

City of Tontitown, Arkansas

Paul Colvin, Mayor of Tontitown, Arkansas on January 9, 2015 has asked for the resignation of Chief of Police of Tontitown, Kris Arthur;

According to;

A.C. et seq. 14-44-107 (ordinance 2005-3-209, passed 3-15-05; Am. Ord 2008-1-303, passed 1-8-08; Am. Ord. 2009-04-336, passed 4-7-09) Chapter 30.51 City of Tontitown Handbook section

(L) Have the power to appoint and remove all department heads and those city employees not working under the direct supervision of a department head, subject to the City Council's vote to override. Any city employee who works under the direct supervision of a department head of the city shall be appointed and removed by the department head who supervises the employee, subject to the City Council's vote to override.

A.C. et seq. 14-42-110 APPOINTMENT AND REMOVAL OF DEPARTMENT HEADS;

(a) 1. Mayors in the City of the first class, second class, and incorporated towns shall have the power to remove and appoint all Department Heads.

Chief Kris Arthur is to return City owned property including but not limited to his badge, ID Card, charge card, city cell phone(s), keys to all vehicles and city buildings, and any city owned weapons he may have in his possession.

Chief Kris Arthur is to remove all personal property from all city owned property or items purchased by the City of Tontitown, Arkansas within 24 hours including all city uniforms in his possession.

MAYOR PAUL COLVIN *Paul Colvin* DATE 1-9-14

KRIS ARTHUR _____ DATE _____

WITNESS *[Signature]* DATE 1/9/14

Arthur refused to sign



[Signature]



PERSONNEL ACTION NOTICE

(FOR OFFICE USE ONLY)

Employee Name: Arthur Kristopher (as on SSC) Date: 1-9-15
Last First MI

Address: [Redacted]
Street City State Zip

Phone [Redacted] Alt Phone () DOB

Sex: M F Social Security: _____

- New Hire Full-Time Part-Time Contract Temporary Rate: \$ _____ Hourly Salary
- Auxilliary
- Re-Hire Full-Time Part-Time Contract Temporary Rate: \$ _____ Hourly Salary
- Replacement Full-Time Part-Time Contract Temporary Rate: \$ _____ Hourly Salary

Start/Effective Date: _____ Job Title: _____

Reporting Supervisor: _____ Department: _____

Pay Rate Change From: \$ _____ To: \$ _____ Effective Date: _____

Status Change From: _____ To: _____

Job Title Change: _____

Department: _____

Termination Eligible for Rehire: Yes No Termination Date: 1-9-15

Performance Review Review Date: _____ Next Review Date: _____

Effective Date: _____

Compensation: From \$ _____ Hourly Salary

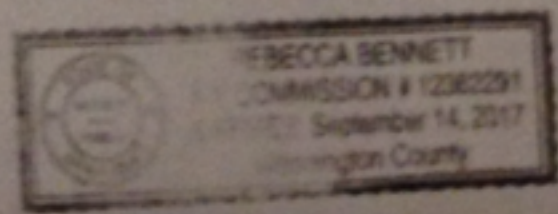
Compensation: To \$ _____ Hourly Salary

Comments: _____

Supervisor Signature: [Signature]

Authorized by: _____

Mayor Signature: [Signature]



[Signature]