998 tax return.

Enter an estimate of your 1998 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 1998, you may have to reduce your itemized deductions if your income is over \$124,500 (\$62,250 if married filing separately). Get Pub. 919 for details.)

1 \$ _____

2 Enter: $\left. \begin{array}{l} \$7,100 \text{ if married filing jointly or qualifying widow(er)} \\ \$6,250 \text{ if head of household} \\ \$4,250 \text{ if single} \\ \$3,550 \text{ if married filing separately} \end{array} \right\}$ 2 \$ _____

3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter -0- 3 \$ _____

4 Enter an estimate of your 1998 adjustments to income, including alimony, deductible IRA contributions, and education loan interest 4 \$ _____

5 Add lines 3 and 4 and enter the total 5 \$ _____

6 Enter an estimate of your 1998 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. Enter the result, but not less than -0- 7 \$ _____

8 Divide the amount on line 7 by \$2,500 and enter the result here. Drop any fraction 8 _____

9 Enter the number from Personal Allowances Worksheet, line H, on page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, on page 1. 10 _____

Two-Earner/Two-Job Worksheet

Note: Use this worksheet only if the instructions for line H on page 1 direct you here.

1 Enter the number from line H on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 _____

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here 2 _____

3 If line 1 is GREATER THAN OR EQUAL TO line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, on page 1. DO NOT use the rest of this worksheet 3 _____

Note: If line 1 is LESS THAN line 2, enter -0- on Form W-4, line 5, on page 1. Complete lines 4-9 to calculate the additional withholding amount necessary to avoid a year end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here 7 \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding amount needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 1998. (For example, divide by 26 if you are paid every other week and you complete this form in December 1997.) Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
0 - \$4,000	0	38,001 - 43,000	8	0 - \$5,000	0	70,001 - 85,000	8
4,001 - 7,000	1	43,001 - 54,000	9	5,001 - 11,000	1	85,001 - 100,000	9
7,001 - 12,000	2	54,001 - 62,000	10	11,001 - 16,000	2	100,001 and over	10
12,001 - 18,000	3	62,001 - 70,000	11	16,001 - 21,000	3		
18,001 - 24,000	4	70,001 - 85,000	12	21,001 - 25,000	4		
24,001 - 28,000	5	85,001 - 100,000	13	25,001 - 42,000	5		
28,001 - 33,000	6	100,001 - 110,000	14	42,001 - 55,000	6		
33,001 - 38,000	7	110,001 and over	15	55,001 - 70,000	7		

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
0 - \$50,000	\$400	0 - \$30,000	\$400
50,001 - 100,000	760	30,001 - 60,000	760
100,001 - 130,000	840	60,001 - 120,000	840
130,001 - 240,000	970	120,001 - 250,000	970
240,001 and over	1,070	250,001 and over	1,070

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires information under sections 3402(b)(2)(A) and 3402(b)(2)(B). Failure to provide a completed form will result in your being treated as a single person who is not eligible for allowances. Routine uses of this information include giving it to the Department of Justice for civil and criminal investigation and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time to record keeping is 46 min., Learning about the law or the form 10 min., Preparing the form 1 hr., 10 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. DO NOT send the tax form to this address. Instead, give it to your employer.



VILLIAM LEE HOEPER JR.

PILOT

ID#: 4616 DOH: 10/20/1996
DOB: 05/11/1956 EXPIRES: 06/01/2001

This card is the property of Air Wisconsin Airlines Corporation. Its use is subject to all company policies. Use of this card constitutes acknowledgement of all company policies by the employee. This card must be surrendered upon demand or separation from the company. Fraudulent, unauthorized use of this card is subject to civil and criminal penalties.

Interoffice Memorandum

JOAN F.

Rosario Weston - Employee Relations Specialist - DEN

RE: AWAC ID CARD

DATE: *12-28-1998*

Here is a replacement AWAC ID for William Lee Hoepfer Jr., accompanying this form is the completed acknowledgement form as well as the outdated/broken AWAC ID.

Reason for replacement: Family Update: Added stepdaughters.

Thanks



WILLIAM LEE HOEPER JR.

PILOT

ID#: 4616 DOH: 10/20/1996
DOB: 05/11/1956 EXPIRES: 12/23/2001

This card is the property of Air Wisconsin Airlines Corporation. Its use is subject to all company policies. Use of this card constitutes acknowledgement of all company policies by the employee. This card must be surrendered upon demand or separation from the company. Fraudulent, unauthorized use of this card is subject to civil and criminal penalties.

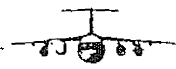
RETURN POSTAGE GUARANTEED TO:
AIR WISCONSIN AIRLINES CORP.
W6390 CHALLENGER DRIVE, SUITE 203
APPLETON WI 54915

EMPLOYEE'S ELIGIBLE FAMILY MEMBERS
THE FOLLOWING INDIVIDUALS NAMED ARE
ELIGIBLE FOR FREE OR REDUCED RATE
TRAVEL PRIVILEGES IN ACCORDANCE
WITH COMPANY POLICY.

THIS CARD IS VALID ONLY WHEN
PRESENTED BY THE EMPLOYEE

REDACTED

Air Wisconsin Airlines Corporation



PERSONNEL STATUS CHANGE

NAME William L. Hooper Jr. ID# 4615 S.S. # REDACTED
LOCATION DEN DEPT POSITION CAPTAIN DENVER 328

IF PERSONAL STATUS CHANGE:

Form with fields for ADDRESS, PHONE, MARITAL STATUS, NAME CHANGE, DEPENDENT CHILDREN, EMERGENCY CONTACT, and EFFECTIVE DATE.

IF POSITION CHANGE:

Form with columns for OLD and NEW positions, including fields for Title, Dept, Location, Salary Grade, and BID AWARD #.

IF LEAVE OF ABSENCE:

Form with checkboxes for FMLA, MEDICAL, FUNERAL, UNION, JURY DUTY, MILITARY, and SUSPENSION, along with dates and pay options.

IF SALARY CHANGE:

Form with checkboxes for NEW POSITION, MERIT INCREASE, and OTHER, including fields for salary amounts and frequency.

IF SEPARATION FROM COMPANY: Note: Employee signature not required for processing.

Form with sections for VOLUNTARY (RESIGNED, RETIRED) and INVOLUNTARY (COMPLETED SEASONAL, FAILED PROBATION, ADMINISTRATIVE TERMINATION, DISCHARGED, FURLOUGH).

Form with fields for COMMENTS, SIGNATURE, and DATE for Employee, Supervisor, Dept. Head, V.P./Pres., and Employee.

DEC-17-1998 10:05

AWAC EMP REL/PR

414 749 4233 P.02/04

William L. Hoepfer
6331 South Eudora Way
Littleton, Colorado 80121

Dec. 10, 1998

4615

Amy Kienest
AWAC Pass Department

RE: Adding Step-Daughters to Travel Privileges as Dependents

When I submitted the names for my family members to be listed for Pass Privileges, my step-daughters were omitted. I have decided to clarify any questions you may have to hopefully add them to my eligible family members for travel benefits.

The children are the natural daughters of my wife Colleen. They are 4 and 7 years of age, and reside with me at my home in Colorado year round.

They are dependent on me for more than 50% of their financial needs. I also have them on my medical coverage through Air Wisconsin.

Per court order, their mother is the custodial parent, and she gets to claim both of them for IRS purposes, as dependents, because the natural father is behind on his support. If he was current, he could only claim one of them.

I have included the page of the Divorce Decree which stipulates their status. I have also included their Birth Certificates, to prove age and to show that my wife is their natural mother.

If you have any other concerns or questions, please feel free to contact me for assistance.

Thank you



William L. Hoepfer

CHECK ALL APPROPRIATE BOXES ON THIS FORM

(Delete where not applicable)

NOTICE: If child support has been ordered in this case, an income assignment will be activated in the event of default in child support.

DISTRICT COURT CITY AND COUNTY OF DENVER, COLORADO
CASE NO. 97 DR 3790 Div/C&M 4

DECREE OF DISSOLUTION OF MARRIAGE LEGAL SEPARATION

In re the Marriage of: COLLEEN R. THOMAS and RICHARD L. THOMAS

SS# REDACTED Petitioner Respondent Co-petitioner SS# REDACTED

This matter was reviewed by the court on March 5, 1998 (date)

Petitioner Respondent Co-petitioner

Appeared in person Signed the non-appearance affidavit

Was represented by

Was represented by Dan E. Fischer

Signed the non-appearance affidavit

Did not appear Appeared in Person

The court has examined the record, heard the evidence and statements of the Petitioner

read the affidavit of

and makes the following findings:

1. The court has jurisdiction over both parties based upon:

The parties filing jointly on (date) Waiver signed on Oct. 21, 1997 (date)

Service on (person), on (date)

at (place)

The court has jurisdiction over in-state property by quasi in rem publication.

The court has only subject matter jurisdiction by publication by consolidated notice, or certified mail.

2. The Petitioner was domiciled in Colorado for ninety days before this case was filed.

3. At least ninety days have passed since service or completion of publication.

4. The marriage between the parties is inextricably broken.

5. The separation agreement between the parties

(which is attached as Exhibit A

which has been read into the record and will be filed by the parties on or before

which is described on the reverse of this decree

has been considered by the court and is found not to be unconscionable as to support, maintenance, and division of property.

6. The court has entered permanent orders which shall be filed by (date).

The court finds it is in the best interest of the parties that a decree be entered even though there is no permanent order on this date.

7. The provisions regarding custody and parenting time are in the best interest of the children and the named custodian is fit and proper to have custody.

8. The name change request is not detrimental to the interest of any person.

9. The attached support order becomes a part of this decree.

The Court therefore ORDERS:

The marriage is dissolved and a Decree of Dissolution of Marriage is entered.

A Decree of Legal Separation is entered. The parties agree that this may, within (6) months from this date, apply for a Decree of Dissolution of Marriage, which will be granted upon proof of notice to the other party.

Each party shall perform the applicable provisions in their respective appearance affidavits.

The custody of the minor children,

is granted to the parties jointly with the Petitioner, as the Residential

Custodian.

THE COURT FURTHER ORDERS:

[Handwritten signatures]
Dan E. Fischer Reg. No. 70 Fischer Reg. No. 703

[Handwritten signature]
District Court Judge

STATE OF COLORADO

STATE OF COLORADO CERTIFICATE OF LIVE BIRTH

105

STATE FILE NUMBER

1. SEX Female		4. CITY, TOWN, OR LOCATION OF BIRTH Aurora		5. COUNTY OF BIRTH Adams	
6. PLACE OF BIRTH: <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			7. FACILITY NAME (if not institution, give street and number) Fitzsimons Army Medical Center		
8. I certify that this child was born alive at the place and time and on the date stated.		9. DATE SIGNED (Month, Day, Year) Jan. 9, 1992		10. ATTENDANT'S NAME AND TITLE (if other than Certified Nurse-Midwife) Dennis Van Zant, CPT, MC	
11. CERTIFIER'S NAME AND TITLE (Type/Print) John E. Newman, LTC, MS, Dir. Patient Administration		12. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) Fitzsimons Army Medical Center Aurora, CO 80045-5001			
13. REGISTRAR'S SIGNATURE <i>David P. Schmidt</i>		14. DATE FILED BY REGISTRAR (Month, Day, Year) JAN 23 1992			
15. MOTHER'S NAME (First, Middle, Last (Maiden)) Colleen Rose Yeakel		16. DATE OF BIRTH (Month, Day, Year) REDACTED		17. BIRTHPLACE (State or Foreign Country) Colorado	
18a. RESIDENCE-STATE Colorado		18b. COUNTY Denver		18c. CITY, TOWN OR LOCATION Denver	
18d. STREET AND NUMBER 20922 E. 44th Ave.		18e. INSIDE CITY LIMITS? Yes		18f. ZIP 80249	
19. MOTHER'S MAILING ADDRESS (if different than residence) Same		20. FATHER'S NAME (First, Middle, Last) Richard Lee Thomas		21. DATE OF BIRTH (Month, Day, Year) REDACTED	
22. BIRTHPLACE (State or Foreign Country) Washington, D.C.		23. I certify that the additional information provided on this certificate is correct to the best of my knowledge and belief.		24. RELATION TO CHILD Father	
Signature of Parent or Other Informant <i>[Signature]</i>					

AWAC 0039

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED

JAN 23 1992

H. H. Rohrer, M.D.

H. H. ROHRER, M.D.
LOCAL REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado seal and signature of the Registrar. PENALTY BY LAW: Statute 25-2-118, Colorado Revised Statutes 1982; if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record, NOT VALID IF PHOTOCOPIED.

VR 100C 6/88

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

COLORADO DEPARTMENT OF HEALTH
CERTIFIED ABSTRACT OF BIRTH

STATE FILE NUMBER
10594024405
NAME OF REGISTRANT

DATE FILED

DATE AND TIME OF BIRTH

REDACTED

7:06 P.M.

SEX

FEMALE

COUNTY OF BIRTH

CITY OF BIRTH

AURORA

MOTHER'S MAIDEN NAME

FATHER'S NAME

MOTHER'S PLACE OF BIRTH

COLORADO

MOTHER'S AGE

33

FATHER'S PLACE OF BIRTH

DISTRICT OF COLUMBIA

FATHER'S AGE

33

SS368952

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED IN THIS OFFICE.

DATE ISSUED NOVEMBER 15, 1994

JOSEPH D. CARNEY
STATE REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another, for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

VR 101 9/89

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ATTN: Rosario Weston

RE: Capt. William Hoepere - Dependent

If you have questions or need further information, please
feel free to call me @ 303 796-9234 EXT 203



Acknowledgment of Company ID

I understand that as part of my employment with Air Wisconsin Airlines Corporation I am required to carry a Company issued identification card. This ID card may be in addition to any other mandatory card that I am required to carry such as an airport identification card.

My Company ID is the property of Air Wisconsin Airlines Corporation. I understand that its use is subject to all Company policies and that I must surrender my ID card upon demand or separation from the Company. If I fail to do so \$100 will be deducted from my final check pursuant to Company policy.

I further understand that fraudulent or unauthorized use of my ID card may subject me to civil and criminal penalties.

In the event that informational updates are necessary, my card will be updated and replaced without cost to me. Replacement of lost ID cards will be at my expense of \$15.00.

William L. Hooper Jr (Employee Signature) William L. HOOPER JR (Employee Name) (Print)

Emp# 4615 (date) DEC 28 1998

Acknowledgment of Eligible Family Members

My Company ID card contains a list of my Eligible family members as stated in the Corporate Travel Policy, including, if applicable, my legal spouse, my dependent children (based on IRS dependency guidelines) and my parents.

I understand that I am responsible for the accuracy of this information and that Air Wisconsin Airlines Corporation may require proof of dependency at any time.

I further understand that reduced rate or non revenue travel privileges, as a result of my employment with Air Wisconsin Airlines Corporation subject me and my eligible family members to the policies stated in the Corporate Travel Policy.

William L. Hooper Jr (Employee Signature) William L. HOOPER JR (Employee Name) (Print)

Emp# 4615 (date) DEC 28 1998

PERSONNEL STATUS CHANGE



NAME Bill Hooper ID# 4615 S.S. # _____
LOCATION _____ DEPT FLT POSITION Pilot

IF PERSONAL STATUS CHANGE:

<input type="checkbox"/>	ADDRESS	Street _____	City _____	State _____	Zip _____	EFFECTIVE DATE: _____
<input type="checkbox"/>	PHONE	() _____				
<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced			
<input type="checkbox"/>	NAME CHANGE	Last _____	First _____	M.I. _____	*Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.	
<input type="checkbox"/>	DEPENDENT CHILDREN	Names and Birthdates _____				*Attach copy of legal documentation; i.e., birth certificate, adoption papers.
<input type="checkbox"/>	EMERGENCY CONTACT	Last Name _____	First _____	Relationship _____	Phone _____	
		Street _____	City _____	State _____	Zip _____	

IF POSITION CHANGE:

<input type="checkbox"/>	NEW POSITION	OLD Title _____	NEW Title _____	EFFECTIVE DATE: _____
<input type="checkbox"/>	TRANSFER	OLD Dept. _____	NEW Dept. _____	
<input type="checkbox"/>	REINSTATEMENT FROM FURLOUGH	OLD Location _____	NEW Location _____	BID AWARD # _____
		OLD Salary Grade _____	NEW Salary Grade _____	
		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	

IF LEAVE OF ABSENCE:

<input type="checkbox"/>	FMLA*	<input type="checkbox"/>	MEDICAL*	<input type="checkbox"/>	FUNERAL Relationship _____	Borrowing Sick Time <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	WORKER'S COMP*	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	UNION	
		<input type="checkbox"/>		<input type="checkbox"/>	JURY DUTY	
		<input type="checkbox"/>		<input type="checkbox"/>	MILITARY	
		<input type="checkbox"/>		<input type="checkbox"/>	SUSPENSION	
				<input type="checkbox"/>	With Pay	<input type="checkbox"/> Without Pay
	*Commencement Date _____	Attach Medical Documentation				
	*Return Date _____	Attach Medical Documentation				

IF SALARY CHANGE:

Pay Date: 10/20/96

<input type="checkbox"/>	NEW POSITION	From \$ _____	To \$ _____	Per _____	EFFECTIVE DATE: <u>4/20/99</u>
<input type="checkbox"/>	MERIT INCREASE				
<input checked="" type="checkbox"/>	OTHER <u>on 2.2 hrs/per day</u>	Which Equals a _____ % Increase		<input type="checkbox"/> Hour <input type="checkbox"/> Monthly	
	<u>Trng pay until Qualified</u>				

IF SEPARATION FROM COMPANY:

Note: Employee signature not required for processing.

VOLUNTARY		Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	EFFECTIVE DATE: _____
<input type="checkbox"/>	RESIGNED	Vacation to be Paid _____	
<input type="checkbox"/>	RETIRED	Date Separation Kit Given to Employee _____	Last Day Worked _____
INVOLUNTARY		Check the Following:	2-Week Advance Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	COMPLETED SEASONAL EMPLOYMENT PERIOD	Returned ID Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	Deductions to be Made From Final Paycheck _____
<input type="checkbox"/>	FAILED PROBATION	Returned Travel Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	
<input type="checkbox"/>	ADMINISTRATIVE TERMINATION	* Deduct \$100 for Each Not Returned	
<input type="checkbox"/>	DISCHARGED * Reason: _____		
<input type="checkbox"/>	FURLOUGH <input type="checkbox"/> PT <input type="checkbox"/> FT		

COMMENTS: _____	SIGNATURE: _____	DATE: _____
_____	EMPLOYEE _____	
_____	SUPERVISOR <u>[Signature]</u>	<u>4/20/99</u>
_____	DEPT. HEAD <u>[Signature]</u>	<u>4/2/99</u>
_____	V.P. / PRES. _____	
_____	ER/PRSNL _____	

PERSONNEL STATUS CHANGE

NAME Bill Hooper ID# 4615 S.S. # _____
 LOCATION _____ DEPT FLT POSITION Pilot

IF PERSONAL STATUS CHANGE:

<input type="checkbox"/>	ADDRESS	Street _____ City _____ State _____ Zip _____	EFFECTIVE DATE: _____
<input type="checkbox"/>	PHONE	() _____	
<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	
<input type="checkbox"/>	NAME CHANGE	Last _____ First _____ M.I. _____	*Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.
<input type="checkbox"/>	DEPENDENT CHILDREN	Names and Birthdates _____	*Attach copy of legal documentation; i.e., birth certificate, adoption papers.
<input type="checkbox"/>	EMERGENCY CONTACT	Last Name _____ First _____ Relationship _____ Phone _____	
		Street _____ City _____ State _____ Zip _____	

IF POSITION CHANGE:

<input type="checkbox"/>	NEW POSITION	OLD Title _____ Dept. _____	NEW Title _____ Dept. _____	EFFECTIVE DATE: _____
<input type="checkbox"/>	TRANSFER	Location _____ Salary Grade _____	Location _____ Salary Grade _____	BID AWARD # _____
<input type="checkbox"/>	REINSTATEMENT FROM FURLOUGH	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	

IF LEAVE OF ABSENCE:

<input type="checkbox"/>	FMLA*	<input type="checkbox"/> MEDICAL*	<input type="checkbox"/> FUNERAL Relationship _____	Borrowing Sick Time <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	WORKER'S COMP*		<input type="checkbox"/> UNION	
<input type="checkbox"/>	OTHER _____		<input type="checkbox"/> JURY DUTY	
	*Commencement Date _____		<input type="checkbox"/> MILITARY	
	Attach Medical Documentation		<input type="checkbox"/> SUSPENSION	
	*Return Date _____		<input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay	
	Attach Medical Documentation			

IF SALARY CHANGE:

Pay Date: 10/20/96
\$38.50

<input type="checkbox"/>	NEW POSITION	From \$ _____ To \$ _____	Per _____	EFFECTIVE DATE: <u>4/26/99</u>
<input type="checkbox"/>	MERIT INCREASE			
<input checked="" type="checkbox"/>	OTHER <u>Back to Regular</u> <u>Std Pay</u>	Which Equals a _____ % Increase	<input type="checkbox"/> Hour <input type="checkbox"/> Monthly	

IF SEPARATION FROM COMPANY:

Note: Employee signature not required for processing.

VOLUNTARY	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	EFFECTIVE DATE: _____
<input type="checkbox"/> RESIGNED	Vacation to be Paid _____	
<input type="checkbox"/> RETIRED	Date Separation Kit Given to Employee _____	Last Day Worked _____
INVOLUNTARY	Check the Following:	2-Week Advance Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> COMPLETED SEASONAL EMPLOYMENT PERIOD	Returned ID Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	Deductions to be Made From Final Paycheck _____
<input type="checkbox"/> FAILED PROBATION	Returned Travel Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	
<input type="checkbox"/> ADMINISTRATIVE TERMINATION	* Deduct \$100 for Each Not Returned	
<input type="checkbox"/> DISCHARGED * Reason: _____		
<input type="checkbox"/> FURLOUGH <input type="checkbox"/> PT <input type="checkbox"/> FT		AWAC 0043

COMMENTS:

Aircraft Checkride Completed on 4/26/99

SIGNATURE:

EMPLOYEE _____
 SUPERVISOR [Signature] 4-27-99
 DEPT. HEAD [Signature] 4/27/99
 V.P. / PRES. _____
 ER/PRSNL ENTERED APR 27 1999

PERSONNEL STATUS CHANGE

NAME William Hooper Jr. ID# 4615 S.S. # _____
 LOCATION DEN DEPT Flight POSITION DO-328 CA

IF PERSONAL STATUS CHANGE:

<input type="checkbox"/>	ADDRESS	Street _____	City _____	State _____	Zip _____	EFFECTIVE DATE: _____
<input type="checkbox"/>	PHONE	_____				
<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced			
<input type="checkbox"/>	NAME CHANGE	Last _____	First _____	M.I. _____	*Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.	
<input type="checkbox"/>	DEPENDENT CHILDREN	Names and Birthdates _____				*Attach copy of legal documentation; i.e., birth certificate, adoption papers.
<input type="checkbox"/>	EMERGENCY CONTACT	Last Name _____	First _____	Relationship _____	Phone _____	
		Street _____	City _____	State _____	Zip _____	

IF POSITION CHANGE:

<input checked="" type="checkbox"/>	NEW POSITION	<table border="1"> <tr> <th>OLD</th> <th>NEW</th> </tr> <tr> <td>Title <u>DO-328 CA</u></td> <td>Title <u>Ground Instructor</u></td> </tr> <tr> <td>Dept. <u>Flight</u></td> <td>Dept. <u>Flight CRT</u></td> </tr> <tr> <td>Location <u>DEN</u></td> <td>Location <u>DEN</u></td> </tr> <tr> <td>Salary Grade <u>-</u></td> <td>Salary Grade <u>4</u></td> </tr> </table>	OLD	NEW	Title <u>DO-328 CA</u>	Title <u>Ground Instructor</u>	Dept. <u>Flight</u>	Dept. <u>Flight CRT</u>	Location <u>DEN</u>	Location <u>DEN</u>	Salary Grade <u>-</u>	Salary Grade <u>4</u>	EFFECTIVE DATE: <u>6/1/01</u> BID AWARD # <u>01-25B</u> <u>AF → AF</u>
OLD	NEW												
Title <u>DO-328 CA</u>	Title <u>Ground Instructor</u>												
Dept. <u>Flight</u>	Dept. <u>Flight CRT</u>												
Location <u>DEN</u>	Location <u>DEN</u>												
Salary Grade <u>-</u>	Salary Grade <u>4</u>												
<input type="checkbox"/>	TRANSFER												
<input type="checkbox"/>	REINSTATEMENT FROM FURLOUGH	<input checked="" type="checkbox"/> FT <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input checked="" type="checkbox"/> FT <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp										

IF LEAVE OF ABSENCE:

<input type="checkbox"/>	FMLA*	<input type="checkbox"/>	MEDICAL*	<input type="checkbox"/>	FUNERAL Relationship _____	Borrowing Sick Time <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	WORKER'S COMP*	<input type="checkbox"/>	UNION	<input type="checkbox"/>	JURY DUTY	
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	MILITARY	<input type="checkbox"/>	SUSPENSION	
*Commencement Date _____						
Attach Medical Documentation						
*Return Date _____						
Attach Medical Documentation						

(last awarded pos = CRT CA DEN)

IF SALARY CHANGE:

<input checked="" type="checkbox"/>	NEW POSITION	From \$ <u>43.07</u>	To \$ <u>6110.10</u>	Per <u>month</u>	EFFECTIVE DATE: <u>6/1/01</u>
<input type="checkbox"/>	MERIT INCREASE				
<input type="checkbox"/>	OTHER _____	Which Equals a _____ % Increase			

IF SEPARATION FROM COMPANY: Note: Employee signature not required for processing.

<input type="checkbox"/>	VOLUNTARY	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	EFFECTIVE DATE: _____
<input type="checkbox"/>	RESIGNED	Vacation to be Paid _____	
<input type="checkbox"/>	RETIRED	Date Separation Kit Given to Employee _____	Last Day Worked _____
<input type="checkbox"/>	INVOLUNTARY	Check the Following:	2-Week Advance Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	COMPLETED SEASONAL EMPLOYMENT PERIOD	Returned ID Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	Deductions to be Made From Final Paycheck _____
<input type="checkbox"/>	FAILED PROBATION	Returned Travel Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	
<input type="checkbox"/>	ADMINISTRATIVE TERMINATION	* Deduct \$100 for Each Not Returned	
<input type="checkbox"/>	DISCHARGED * Reason: _____		
<input type="checkbox"/>	FURLOUGH <input type="checkbox"/> PT <input type="checkbox"/> FT		

AWAC 0044

COMMENTS: 90 hours/month at \$67.89/hr

SIGNATURE:	DATE:
EMPLOYEE _____	_____
SUPERVISOR <u>Michael F Bawer</u>	<u>5/7/01</u>
DEPT. HEAD <u>[Signature]</u>	<u>5/7/01</u>
V.P. / PRES. <u>[Signature]</u>	<u>5-12-01</u>
ER/PRSNL <u>Barb Pennings</u>	<u>6-6-01</u>

Transfers / Promotions Routing

Employee Name William Hooper Jr Employee # 4615

Date Fax Received _____

Vacancy #: 01-258Date Original Received 5-9-01

Step	Who	Initials	Date	Action
1	Admin	BHP	6-6-01	<input checked="" type="checkbox"/> Review PSC for completeness <input checked="" type="checkbox"/> Determine Vacancy #, Effective date & Enter in Bids <input type="checkbox"/> If Overage or No Vacancy - See/Notify Mary immediately <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this EE going from a <i>non-safety sensitive</i> position to a <i>safety sensitive</i> position? <input type="checkbox"/> If Yes, Notify Shari via email. <input checked="" type="checkbox"/> Write old and new status code on PSC <input checked="" type="checkbox"/> Change Job Code/Status in HR11 <input checked="" type="checkbox"/> Current Supervisor for Salaried <input type="checkbox"/> Checksort/Loc <input checked="" type="checkbox"/> Union Code <input type="checkbox"/> Mail Group <input checked="" type="checkbox"/> Pension CD <input type="checkbox"/> Paydate (Work Screen) <input type="checkbox"/> Address Change <input type="checkbox"/> AW013 <input checked="" type="checkbox"/> PA21 <input checked="" type="checkbox"/> Determine New Rate of Pay (if applicable) <input type="checkbox"/> Task Sue if Agent or Mech transfers to Salaried <input checked="" type="checkbox"/> Make 2 photocopies of PSC <input checked="" type="checkbox"/> Route one copy to Payroll <input checked="" type="checkbox"/> Route original to Bobbi to send for signature <input checked="" type="checkbox"/> Attach one copy to routing sheet <input checked="" type="checkbox"/> If applicable, record in /XL G:hrs/transf/2001 transfers <input checked="" type="checkbox"/> Pull Personnel file and Benefit file <input checked="" type="checkbox"/> Record change on Personnel file <input type="checkbox"/> Issue New ID Card (if applicable) <input checked="" type="checkbox"/> Attach Bid Award/Benefits Letter Route to Jenny
2	Jenny	JH	6-7	<input checked="" type="checkbox"/> Review for benefit issues <input checked="" type="checkbox"/> If applicable, request benefit packet be sent by Admin Support route to Beth Date requested <u>6-7-01</u>
3	Beth	BE	6-7	<input checked="" type="checkbox"/> Review for benefit issues route to Sue.
4	Sue	SW	6-19	<input checked="" type="checkbox"/> Check that properly entered in "bids" <input checked="" type="checkbox"/> Check Seniority (if applicable) <input checked="" type="checkbox"/> Review route to Bobbi
5	Bobbi	BBM	6-13	<input checked="" type="checkbox"/> Match routing with original & signed PSC file cabinet

Comments / Notes:

AWAC 0045

PERSONNEL STATUS CHANGE

NAME William Hooper Jr. ID# 4615 S.S. # _____
LOCATION DEW DEPT Flight POSITION DO-328 CA

IF PERSONAL STATUS CHANGE:

<input type="checkbox"/>	ADDRESS	Street _____	City _____	State _____	Zip _____	EFFECTIVE DATE: _____
<input type="checkbox"/>	PHONE	() _____				
<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced			
<input type="checkbox"/>	NAME CHANGE	Last _____	First _____	M.I. _____	*Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.	
<input type="checkbox"/>	DEPENDENT CHILDREN	Names and Birthdates _____				
<input type="checkbox"/>	EMERGENCY CONTACT	Last Name _____	First _____	Relationship _____	Phone _____	
		Street _____	City _____	State _____	Zip _____	

IF POSITION CHANGE:

<input checked="" type="checkbox"/>	NEW POSITION	OLD <u>Current</u> Title <u>DO-328 CA</u> Dept. <u>Flight</u> Location <u>DEW</u> Salary Grade <u>-</u>	NEW <u>CL-65</u> Title <u>Ground Instructor</u> Dept. <u>CAJ</u> Location <u>DEW</u> Salary Grade <u>4</u>	EFFECTIVE DATE: <u>6/1/01</u>
<input type="checkbox"/>	TRANSFER			
<input type="checkbox"/>	REINSTATEMENT FROM FURLOUGH	<input checked="" type="checkbox"/> FT <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input checked="" type="checkbox"/> FT <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	BID AWARD # <u>01-258</u> <u>AF -> AF</u>

IF LEAVE OF ABSENCE:

<input type="checkbox"/>	FMLA*	<input type="checkbox"/>	MEDICAL*	<input type="checkbox"/>	FUNERAL Relationship _____	Borrowing Sick Time <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	WORKER'S COMP*	<input type="checkbox"/>	UNION	<input type="checkbox"/>	JURY DUTY	(not awarded pos = CAJ CA DEW)
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	MILITARY	<input type="checkbox"/>	SUSPENSION	
	*Commencement Date _____			<input type="checkbox"/>	With Pay <input type="checkbox"/> Without Pay	
	Attach Medical Documentation					
	*Return Date _____					
	Attach Medical Documentation					

IF SALARY CHANGE:

<input checked="" type="checkbox"/>	NEW POSITION	From \$ <u>43.07</u>	To \$ <u>6110.10</u>	EFFECTIVE DATE: <u>6/1/01</u>
<input type="checkbox"/>	MERIT INCREASE			
<input type="checkbox"/>	OTHER _____	Which Equals a _____ % Increase		
				Per <u>month</u> <input type="checkbox"/> Hour <input type="checkbox"/> Monthly

IF SEPARATION FROM COMPANY: Note: Employee signature not required for processing.

<input type="checkbox"/>	VOLUNTARY	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	EFFECTIVE DATE: _____
<input type="checkbox"/>	RESIGNED	Vacation to be Paid _____	
<input type="checkbox"/>	RETIRED	Date Separation Kit Given to Employee _____	Last Day Worked _____
		Check the Following:	
<input type="checkbox"/>	INVOLUNTARY	Returned ID Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	2-Week Advance Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	COMPLETED SEASONAL EMPLOYMENT PERIOD	Returned Travel Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	Deductions to be Made From Final Paycheck _____
<input type="checkbox"/>	FAILED PROBATION	* Deduct \$100 for Each Not Returned	
<input type="checkbox"/>	ADMINISTRATIVE TERMINATION		
<input type="checkbox"/>	DISCHARGED * Reason: _____		
<input type="checkbox"/>	FURLOUGH <input type="checkbox"/> PT <input type="checkbox"/> FT		

AWAC 0046

COMMENTS: 90 hours/month at
167.89/hr

SIGNATURE:	DATE:
EMPLOYEE _____	_____
SUPERVISOR <u>Michel F Bawer</u>	<u>5/7/01</u>
DEPT. HEAD <u>Bob Weir</u>	<u>5/7/01</u>
V.P. / PRES. _____	_____
ER/PRSNL <u>Barb Pennington</u>	<u>6-6-01</u>

AIR WISCONSIN AIRLINES CORPORATION



DATE: May 9, 2001 Job # 01-258

TO: Air Wisconsin Airlines Corporation Employees

FROM: Meg Leffel
Recruiting Assistant/Corporate

SUBJECT: Non-Union Salaried Opening

LEAD GROUND INSTRUCTOR- CL-65

Salary Grade Level 4

There are immediate openings for 2 Lead Ground Instructors – CL-65 in the Flight Department. This position reports directly to the Manager of Ground Training. *Mike Bowen*

RESPONSIBILITIES:

- Communicates frequently with the Manager of Fleet Standardization, Chief Pilot, Fleet Managers, Flight Instructors, and line pilots to keep abreast of current issues on the line and items that should be taught.
- Prepares lesson plans, classroom presentations, tests, and other course materials using Microsoft Word and Microsoft PowerPoint.
- Train Ground Instructors.
- Supervise standardization and teaching quality of Ground Instructors.
- Is authorized to perform the duties of a Ground Instructor.
- Ensures that all courses comply with Air Wisconsin and FAA standards.
- Ensures that all required training and/or checks are properly documented.

PREFERRED KNOWLEDGE, SKILLS, AND ABILITIES

- Ability to work with and manage people.
- High written and oral communication skills.
- Knowledge of the learning process, and ability to design effective courses and lessons.
- Strong organizational skills.
- Ability to work independently.
- Proficient in Microsoft Windows 95 (Microsoft PowerPoint, Microsoft Word).
- Ability to travel frequently between Air Wisconsin's bases in Appleton and Denver.
- General experience with personal computers including e-mail systems.

If you are interested in applying for this position, contact me at ATW/HDQ Employee Relations, or in writing, no later than 5/09/00.



6/7/01

INTER-OFFICE MEMORANDUM

TO: Tori Vanden Branden, ER Administrative Assistant/ATW
 FROM: Debbie Patterson, ER Coordinator/DEN
 DATE: 6/14/01
 RE: AWAC ID CARD

Attached is the old AWAC ID for

William Hooper

Employee #

4615

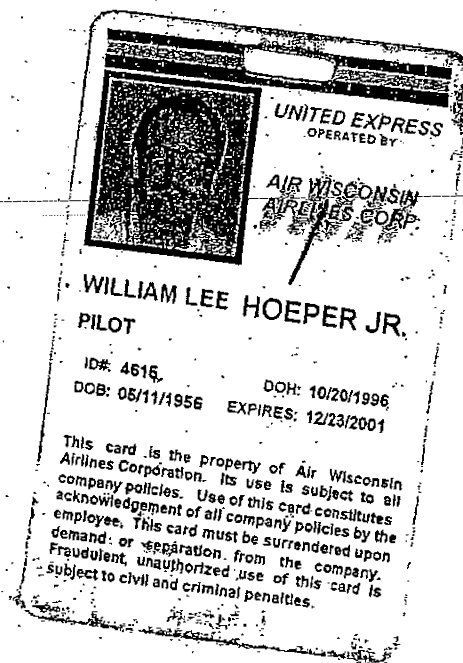
Position/City

Ground Inst Den

Accompanying this form is the completed acknowledgement form.

Reason for replacement:

New Position



Air Wisconsin
Airlines Corporation



Acknowledgment of Company ID

I understand that as part of my employment with Air Wisconsin Airlines Corporation I am required to carry a Company issued identification card. This ID card may be in addition to any other mandatory card that I am required to carry such as an airport identification card.

My Company ID is the property of Air Wisconsin Airlines Corporation. I understand that its use is subject to all Company policies and that I must surrender my ID card upon demand or separation from the Company. If I fail to do so \$100 will be deducted from my final check pursuant to Company policy.

I further understand that fraudulent or unauthorized use of my ID card may subject me to civil and criminal penalties.

In the event that informational updates are necessary, my card will be updated and replaced without cost to me. Replacement of lost ID cards will be at my expense of \$15.00.

William L Hooper (Employee Signature) William L Hooper JR (Employee Name) (Print)

Emp# 4615 (date) June 14 2001

Acknowledgment of Eligible Family Members

My Company ID card contains a list of my Eligible family members as stated in the Corporate Travel Policy, including, if applicable, my legal spouse, my dependent children (based on IRS dependency guidelines) and my parents.

I understand that I am responsible for the accuracy of this information and that Air Wisconsin Airlines Corporation may require proof of dependency at any time.

I further understand that reduced rate or non revenue travel privileges, as a result of my employment with Air Wisconsin Airlines Corporation subject me and my eligible family members to the policies stated in the Corporate Travel Policy.

William L Hooper (Employee Signature) William L Hooper JR (Employee Name) (Print)

Emp# 4615 (date) June 14 2001

AWAC 0049

From: Barbara Pennings
To: Debbie Patterson
Date: Wed, Jun 6, 2001 1:39 PM
Subject: New ID Card

Please issue a new ID card for William Hoepfer, Jr, #4615, transferring from Pilot to Ground Instructor effective 6-1-01. Thank you

Barb Pennings
Administrative Assistant
Employee Relations/ATW

PERSONNEL STATUS CHANGE

NAME William Hooper Jr. ID# 4615 S.S. # _____
LOCATION DEW DEPT FLT POSITION CRT Ground Instructor

IF PERSONAL STATUS CHANGE:

ADDRESS Street City State Zip **EFFECTIVE DATE:** _____

PHONE () _____

MARITAL STATUS Married Divorced

NAME CHANGE Last First M.I. _____ *Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.

DEPENDENT CHILDREN Names and Birthdates _____ *Attach copy of legal documentation; i.e., birth certificate, adoption papers.

EMERGENCY CONTACT Last Name First Relationship Phone () _____
Street City State Zip

IF POSITION CHANGE:

<input type="checkbox"/> NEW POSITION	OLD Title _____ Dept. _____ Location _____ Salary Grade _____	NEW Title _____ Dept. _____ Location _____ Salary Grade _____	EFFECTIVE DATE: _____
<input type="checkbox"/> TRANSFER			BID AWARD # _____
<input type="checkbox"/> REINSTATEMENT FROM FURLOUGH	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	

IF LEAVE OF ABSENCE:

FMLA* MEDICAL* FUNERAL Relationship _____ Borrowing Sick Time Yes No

WORKER'S COMP* UNION

OTHER _____ JURY DUTY

MILITARY

SUSPENSION With Pay Without Pay

*Commencement Date _____ Attach Medical Documentation

*Return Date _____ Attach Medical Documentation

IF SALARY CHANGE:

NEW POSITION **EFFECTIVE DATE:** _____

MERIT INCREASE From \$ _____ To \$ _____ Per _____

OTHER _____ Which Equals a _____ % Increase Hour Monthly

IF SEPARATION FROM COMPANY:

Note: Employee signature not required for processing.

VOLUNTARY **EFFECTIVE DATE:** 6/1/01

RESIGNED Eligible for Rehire Yes No

RETIRED Vacation to be Paid _____

Date Separation Kit Given to Employee _____ Last Day Worked _____

INVOLUNTARY Check the Following:

COMPLETED SEASONAL EMPLOYMENT PERIOD Returned ID Card Yes No *

FAILED PROBATION Returned Travel Card Yes No *

ADMINISTRATIVE TERMINATION 2-Week Advance Notice Given: Yes No

DISCHARGED * Reason: _____ Deductions to be Made From Final Paycheck _____

FURLOUGH PT FT

* Deduct \$100 for Each Not Returned

DOH: 10/20/96
Pilot Sick Bank Balance

COMMENTS: VACATION

OLD Accrual Rate 3.50

NEW Accrual Rate 8.67

JAN-DEC 2000

8.67 X 12mo. = 104.04

104 ÷ 8 hr days = 13 days

SIGNATURE: _____ DATE: _____

EMPLOYEE _____

SUPERVISOR [Signature] 7/11/01

DEPT. HEAD [Signature] 7/11/01

V.P. / PRES. _____

ER/PSNL _____

PERSONNEL STATUS CHANGE

NAME William Hooper ID# 46115 S.S. # _____

LOCATION Den DEPT Flight POSITION Around Instructor

IF PERSONAL STATUS CHANGE:

<input type="checkbox"/>	ADDRESS	Street _____	City _____	State _____	Zip _____	EFFECTIVE DATE _____
<input type="checkbox"/>	PHONE	() _____				
<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced			
<input type="checkbox"/>	NAME CHANGE	Last _____	First _____	M.I. _____	*Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.	
<input type="checkbox"/>	DEPENDENT CHILDREN	Names and Birthdates _____				*Attach copy of legal documentation; i.e., birth certificate, adoption papers.
<input type="checkbox"/>	EMERGENCY CONTACT	Last Name _____	First _____	Relationship _____	Phone _____	
		Street _____	City _____	State _____	Zip _____	

IF POSITION CHANGE:

<input type="checkbox"/>	NEW POSITION	OLD Title _____	NEW Title _____	EFFECTIVE DATE _____
<input type="checkbox"/>	TRANSFER	OLD Dept. _____	NEW Dept. _____	
<input type="checkbox"/>	REINSTATEMENT FROM FURLOUGH	OLD Location _____	NEW Location _____	BID AWARD # _____
		OLD Salary Grade _____	NEW Salary Grade _____	
		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	

IF LEAVE OF ABSENCE:

<input type="checkbox"/>	FMLA*	<input type="checkbox"/>	MEDICAL*	<input type="checkbox"/>	FUNERAL Relationship _____	Borrowing Sick Time <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	WORKER'S COMP*	<input type="checkbox"/>	UNION	<input type="checkbox"/>	JURY DUTY	
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	MILITARY	<input type="checkbox"/>	SUSPENSION	
	*Commencement Date _____			<input type="checkbox"/> With Pay	<input type="checkbox"/> Without Pay	
	Attach Medical Documentation					
	*Return Date _____					
	Attach Medical Documentation					

IF SALARY CHANGE:

<input type="checkbox"/>	NEW POSITION	From \$ _____	To \$ _____	Per <u>6910.20</u>
<input type="checkbox"/>	MERIT INCREASE			
<input checked="" type="checkbox"/>	OTHER <u>Contract Increase</u>	Which Equals a _____ % Increase	<input type="checkbox"/> Hour	<input checked="" type="checkbox"/> Monthly
		<u>5-6444 106 X 9044</u>		

IF SEPARATION FROM COMPANY: Note: Employee signature not required for processing.

<input type="checkbox"/>	VOLUNTARY	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	EFFECTIVE DATE _____
<input type="checkbox"/>	RESIGNED	Vacation to be Paid _____	
<input type="checkbox"/>	RETIRED	Date Separation Kit Given to Employee _____	Last Day Worked _____
<input type="checkbox"/>	INVOLUNTARY	Check the Following:	2-Week Advance Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	COMPLETED SEASONAL EMPLOYMENT PERIOD	Returned ID Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	
<input type="checkbox"/>	FAILED PROBATION	Returned Travel Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	Deductions to be Made From Final Paycheck _____
<input type="checkbox"/>	ADMINISTRATIVE TERMINATION	* Deduct \$100 for Each Not Returned	
<input type="checkbox"/>	DISCHARGED * Reason: _____		
<input type="checkbox"/>	FURLOUGH <input type="checkbox"/> PT <input type="checkbox"/> FT		

COMMENTS: Eligible for 8% retro pay from 6/15/00 to 8/31/01
Corrected TO PSC DATED 9/12/01
For Longevity Error

SIGNATURE: _____ DATE: _____
 EMPLOYEE _____
 SUPERVISOR [Signature] 9/13/01
 DEPT. HEAD [Signature] 9/17/01
 V.P. / PRES. [Signature] 9-18-01
 ER/PRSNL _____

Air Wisconsin Airlines Corporation
PERSONNEL STATUS CHANGE



NAME William Hooper ID# _____ S.S. # _____
LOCATION Den DEPT Flt POSITION Grand Instructor

IF PERSONAL STATUS CHANGE:

<input type="checkbox"/>	ADDRESS	Street _____ City _____ State _____ Zip _____	EFFECTIVE DATE: _____
<input type="checkbox"/>	PHONE	() _____	
<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	
<input type="checkbox"/>	NAME CHANGE	Last _____ First _____ M.I. _____	*Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.
<input type="checkbox"/>	DEPENDENT CHILDREN	Names and Birthdates _____	*Attach copy of legal documentation; i.e., birth certificate, adoption papers.
<input type="checkbox"/>	EMERGENCY CONTACT	Last Name _____ First _____ Relationship _____ Phone _____	
		Street _____ City _____ State _____ Zip _____	

IF POSITION CHANGE:

<input type="checkbox"/>	NEW POSITION	OLD Title _____	NEW Title _____	EFFECTIVE DATE: _____
<input type="checkbox"/>	TRANSFER	OLD Dept. _____	NEW Dept. _____	
<input type="checkbox"/>	REINSTATEMENT FROM FURLOUGH	OLD Location _____	NEW Location _____	BID AWARD # _____
		OLD Salary Grade _____	NEW Salary Grade _____	
		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	

IF LEAVE OF ABSENCE:

<input type="checkbox"/>	FMLA*	<input type="checkbox"/>	MEDICAL*	<input type="checkbox"/>	FUNERAL	Relationship _____	Borrowing Sick Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	WORKER'S COMP*	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	UNION			
		<input type="checkbox"/>		<input type="checkbox"/>	JURY DUTY			
				<input type="checkbox"/>	MILITARY			
				<input type="checkbox"/>	SUSPENSION			
						<input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay		
	*Commencement Date _____		Attach Medical Documentation					
	*Return Date _____		Attach Medical Documentation					

IF SALARY CHANGE:

<input type="checkbox"/>	NEW POSITION			EFFECTIVE DATE: <u>01/19/01</u>
<input type="checkbox"/>	MERIT INCREASE	From \$ _____	To \$ <u>6502.50</u>	Per <u>Month</u>
<input checked="" type="checkbox"/>	OTHER <u>Contract Increase</u>	Which Equals a _____ % Increase		<input type="checkbox"/> Hour <input checked="" type="checkbox"/> Monthly

IF SEPARATION FROM COMPANY: Note: Employee signature not required for processing.

<input type="checkbox"/>	VOLUNTARY	Eligible for Rehire	<input type="checkbox"/> Yes <input type="checkbox"/> No	EFFECTIVE DATE: _____
<input type="checkbox"/>	RESIGNED	Vacation to be Paid _____		
<input type="checkbox"/>	RETIRED	Date Separation Kit Given to Employee _____		Last Day Worked _____
		Check the Following:		
<input type="checkbox"/>	INVOLUNTARY	Returned ID Card	<input type="checkbox"/> Yes <input type="checkbox"/> No *	2-Week Advance Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	COMPLETED SEASONAL EMPLOYMENT PERIOD	Returned Travel Card	<input type="checkbox"/> Yes <input type="checkbox"/> No *	Deductions to be Made From Final Paycheck _____
<input type="checkbox"/>	FAILED PROBATION	* Deduct \$100 for Each Not Returned:		
<input type="checkbox"/>	ADMINISTRATIVE TERMINATION	DISCHARGED * Reason: _____		
<input type="checkbox"/>	FURLOUGH	<input type="checkbox"/> PT <input type="checkbox"/> FT		

COMMENTS: Entitled to 8% retro pay per contract from 6/15/00 to 7/11/01.

SIGNATURE	DATE:
EMPLOYEE <u>[Signature]</u>	
SUPERVISOR <u>MFBaum</u>	<u>2/14/01</u>
DEPT. HEAD <u>[Signature]</u>	<u>9/10/01</u>
V.P. / PRES. <u>[Signature]</u>	<u>9-11-01</u>
ER/PRSNL _____	



INTER-OFFICE MEMORANDUM

To: All Employees

From: Geoff Crowley, Chairman, President & CEO

Date: August 23, 2001

Re: Discrimination and Harassment Policy

Periodically, I send out a memo regarding our policies prohibiting discrimination and harassment. Each time I prepare this memo, I am surprised to learn that we still have problems with discrimination and harassment. Sometimes it is inappropriate comments between two employees, sometimes between an employee and a customer. Sometimes it is an employee misusing our Company photocopiers to make copies of pornographic pictures. Each time I ask myself if I am out of touch, or do we just have a few employees who don't grasp the importance of treating others with respect. Because that is what it come down to – respect. And some common sense too.

With respect to our relations with others, the standard is very simple and easy to apply: treat everyone with respect. Not most people, everyone! If you do this, then you don't have to worry about the exacting wording of our policies, you will have done the right thing.

Sometimes it is hard to find much to respect in another employee who doesn't seem to be carrying their share of the load. But I am not asking you to respect what they do, just the fact that they are a person deserving of respect. If you have a work problem, there are other ways to handle it. Talk to your supervisor, or another manager, if your supervisor is the problem. But don't jeopardize your job by appearing to harass or discriminate against someone.

I want this to be a great Company to work for. I want everyone to look forward to coming to work and helping build our success. Thank you.

I acknowledge receipt of this memo

William L. Hoepfer SR #4615
Print Name Employee ID #

William L. Hoepfer 9-8-01
Signature Date



INTER-OFFICE MEMORANDUM

To: All Employees Having Access to Continental Cargo Training Center Photo Copier

From: Lisa J. Conover *LJC*
Vice President Labor and Employee Relations

Date: September 20, 2001

Re: Misuses of Company Property and Creating a Hostile Work Environment

It has come to my attention that the photocopier in the Denver Training Facility in the Continental Cargo building is being used inappropriately. First, it is being used for making personal copies, which is a misuse of Company property. Second, the personal copies in question are of various pornographic pictures, which is in direct violation of our Company policy against discrimination and harassment.

If the misuse continues, we will begin changing the photocopier to a "keyed" machine. There will be some cost to the Company and certainly some inconvenience to the majority of copier users, but we will not tolerate the continued misuse.

If you have any questions please contact either me at (920) 749-4257 or Jean Diehl at (303) 348-3793.

I acknowledge receipt of this memo:

<u>William L. Hooper Jr</u>	<u>4615</u>
Print Name	Employee ID #
<u>William L Hooper Jr</u>	<u>9-24-01</u>
Signature	Date

Hooper # 4615

AIR WISCONSIN AIRLINES CORPORATION



DATE: May 9, 2001 Job # 01-258

TO: Air Wisconsin Airlines Corporation Employees

FROM: Meg Leffel
Recruiting Assistant/Corporate

SUBJECT: Non-Union Salaried Opening

LEAD GROUND INSTRUCTOR- CL-65

Salary Grade Level 4

There are immediate openings for 2 Lead Ground Instructors – CL-65 in the Flight Department. This position reports directly to the Manager of Ground Training.

RESPONSIBILITIES:

- Communicates frequently with the Manager of Fleet Standardization, Chief Pilot, Fleet Managers, Flight Instructors, and line pilots to keep abreast of current issues on the line and items that should be taught.
- Prepares lesson plans, classroom presentations, tests, and other course materials using Microsoft Word and Microsoft PowerPoint.
- Train Ground Instructors.
- Supervise standardization and teaching quality of Ground Instructors.
- Is authorized to perform the duties of a Ground Instructor.
- Ensures that all courses comply with Air Wisconsin and FAA standards.
- Ensures that all required training and/or checks are properly documented.

PREFERRED KNOWLEDGE, SKILLS, AND ABILITIES

- Ability to work with and manage people.
- High written and oral communication skills.
- Knowledge of the learning process, and ability to design effective courses and lessons.
- Strong organizational skills.
- Ability to work independently.
- Proficient in Microsoft Windows 95 (Microsoft PowerPoint, Microsoft Word).
- Ability to travel frequently between Air Wisconsin's bases in Appleton and Denver.
- General experience with personal computers including e-mail systems.

If you are interested in applying for this position, fax an internal applicant form and resume to Tara Barnett in writing to 920-749-4233 Employee Relations, or by mail before **5pm, May 16, 2001**.



PERSONNEL STATUS CHANGE

NAME William Hooper ID# 4615 S.S. # _____
 LOCATION DNV DEPT Flight POSITION Ground Instructor

IF PERSONAL STATUS CHANGE:

<input type="checkbox"/>	ADDRESS	Street _____	City _____	State _____	Zip _____	EFFECTIVE DATE _____
<input type="checkbox"/>	PHONE	() _____				
<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced			
<input type="checkbox"/>	NAME CHANGE	Last _____	First _____	M.I. _____	*Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.	
<input type="checkbox"/>	DEPENDENT CHILDREN	Names and Birthdates _____				*Attach copy of legal documentation; i.e., birth certificate, adoption papers.
<input type="checkbox"/>	EMERGENCY CONTACT	Last Name _____	First _____	Relationship _____	Phone _____	
		Street _____	City _____	State _____	Zip _____	

IF POSITION CHANGE:

<input type="checkbox"/>	NEW POSITION	OLD Title _____	NEW Title _____	EFFECTIVE DATE _____
<input type="checkbox"/>	TRANSFER	OLD Dept. _____	NEW Dept. _____	BID AWARD # _____
		OLD Location _____	NEW Location _____	
		OLD Salary Grade _____	NEW Salary Grade _____	
<input type="checkbox"/>	REINSTATEMENT FROM FURLOUGH	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	

IF LEAVE OF ABSENCE:

<input type="checkbox"/>	FMLA*	<input type="checkbox"/>	MEDICAL*	<input type="checkbox"/>	FUNERAL Relationship _____	Borrowing Sick Time <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	WORKER'S COMP*	<input type="checkbox"/>	UNION	<input type="checkbox"/>	JURY DUTY	
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	MILITARY	<input type="checkbox"/>	SUSPENSION	
	*Commencement Date _____			<input type="checkbox"/> With Pay	<input type="checkbox"/> Without Pay	
	Attach Medical Documentation _____					
	*Return Date _____					
	Attach Medical Documentation _____					

IF SALARY CHANGE:

<input type="checkbox"/>	NEW POSITION	From \$ _____	To \$ <u>5758.20</u> ^{MFB}	EFFECTIVE DATE _____
<input type="checkbox"/>	MERIT INCREASE	From \$ _____	To \$ <u>5416.90</u>	Per <u>Month</u>
<input checked="" type="checkbox"/>	OTHER <u>Rate reduction</u>	Which Equals a _____ % Increase		<input type="checkbox"/> Hour <input type="checkbox"/> Monthly
	<u>From BAe-146 CA to CL-65 CA</u>	<u>5-6 year rate</u>		

IF SEPARATION FROM COMPANY: Note: Employee signature not required for processing.

<input type="checkbox"/>	VOLUNTARY	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	EFFECTIVE DATE _____
<input type="checkbox"/>	RESIGNED	Vacation to be Paid _____	
<input type="checkbox"/>	RETIRED	Date Separation Kit Given to Employee _____	Last Day Worked _____
	INVOLUNTARY	Check the Following:	2-Week Advance Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	COMPLETED SEASONAL EMPLOYMENT PERIOD	Returned ID Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	Deductions to be Made From Final Paycheck _____
<input type="checkbox"/>	FAILED PROBATION	Returned Travel Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	
<input type="checkbox"/>	ADMINISTRATIVE TERMINATION	* Deduct \$100 for Each Not Returned	
<input type="checkbox"/>	DISCHARGED * Reason: _____		
<input type="checkbox"/>	FURLOUGH <input type="checkbox"/> PT <input type="checkbox"/> FT		

COMMENTS: \$63.98 per hour
90 hours per month

SIGNATURE: _____ DATE: _____
 EMPLOYEE _____
 SUPERVISOR J. F. Bawn 2/20/02
 DEPT. HEAD A. Weiss 2/20/02
 V.P. / PRES. Ch. W. 2-2002
 ER/PRSNL _____



INTERNET USER ACCESS REQUEST

@ Continental Cargo Bldg

GENERAL INFORMATION	Date of this Requisition	2-1-02	Effective Date Needed	2-15-02
	Employee Last Name	Hoeger	First Name	William
	Department	Training	Location	DEN
	Position/Title	Ground Instructor		Phone or Ext. #
				4615

REDACTED

ALL BLANKS, REQUESTED INFORMATION AND SIGNATURES MUST BE COMPLETED BEFORE FORWARDING TO I.T.

ACTION REQUESTED	<input checked="" type="checkbox"/> Add - New User	Employee's NETWORK ID (example - mis00xx)
	<input type="checkbox"/> Remove Current User	
	<input type="checkbox"/> Change Current User	
ACCESS DETAILS	Reason for needing Internet access:	Weekly research
	How often will the user be accessing the Internet? (daily, weekly, etc.)	1
	Anticipated time per month on the Internet?	10-20 hrs month
	Anticipated benefit of having Internet access?	
	Estimated Dollar Savings? (Attach detail for IT Steering Committee)	\$ 1734 WA
COMPANY POL	<ul style="list-style-type: none"> Internet access is provided for business purposes, such as researching products for purchase, learning about new technologies or keeping up with developments in a particular field. Inappropriate use of the Internet may result in embarrassment to the company and to you. Each connection made on the Internet can be traced back to the originator, leaving a trail of "business cards" easily tracked by others. Do not visit any sites where you are reluctant to leave your "business card". Internet sessions will be logged automatically. Access will be monitored and reviewed by management. Do not use the Internet for tasks you would not want logged. Executable files should not be downloaded from the Internet without permission from the I. T. Department. Such files may contain viruses, which could infect one PC or the entire network. Always check with the I. T. Department, if you need any software from the Internet. They will arrange to scan the software for viruses. Email of the Internet is not as reliable, nor as secure, as inter-office email. Refer to Air Wisconsin Airlines company policies for complete Internet usage guidelines. 	
	REQUIRED SIGNATURES	
	understand my Internet activity will be monitored and reviewed.	
	will comply with Air Wisconsin Airlines' company policies regarding Internet usage.	
	Employee's Signature	Date
	Steering Committee Member Approval	Date

THIS SECTION IS RESERVED FOR I.T. USE ONLY

Help Desk Received Date: 3/15/02 Project Control Number: proj New task 0076 subtask 20

Internet on PC Internet on Network Completion Date: ___/___/___ Person Completing CP 3/18/02

Original to Employee Relations: 4/16/02 (A copy of this request must remain at the I.T. Help Desk.)

DATE: 5/8/02

RESULT: 16

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
INVESTIGATIONS SERVICE

***** CASE CLOSING TRANSMITTAL *****

CLOSED: 05/08/2002

CASE #: 02898409 TYPE/SERVICE: SAC - 35

EXTRA COVERAGE:

NAME: HOEPER, WILLIAM LEE JR

SSN: REDACTED DOB: 05/11/1956 POSITION:

SON: 470F
AIR WISCONSIN AIRLINE CORP
DEA UNITED
AIR WISCONSIN AIRLINE CORP
W6390 CHALLENGER DRIVE
SUITE 203
APPLETON, WI 54914

***** MAIL TO *****
* SOI: TD26
* D/TRANSPORTATION
* FEDERAL AVIATION ADMINISTRATION
* OFFICE OF CIVIL AVIATION SECURITY
* ACO200/RM 312
* 800 INDEPENDENCE AVE, SW
* WASHINGTON, DC 20591

AGENCY DATA: DENVER

OPM ADJUDICATION: NO ISSUES

THE ITEM INFORMATION SUMMARIZED BELOW, AND ANY REPORTS OF INVESTIGATION, INQUIRY FORMS AND/OR OTHER ATTACHMENTS WITH THIS TRANSMITTAL, COMPLETE THE INVESTIGATION REQUESTED ON THE PERSON IDENTIFIED ABOVE.

THIS CASE HAS BEEN ELECTRONICALLY TRANSMITTED TO THE AGENCY

***** ITEM INFORMATION *****

ITM	TYPE	ITEM IDENTIFICATION/LOCATION	CM RESULTS
***	****	*****	** *****
B01	FBIF		L NO RECORD

***** END CASE CLOSING TRANSMITTAL *****

*4615
Non*

UPDATED APPS
UPDATED LAWSON
MEMO SENT

59-02

William Lee Hooper Jr



*Air Wisconsin
beval*

HOEPER, WILLIAM LEE JR

USOPMUFOZ

19560511

US

M W 510 175 BRO BRO NM

05/03/02 Gina Murray

53838

E

524827895

AWAC 0060



DB 50X50G8 113385 #cmsdial 07:41:12



5701LD #lxdial 20020503-07:46



DENVER INTERNATIONAL AIRPORT
CRIMINAL HISTORY CHECK INFORMATION FORM
(ALL INFORMATION LISTED BELOW IS NEEDED TO COMPLETE THE CHECK)
PLEASE PRINT CLEARLY

LAST NAME: ~~WILLIAM~~ LEE HOEPER JR ✓
FIRST NAME: WILLIAM ✓
MIDDLE NAME: LEE ✓
SUFFIX (SR.,JR) JR ✓
DATE OF BIRTH 05/11/56 ✓
PLACE OF BIRTH HOLLOMAN AFB NEW MEXICO
(CITY, STATE, COUNTRY)
SEX MALE
RACE C
HEIGHT 5' 10"
WEIGHT 175
COLOR OF EYES BROWN
COLOR OF HAIR BROWN
ALIASES NONE
(ANY OTHER NAMES THAT YOU GO BY)
CITIZENSHIP U.S.A
SOCIAL SECURITY NUMBER REDACTED
ADDRESS 6331 So. EUDORA WAY
CITY LITTLETON
STATE CO
ZIP 80121
COMPANY NAME AIR WISCONSIN

Re-Val

AWAC 0061

BADGING APPOINTMENT: Please state preferred days of week, and AM or PM.

(AIRPORT SECURITY USE ONLY)

AD TO OPM: BILLING:
LOCAL PRINT: CASH/CHECK:
SON #: 4705 AIR CARRIER: AIR WIS

TIME IN: 7:20 AM/PM
ESCORT BADGE ONLY:
WALK IN:
SCHEDULED APPT:
APPT TIME: _____ AM/PM

ID VERIFICATION:
ID #1:
TYPE: CDC
ID#2:
TYPE: DIA 50953

**DENVER INTERNATIONAL AIRPORT
CRIMINAL HISTORY CHECK INFORMATION FORM**
(ALL INFORMATION LISTED BELOW IS NEEDED TO COMPLETE THE CHECK)
PLEASE PRINT CLEARLY

LAST NAME: WILLIAM LEE HOOPER JR ✓
 FIRST NAME: WILLIAM ✓
 MIDDLE NAME: LEE ✓
 SUFFIX (SR.,JR) JR ✓
 DATE OF BIRTH 05/11/56 ✓
 PLACE OF BIRTH HOLLoman AFB NEW MEXICO
 (CITY, STATE, COUNTRY)
 SEX MALE
 RACE C
 HEIGHT 5' 10"
 WEIGHT 175
 COLOR OF EYES BROWN
 COLOR OF HAIR BROWN
 ALIASES NONE
 (ANY OTHER NAMES THAT YOU GO BY)
 CITIZENSHIP U.S.A
 SOCIAL SECURITY NUMBER REDACTED
 ADDRESS 6331 So. Eudora Way
 CITY LITTLETON
 STATE CO
 ZIP 80121
 COMPANY NAME WIR WISCONSIN

Re-Val

AWAC 0062

BADGING APPOINTMENT: Please state preferred days of week, and AM or PM.

(AIRPORT SECURITY USE ONLY)

END TO OPM: BILLING:
 LOCAL PRINT: CASH/CHECK:
 SON #: 470F AIR CARRIER: AIR WIS

TIME IN: 7:20 AM/PM

ESCORT BADGE ONLY:

WALK IN:

SCHEDULED APPT:

APPT TIME: : AM/PM

ID VERIFICATION:

ID #1:

TYPE: CDL

ID#2:

TYPE: DA 50982



Air Wisconsin Airlines Corporation

WILLIAM LEE HOEPER JR.
GROUND INSTRUCTOR

DN: 4615 DOH: 10/20/1996
DOB: 05/11/1956 EXPIRES: 06/07/2004

Acknowledgment of Company ID

This Air Wisconsin ID card is subject to all Company policies by the employee. This card must be surrendered upon demand or separation from the company. Fraudulent, unauthorized use of this card is subject to civil and criminal penalties.

NO ID IS NOT TO BE GIVEN TO EMPLOYEE WITHOUT ORIGINAL ID. FAILURE TO RETURN ORIGINAL ID WILL RESULT IN \$100 DEDUCTED FROM EMPLOYEE PAYCHECK

I understand that as part of my employment with Air Wisconsin Airlines Corporation I am required to carry a Company issued identification card. This ID card may be in addition to any other mandatory card that I am required to carry such as an airport identification card.

My Company ID is the property of Air Wisconsin Airlines Corporation. I understand that its use is subject to all Company policies and that I must surrender my ID card upon demand or separation from the Company. If I fail to do so, I authorize Air Wisconsin Airlines Corporation to deduct \$100 from my paycheck pursuant to Company policy.

I further understand that fraudulent or unauthorized use of my ID card may subject me to civil and criminal penalties.

In the event that informational updates are necessary, my card will be updated and replaced without cost to me. Replacement of lost ID cards will be at my expense of \$25.00. I authorize Air Wisconsin Airlines Corporation to deduct this \$25.00 fee from my paycheck.

William L Hoeper Jr

Employee Name (Print)

4615

Employee ID Number

William L Hoeper Jr

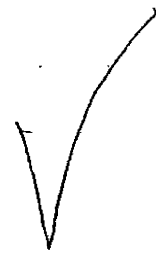
Employee Signature

7-22-02

Date

Reason for issue:

- New Employment
- Lost ID
- Current Employee/Replaced ID





INTER-OFFICE MEMORANDUM

TO: Barbara Pennings
Employee Relations / ATW

FROM: Employee Relations / DEN

DATE:

RE: AWAC ID CARD

Attached is the old AWAC ID for William Hoepel

Employee # 4615, Position/City Gr. Industr.

On the reverse side of the completed Acknowledgement of Company ID form.

Reason for replacement: 2002 Conv.

Air Wisconsin Airlines Corporation
PERSONNEL STATUS CHANGE

NAME William Hooper ID# 4615 SS# _____
POSITION Ground Instructor LOC DEN

PERSONAL STATUS CHANGE:

<input type="checkbox"/> ADDRESS	Street _____	EFFECTIVE DATE _____
	City _____ State _____ Zip Code _____ County _____	*Attach copy of legal documentation; i.e. marriage license, divorce decree, birth certificates, social security card to support requested change
<input type="checkbox"/> PHONE	() _____	
<input type="checkbox"/> MARRIED*	Date of Marriage _____	<input type="checkbox"/> DIVORCED* Date of Divorce _____
<input type="checkbox"/> NAME CHANGE*	Last _____ First _____ Middle _____	
<input type="checkbox"/> DOMESTIC PARTNER	Name _____	
<input type="checkbox"/> DEPENDENT CHILDREN*	Names and Birthdates _____	
<input type="checkbox"/> EMERGENCY CONTACT	Last _____ First _____ Relationship _____ Phone _____	
	Street _____ City _____ State _____ Zip Code _____	

IF POSITION CHANGE

<input type="checkbox"/> TRANSFER	<table border="1"> <tr><th colspan="2">OLD</th><th colspan="2">NEW</th></tr> <tr><td>Title _____</td><td>_____</td><td>Title _____</td><td>_____</td></tr> <tr><td>Dept _____</td><td>_____</td><td>Dept _____</td><td>_____</td></tr> <tr><td>Loc _____ Salary Grade _____</td><td>_____</td><td>Loc _____ Salary Grade _____</td><td>_____</td></tr> <tr><td>Supervisor _____</td><td>_____</td><td>Supervisor _____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp</td><td></td><td><input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp</td><td></td></tr> </table>	OLD		NEW		Title _____	_____	Title _____	_____	Dept _____	_____	Dept _____	_____	Loc _____ Salary Grade _____	_____	Loc _____ Salary Grade _____	_____	Supervisor _____	_____	Supervisor _____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp		EFFECTIVE DATE _____
OLD		NEW																								
Title _____	_____	Title _____	_____																							
Dept _____	_____	Dept _____	_____																							
Loc _____ Salary Grade _____	_____	Loc _____ Salary Grade _____	_____																							
Supervisor _____	_____	Supervisor _____	_____																							
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp																								
<input type="checkbox"/> REINSTATEMENT FROM FURLOUGH		Job Vacancy # _____																								

IF SALARY CHANGE

<input type="checkbox"/> NEW POSITION	From \$ _____ To \$ <u>71172.00</u>	EFFECTIVE DATE <u>7/25/02</u>
<input type="checkbox"/> MERIT INCREASE	Per: <input type="checkbox"/> Hour <input checked="" type="checkbox"/> Annual Which Equals a _____ % Increase	
<input checked="" type="checkbox"/> OTHER	<u>Contract Increase</u>	

IF LEAVE OF ABSENCE:

<input type="checkbox"/> WORKERS COMP*	<input type="checkbox"/> JURY DUTY	<input type="checkbox"/> UNION	EFFECTIVE DATE _____
<input type="checkbox"/> MILITARY*	<input type="checkbox"/> FUNERAL (Relationship) _____		
<input type="checkbox"/> MEDICAL*	<input type="checkbox"/> OTHER* _____		RETURN DATE: _____
<input type="checkbox"/> FMLA*	<input type="checkbox"/> SUSPENSION*- Reason _____		
Forms Submitted			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY		

*Additional Documentation must be attached

COMMENTS: 90 hours per month at \$65.90 per hour

5-6 year CL-65 captain rate

SIGNATURES: _____ DATE: _____

EMPLOYEE _____

SUPERVISOR AN F Baw 7/25/02

DEPT. HEAD W 7/25/02

V.P./ PRES _____

ER Mone Grassl 7/31/02

PERSONNEL STATUS CHANGE

NAME William Hooper ID# 4615 S.S. # _____
LOCATION DEN DEPT Flight POSITION Ground Instructor

IF PERSONAL STATUS CHANGE:

<input type="checkbox"/>	ADDRESS	Street _____	City _____	State _____	Zip _____	EFFECTIVE DATE: _____
<input type="checkbox"/>	PHONE	() _____				
<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced			
<input type="checkbox"/>	NAME CHANGE	Last _____	First _____	M.I. _____	*Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.	
<input type="checkbox"/>	DEPENDENT CHILDREN	Names and Birthdates _____				*Attach copy of legal documentation; i.e., birth certificates, adoption papers.
<input type="checkbox"/>	EMERGENCY CONTACT	Last Name _____	First _____	Relationship _____	Phone () _____	
		Street _____	City _____	State _____	Zip _____	

IF POSITION CHANGE:

<input type="checkbox"/>	NEW POSITION	OLD Title _____	NEW Title _____	EFFECTIVE DATE: _____
<input type="checkbox"/>	TRANSFER	OLD Dept. _____	NEW Dept. _____	
<input type="checkbox"/>	REINSTATEMENT FROM FURLOUGH	OLD Location _____	NEW Location _____	BID AWARD # _____
		OLD Salary Grade _____	NEW Salary Grade _____	
		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp	

IF LEAVE OF ABSENCE:

<input type="checkbox"/>	FMLA*	<input type="checkbox"/>	MEDICAL*	<input type="checkbox"/>	FUNERAL Relationship _____	Borrowing Sick Time <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	WORKER'S COMP*	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	UNION	
		<input type="checkbox"/>		<input type="checkbox"/>	JURY DUTY	
		<input type="checkbox"/>		<input type="checkbox"/>	MILITARY	
		<input type="checkbox"/>		<input type="checkbox"/>	SUSPENSION	
				<input type="checkbox"/>	With Pay	<input type="checkbox"/> Without Pay

*Commencement Date _____ Attach Medical Documentation
*Return Date _____ Attach Medical Documentation

IF SALARY CHANGE:

<input type="checkbox"/>	NEW POSITION	From \$ _____	To \$ <u>6114.60</u>	EFFECTIVE DATE: <u>10/7/02</u>
<input type="checkbox"/>	MERIT INCREASE			
<input checked="" type="checkbox"/>	OTHER <u>Contract increase - employment anniversary</u>	Which Equals a _____ % Increase		Per <input type="checkbox"/> Hour <input checked="" type="checkbox"/> Monthly

IF SEPARATION FROM COMPANY: Note: Employee signature not required for processing.

<input type="checkbox"/>	VOLUNTARY	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	EFFECTIVE DATE: _____
<input type="checkbox"/>	RESIGNED	Vacation to be Paid _____	
<input type="checkbox"/>	RETIRED	Date Separation Kit Given to Employee _____	Last Day Worked _____
		Check the Following:	2-Week Advance Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	INVOLUNTARY	Returned ID Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	Deductions to be Made From Final Paycheck _____
<input type="checkbox"/>	COMPLETED SEASONAL EMPLOYMENT PERIOD	Returned Travel Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	
<input type="checkbox"/>	FAILED PROBATION	* Deduct \$100 for Each Not Returned	
<input type="checkbox"/>	ADMINISTRATIVE TERMINATION		
<input type="checkbox"/>	DISCHARGED * Reason: _____		
<input type="checkbox"/>	FURLOUGH <input type="checkbox"/> PT <input type="checkbox"/> FT		

COMMENTS: 6 year CLG5 captain rate 90 hours at \$67.94 per hour

SIGNATURE:	DATE:
EMPLOYEE _____	_____
SUPERVISOR <u>JTF-Bauer</u>	<u>10/7/02</u>
DEPT. HEAD <u>[Signature]</u>	<u>10/7/02</u>
V.P. / PRES. <u>[Signature]</u>	
ER/PSNL _____	

PERSONNEL STATUS CHANGE

NAME William Hooper
LOCATION DEN DEPT FLT

ID# 4615 S.S. # _____
POSITION Ground Instructor

IF PERSONAL STATUS CHANGE:

<input type="checkbox"/>	ADDRESS	Street _____	City _____	State _____	Zip _____	EFFECTIVE DATE _____
<input type="checkbox"/>	PHONE	() _____				
<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced			
<input type="checkbox"/>	NAME CHANGE	Last _____	First _____	M.I. _____	*Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.	
<input type="checkbox"/>	DEPENDENT CHILDREN	Names and Birthdates _____		*Attach copy of legal documentation; i.e., birth certificate, adoption papers.		
<input type="checkbox"/>	EMERGENCY CONTACT	Last Name _____	First _____	Relationship _____	Phone _____	
		Street _____	City _____	State _____	Zip _____	

IF POSITION CHANGE:

<input checked="" type="checkbox"/>	NEW POSITION	<input type="checkbox"/> OLD Title <u>Ground Instructor</u> Dept. <u>Flight</u> Location <u>DEN</u> Salary Grade <u>4</u>	<input type="checkbox"/> NEW Title <u>Lead Ground Instructor</u> Dept. <u>Flight</u> Location <u>DEN</u> Salary Grade <u>4</u>	EFFECTIVE DATE <u>10/1/02</u>	
<input type="checkbox"/>	TRANSFER				
<input type="checkbox"/>	REINSTATEMENT FROM FURLOUGH	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Regular	<input type="checkbox"/> Temp
				BID AWARD # _____	

IF LEAVE OF ABSENCE:

<input type="checkbox"/>	FMLA*	<input type="checkbox"/>	MEDICAL*	<input type="checkbox"/>	FUNERAL Relationship _____	Borrowing Sick Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	WORKER'S COMP*	<input type="checkbox"/>	UNION	<input type="checkbox"/>	JURY DUTY			
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	MILITARY	<input type="checkbox"/>	SUSPENSION			
*Commencement Date _____				<input type="checkbox"/> With Pay		<input type="checkbox"/> Without Pay		
Attach Medical Documentation								
*Return Date _____								
Attach Medical Documentation								

IF SALARY CHANGE:

<input type="checkbox"/>	NEW POSITION				EFFECTIVE DATE _____
<input type="checkbox"/>	MERIT INCREASE	From \$ _____	To \$ _____	Per _____	
<input type="checkbox"/>	OTHER _____	Which Equals a _____ % Increase		<input type="checkbox"/> Hour	<input type="checkbox"/> Monthly

IF SEPARATION FROM COMPANY: Note: Employee signature not required for processing.

<input type="checkbox"/>	VOLUNTARY	Eligible for Rehire	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EFFECTIVE DATE _____	
<input type="checkbox"/>	RESIGNED	Vacation to be Paid _____				
<input type="checkbox"/>	RETIRED	Date Separation Kit Given to Employee _____	Last Day Worked _____			
<input type="checkbox"/>	INVOLUNTARY	Check the Following:				
<input type="checkbox"/>	COMPLETED SEASONAL EMPLOYMENT PERIOD	Returned ID Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No *	2-Week Advance Notice Given:	
<input type="checkbox"/>	FAILED PROBATION	Returned Travel Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	ADMINISTRATIVE TERMINATION	* Deduct \$100 for Each Not Returned		Deductions to be Made From Final Paycheck _____		
<input type="checkbox"/>	DISCHARGED * Reason: _____					
<input type="checkbox"/>	FURLOUGH	<input type="checkbox"/> PT	<input type="checkbox"/> FT	AWAC 0069		

COMMENTS: Title change ONLY

SIGNATURE:	DATE:
EMPLOYEE _____	_____
SUPERVISOR <u>[Signature]</u>	<u>9/24/02</u>
DEPT. HEAD <u>[Signature]</u>	<u>10/1/02</u>
V.P. / PRES. <u>[Signature]</u>	<u>10/8/02</u>
ER/PRSNL _____	_____

Transfers / Promotions Routing

Employee Name William HoeperEmployee # 44615

Date Fax Received _____

Vacancy # _____

Date Original Received 10-7-02

Step	Who	Initials	Date	Action
1	Admin			<input checked="" type="checkbox"/> Review PSC for completeness <input type="checkbox"/> Determine Vacancy #, Effective date & Enter in Bids <i>(Gpuser/G_hrs/bids/02bids.xls)</i> <input type="checkbox"/> If Overage or No Vacancy - See/Notify Mary immediately <input checked="" type="checkbox"/> Write old and new status code on PSC <input checked="" type="checkbox"/> Change Job Code/Status in HR11 <input checked="" type="checkbox"/> Current Supervisor/Indirect Supervisor for Salaried <input checked="" type="checkbox"/> Check Assignment screen for "Revert" Reg to temp/temp to Reg <input checked="" type="checkbox"/> Checksort/Loc <input type="checkbox"/> Union Code <input type="checkbox"/> Mail Group <input type="checkbox"/> Pension CD <input checked="" type="checkbox"/> Paydate <input type="checkbox"/> Address Change <input checked="" type="checkbox"/> Seniority Program <input checked="" type="checkbox"/> Determine New Rate of Pay (if applicable) <input checked="" type="checkbox"/> Enter name in g_hrs/Seniority/Seniority Tasks if Agent or Mech transfers to Salaried or out of bargaining agreement. <input checked="" type="checkbox"/> Make 2 photocopies of PSC <input checked="" type="checkbox"/> Route one copy to Payroll <input checked="" type="checkbox"/> Route original to Bobbi to send for signature <input checked="" type="checkbox"/> Attach one copy to routing sheet <input checked="" type="checkbox"/> If applicable, record in /XL G:hrs/forms/transfer/2002 transfers <input checked="" type="checkbox"/> Pull Personnel file and Benefit file <input checked="" type="checkbox"/> Record change on Personnel file <input type="checkbox"/> Issue New ID Card (if applicable) <i>emailed Bev</i> <input checked="" type="checkbox"/> Attach Bid Award/Benefits Letter <i>Route to Lisa</i>
2	Lisa	<i>LB</i>	<u>10/8</u>	<input type="checkbox"/> Review for benefit issues <input type="checkbox"/> If applicable, request benefit packet be sent by Admin Support <i>route to Jenny</i> _____ Date requested _____
3	Jenny	<i>JL</i>	<u>10.8</u>	<input checked="" type="checkbox"/> Review for retirement issues <input checked="" type="checkbox"/> Review for relocation issues <i>Route to Shari</i>
3	Shari	<i>SH</i>	<u>10/09/02</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this EE going from a <i>non-safety sensitive</i> position to a <i>safety sensitive</i> position? <input checked="" type="checkbox"/> Job Code/PA21 reflects correct category <i>Route to Tori</i>
4	Tori	<i>TS</i>	<u>10.9</u>	<input checked="" type="checkbox"/> Match routing with original & signed PSC <i>file cabinet</i>

Comments / Notes:

Title Change Only

PERSONNEL STATUS CHANGE

NAME: William Hooper ID# 4615 S.S. # _____
LOCATION: DEN DEPT: FLT POSITION: Ground Instructor

IF PERSONAL STATUS CHANGE:

<input type="checkbox"/>	ADDRESS	Street _____	City _____	State _____	Zip _____	EFFECTIVE DATE: _____
<input type="checkbox"/>	PHONE	() _____				
<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced			
<input type="checkbox"/>	NAME CHANGE	Last _____	First _____	M.I. _____	*Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.	
<input type="checkbox"/>	DEPENDENT CHILDREN	Names and Birthdates _____				
<input type="checkbox"/>	EMERGENCY CONTACT	*Attach copy of legal documentation; i.e., birth certificate, adoption papers.				
<input type="checkbox"/>		Last Name _____	First _____	Relationship _____	Phone _____	
		Street _____	City _____	State _____	Zip _____	

IF POSITION CHANGE:

<input checked="" type="checkbox"/>	NEW POSITION	<input type="checkbox"/> OLD Title: <u>Ground Instructor</u> Dept: <u>Flight</u> Location: <u>DEN</u> Salary Grade: <u>4</u>	<input checked="" type="checkbox"/> NEW Title: <u>Lead Ground Instructor</u> Dept: <u>Flight</u> Location: <u>DEN</u> Salary Grade: <u>4</u>	EFFECTIVE DATE: <u>10/1/02</u>	
<input type="checkbox"/>	TRANSFER				BID AWARD # _____
<input type="checkbox"/>	REINSTATEMENT FROM FURLOUGH	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Regular <input type="checkbox"/> Temp			

IF LEAVE OF ABSENCE:

<input type="checkbox"/>	FMLA*	<input type="checkbox"/>	MEDICAL*	<input type="checkbox"/>	FUNERAL Relationship _____	Borrowing Sick Time <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	WORKER'S COMP*	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	UNION	
				<input type="checkbox"/>	JURY DUTY	
				<input type="checkbox"/>	MILITARY	
				<input type="checkbox"/>	SUSPENSION	
				<input type="checkbox"/>	With Pay	<input type="checkbox"/> Without Pay
	*Commencement Date _____		Attach Medical Documentation			
	*Return Date _____		Attach Medical Documentation			

IF SALARY CHANGE:

<input type="checkbox"/>	NEW POSITION				EFFECTIVE DATE: _____
<input type="checkbox"/>	MERIT INCREASE	From \$ _____	To \$ _____	Per _____	
<input type="checkbox"/>	OTHER _____	Which Equals a _____ % Increase			<input type="checkbox"/> Hour <input type="checkbox"/> Monthly

IF SEPARATION FROM COMPANY: Note: Employee signature not required for processing.

<input type="checkbox"/>	VOLUNTARY	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	EFFECTIVE DATE: _____
<input type="checkbox"/>	RESIGNED	Vacation to be Paid _____	
<input type="checkbox"/>	RETIRED	Date Separation Kit Given to Employee _____	Last Day Worked _____
<input type="checkbox"/>	INVOLUNTARY	Check the Following:	2-Week Advance Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	COMPLETED SEASONAL EMPLOYMENT PERIOD	Returned ID Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	
<input type="checkbox"/>	FAILED PROBATION	Returned Travel Card <input type="checkbox"/> Yes <input type="checkbox"/> No *	Deductions to be Made From Final Paycheck _____
<input type="checkbox"/>	ADMINISTRATIVE TERMINATION	* Deduct \$100 for Each Not Returned	
<input type="checkbox"/>	DISCHARGED * Reason: _____		
<input type="checkbox"/>	FURLOUGH <input type="checkbox"/> PT <input type="checkbox"/> FT	AWAC 0071	

COMMENTS: <u>Title change ONLY</u>	SIGNATURE: EMPLOYEE _____	DATE: _____
	SUPERVISOR: <u>Michael F Baw</u>	<u>9/24/02</u>
	DEPT. HEAD: <u>[Signature]</u>	<u>10/1/02</u>
	V.P. / PRES. _____	
	ER/PRSNL: <u>TWS</u>	<u>10-8-02</u>



BP
11-21-02

Air Wisconsin Airlines Corporation
PERSONNEL STATUS CHANGE

NAME William Hooper ID# 4615 S.S. # _____
LOCATION DEN DEPT FLT POSITION Lead Ground Instructor

IF PERSONAL STATUS CHANGE:

<input type="checkbox"/>	ADDRESS	Street _____	City _____	State _____	Zip _____	EFFECTIVE DATE _____
<input type="checkbox"/>	PHONE	() _____				
<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced			
<input type="checkbox"/>	NAME CHANGE	Last _____	First _____	M.I. _____	*Attach copy of legal documentation; i.e., marriage license, divorce decree, social security card to support requested change.	
<input type="checkbox"/>	DEPENDENT CHILDREN	Names and Birthdates _____				*Attach copy of legal documentation; i.e., birth certificate, adoption papers.
<input type="checkbox"/>	EMERGENCY CONTACT	Last Name _____	First _____	Relationship _____	Phone () _____	
		Street _____	City _____	State _____	Zip _____	

IF POSITION CHANGE:

<input type="checkbox"/>	NEW POSITION	OLD	Title _____	Dept. _____	NEW	Title _____	Dept. _____	EFFECTIVE DATE _____	
<input type="checkbox"/>	TRANSFER	Location _____	Salary Grade _____	Location _____	Salary Grade _____	BID AWARD # _____			
<input type="checkbox"/>	REINSTATEMENT FROM FURLOUGH	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Regular	<input type="checkbox"/> Temp	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Regular	<input type="checkbox"/> Temp

IF LEAVE OF ABSENCE:

<input type="checkbox"/>	FMLA*	<input type="checkbox"/>	MEDICAL*	<input type="checkbox"/>	FUNERAL Relationship _____	Borrowing Sick Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	WORKER'S COMP*	<input type="checkbox"/>	UNION	<input type="checkbox"/>	JURY DUTY			
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	MILITARY	<input type="checkbox"/>	SUSPENSION	<input type="checkbox"/> With Pay	<input type="checkbox"/> Without Pay	
*Commencement Date _____ Attach Medical Documentation								
*Return Date _____ Attach Medical Documentation								

IF SALARY CHANGE:

<input type="checkbox"/>	NEW POSITION					EFFECTIVE DATE _____
<input type="checkbox"/>	MERIT INCREASE	From \$ _____	To \$ <u>7337.70</u>	Per <u>Month</u>	<input type="checkbox"/> Hour	<input checked="" type="checkbox"/> Monthly
<input checked="" type="checkbox"/>	OTHER <u>Contract Increase - Junior pilot w/ flying at 146 CA</u>	Which Equals a _____ % Increase				

IF SEPARATION FROM COMPANY:

Note: Employee signature not required for processing.

<input type="checkbox"/>	VOLUNTARY	Eligible for Rehire	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EFFECTIVE DATE _____
<input type="checkbox"/>	RESIGNED	Vacation to be Paid _____			
<input type="checkbox"/>	RETIRED	Date Separation Kit Given to Employee _____	Last Day Worked _____		
<input type="checkbox"/>	INVOLUNTARY	Check the Following:			
<input type="checkbox"/>	COMPLETED SEASONAL EMPLOYMENT PERIOD	Returned ID Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No *	2-Week Advance Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	FAILED PROBATION	Returned Travel Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No *	Deductions to be Made From Final Paycheck _____
<input type="checkbox"/>	ADMINISTRATIVE TERMINATION	* Deduct \$100 for Each Not Returned			
<input type="checkbox"/>	DISCHARGED * Reason: _____				
<input type="checkbox"/>	FURLOUGH	<input type="checkbox"/> PT	<input type="checkbox"/> FT		

AWAC 0072

COMMENTS: <u>6 year 146 Captain rate - 90 hours at \$81.53 per hour</u>	SIGNATURE: EMPLOYEE _____	DATE: _____
	SUPERVISOR <u>[Signature]</u>	<u>11/11/02</u>
	DEPT. HEAD <u>[Signature]</u>	<u>11/14/02</u>
	V.P. / PRES. <u>[Signature]</u>	<u>11/21/02</u>
	ER/PRSNL _____	



Air Wisconsin Airlines Corporation

LICENSES

Company policy requires a valid **drivers license** for the positions listed below.

- Passenger Service Agent
- ~~Customer Service Management~~
- GSE Mechanic
- A & P Mechanic
- Lead Mechanic
- Inspector
- Avionics Technician
- Parts/Supply Clerk
- Lead Cleaner/Cleaner

GROUND INSTRUCTOR

Should your driver's license expire, be suspended or revoked, it is your responsibility to notify Air Wisconsin Airlines Corp. Failure to do so will result in disciplinary action, up to and including termination.

Company policy requires valid **A & P licenses** for the positions listed below.

- A & P Mechanic
- Lead Mechanic
- Inspector
- Avionics Technician (**FCC license** also required)

Should your A & P license(s) or FCC license be suspended or revoked, it is your responsibility to notify Air Wisconsin Airlines Corp. Failure to do so will result in disciplinary action, up to and including termination.

William L Hooper
(Employee Signature)

William L Hooper Jr
(Employee Name) (Print)

Emp# 4615

(date) MARCH 26 2003

PERSONNEL STATUS CHANGE

NAME William Hooper ID# 4615 SS# _____
POSITION Lead Ground Instructor LOC _____

PERSONAL STATUS CHANGE:

<input type="checkbox"/> ADDRESS	Street _____ City _____ State _____ Zip Code _____ County _____	EFFECTIVE DATE: _____
<input type="checkbox"/> PHONE	() _____	*Attach copy of legal documentation; i.e. marriage license, divorce decree, birth certificates, social security card to support requested change
<input type="checkbox"/> MARRIED*	Date of Marriage _____	
<input type="checkbox"/> DIVORCED*	Date of Divorce _____	
<input type="checkbox"/> NAME CHANGE*	Last _____ First _____ Middle _____	
<input type="checkbox"/> DOMESTIC PARTNER	Name _____	
<input type="checkbox"/> DEPENDENT CHILDREN*	Names and Birthdates _____	
<input type="checkbox"/> EMERGENCY CONTACT	Last _____ First _____ Relationship _____ Street _____ City _____ State _____ Zip Code _____	Phone () _____

IF POSITION CHANGE

<input type="checkbox"/> TRANSFER <input type="checkbox"/> REINSTATEMENT FROM FURLOUGH	OLD	NEW	EFFECTIVE DATE: _____
	Title _____ Dept _____ Loc _____ Salary Grade _____ Supervisor _____ <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp	Title _____ Dept _____ Loc _____ Salary Grade _____ Supervisor _____ <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp	Job Vacancy # _____

IF SALARY CHANGE

<input type="checkbox"/> NEW POSITION	From \$ _____ To \$ <u>93949.20</u>	EFFECTIVE DATE: <u>8/1/03</u>
<input type="checkbox"/> MERIT INCREASE	Per. <input type="checkbox"/> Hour <input checked="" type="checkbox"/> Annual Which Equals a _____ % Increase	
<input checked="" type="checkbox"/> OTHER	<u>Contract increase</u>	

IF LEAVE OF ABSENCE:

<input type="checkbox"/> WORKERS COMP*	<input type="checkbox"/> JURY DUTY	<input type="checkbox"/> UNION	EFFECTIVE DATE: _____
<input type="checkbox"/> MILITARY*	<input type="checkbox"/> FUNERAL (Relationship) _____		RETURN DATE: _____
<input type="checkbox"/> MEDICAL*	<input type="checkbox"/> OTHER* _____		
<input type="checkbox"/> FMLA*	<input type="checkbox"/> SUSPENSION*- Reason _____		
Forms Submitted	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY	

*Additional Documentation must be attached

COMMENTS: <u>7 year 146 captain rate. 90 hours per month at \$86.99 per hour</u>	SIGNATURES:	DATE:
	EMPLOYEE _____	
	SUPERVISOR <u>M F Baum</u>	<u>7/24/03</u>
	DEPT. HEAD <u>ETA-O</u>	<u>8-14-03</u>
	V.P. / PRES <u>CPWA Spomer</u>	<u>8-14-03</u>
	ER _____	

Air Wisconsin Airlines Corporation
PERSONNEL STATUS CHANGE

NAME William Hooper ID# _____ SS# _____
POSITION Lead _____ LOC _____

PERSONAL STATUS CHANGE:

<input type="checkbox"/> ADDRESS	Street _____ City _____ State _____ Zip Code _____ County _____	EFFECTIVE DATE: _____
<input type="checkbox"/> PHONE	() _____	*Attach copy of legal documentation; i.e. marriage license, divorce decree, birth certificates, social security card to support requested change
<input type="checkbox"/> MARRIED*	Date of Marriage _____	
<input type="checkbox"/> DIVORCED*	Date of Divorce _____	
<input type="checkbox"/> NAME CHANGE*	Last _____ First _____ Middle _____	
<input type="checkbox"/> DOMESTIC PARTNER	Name _____	
<input type="checkbox"/> DEPENDENT CHILDREN*	Names and Birthdates _____	
<input type="checkbox"/> EMERGENCY CONTACT	Last _____ First _____ Relationship _____ Street _____ City _____ State _____ Zip Code _____	Phone () _____

IF POSITION CHANGE

<input type="checkbox"/> TRANSFER <input type="checkbox"/> REINSTATEMENT FROM FURLOUGH	<table border="1"> <tr><th colspan="2">OLD</th></tr> <tr><td>Title _____</td><td>_____</td></tr> <tr><td>Dept _____</td><td>_____</td></tr> <tr><td>Loc _____</td><td>Salary Grade _____</td></tr> <tr><td>Supervisor _____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp</td><td></td></tr> </table>	OLD		Title _____	_____	Dept _____	_____	Loc _____	Salary Grade _____	Supervisor _____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp		<table border="1"> <tr><th colspan="2">NEW</th></tr> <tr><td>Title _____</td><td>_____</td></tr> <tr><td>Dept _____</td><td>_____</td></tr> <tr><td>Loc _____</td><td>Salary Grade _____</td></tr> <tr><td>Supervisor _____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp</td><td></td></tr> </table>	NEW		Title _____	_____	Dept _____	_____	Loc _____	Salary Grade _____	Supervisor _____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp		EFFECTIVE DATE: _____
	OLD																										
Title _____	_____																										
Dept _____	_____																										
Loc _____	Salary Grade _____																										
Supervisor _____	_____																										
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp																											
NEW																											
Title _____	_____																										
Dept _____	_____																										
Loc _____	Salary Grade _____																										
Supervisor _____	_____																										
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp																											
	Job Vacancy # _____																										

IF SALARY CHANGE

<input type="checkbox"/> NEW POSITION	Pay Date <u>10-20-96</u> From \$ <u>88,052.40</u> To \$ <u>91,130.40</u>	EFFECTIVE DATE: <u>8-1-03</u>
<input type="checkbox"/> MERIT INCREASE	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Annual Which Equals a _____ % Increase	
<input checked="" type="checkbox"/> OTHER	<u>Contract Increase</u> <u>Correction to Pay</u>	

IF LEAVE OF ABSENCE:

<input type="checkbox"/> WORKERS COMP*	<input type="checkbox"/> JURY DUTY	<input type="checkbox"/> UNION	EFFECTIVE DATE: _____
<input type="checkbox"/> MILITARY*	<input type="checkbox"/> FUNERAL (Relationship) _____		
<input type="checkbox"/> MEDICAL*	<input type="checkbox"/> OTHER* _____		RETURN DATE: _____
<input type="checkbox"/> FMLA*	<input type="checkbox"/> SUSPENSION* Reason _____		
Forms Submitted			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY		

*Additional Documentation must be attached

COMMENTS:	SIGNATURES:	DATE:
	EMPLOYEE _____	_____
	SUPERVISOR <u>Let A. O.</u>	<u>8-20-03</u>
	DEPT. HEAD _____	
	V.P. / PRES <u>Blomman 8/22/03</u>	
	ER _____	



INTER-OFFICE MEMORANDUM

William Hooper Jr.
Employee Relations / ATW
Employee Relations / DEN

RE: AWAC ID CARD

Attached is the old AWAC ID for Bill Hooper

Employee # 4615, Position/City Lead G. Inst. Den

On the reverse side of the completed Acknowledgement of Company ID form.

Reason for replacement: TSA





COMPANY ID BADGE REQUIREMENTS FOR EMPLOYEES

REPLACEMENT ID IS NOT TO BE GIVEN TO EMPLOYEE WITHOUT EXCHANGE OF CURRENT ID
FAILURE TO RETURN ORIGINAL ID WILL RESULT IN \$100 DEDUCTED FROM EMPLOYEE
PAYCHECK

As part of your employment with Air Wisconsin Airlines Corporation you are required to carry a Company issued identification card and/or any other mandatory card that is required such as an airport identification card (SIDA). (You may be charged or payroll deducted applicable amount for any lost or non-returned SIDA badges).

- I will not allow anyone else to use my Company ID badge.
- Fraudulent or unauthorized use of my ID card may subject me to civil and criminal penalties.
- I will wear my ID badge on my outermost garment above the waist at all times when in the restricted area.
- I will challenge and report any individual who is not displaying an ID badge in a SIDA or restricted area and will report the incident to the Airport Operations Department or Airport Police.
- I will ensure proper closing and locking of any AOA door or gate I use.
- I will not allow anyone to follow me through any AOA door or gate.
- I will report immediately any security violation I witness to the Airport Operations Department or Airport Police.
- I will report the theft or loss of my ID badge immediately to Employee Relations in ATW, DEN, or ORD. Replacement of lost ID cards will be at my expense of \$25.00. I authorize Air Wisconsin Airlines Corporation to deduct this \$25.00 fee from my paycheck.
- In the event that informational updates are necessary, my card will be updated and replaced without cost to me.
- My Company ID is the property of Air Wisconsin Airlines Corporation and its use is subject to all Company policies. I must surrender my ID card upon demand or separation from the Company. If I fail to do so, I authorize Air Wisconsin Airlines Corporation to deduct \$100 from my paycheck pursuant to Company policy.

Reason for issue:

- New Employment
 Current Employee/Replaced ID

William Hoepfer
 Employee Name (Print)

William Hoepfer
 Employee Signature

4615
 Employee ID Number

10-20-03
 Date

OCCUPATIONAL EXPERIENCE VERIFICATION
(For Private Occupational School Instructor Applicants)

Applicant: One of the requirements for granting a credential to instruct is the verification of successful paid occupational experience (**Non-Teaching**) in the specific skill area to be taught. Experience requirement is 2 years (or 4,000 hours) with a show of degree/license or certificate of training in the occupational area. 5 years or (10,000 hours) is required for areas where no degree/license/certificate exists (for example: upholstery). Exceptions are modeling and tax preparation, requirement is 1,000 hours with training. All occupational experience must be after age 16 and must be within the LAST 10 YEARS. 1,000 of these hours must be within the LAST 5 YEARS. ****Self-employment MUST be Notarized.**

****NOTE:** This form is to be submitted with the initial application for Private School Instructor Credential. Please copy this form if you need to verify with more than one employer. Do not submit separately.

TO BE COMPLETED BY THE APPLICANT

Last Name	First Name	Middle Initial
HOEPER JR.	WILLIAM	L
Mailing Address	City/State	Zip Code
6331 SOUTH EUDORA WAY	CENTENNIAL CO	80121

In making application for a Division of Private Occupational Schools Personnel Credential to teach: (e.g., Auto Mechanics, Data Processing, Electronics, etc.)

Program Area
AVIATION TRAINING CLASSROOM AND SIMULATOR

I authorize my present or former employer.

Firm Name	Address of Firm
AIR WISCONSIN AIRLINES	W 6390 CHALLENGER DRIVE APPLETON WI 54914-9120

to furnish the credentialing officer the following information.

Date	Applicant Signature
12-4-03	William Lee Hooper Jr.

Important! The following section must be completed or the form is not valid.

TO BE COMPLETED BY THE EMPLOYER OR SELF (IF SELF-EMPLOYED):

Note-- Please return this form to the applicant. Self-employment must be notarized.

The above named person was employed by us from:

From Date	To Date	A period of	This was Full-time employment.	This was Part-time employment.	Total hours worked
10/20/1996	present	7 years	✓		Unknown

She / He was employed as a:

Pilot and Lead Ground Instructor

Description of job duties:

Pilot + Ground-instructing

Is she / he considered a skilled, competent, and successful worker in her / his field? N/A
 (above is optional depending on internal policy)

Additional Comments:

Firm	Address	City, State, Zip	Phone
Air Wisconsin Airlines Corp.	W6390 Challenger Dr. Suite 203	Appleton, WI 54914	(920) 749-7674

Authorized Signature	Title	Date
<i>Shari J. Phil</i>	Employee Relations Administrator	12/23/03

Self-employment must be notarized
 - Place for Notary -

After this form is completed, please return it to the applicant, do not mail separately to Credentialing.

Credentialing
 9101 E. Lowry Boulevard ■ Bldg. 959 ■ Denver, CO 80230

The Division of Private Occupational Schools and the Colorado Community College System do not unlawfully discriminate on the basis of race, color, religion, national origin, sex, age or handicap in admission or access to, or treatment or employment in, its educational programs or activities. Inquiries concerning Title VI, Title IX and Section 504 may be referred to the Affirmative Action Director, Colorado Community College System, 9101 E. Lowry Blvd., Denver, Co. 80230. Or to the Office of Civil Rights, U.S. Department of Education, 1691 Stout Street, Denver, Co. 80204.

Air Wisconsin Airlines Corporation
PERSONNEL STATUS CHANGE

NAME William Hooper Jr.

ID# 4615

SS#

POSITION:

LOC DEW F17

PERSONAL STATUS CHANGE:

<input type="checkbox"/> ADDRESS	Street _____	EFFECTIVE DATE: _____
	City _____ State _____ Zip Code _____ County _____	*Attach copy of legal documentation; i.e. marriage license, divorce decree, birth certificates, social security card to support requested change
<input type="checkbox"/> PHONE	(____) _____	
<input type="checkbox"/> MARRIED*	Date of Marriage _____	<input type="checkbox"/> DIVORCED* Date of Divorce _____
<input type="checkbox"/> NAME CHANGE*	Last _____ First _____ Middle _____	
<input type="checkbox"/> DOMESTIC PARTNER	Name _____	
<input type="checkbox"/> DEPENDENT CHILDREN*	Names and Birthdates _____	
<input type="checkbox"/> EMERGENCY CONTACT	Last _____ First _____ Relationship _____ Phone (____) _____	
	Street _____ City _____ State _____ Zip Code _____	

IF POSITION CHANGE

<input type="checkbox"/> TRANSFER	OLD	NEW	EFFECTIVE DATE: _____
	Title _____ Dept _____ Loc _____ Salary Grade _____ Supervisor _____ <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp	Title _____ Dept _____ Loc _____ Salary Grade _____ Supervisor _____ <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp	Job Vacancy # _____
<input type="checkbox"/> REINSTATEMENT FROM FURLOUGH			

IF SALARY CHANGE

<input type="checkbox"/> NEW POSITION	From \$ <u>91,130.40</u>	To \$ <u>80,125.20</u>	EFFECTIVE DATE: <u>10-1-03</u>
<input type="checkbox"/> MERIT INCREASE	Per. <input type="checkbox"/> Hour <input type="checkbox"/> Annual	Which Equals a _____ % Increase	
<input checked="" type="checkbox"/> OTHER			

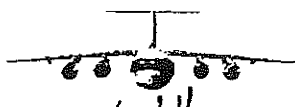
IF LEAVE OF ABSENCE:

<input type="checkbox"/> WORKERS COMP*	<input type="checkbox"/> JURY DUTY	<input type="checkbox"/> UNION	EFFECTIVE DATE: _____
<input type="checkbox"/> MILITARY*	<input type="checkbox"/> FUNERAL (Relationship) _____		
<input type="checkbox"/> MEDICAL*	<input type="checkbox"/> OTHER* _____		RETURN DATE: _____
<input type="checkbox"/> FMLA*	<input type="checkbox"/> SUSPENSION*- Reason _____		
Forms Submitted			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY		

*Additional Documentation must be attached

COMMENTS: LOA #8
7 year 146 CA
19 x 90 x 12 = Annual Salary

SIGNATURES: DATE:
 EMPLOYEE William Hooper (SAO) 10-6-03
 SUPERVISOR M. F. ... 10-6-03
 DEPT. HEAD ... 10-6-03
 V.P. / PRES ... 10/1/03
 ER _____



Air Wisconsin Airlines Corporation
PERSONNEL STATUS CHANGE

NAME William Hooper Jr ID# 4615 SS# _____
POSITION _____ LOC DEW FLT

PERSONAL STATUS CHANGE:

<input type="checkbox"/> ADDRESS	Street _____	EFFECTIVE DATE: _____
	City _____ State _____ Zip Code _____ County _____	*Attach copy of legal documentation; i.e. marriage license, divorce decree, birth certificates, social security card to support requested change
<input type="checkbox"/> PHONE	(____) _____	
<input type="checkbox"/> MARRIED*	Date of Marriage _____	<input type="checkbox"/> DIVORCED* Date of Divorce _____
<input type="checkbox"/> NAME CHANGE*	Last _____ First _____ Middle _____	
<input type="checkbox"/> DOMESTIC PARTNER	Name _____	
<input type="checkbox"/> DEPENDENT CHILDREN*	Names and Birthdates _____	
<input type="checkbox"/> EMERGENCY CONTACT	Last _____ First _____ Relationship _____ Phone (____) _____	
	Street _____ City _____ State _____ Zip Code _____	

IF POSITION CHANGE

<input type="checkbox"/> TRANSFER <input type="checkbox"/> REINSTATEMENT FROM FURLOUGH	OLD	NEW	EFFECTIVE DATE: _____
	Title _____ Dept _____ Loc _____ Salary Grade _____ Supervisor _____ <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp	Title _____ Dept _____ Loc _____ Salary Grade _____ Supervisor _____ <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp	Job Vacancy # _____

IF SALARY CHANGE

<input type="checkbox"/> NEW POSITION	From \$ <u>80,125.20</u>	To \$ <u>82,609.20</u>	EFFECTIVE DATE: <u>10-20-03</u>
<input type="checkbox"/> MERIT INCREASE	Per. <input type="checkbox"/> Hour <input type="checkbox"/> Annual	Which Equals a _____ % Increase	
<input checked="" type="checkbox"/> OTHER	<u>Anniversary Increase</u>		

IF LEAVE OF ABSENCE:

<input type="checkbox"/> WORKERS COMP*	<input type="checkbox"/> JURY DUTY	<input type="checkbox"/> UNION	EFFECTIVE DATE: _____
<input type="checkbox"/> MILITARY*	<input type="checkbox"/> FUNERAL (Relationship) _____		RETURN DATE: _____
<input type="checkbox"/> MEDICAL*	<input type="checkbox"/> OTHER* _____		
<input type="checkbox"/> FMLA*	<input type="checkbox"/> SUSPENSION*- Reason _____		
Forms Submitted	_____		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY		

*Additional Documentation must be attached

COMMENTS: <u>8 year 146 CA</u> <u>49 x 90 x 12 = Annual Salary</u>	SIGNATURES:	DATE:
	EMPLOYEE <u>William Hooper</u>	<u>10-6-03</u>
	SUPERVISOR <u>M Flan</u>	<u>6/1/03</u>
	DEPT. HEAD <u>let a o</u>	<u>10-6-03</u>
	V.P./PRES <u>WJ</u>	<u>10/11/03</u>
ER _____		

Air Wisconsin Airlines Corporation
PERSONNEL STATUS CHANGE

NAME William L. Hooper ID# 4615 SS# _____
POSITION CRJ CA LOC DEN

PERSONAL STATUS CHANGE:

ADDRESS _____ EFFECTIVE DATE: _____
Street _____

PHONE (____) _____

MARRIED* Date of Marriage _____ DIVORCED* Date of Divorce _____

NAME CHANGE* Last _____ First _____ Middle _____

DOMESTIC PARTNER Name _____

DEPENDENT CHILDREN* Names and Birthdates _____

EMERGENCY CONTACT Last _____ First _____ Relationship _____ Phone _____
Street _____ City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____ County _____

*Attach copy of legal documentation; i.e. marriage license, divorce decree, birth certificates, social security card to support requested change

IF POSITION CHANGE

TRANSFER Title CRJ Lead Ground Instructor Title CRJ CA EFFECTIVE DATE: 4-23-04
Loc DEN Salary Grade _____ Loc DEN Salary Grade _____
Supervisor _____ Supervisor _____ Job Vacancy # AF -> AF

REINSTATEMENT FROM FURLOUGH

FT PT Regular Temp FT PT Regular Temp

IF SALARY CHANGE

NEW POSITION Pay Date 10-20-96 From \$ Salary To \$ 65.14 EFFECTIVE DATE: 5-1-04
8 Per. Hour Annual Which Equals a _____ % Increase

MERIT INCREASE

OTHER

IF LEAVE OF ABSENCE:

WORKERS COMP* JURY DUTY UNION
 MILITARY* FUNERAL (Relationship) _____
 MEDICAL* OTHER* _____
 FMLA* SUSPENSION*-Reason DOH: 10-20-96
Forms Submitted WITH PAY WITHOUT PAY

YES NO

EFFECTIVE DATE: 5-1-04

*Additional Documentation must be attached

Pilot Sick Bank Balance 149.76

COMMENTS:

Vacation Accruals
Old Rate 12 hrs/mo
New Rate 5.25 hrs/mo
Used 2 days eligible VAC
March
9 days eligible VAC
(see attachments)

SIGNATURES:

EMPLOYEE _____ DATE: _____
SUPERVISOR [Signature] _____
DEPT. HEAD [Signature] 5-304
V.P. / PRES [Signature] _____
ER Barb Pennington 5-5-04

Transfers / Promotions Routing

Employee Name William Hooper Employee # 4615

Date Fax Received _____

Date Original Received 5-5-04

Step	Who	Initials	Date	Action
1	Admin	<u>BHP</u>	<u>5-5-04</u>	<input checked="" type="checkbox"/> Review PSC for completeness <input checked="" type="checkbox"/> Write old and new status code on PSC <input checked="" type="checkbox"/> Change Job Code/Status in HR11 <i>Carol Krone changes</i> <input type="checkbox"/> Current Supervisor/Indirect Supervisor for Salaried <input type="checkbox"/> Check Assignment screen for "Revert" Reg to temp/temp to Reg <input type="checkbox"/> Checksort/Loc <input type="checkbox"/> Union Code <input checked="" type="checkbox"/> Pension CD <input type="checkbox"/> Paydate <input type="checkbox"/> Address Change <input type="checkbox"/> Seniority Program <input checked="" type="checkbox"/> Determine New Rate of Pay (if applicable) <input type="checkbox"/> Enter name in g_hrs/Seniority/Seniority Tasks if Agent or Mech transfers to Salaried or out of bargaining agreement. <input type="checkbox"/> If PSA to F/A, change Anniv & Seniority to day class begins old date: _____ <input checked="" type="checkbox"/> Make 2 photocopies of PSC <input checked="" type="checkbox"/> Route one copy to Payroll <input checked="" type="checkbox"/> Route original to Jodie to send for signature <input checked="" type="checkbox"/> Attach one copy to routing sheet. <input checked="" type="checkbox"/> If applicable, record in /XL G:hrs/forms/transfer/2004 transfers <input type="checkbox"/> Pull Personnel file and Benefit file <input type="checkbox"/> Record change on Personnel file <input checked="" type="checkbox"/> Issue New ID Card (if applicable) <i>email to DEN-ER</i> <input type="checkbox"/> Attach Bid Award/Benefits Letter <i>Route to Rhonda</i>
2	Rhonda	<u>RGB</u>	<u>5-6-04</u>	<input checked="" type="checkbox"/> Review for benefit issues <input checked="" type="checkbox"/> If applicable, request benefit packet be sent by Admin Support <input checked="" type="checkbox"/> Review for retirement issues Date requested _____ <input checked="" type="checkbox"/> Review for relocation issues <i>route to Carey</i>
3	Carey	<u>CD</u>	<u>5/6/04</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this EE going from a <i>non-safety sensitive</i> position to a <i>safety sensitive</i> position? <input type="checkbox"/> Job Code/PA21 reflects correct category <i>Route to Jodie</i>
4	Jodie	<u>JH</u>	<u>5-10</u>	<input checked="" type="checkbox"/> Match routing with original & signed PSC <i>file cabinet</i>

Comments / Notes:

AWAC 0085

PERSONNEL STATUS CHANGE

NAME William L. Hooper ID# 4615 SS# _____
POSITION CRJ CA LOC DEN

PERSONAL STATUS CHANGE:

<input type="checkbox"/> ADDRESS	Street _____	EFFECTIVE DATE: _____
	City _____ State _____ Zip Code _____ County _____	*Attach copy of legal documentation; i.e. marriage license, divorce decree, birth certificates, social security card to support requested change
<input type="checkbox"/> PHONE	() _____	
<input type="checkbox"/> MARRIED*	Date of Marriage _____	<input type="checkbox"/> DIVORCED* Date of Divorce _____
<input type="checkbox"/> NAME CHANGE*	Last _____ First _____ Middle _____	
<input type="checkbox"/> DOMESTIC PARTNER	Name _____	
<input type="checkbox"/> DEPENDENT CHILDREN*	Names and Birthdates _____	
<input type="checkbox"/> EMERGENCY CONTACT	Last _____ First _____ Relationship _____ Phone () _____	
	Street _____ City _____ State _____ Zip Code _____	

IF POSITION CHANGE

<input checked="" type="checkbox"/> TRANSFER	OLD Title <u>CRJ Lead Ground Instructor</u> Loc <u>DEN</u> Salary Grade _____ Supervisor _____ <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp	NEW Title <u>CRJ CA</u> Dept <u>FLT</u> Loc <u>DEN</u> Salary Grade _____ Supervisor _____ <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp	EFFECTIVE DATE: <u>4-23-04</u> Job Vacancy # <u>AF -> AF</u>
--	---	--	--

IF SALARY CHANGE

<input checked="" type="checkbox"/> NEW POSITION	Pay Date <u>10-20-96</u> From \$ <u>Salary</u> To \$ <u>65.14</u> Per. <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Annual Which Equals a _____ % Increase	EFFECTIVE DATE: <u>5-1-04</u>
<input type="checkbox"/> MERIT INCREASE	(8)	
<input type="checkbox"/> OTHER		

IF LEAVE OF ABSENCE:

<input checked="" type="checkbox"/> WORKERS COMP*	<input checked="" type="checkbox"/> JURY DUTY	<input type="checkbox"/> UNION	EFFECTIVE DATE: <u>5-1-04</u>
<input checked="" type="checkbox"/> MILITARY*	<input checked="" type="checkbox"/> FUNERAL (Relationship) _____		
<input checked="" type="checkbox"/> MEDICAL*	<input checked="" type="checkbox"/> OTHER* _____		RESUME DATE: _____
<input checked="" type="checkbox"/> FMLA* Forms Submitted	<input checked="" type="checkbox"/> SUSPENSION* Reason <u>DOH: 10-20-96</u>		
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> WITH PAY <input checked="" type="checkbox"/> WITHOUT PAY		

*Additional Documentation must be attached

Pilot Sick Bank Balance 149.76

COMMENTS: <u>Vacation Accruals</u> <u>Old Rate 12 hrs/mo</u> <u>New Rate 5.25 hrs/mo</u> <u>Used 2 days eligible VAC in March.</u> <u>19 days eligible VAC (see attachments)</u>	SIGNATURES: _____ DATE: _____ EMPLOYEE _____ SUPERVISOR <u>[Signature]</u> _____ DEPT. HEAD <u>[Signature]</u> <u>5-304</u> V.P. / PRES _____ ER <u>Barb Pennington</u> <u>5-5-04</u>
--	--

Vacation Conversion

Based on accrual rate over 6 years

(Management to Pilot)

Bill L. Hooper Pilot Longevity Vacation Date 10/20/96

Conversion Process:	Accrued Hrs/per/month	Accrued Hrs/per/year	Usage/hrs/per/day	TTL days/per/year
Management Accrual Rate:	12.00	144.00	8.00	18.00 (days do not include weekends)
Pilot Accrual Rate:	5.25	63.00	3.00	21.00 (days do include weekends)

Conversion Ratio: 2.29

Bill L. Hooper Conversion Effective 4/24/04

Conversion Application:	Year totals	Conversion Ratio	Pilot Totals forwarded in hours/days
Management 2004 Eligible:	128.00	2.29	56.00 18.67
Management 2004 Accrual:	48.00	2.29	21.00 7.00

Used 2 days of VAC while still in FLT MGMT.

Sick Balance Transferred:	Pilot Previous Balance	Management Months/Accrued @ 3.50 hrs	Pilot 4/24/2004 Eligible Sick Bank:
	30.76	34	
	6/1/01	6/01 - 4/04	149.76
		119.00	

Employee Attendance Record
Calendar Year 2004

EMPLOYEE NAME: Bill Hooper LOCATION: DEU
 DATE OF HIRE: 10-20-96 DEPT: FLT

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan	H																															
Feb																																
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																

VACATION AMOUNTS USED BY MONTH	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Enter No. Hours Used For the Month												
HRS												

REMAINING BALANCE to Use in Subsequent Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
HRS	0	0	0	0	0	0	0	0	0	0	0	0

Holidays Observed by the Company

Jan 1	>	New Year's Day	Nov 25	>	Thanksgiving Day
May 31	>	Memorial Day	Nov 26	>	Day After Thanksgiving
July 4	>	Independence Day (Observed July 5)	Dec 24	>	Christmas Eve Day
Sep 6	>	Labor Day	Dec 25	>	Christmas Day (Observed December 27)

Code

- V Vacation
- S Sick Leave
- H Holiday
- FH Floating Holiday
- Sat/Sun Saturday/Sunday
- DA Date Doesn't Apply to this Month

Vacation Earned ⇄ HRS _____
 Vacation Bought/Sold: ⇄ HRS _____
 Vacation Carried Over: ⇄ HRS _____
TOTAL AVAILABLE: HRS 0

Nancy Scribner/3377 FLT
 ADMINISTRATIVE
 AUDITOR/AWAC
 04/23/04 02:14 PM

Alicia Freeman/5923 FLT TRAINING TRAVEL
 SPECIAL/AWAC@AWAC, Angela Zummo/11957
 ADMINISTRATIVE ASSISTANT/AWAC@AWAC, Barbara
 Pennings/10133 ADMINISTRATIVE
 ASSISTANT/AWAC@AWAC, Bob Frisch/7597 FLEET
 MGR/AWAC@AWAC, Brenda Wolf/5949 MGR OF FLIGHT
 PUBLICATIONS/AWAC@AWAC, Carol Krone/6934
 PAYROLL ADMINISTRATOR/AWAC@AWAC, Carolyn
 Dosdos/11005 FLT TRAINING
 SCHEDULER/AWAC@AWAC, Jane Gauger/1222 MGR FLT
 OPS ADMINISTRATION/AWAC@AWAC, Jean
 Patenaude/6875 ADMINISTRATIVE
 ASSISTANT/AWAC@AWAC, John Everhart/4605 DENVER
 PILOT MANAGER/AWAC@AWAC, John Gijssen/7390
 FLEET MGR/AWAC@AWAC, John Stewart/12433
 ADMINISTRATIVE ASSISTANT/AWAC@AWAC, Joy
 Reichenbach/10198 MGR TRAINING
 To ADMINISTRATIO/AWAC@AWAC, Lee Carey/9562 ORD
 PILOT MANAGER NON SAFE/AWAC@AWAC, Lyle
 Jones/9587 ATLANTA PILOT MANAGER/AWAC@AWAC,
 Margo Berg/1590 CREW RESOURCE
 ADMINISTRATOR/AWAC@AWAC, Meg Leffel/9409 FLT
 TRG RECORDS SPECIALIST/AWAC@AWAC, Michael
 Bauer/867 MANAGER OF PILOT
 TRAINING/AWAC@AWAC, Mona Grassl/300 MANAGER
 EMP RELATIONS ADMINI/AWAC@AWAC, Nancy
 Cohen/4492 CREW PLANNER/AWAC@AWAC, Pat
 Doyle/3019 BAE 146 FLEET MGR PILOT/AWAC@AWAC,
 Patricia Gabel/8225 FLIGHT STATISTICS
 ANALYST/AWAC@AWAC, Ryan Klein/8006 CREW
 SCHEDULING SPECIALIST/AWAC@AWAC, Scott
 Orozco/418 DIR OF OPS & CHIEF PILOT/AWAC@AWAC,
 Sharon Hampton/10792 ADMINISTRATIVE
 ASSISTANT/AWAC@AWAC, Stephen Siracusa/303 CREW
 PLANNER/AWAC@AWAC

cc

bcc

Subject Bill L. Hoepfer #4615 Going Back to Line Pilot Effective
 4/23/04

Bill L. Hoepfer #4615 is Going Back to Line Pilot
 DEN CRJ CA
 Effective Immediately 4/23/04

I am in the process of doing the PSC with benefits, etc.

Several of you already know this. Sorry for the repetition.
 Nancy S.
 (Ext. 6237)

685 

**Air Wisconsin Airlines Corporation
PERSONNEL STATUS CHANGE**

NAME William L. Hooper ID# 4615 SS# _____
POSITION CRT CA LOC DFW

PERSONAL STATUS CHANGE:

<input type="checkbox"/> ADDRESS _____ Street _____ City _____ State _____ Zip Code _____ County _____	EFFECTIVE DATE: _____
<input type="checkbox"/> PHONE _____	*Attach copy of legal documentation; i.e. marriage license, divorce decree, birth certificates, social security card to support requested change
<input type="checkbox"/> MARRIED* Date of Marriage _____ <input type="checkbox"/> DIVORCED* Date of Divorce _____	
<input type="checkbox"/> NAME CHANGE* Last _____ First _____ Middle _____	
<input type="checkbox"/> DOMESTIC PARTNER Name _____	
<input type="checkbox"/> DEPENDENT CHILDREN* Names and Birthdates _____	
<input type="checkbox"/> EMERGENCY CONTACT Last _____ First _____ Relationship _____ Phone _____ Street _____ City _____ State _____ Zip Code _____	

IF POSITION CHANGE

<input type="checkbox"/> TRANSFER <input type="checkbox"/> REINSTATEMENT FROM FURLOUGH	OLD Title _____ Dept _____ Loc _____ Salary Grade _____ Supervisor _____ <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp	NEW Title _____ Dept _____ Loc _____ Salary Grade _____ Supervisor _____ <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Regular <input type="checkbox"/> Temp	EFFECTIVE DATE: _____ Job Vacancy # _____
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IF SALARY CHANGE

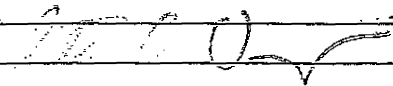
<input type="checkbox"/> NEW POSITION From \$ _____ To \$ _____	EFFECTIVE DATE: <u>10-11-04</u>
<input type="checkbox"/> MERIT INCREASE Per: <input type="checkbox"/> Hour <input type="checkbox"/> Annual Which Equals a _____ % Increase	
<input checked="" type="checkbox"/> OTHER <u>on 2.2 hrs/per day training pay until qualified</u>	

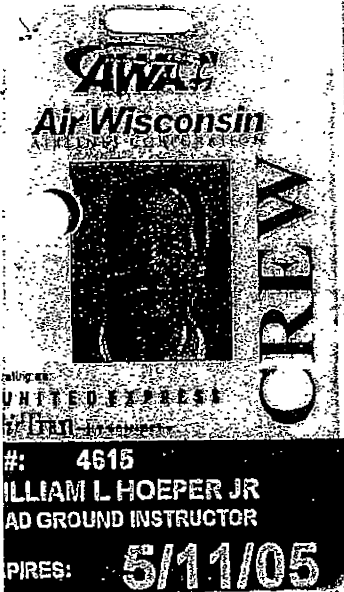
IF LEAVE OF ABSENCE:

<input type="checkbox"/> WORKERS COMP* <input type="checkbox"/> JURY DUTY <input type="checkbox"/> UNION	EFFECTIVE DATE: _____
<input type="checkbox"/> MILITARY* <input type="checkbox"/> FUNERAL (Relationship) _____	RETURN DATE: _____
<input type="checkbox"/> MEDICAL* <input type="checkbox"/> OTHER* _____	
<input type="checkbox"/> FMLA* <input type="checkbox"/> SUSPENSION*- Reason _____ Forms Submitted _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY	

*Additional Documentation must be attached

COMMENTS:
Unsat Transition PC 10-11-04

SIGNATURES:	DATE:
EMPLOYEE _____	_____
SUPERVISOR _____	_____
DEPT. HEAD <u></u>	<u>10-19-04</u>
V.P. / PRES _____	_____
ER _____	_____



COMPANY ID BADGE REQUIREMENTS FOR EMPLOYEES

IS NOT TO BE GIVEN TO EMPLOYEE WITHOUT EXCHANGE OF CURRENT ID. TURN ORIGINAL ID WILL RESULT IN \$100 DEDUCTED FROM EMPLOYEE

When you are employed with Air Wisconsin Airlines Corporation you are required to carry a Company issued ID badge and/or any other mandatory card that is required such as an airport identification card (SIDA).
 (You may be charged or payroll deducted applicable amount for any lost or non-returned SIDA badges).

- I will not allow anyone else to use my Company ID badge.
 - Fraudulent or unauthorized use of my ID card may subject me to civil and criminal penalties.
 - I will wear my ID badge on my outermost garment above the waist at all times when in the restricted area.
 - I will challenge and report any individual who is not displaying an ID badge in a SIDA or restricted area and will report the incident to the Airport Operations Department or Airport Police.
 - I will ensure proper closing and locking of any AOA door or gate I use.
 - I will not allow anyone to follow me through any AOA door or gate.
 - I will report immediately any security violation I witness to the Airport Operations Department or Airport Police.
 - I will report the theft or loss of my ID badge immediately to Employee Relations in ATW, DEN, or ORD. Replacement of lost ID cards will be at my expense of \$25.00. I authorize Air Wisconsin Airlines Corporation to deduct this \$25.00 fee from my paycheck.
 - In the event that informational updates are necessary, my card will be updated and replaced without cost to me.
-
- My Company ID is the property of Air Wisconsin Airlines Corporation and its use is subject to all Company policies. I must surrender my ID card upon demand or separation from the Company. If I fail to do so, I authorize Air Wisconsin Airlines Corporation to deduct \$100 from my paycheck pursuant to Company policy.

Reason for issue:

- New Employment
- Current Employee/Replaced ID

WILLIAM L. HOOPER JR

 Employee Name (Print)

William L Hooper Jr

 Employee Signature

4615

 Employee ID Number

5-6-04

 Date



INTER-OFFICE MEMORANDUM

TO: Barbara Pennings
Employee Relations / ATW

FROM: Employee Relations / DEN

DATE:

RE: AWAC ID CARD

Attached is the old AWAC ID for William Hooper

Employee # 4615, Position/City Pilot

On the reverse side of the completed Acknowledgement of Company ID form:

Reason for replacement: Title Change

ID#: 4615 EMPLOYEE: HOEPER JR WILLIAM L
Last Name First Name Middle Initial

DOH: 10-20-96 DOB: 5-11-56 LOC: DEN POSITION: CAPTAIN / LEAD INSTRUCTOR

DEPENDENT INFORMATION: Dependents are not eligible for travel until necessary documents have been provided.

SPOUSE: HOEPER COLLEEN R Date of Birth: REDACTED
Last Name First Name Middle Initial

COMMON LAW: _____ Date of Birth: / /
Last Name First Name Middle Initial

DOMESTIC PARTNER: _____ Date of Birth: / /
Last Name First Name Middle Initial

Children: S - Son D - Daughter G-Guardian DS-- Domestic Partner's Son DD - Domestic Partner's Daughter
SS - Stepson SD - Stepdaughter DSS-Domestic Partner's Step Son DSD-Domestic Partner's Step daughter

Code: D Birth Date: _____ At Least 50% Depend Y N Resides w/Emp Y N

SD REDACTED REDACTED Y N Y N

SD _____ REDACTED Y N Y N

_____ Last Name First Name _____ / / Y N Y N

_____ Last Name First Name _____ / / Y N Y N

_____ Last Name First Name _____ / / Y N Y N

dd _____ Last Name First Name _____

Employee Father's Name: _____ Indicate if Step Parent Y N

Employee Mother's Name: W _____ Indicate if Step Parent Y N

At any time, Employee Relations may require proof of dependent eligibility (birth certificate/marriage certificate, etc.): Pass and reduced rate transportation is not transferable. I certify that the persons named on this form are my eligible family members and this is a true statement of their relationship to me, unless I notify Employee Relations of any changes in writing.

I understand that misrepresentation of any information, for the purpose of obtaining free or reduced rate travel, for persons not eligible for such transportation under Federal or State laws or Company regulations, will subject me to disciplinary action by the Company. This may include dismissal, and/or penalties as prescribed by Federal or State laws, including fines or fees up to \$5,000. I further understand that Company regulations and Federal and State laws regarding free and reduced rate transportation apply at all times for the acceptance and use of travel privileges; I understand these regulations and agree to abide by them.

I understand that the use of any and all travel privileges is dependent upon my acceptance of the conditions as stated in the Corporate Travel Policy Manual. I further understand that it is my responsibility to fully explain these conditions to any of my family members (or Companions) who may be traveling as a result of my employment.

WILLIAM L HOEPER JR
(Print or Type)

AWAC 0093

William L Hooper Jr
Employee Signature

APRIL 22 2003
Date



EMPLOYEE TRAVEL PRIVILEGES FORM

At the time of employment, all regular full and part-time employees are eligible to receive free and reduced rate travel privileges (Subject to departmental policies during initial training). Your identification and your eligible family member's verification for travel on United Airlines and United Express, will be recognized in a personal data profile in Apollo, which is the United Airlines world-wide reservations system. The personal data profile is accessed in Apollo by typing *FNZ/ZWxxxxx. (The x represents your Air Wisconsin employee number). United will require your profile to be accurate and complete for WYO world-wide travel privileges.

Your Air Wisconsin I.D. card, and your Apollo profile, will allow you and your eligible family members to obtain reduced rate travel privileges on other airlines while working with our Staff Travel offices.

It is necessary for you to complete this application form and submit it with the supporting documents to one of the Employee Relations offices in Appleton, Chicago or Denver.

If you need to make changes to your personal data profile at a later date, it will be necessary for you to complete a new form. You are responsible for the accuracy of this information. Questions pertaining to this form should be directed to our Employee Relations offices in Denver, Chicago or Appleton.

Definitions of eligible family members are as follows:

SPOUSE: (Including Common Law)

An employee's legally recognized husband or wife (marriage or common law currently valid under applicable state or local law). For those who live in locations that recognize common law marriage, the employee must provide evidence from a judge or magistrate that common law marriage is officially recognized in that state and specifically governs the employee and their common law spouse.

DOMESTIC PARTNER:

A person who is in an established and committed relationship with an employee, who, together with the employee, maintains a committed relationship. The domestic partner may be of either the same or opposite sex of the employee.

UNMARRIED, DEPENDENT CHILDREN:

An employee's natural child by birth or a child legally adopted by an employee before their 18th birthday, from date of custody, who is under the age of 19 and financially dependent (over 50%) upon the employee for support/care. Your unmarried dependent children ages 19-24, who are full-time students in an accredited school and are claimed as dependents for income tax purposes. A child who becomes an airline employee is not eligible to be a dependent.

NOTE: Children, regardless of age, who are incapable of self-sustaining employment because of physical or mental disability, are eligible for on-line pass privileges. If child is traveling with the employee AND is at least 50% dependent on employee for support and is a permanent resident of employee's household OR is a permanent resident of employee's household or specialized home and is at least 50% dependent on employee for support.

UNMARRIED, DEPENDENT STEPCHILDREN:

The natural or adopted child of the employee's current spouse, common law spouse, or domestic partner, who is under the age of 19 and financially dependent (over 50%) on the employee or the employee's spouse, common law spouse, or domestic partner for support/care. Your unmarried dependent children ages 19-24, who are full-time students in an accredited school and are claimed as dependents for income tax purposes. A stepchild who becomes an airline employee is not eligible to be a dependent.

PARENTS OF EMPLOYEE:

The term "parent" means the employee's: a) natural father and mother, b) stepparents who are married to one of the employee's natural parents or who remain the unmarried surviving spouse of such natural parent, and c) adoptive parents who prior to the employee's 18th birthday, legally adopted the employee. If the employee has more than one set of parents (i.e., parents are divorced and have remarried) the employee must annually designate the set (i.e., one mother and one father) that will be eligible for travel for that calendar year. This designation shall be made by the employee no later than the 15th day of December to be effective for the next calendar year.

EMPLOYEE TRAVEL CARD/TRAVEL PRIVILEGES

DEN PILOT P

Upon completion of three months continuous employment with Air Wisconsin, each employee is entitled to receive free and reduced rate travel benefits. For identification and dependent verification, each employee will be issued an employee travel card. This card will allow you to obtain non-revenue Air Wisconsin pleasure passes, Write-Your-Own and ID90 United Airlines tickets for you, your eligible dependents and your parents listed on the card at any Air Wisconsin ticket counter. It is necessary for you to complete the employee travel card application form and submit it to Employee Relations/Appleton for issuance. If names/dependents change, you will need to fill out a new form and turn in the old card. If your card is lost or stolen, there will be a \$15 replacement fee. If you have any questions, contact Employee Relations or the ATW Pass Bureau.

Definitions of eligibles are as follows:

SPOUSE: — Husband or wife of an employee by legal marriage.

UNMARRIED CHILDREN:

An employee's natural child by birth or a child legally adopted by an employee or the natural or adopted child of the employee's current spouse, from date of custody, who is under the age of 25 and financially dependent (over 50%) upon the employee for support/care. A child who becomes an airline employee is not eligible to be a dependent.

NOTE: Children, regardless of age, who are incapable of self-sustaining employment because of physical or mental disability, are eligible for on-line pass privileges. If child:

- is traveling with the employee AND
- is at least 50% dependent on employee for support and is a permanent resident of employee's household OR
- is a permanent resident of employee's household or specialized home and is at least 50% dependent on employee for support.

PARENTS:

The term "parent" means the employee's: a) natural father and mother, b) stepparents who are married to one of the employee's natural parents or who remain the unmarried surviving spouse of such natural parent, and c) adoptive parents who prior to the employee's 18th birthday, legally adopted the employee. If the employee has more than one set of parents (i.e., parents are divorced and have remarried) the employee must annually designate the set (i.e., one mother and one father) that will be eligible for travel for that calendar year.

PLEASE COMPLETE THE FOLLOWING (PLEASE PRINT):

#: 4615
: 10-20-96

Employee: HIOEPIERI ISRI WYLLIAM L / / / / /
Last Name First Name Middle Initial

Spouse: HIOEPIERI COLLEEN R / / / / /
Last Name First Name Middle Initial

(If spouse's last name is different from employees please indicate):

Children: S-Son D-Daughter SS-Stepson SD-Stepdaughter O-Other.

Code	Name	Y	X	Birth Date	50% Depend.	Resides w/Emp
D					Y N	Y N
D					Y N	Y N
SD	REDACTED				Y N	Y N
SD	REDACTED				Y N	Y N
	Last Name First Name				Y N	Y N
	Last Name First Name				Y N	Y N

Employee's Father's Name

S / / / / /
me

Indicate if Step Parent

Y N

Employee's Mother's Name

~~REDACTED~~

/ / / / /
ame

Y N

Your signature is required on the back of this form

Proof of dependent eligibility (birth certificate/marriage license, etc.) may be required by Employee Relations or the Pass Bureau at any time. Pass and reduced rate transportation is not transferable. I understand that any misrepresentation of information to obtain travel privileges will subject me to disciplinary action, including dismissal from the Company.

I understand the ETC is the property of Air Wisconsin Airlines Corporation and I agree to return it upon demand or immediately upon separation from the Company. I understand that failure to return the ETC to Air Wisconsin Airlines Corporation upon demand or separation from the Company will result in a deduction of \$100.00 from my final paycheck, pursuant to Company Policy, I will use the ETC in accordance with Company Policy.

I certify that the persons named on the reverse of this form are members of my family and this is a true statement of their relationship to me unless I notify the Employee Relations/Personnel department in writing of any changes.

I understand that misrepresentation to obtain free or reduced rate transportation for persons not eligible for such transportation under Federal law or Company regulations will subject me to disciplinary action by the Company, which may include dismissal, and/or penalties as prescribed by Federal law, including fines up to \$5,000. I further understand that Company regulations and Federal law regarding free and reduced rate transportation apply at all times to the acceptance and use of travel privileges; I understand these regulations and agree to abide by them.

I understand the use of trip passes is dependent upon acceptance of the conditions printed on the trip pass by the person traveling, and I agree to fully explain these conditions to any of my family members who may be traveling.

William L. Hooper JR.
Name (Print or Type)

William L. Hooper Jr
Employee Signature

MAY 25th 1998
Date

EMPLOYEE TRAVEL CARD/TRAVEL PRIVILEGES

Upon completion of three months continuous employment with Air Wisconsin, each employee is entitled to receive free and reduced rate travel benefits. For identification and dependent verification, each employee will be issued an employee travel card. This card will allow you to obtain non-revenue Air Wisconsin pleasure passes; Write-Your-Own and ID90 United Airlines tickets for you, your eligible dependents and your parents listed on the card at any Air Wisconsin ticket counter. It is necessary for you to complete the employee travel card application form and submit it to Employee Relations/Appleton for issuance. If names/dependents change, you will need to fill out a new form and turn in the old card. If your card is lost or stolen, there will be a \$15 replacement fee. If you have any questions, contact Employee Relations or the ATW Pass Bureau.

RECEIVED
INTERED
SOM

Definitions of eligibles are as follows:

SPOUSE: Husband or wife of an employee by legal marriage.

UNMARRIED CHILDREN: An employee's natural child by birth or a child legally adopted by an employee or the natural or adopted child of the employee's current spouse, from date of custody, who is under the age of 25 and financially dependent (over 50%) upon the employee for support/care. A child who becomes an airline employee is not eligible to be a dependent.

NOTE: Children, regardless of age, who are incapable of self-sustaining employment because of physical or mental disability, are eligible for on-line pass privileges. If child:

- is traveling with the employee AND
- is at least 50% dependent on employee for support and is a permanent resident of employee's household OR
- is a permanent resident of employee's household or specialized home and is at least 50% dependent on employee for support.

PARENTS: The term "parent" means the employee's: a) natural father and mother, b) stepparents who are married to one of the employee's natural parents or who remain the unmarried surviving spouse of such natural parent, and c) adoptive parents who prior to the employee's 18th birthday, legally adopted the employee. If the employee has more than one set of parents (i.e., parents are divorced and have remarried) the employee must annually designate the set (i.e., one mother and one father) that will be eligible for travel for that calendar year.

PLEASE COMPLETE THE FOLLOWING (PLEASE PRINT):

ID #: Employee: H O I E P I E R I J R I W I L L I A M H
Last Name First Name Middle Initial

Spouse: H O I E P I E R I C O L L I E R I R
Last Name First Name Middle Initial

(If spouse's last name is different from employees please indicate).

Children: S-Son D-Daughter SD-Stepson SD-Stepdaughter O-Other

Code	Name	Birth Date	50% Depend.	Resides.w/Em
<u>D</u>	<u>REDACTED</u>	<u>REDACTED</u>	<u>(Y)</u> N	Y <u>(N)</u>
<u>D</u>	<u>REDACTED</u>	<u>REDACTED</u>	<u>(Y)</u> N	Y <u>(N)</u>
<u>SD</u>	<u>REDACTED</u>	<u>REDACTED</u>	<u>(Y)</u> N	<u>(Y)</u> N
<u>SD</u>	<u>REDACTED</u>	<u>REDACTED</u>	<u>(Y)</u> N	<u>(Y)</u> N
_____	Last Name _____ First Name _____	_____	Y N	Y N
_____	Last Name _____ First Name _____	_____	Y N	X N

Employee's Father's Name: Last Name REDACTED First Name _____
Indicate if Step Parent (Y) N

Employee's Mother's Name: Last Name _____ First Name _____
Indicate if Step Parent Y (N)

Your signature is required on the back of this form.

Proof of dependent eligibility (birth certificate/marriage license, etc.) may be required by Employee Relations or the Pass Bureau at any time. Pass and reduced rate transportation is not transferable. I understand that any misrepresentation of information to obtain travel privileges will subject me to disciplinary action, including dismissal from the Company.

I understand the ETC is the property of Air Wisconsin Airlines Corporation and I agree to return it upon demand or immediately upon separation from the Company. I understand that failure to return the ETC to Air Wisconsin Airlines Corporation upon demand or separation from the Company will result in a deduction of \$100.00 from my final paycheck, pursuant to Company Policy, I will use the ETC in accordance with Company Policy.

I certify that the persons named on the reverse of this form are members of my family and this is a true statement of their relationship to me unless I notify the Employee Relations/Personnel department in writing of any changes.

I understand that misrepresentation to obtain free or reduced rate transportation for persons not eligible for such transportation under Federal law or Company regulations will subject me to disciplinary action by the Company, which may include dismissal, and/or penalties as prescribed by Federal law, including fines up to \$5,000. I further understand that Company regulations and Federal law regarding free and reduced rate transportation apply at all times to the acceptance and use of travel privileges; I understand these regulations and agree to abide by them.

I understand the use of trip passes is dependent upon acceptance of the conditions printed on the trip pass by the person traveling, and I agree to fully explain these conditions to any of my family members who may be traveling.

WILLIAM L. HOEPER JR.
Name (Print or Type)

William L Hooper Jr
Employee Signature

Dec 26 1998
Date

Act/ord./em/veaw/ET

Revised 1/86

Termination Routing

Employee Name William Hooper

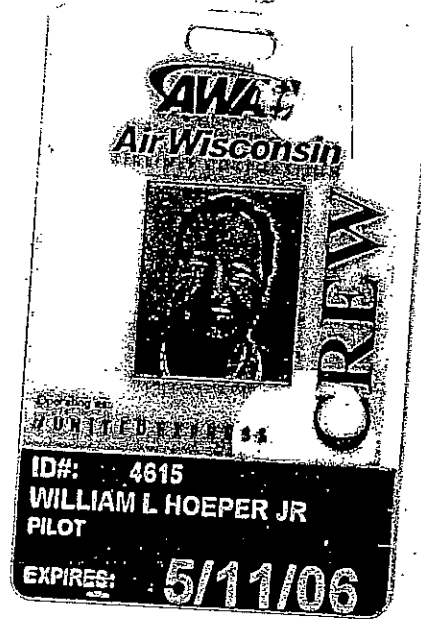
Employee # 4615

Date Fax Received _____

Date Original Received _____

Seq	Who	Initials	Date	Action
1	Admin	<i>JK</i>	12/14	<input checked="" type="checkbox"/> Review PSC for completeness <input checked="" type="checkbox"/> Assign "T" Code <input checked="" type="checkbox"/> Pull personnel file and place term sticker <input checked="" type="checkbox"/> Record date and reason on personnel record jacket <input checked="" type="checkbox"/> Take out of seniority program (if applicable) <input checked="" type="checkbox"/> Enter "ZZ" status code & term date into Lawson <input checked="" type="checkbox"/> Record termination explanation in comments on HR11 <input checked="" type="checkbox"/> Record rehire status / status explanation <i>if applicable</i> <input checked="" type="checkbox"/> ID returned <input type="checkbox"/> Parking Permit returned (ATW only) <input type="checkbox"/> If not returned, record in User Fields screen <input type="checkbox"/> If retiree, notify Barb to make new ID – IF ELIGIBLE <input type="checkbox"/> If retiree, change parents to ineligible for travel <input checked="" type="checkbox"/> Send exit interview questionnaire/self-addressed stamped envelope <input checked="" type="checkbox"/> Send letter to WI employees discharged, failed probation or furloughed, if they're receiving vacation/severance payout <input checked="" type="checkbox"/> Pull I-9 and file in terminated I-9's Month <u>12</u> Year <u>05</u> <input checked="" type="checkbox"/> Pull travel card and file in personnel file <input checked="" type="checkbox"/> Pull medical/worker's compensation file route with file <input type="checkbox"/> Make 2 photocopies of PSC <input type="checkbox"/> Route one copy to Payroll <input type="checkbox"/> Route original to Jodie for signature (MGMT & MX ONLY) <input checked="" type="checkbox"/> Attach one copy to routing sheet <i>route file folder, benefit folder & routing sheet to Rhonda</i>
2	Rhonda	<i>RP</i>	12/16	<input checked="" type="checkbox"/> Review for benefit issues <input checked="" type="checkbox"/> If applicable, terminate benefits <i>route to Jodie</i>
4	Jodie			<input type="checkbox"/> Match routing with original & signed PSC <input type="checkbox"/> Review folder & paperwork <i>file cabinet</i>

Comments / Notes:



*Returned
to Barb p/ER
12-14-04*

*All items
have been
turned in
RJS*

Nancy Scribner/3377 FLT
ADMINISTRATIVE
AUDITOR/AWAC
12/10/04 09:58 AM

To Alicia Freeman/5923 FLT TRAINING TRAVEL
SPECIAL/AWAC@AWAC, Angela Zummo/41957
ADMINISTRATIVE ASSISTANT/AWAC@AWAC, Barbara

cc

bcc

Subject William L. Hoepfer #4615 Terminated Effective 12/9/04

William L. Hoepfer #4615 Terminated Effective 12/9/04
DEN CRJ CA in training for DEN 146 CA
DOH: 10/20/96



Tori Vanden Branden/9609
ADMINISTRATIVE
ASSISTANT/AWAC
12/09/04 10:20 AM

To ER Admin
cc
bcc
Subject #4615 William Hooper

I ZZ'd him and entered a term date without paperwork as a request from Scott Orozco.



**Air Wisconsin Airlines Corporation
TERMINATION/SEPARATION FORM**

NAME William L Hoepfer ID# 4615 SS# _____
 POSITION CRJ CA LOC DFW

VOLUNTARY

EFFECTIVE DATE 12-9-04

RESIGNED MUST indicate reason _____
*Attach resignation letter, if applicable

RETIRED

AF → T2

INVOLUNTARY

FAILED PROBATION MUST indicate reason _____

DISCHARGED MUST indicate reason Training failure

ADMINISTRATIVE TERMINATION MUST indicate reason _____
*Initiated only by Employee Relations Department

FURLOUGH FULL TIME FURLOUGH PART TIME

COMPLETED SEASONAL EMPLOYMENT PERIOD

DEATH

Last Day Physically Worked 12-8-04 2 Week Advance Notice Given Yes No

Eligible for Rehire Yes No* Separation Packet Given Yes No

*If No must state reason not eligible Pilot

COMPANY PROPERTY RETURNED

ITEM	RETURN DATE	ITEM	RETURN DATE	ITEM	RETURN DATE
COMPANY ID	<u>12-10-04 GRE</u>	TICKETS/PASSES	<u>12-10-04 GRE</u>	CREDIT CARD	<u>N/A</u>
SIDA BADGE	<u>12-10-04 GRE</u>	KEYS	<u>N/A</u>	PHONE CARD	<u>N/A</u>
SECURITY ACCESS CARD	<u>12-10-04 GRE</u>	UNIFORMS	<u>N/A</u>	PAGER	<u>N/A</u>
PARKING PERMIT	<u>12-10-04 GRE</u>	MANUALS	<u>12-10-04 GRE</u>	OTHER	_____
APOLLO SIGN-ON DELETED	<u>N/A</u>	SEND STATION FILES TO ER/ATW	_____	OTHER	_____

I Understand I may be subject to FINES and PENALTIES if items are not returned.

Deductions to be made from last paycheck \$100.00 until items are returned

Vacation to be paid Eligible VAC 5days Accrued vac 19days

AWAC 0104

FORWARDING ADDRESS FOR PAYROLL (W-4) PURPOSES:

Street _____ City _____ State _____ Zip Code _____

COMMENTS: _____

SIGNATURES:

EMPLOYEE William L Hoepfer

DATE: Dec 10 04

SUPERVISOR John R. [Signature]

Dec 10, 04

DEPT. HEAD _____

V.P. / PRES _____

ER [Signature]

12/14/04

Colorado Department of Labor and Employment, Unemployment Insurance Benefits
 P.O. Box 400, Denver, Colorado 80201-0400
 Phone 303-318-9055 (Denver-metro area) or 1-800-388-5515 ext. 6205 (outside Denver-metro area), Fax 303-318-9014

REQUEST FOR JOB-SEPARATION INFORMATION

This claimant has filed for unemployment insurance benefits for which your account may be charged. If you do not respond timely, your right to protest payment of benefits will be denied. Colorado law provides penalties for providing incomplete or false information. Mail or fax the completed form to the address shown above. Do not mail the form if it is faxed. A Notice of Decision will not always be mailed if the separation is for lack of work. If you have work for this claimant, please contact the person directly. If the job offer is refused or you are unable to contact the claimant, immediately notify this office by phone at 303-318-9055 or in writing to the above address with the specifics of the offer. Please include claimant's name and social security number.

381757001
 AIR WISCONSIN AIRLINES CORP

 W 6390 CHALLENGER DRIVE SUITE 203
 APPLETON WI 54914

1. Date Mailed 12/15/2004	2. This Form Must Be Postmarked By 12/27/2004
3. Benefit-Year-Ending Date 12/10/2005	4. Social Security Number REDACTED
5. Claimant Name and Address HOEPER JR./WILLIAM L 6331 SOUTH EUDORA WAY CENTENNIAL CO 80121	
6. Potential charge to you if claimant is filing an initial claim. See Form UIF-290 for detailed information. \$7,740.35	
7. If the claimant did not work for you, check this box. <input type="checkbox"/> EMPLOYER: Please use Form UIF-290 to have the wages deleted from your account. If you have any questions, contact UI Tax Redetermination Unit, P.O. Box 8789, Denver, CO 80201-8789, phone 303-318-9100.	

8. Reason why claimant is no longer working: <input type="checkbox"/> Lack of Work/Laid Off <input type="checkbox"/> Quit (complete #14 and 17) <input checked="" type="checkbox"/> Discharge (complete #15 and 17) <input type="checkbox"/> Strike (complete #17) <input type="checkbox"/> Other (complete #17)	9. Please check if appropriate: This claimant was hired full-time (32 hours or more) and is now working reduced hours. <input type="checkbox"/> This claimant has not separated but was hired part-time and continues to work part-time. <input type="checkbox"/>																																						
	10. First Day Worked 10-20-96	11. Last Day Worked (i.e., last day physically worked) 12-8-04	12. Rate of Pay \$ 68.17 <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month																																				
13. Did claimant receive:	<table border="1"> <thead> <tr> <th></th> <th>Gross Amount</th> <th>Date Paid</th> <th>Weeks</th> <th>Number of Days</th> <th>Hours</th> </tr> </thead> <tbody> <tr> <td>a. Wages in Lieu of Notice (payment to compensate the employee for no notice or short notice of layoff)? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Vacation Pay (report unused vacation)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>\$ 4,959.37</td> <td></td> <td></td> <td></td> <td>72.75</td> </tr> <tr> <td>c. Severance Allowance or Separation Bonus? If you designate this payment as a severance allowance, you must have intended to compensate the worker for weeks not worked after separation. Or, you may designate the payment as a separation bonus. Each payment impacts the claim differently. If a payment was made, was it: Severance Allowance? If the payment is designated as severance, benefits may be reduced and postponed. <input type="checkbox"/> Yes <input type="checkbox"/> No -or- Separation Bonus? If the payment is designated as a separation bonus, benefits may be postponed only. <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Other Payment(s)? If yes, for what reason did you make the payment? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Company Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>\$</td> <td></td> <td></td> <td></td> <td>How Paid? <input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly</td> </tr> </tbody> </table>				Gross Amount	Date Paid	Weeks	Number of Days	Hours	a. Wages in Lieu of Notice (payment to compensate the employee for no notice or short notice of layoff)? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$					b. Vacation Pay (report unused vacation)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 4,959.37				72.75	c. Severance Allowance or Separation Bonus? If you designate this payment as a severance allowance, you must have intended to compensate the worker for weeks not worked after separation. Or, you may designate the payment as a separation bonus. Each payment impacts the claim differently. If a payment was made, was it: Severance Allowance? If the payment is designated as severance, benefits may be reduced and postponed. <input type="checkbox"/> Yes <input type="checkbox"/> No -or- Separation Bonus? If the payment is designated as a separation bonus, benefits may be postponed only. <input type="checkbox"/> Yes <input type="checkbox"/> No	\$					d. Other Payment(s)? If yes, for what reason did you make the payment? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	\$					e. Company Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$				How Paid? <input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly
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DI USE ONLY

Social Security Number REDACTED

14. COMPLETE THIS SECTION IF THE CLAIMANT QUIT.

14a. What reason did the claimant give for quitting? If you need more space, please continue in #17.

1. If the reason involved health or a medical condition, did you request a medical statement? Yes No
If yes, did the claimant give you one? Yes No

15. COMPLETE THIS SECTION IF THE CLAIMANT WAS DISCHARGED.

15a. What reason did you give the claimant for the discharge? Please attach pertinent documents to support your reasons. If you need more space, please continue in #17.

Terminated per the pilot contract after he failed 3 times while attempting to qualify as a BAe-176 Captain.

15b. Was the claimant warned? Yes No Date(s) claimant was warned - *In the contract*
The warning(s) was: Written Verbal Both

15c. If the reason for discharge involved tardiness or attendance, please provide the dates on which these incidents occurred.

15d. If the reason involved storages or theft of company property, what is the nature of the proof?

16. COMPLETE THIS SECTION IF YOU ARE A TEMPORARY HELP CONTRACTING FIRM.

16a. When did the claimant complete his or her last assignment? Date _____

16b. Did you provide the claimant with written notice at the time of hire to contact you upon completion of an assignment? Yes No

16c. Did the claimant contact you for another assignment? Yes No If yes, date contacted _____

16d. Was the claimant offered a new assignment? Yes No If yes, date offered _____

16e. Did the claimant accept the new assignment? Yes No
If no, what reason did the claimant give for refusal?

17. USE THIS SECTION FOR ADDITIONAL INFORMATION.

18a. Name of the individual to contact for additional information.

18b. Contact Phone Number

19a. *Christine Van Vreede*
Employer Signature
 Representative Signature
19b. Name Printed

(900) 774-4165
19c. Title
19d. Date Signed

Christine Van Vreede
MGR-EE Relations
12-20-04


Scott Orozco/418 DIR OF
OPS & CHIEF PILOT/AWAC
12/20/2004 01:08 PM

To Christine Van Vreede/15138 MANAGER EMP RELATIONS
ADMI/AWAC@AWAC
cc Pat Doyle/3019 BAE 146 FLEET MGR
PILOT/AWAC@AWAC, Shari Thiel/7636 EMPL RELATIONS
ADMINISTRATO/AWAC@AWAC, John Everhart/4605
bcc

Subject Re: Fw: William Hoepfer

Hello All,
Bill Hoepfer was terminated per the Pilot Contract after he failed 3 times while attempting to qualify as a BAE-146 Captain. Fact is he failed to qualify even after a fourth attempt. Bill is not eligible for rehire. Let me know if you need anything else.
Thanks

Scott A. Orozco
Director of Operations and Chief Pilot
Air Wisconsin Airlines
Christine Van Vreede/15138 MANAGER EMP RELATIONS ADMI/AWAC


 Christine Van Vreede/15138
MANAGER EMP RELATIONS
ADMI/AWAC
12/20/2004 12:11 PM

To Pat Doyle/3019 BAE 146 FLEET MGR
PILOT/AWAC@AWAC, Scott Orozco/418 DIR OF OPS &
CHIEF PILOT/AWAC@AWAC
cc Shari Thiel/7636 EMPL RELATIONS
ADMINISTRATO/AWAC@AWAC
Subject Fw: William Hoepfer

Can either of you help me out on this one?

Thanks,
Christine

----- Forwarded by Christine Van Vreede/15138 MANAGER EMP RELATIONS ADMI/AWAC on 12/20/2004 12:08 PM

 John Everhart/4605 DENVER
PILOT MANAGER/AWAC
12/20/2004 11:52 AM

To Christine Van Vreede/15138 MANAGER EMP RELATIONS
ADMI/AWAC@AWAC
cc Pat Doyle/3019 BAE 146 FLEET MGR
PILOT/AWAC@AWAC, Scott Orozco/418 DIR OF OPS &
CHIEF PILOT/AWAC@AWAC, Shari Thiel/7636 EMPL
RELATIONS ADMINISTRATO/AWAC@AWAC
Subject Re: William Hoepfer

Christine,
I processed Bill's termination because he lives in DEN. The training department, which handled this case, is under Pat Doyle and Scott Orozco. Please contact Pat or Scott for more details.
John

Christine Van Vreede/15138 MANAGER EMP RELATIONS ADMI/AWAC



Christine Van Vreede/15138
MANAGER EMP
RELATIONS ADMI/AWAC
12/20/2004 10:43 AM

To John Everhart/4605 DENVER PILOT
MANAGER/AWAC@AWAC
cc Shari Thiel/7636 EMPL RELATIONS
ADMINISTRATO/AWAC@AWAC
Subject William Hoepfer

John,
You discharged William Hoepfer for "training failure". Can you be more specific for unemployment purposes? They will need to know if he wasn't catching on or if there were other causes (such as attitude, attendance, etc.).
Also - is he eligible for rehire?

Please respond to Shari Thiel as well as me. I will be on vacation and Shari will be handling the unemployment claims in my absence.

Thank you in advance for your help.

STATE OF COLORADO
DEPARTMENT OF LABOR AND EMPLOYMENT
P.O. BOX 8988
DENVER, COLORADO 80201-8988

AIR WISCONSIN AIRLINES CORP

W 6390 CHALLENGER DRIVE SUITE 203
APPLETON WI 54914

Claimant's Social Security Number REDACTED	Date Mailed 01/05/2005
Employer Account Number 381757001	Benefit Year Ending Date 12/10/2005
Employer Charging Information	Deputy ID 4102
	Issue ID 02

WILLIAM L HOEPER JR.

6331 SOUTH EUDORA WAY
CENTENNIAL CO 80121

NOTICE OF DECISION

LEGAL CITATION: COLORADO EMPLOYMENT SECURITY ACT
8-73-110 (1)(A)(II) & (1.6)

DECISION:

YOU RECEIVED VACATION PAY FROM THE ABOVE EMPLOYER. THIS PAYMENT AFFECTS YOUR CLAIM BY POSTPONING BENEFITS BY ONE WEEK FOR EACH WEEK OF VACATION PAY RECEIVED. THEREFORE, YOU CANNOT BE PAID BENEFITS FROM 12/12/04 THROUGH 12/25/04.

ACCORDING TO COLORADO LAW IF A PERSON RECEIVES A COMBINATION OF A SEVERANCE ALLOWANCE, WAGES IN LIEU OF NOTICE, SEPARATION BONUS, AND VACATION PAY, THE PAYMENTS MUST POSTPONE CONSECUTIVELY. (SEE REGULATION 2.9.2)

IF YOU RECEIVED THE PAYMENT AND IT WAS NOT IN CONJUNCTION WITH SOME OTHER PAYMENT, THEN THE DATE OF POSTPONEMENT BEGINS WITH THE DATE THAT YOU RECEIVED THE PAYMENT REGARDLESS OF WHAT TIME FRAME THE PAYMENT WAS TO COVER. (SEE SECTION 8-73-110 (6))

AWAC 0109

THIS DECISION BECOMES FINAL UNLESS A WRITTEN APPEAL IS FILED WITHIN FIFTEEN (15) CALENDAR DAYS FROM THE "DATE MAILED" ABOVE. IF YOU FILE AN APPEAL ON THIS DECISION, CONTINUE TO CLAIM BENEFITS BY CALLING CUBLINE (303-813-2800, DENVER-METRO AREA OR 1-888-550-2800, TOLL-FREE) WHILE THE APPEAL IS BEING PROCESSED.

PLEASE SEE REVERSE SIDE OF THIS FORM FOR APPEAL INFORMATION

STATE OF COLORADO
DEPARTMENT OF LABOR AND EMPLOYMENT
P.O. BOX 8988
DENVER, COLORADO 80201-8988

AIR WISCONSIN AIRLINES CORP

W 6390 CHALLENGER DRIVE SUITE 203
APPLETON WI 54914

Claimant's Social Security Number REDACTED	Date Mailed 01/05/2005
Employer Account Number 381757001	Benefit Year Ending Date 12/10/2005
Employer Charging Information CHARGEABLE	Deputy ID 4102
	Issue ID 01

WILLIAM L HOEPER JR.

6331 SOUTH EUDORA WAY
CENTENNIAL CO 80121

NOTICE OF DECISION

LEGAL CITATION: COLORADO EMPLOYMENT SECURITY ACT

DECISION:

IT IS DETERMINED YOU ARE ENTITLED TO BENEFITS ATTRIBUTABLE TO THIS EMPLOYMENT PROVIDED YOU CONTINUE TO MEET ALL WEEKLY ELIGIBILITY REQUIREMENTS.

LEGAL CITATION: 8-73-108 (4)

YOU WERE DISCHARGED FOR WORK PERFORMANCE ISSUES. THE DIVISION HAS RECEIVED NO EVIDENCE OF VOLITIONAL MISCONDUCT ON YOUR PART WHICH WARRANTS A DENIAL OF BENEFITS. YOU ARE FOUND NOT RESPONSIBLE FOR THIS JOB SEPARATION.

AWAC 0110

THIS DECISION BECOMES FINAL UNLESS A WRITTEN APPEAL IS FILED WITHIN FIFTEEN (15) CALENDAR DAYS FROM THE 'DATE MAILED' ABOVE. IF YOU FILE AN APPEAL ON THIS DECISION, CONTINUE TO CLAIM BENEFITS BY CALLING CUBLINE (303-613-2800, DENVER-METRO AREA OR 1-888-550-2800, TOLL-FREE) WHILE THE APPEAL IS BEING PROCESSED.

PLEASE SEE REVERSE SIDE OF THIS FORM FOR APPEAL INFORMATION

*Termed
12-9-04*

#4615

**Mona Grassl/300 DIRECTOR
STAFFING & ER
ADMIN/AWAC**
08/03/05 09:16 AM

To: ER Admin
cc
bcc
Subject: Fw: Hoeper Personnel File

----- Forwarded by Mona Grassl/300 DIRECTOR STAFFING & ER ADMIN/AWAC on 08/03/2005 09:14 AM -----



**Lisa Conover/3151 VP
LABOR & EMPLOYEE
RELATIO/AWAC**
08/03/2005 09:08 AM

To: Mona Grassl/300 DIRECTOR STAFFING & ER
ADMIN/AWAC@AWAC
cc
Subject: Fw: Hoeper Personnel File

Mona, can you have one of your staff copy his file? Also, I would like to see it before we send - thanks - Lisa

----- Forwarded by Lisa Conover/3151 VP LABOR & EMPLOYEE RELATIO/AWAC on 08/03/2005 09:04 AM -----



**"Schraft, Jane - MSP
Representation"
<Jane.Schraft@alpa.org>**
08/02/2005 11:11 AM

To: "Conover, Lisa" <lisac@airwis.com>
cc
Subject: Hoeper Personnel File

Hi Lisa -

I am wondering if we have word from your side on finalizing dates with Holden for the Restructuring case. Either the Jan or Feb dates work for us.

Also, would you please forward me Bill Hoeper's personnel file? Thanks very much.

Jane



Ascertain Screening and Investigations
 110 N. High Street, Suite 201
 Gahanna, Ohio 43230
 Phone (614) 858-0100
 Toll-free (800) 858-2901
 Fax (614) 418-9617

VERIFICATION OF EMPLOYMENT REQUEST

TO: Employee Relations, Air Wisconsin
 920-749-4233

DATE: September 7, 2005

PURPOSE: **EMPLOYMENT**

COMPANY: **NETJETS®**

We are currently conducting a pre-employment screening investigation for the individual below on behalf of NetJets®.

Please verify the following. A signed authorization by applicant follows this document.

Information Stated by Applicant	
Applicant Name:	William L. Hoepfer, Jr. #4615
SSN:	REDACTED
Employer and Location:	Air Wisconsin - Appleton, WI
Dates of Employment:	10/96 to 12/04
Position(s) held:	Captain
Reason for leaving:	Laid Off Due to Base Closure

Information Verified by Employer	
Dates of employment	10/20/1996 - 12/09/2004
Position(s) held	Ground Instructor, Pilot
Reason for leaving	Failed Training
Eligible for rehire?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Name/position of Verifier	Shari Thiel
Date of Verification	September 8, 2005

Information may be returned via facsimile to 614-418-9617 or phone call to 614-858-0100.
 Also, I can be reached via email at digo@ascertainsi.com.

Thank you for your assistance! We appreciate it, on behalf of NetJets®.

AWAC 0112

Dee Igo

FAX
 09/08/05
 9:53 AM

NETJETS®

ASCERTAIN
Screening and Investigations

BACKGROUND RELEASE INFORMATION

Name: <u>WILLIAM LEE HOEPER JR</u>	SSN: <u>REDACTED</u>
List Any Other Name Used (including Maiden Name): <u>N/A</u>	
Address: <u>6331 SOUTH EUDORA WAY</u>	
City: <u>CENTENNIAL</u>	State: <u>CO</u> Zip: <u>80121</u>
Drivers License No.: <u>REDACTED</u>	State of Issue: <u>CO</u>
License Expiration Date: <u>05-11-2012</u>	DOB: <u>05-11-1956</u>

* Not to be used for discriminatory purposes.

In connection with my application or for continued employment with NetJets®, I understand that an investigative consumer report may be conducted that may include information related to the following:

Residence(s) Records

William L Hooper

Police/Criminal and Civil Records

William L Hooper

Motor Vehicle/Driving Records

William L Hooper

Consumer Credit Report

William L Hooper

Employment History

William L Hooper

Education Credentials

William L Hooper

By signing in the space(s) above, I am permitting Ascertain Screening and Investigations, acting as a representative for NetJets®, to examine and obtain records and to receive statements and information regarding my background. I hereby authorize any law enforcement agency, administrator, state agency institution, information service bureau, current or previous employer or educational institution contacted by Ascertain Screening and Investigations, acting as representative for NetJets®, to furnish the above authorized information. I further acknowledge that a telephone facsimile (FAX) or photographic copy of this release form shall be valid as the original. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency. If so, I will be advised of the name of the agency or source of information.