

University of Illinois Alumni Association

227 Illini Union
1401 West Green Street
Urbana, Illinois 61801-2974
Telephone 217 333 1471
Fax 217 333 7803



4400 Alumni Hall
412 South Peoria Street, M/C 021
Chicago, Illinois 60607-7066
Telephone 312 996 8535
Fax 312 413 2327

September 25, 1995

Ms. Betsy Londrigan
[Redacted]

SEN
[Redacted]

Dear Betsy:

We are delighted that you have chosen to join the University of Illinois Alumni Association team. You have the experience that will add a great deal to our staff. I am sure that you will find your work with the Springfield campus alumni, administration and faculty both exciting and challenging.

We would like you to start with us on Monday, October 2, in the Urbana office. I will begin orientation with you and include other staff as we progress.

Your beginning salary will be \$30,000. Bob Heldman, Director of Administrative and Business Affairs, will brief you on your other benefits and arrange for the campus personnel services office to orient you on University benefit programs. I have enclosed several personnel forms for you to complete and bring with you on your first day as well as a University Summary of Benefit Plans. You will accrue vacation at a rate of two days per month for a total of twenty-four days per year.

We look forward to having you join us and bringing new insight and opportunities for us to gain support from the Springfield campus alumni and involve them with us and the University. I would appreciate your confirming the acceptance of this offer by signing one of my letters and returning it to me in the enclosed envelope. Please call me at (217) 333-1472 if you should have any questions.

Sincerely,

Louis D. Liay
Executive Director
and Chief Administrative Officer

LDL:rh
Enclosures

Agreed to by: _____ Date: _____

Betsy Londrigan



Objective

I would like to obtain a career position in alumni relations at the University of Illinois Springfield, which would allow me to utilize my effective interpersonal skills, organizational strengths and creativity to cultivate close alumni ties to the new campus.

Education

University of Illinois at Urbana-Champaign

College of Liberal Arts and Sciences

Bachelor of Science in Political Science, May 1993

Bachelor of Arts in Rhetoric, May 1993

G.P.A.: 4.0

Relevant Experience

President, Student Alumni Association

- Acted as liaison between administration, alumni, and student body to maintain cooperative relationships and promote open communication
- Responsible for allocating \$75,000 budget to Student Alumni Association programs and keeping Alumni Association updated on financial status through periodical reports
- Reinforced strong leadership and public speaking skills through supervising bi-weekly general meetings and representing the Alumni Association at University events nation-wide

Chairperson, Illini Comeback Alumni Achievement Program

- Coordinated selection and awarding of honor to prominent alumni being recognized for outstanding achievements in their respective careers and continued support of the University of Illinois
- Gained practical experience in event management by scheduling full weekend agendas for alumni through various college offices, arranging extensive security, and training students to act as personal escorts

Chairperson, Fundraising, Student Alumni Association

- Designed pamphlets advertising "snack packs" to parents of University students to encourage their purchase of a pack for their child during final exams week
- Raised \$18,000 as a result of effective innovative marketing strategies in "snack pack" program

Work Experience

Corps Member, "Teach For America"

- Chosen by a highly selective interviewing team to become part of a national "domestic peace corps" program dedicated to teaching in underprivileged school systems for 2 years
- Actively engaged in the professional development events to stay abreast of current trends in education and strengthen teaching skills

Teacher, Northeast Middle School, Baltimore City, Maryland

- Educated 7th and 8th grade inner city students in language arts studies
- Successfully implemented multicultural studies into a culturally narrow curriculum

UNIVERSITY OF ILLINOIS

Personal History And Professional Experience

POST-EMPLOYMENT FORM - NOT TO BE USED AS AN APPLICATION FOR EMPLOYMENT

COMPLETE ALL ITEMS BELOW:

NAME IN FULL (do not use initials) Londrigan Kathryn Elizabeth Dirksen
Last First Middle (Maiden)

SOCIAL SECURITY NUMBER [REDACTED]

Office Address [REDACTED] Telephone [REDACTED]

Home Address [REDACTED]
Street City State Zip code

Home Telephone Number [REDACTED]

Place of Birth Springfield Illinois United States
City State Country Date of birth [REDACTED]
Month Day Year

Marital Status: Single Married Full name of spouse (Dr., Mrs., Ms., Mr.) [REDACTED]

Please Indicate a Contact Person for Emergency Use:

Name [REDACTED] Relationship Husband

Address [REDACTED] Telephone [REDACTED]

Are you related, by blood or marriage, to any member of the Board of Trustees, faculty or staff of the University of Illinois? No
If so, give details _____

Secondary Office Address (Off campus, if applicable):

Street City State Zip code Telephone

Chicago staff only: Please check the appropriate space if you do not want the Campus Staff Directory to include the name of your spouse ; your home address ; home telephone number ; or off campus office address and telephone number .

Data for the next part of this form are gathered from all employees immediately after employment and are used by the University of Illinois to satisfy governmental reporting requirements. (See definitions and codes on enclosed sheet.)

Country of Citizenship United States Non-U.S. Citizens: Permanent Resident Yes No

Visa type (for Non-U.S. Citizens): _____ Visa Expiration Date: _____/_____/_____

Naturalization Number: _____ Alien Registration Number: _____

Race/Ethnic Group Identification: 2 Sex (Enter F or M): F

Handicapped: _____ Special Disabled Veteran: _____ Veteran of Vietnam Era: _____
(Read definitions and enter codes from enclosed sheet.)

If, after reading the enclosed sheet, an accommodation for a handicap is being requested, please detail below or on a separate sheet.

UNIVERSITY POSITION BEING FILLED:

If there is insufficient space under any heading on this form to supply information requested, please insert a supplementary statement.

ACADEMIC TRAINING: (Give names and city/state of institutions attended and other information specified below.)

A. Community College (Location)	Inclusive Dates Attended	Major	Degree	Date of Degree

B. College or University (List graduate work in (e) below.)
University of Illinois at Urbana-Champaign

C. Graduate or Professional School

D. Postgraduate Training (Include internship/residency/postdoctoral fellowships, etc.)	Institution	Location	Specialty	Dates

E. Professional Degrees or Licenses/Certifications (List professional license number(s) with date issued, expiration date, state of issue; medical/dental board certification(s)/recertifications with dates, etc.)
State of Maryland Teaching Certificate

Has any license ever been denied, suspended, revoked, etc.? Yes ___ No If yes, attach explanation.

PROFESSIONAL, TEACHING, BUSINESS OR OTHER EXPERIENCE

Give names of positions held in chronological order, employers, and dates.

Position Title (including rank)	Employer address	Dates (Month/Year)
Teacher	Northeast Middle School, 5001 Moravia Road, Baltimore, Maryland 21206	8/93 - 6/95

MILITARY SERVICE

Branch	Dates	Rank at Discharge	Location of Service

RESEARCH EXPERIENCE (Major research work and plans for significant new research)

ORIGINAL AND CREATIVE ACCOMPLISHMENTS (Including scientific discoveries, inventions, designs)

SCHOLARSHIPS, AWARDS, HONORS OR OTHER RECOGNITION

PUBLICATIONS (Attach complete list, with references, if space below is inadequate.)

Books:

Major Articles:

FOREIGN LANGUAGES AND EXPERIENCES

Language(s) other than English (Spoken or read readily)

Spanish

Teaching or Business Experience in Foreign Country

MEMBERSHIP IN HONOR SOCIETIES, IN LEARNED AND PROFESSIONAL ORGANIZATIONS/SOCIETIES (Include offices held.)

SUPPLEMENTAL PROFESSIONAL INFORMATION YOU WISH TO INCLUDE

EMPLOYMENT CERTIFICATIONS

Illinois Public Act 85-827 requires new University employees to certify whether or not they are in default on a student loan. Please check the appropriate line below.

X I am not in default for a period of six months or more and in the amount of \$600 or more on the repayment of any educational loan guaranteed by the Illinois State Scholarship Commission or made by any Illinois institution of higher education or any other loan made from public funds for the purpose of financing higher education.

I am currently in default on a student loan as described in the preceding paragraph. (Note: A state agency is required to terminate employment of any employee who has not made a satisfactory repayment arrangement with the maker or guarantor of the loan(s) prior to completion of the sixth month of employment.) If you are in default on such a loan, you will be contacted by the Office of Academic Personnel for the name(s) and address(es) of the lending institutions with which you are in default.

I am aware I must provide documentation of eligibility to work and identity, as required by the Immigration Reform and Control Act of 1986, within three working days of beginning employment or I cannot be paid for services rendered.

I understand failure to complete medical clearance, if required, will be cause for withholding payment for services rendered.

I agree the University of Illinois may withhold a sufficient amount from payment for services due me to cover obligations which may be due or become due the University whether by contract, lease, under its rules and regulations, or otherwise.

I certify that to the best of my knowledge the information provided on this form is true and complete. I understand that falsification of any information requested by this form shall be a basis for cancellation of the employment contract and/or termination of employment.

Kathryn Elizabeth Londrigan

Signature

9/27/95

Date

THANK YOU FOR COMPLETING THIS FORM



STATE UNIVERSITIES RETIREMENT SYSTEM
 P.O. Box 2710 - Champaign, Illinois 61825-0710
 Telephone 217-333-3860

REPORT OF STATUS

INSTRUCTIONS: Print or type.
 Original only to SURS.

PART 1 - COMPLETE IN FULL

1) Name of Participant (First, Middle, Last) Kathryn Elizabeth Londrigan

2) Social Security Number [REDACTED]

3) Home Address (Street, City, State, Zip Code) [REDACTED]

4) Rank or Type of Work: Academic Nonacademic/Staff Other Police Officer/Firefighter

5) The Rank or Type of Work listed in #4 above is at: 50% time or more. Less than 50% time.

CERTIFICATION OF PARTICIPANT

1) Date of certification (M/D/Y) 10/9/95 Date of employment (M/D/Y) 10/2/95

2) Birth date (M/D/Y) [REDACTED] (If 50 or older, submit birth certificate with this form.)

3) Annual rate of pay on date of certification: \$ 30,000 for 12 months at 100 % time.

4) Did employee transfer from another agency covered by SURS? YES, [REDACTED] NO
Name of Agency

5) Did you accept transfer of sick leave credit from previous employer? YES, number of hours [REDACTED] NO

6) Does employee have service credit in another Illinois retirement system? YES, [REDACTED] NO
Name of System

LEAVE OF ABSENCE and RETURN FROM LEAVE OF ABSENCE

LEAVE OF ABSENCE

1) From (M/D/Y) _____ through (M/D/Y) _____.

2) Type of leave: Disability Personal Military Sabbatical Workers' Compensation
 Employer Insurance Contract Suspension Other (specify) _____.

3) Is leave at 100% time? YES NO, percent time of leave is _____ % and % time of work is _____ %.

4) Is leave at no pay? YES NO, percent of pay to be received is _____ %.

5) Rate of pay on date leave begins is \$ _____ per month for _____ months.

6) Total earnings to be forfeited during leave at no pay is: \$ _____

RETURN FROM LEAVE

1) Return from leave effective (M/D/Y) _____ at _____ % of time.

2) If return is less than full-time duty, also complete LEAVE OF ABSENCE section above.

LAYOFF and RETURN FROM LAYOFF

1) Layoff effective (M/D/Y) _____ 2) Return from layoff effective (M/D/Y) _____

CHANGE OF NAME - ADDRESS - SOCIAL SECURITY NUMBER

1) Name change to _____ effective (M/D/Y) _____.

2) Address change to _____ effective (M/D/Y) _____.

3) Social Security Number change to _____ effective (M/D/Y) _____.

PART 2

Name of Employer University of Illinois Alumni Association By [Signature]

(Branch) _____ Title Director of Administrative and Business Affairs

Date 10/9/95 Telephone 217) 333-1772



TERMINATION REPORT

INSTRUCTIONS: Complete for all terminations. Read each part carefully. Print or type.
Complete all parts. Original only to SURS.

PART 1

1) Name of Participant (First, Middle, Last) Kathryn Elizabeth Londrigan

2) Social Security Number [REDACTED]

3) Home Address (Street, City, State, Zip Code) [REDACTED]

4) Employer University of Illinois Alumni Association

5) Rank or Type of Work: Academic Nonacademic/Staff Police Officer or Fire Fighter Other

PART 2 - TERMINATION DATE

1) Termination of Employment effective (M/D/Y) 7/15/98

2) Was termination due to death of the employee? YES NO
If YES, will Workers' Compensation be payable? YES NO

3) 7/15/98 Last payroll period or listing \$ \$751.05 Earnings \$ Retirement

PART 3 - VACATION

1) Accumulated HOURS of VACATION at termination 20.5 days Earnings \$ 2,842.40

PART 4 - SICK LEAVE

1) Accumulated DAYS of SICK LEAVE at termination:
PAID 3.5 day(s) Work Days Calendar Days. Lump sum payment was \$ 485.29
UNPAID 3.5 Work Days Calendar Days.

2) Did you accept transfer of sick leave credit from previous employer? YES NO.
If YES, name of employer _____ Number of days transferred _____

PART 5 - COMPENSATION

1) Annual basic rate(s) of compensation since the preceding September 1:
\$ 18,025.00 for 2 MONTHS effective (M/D/Y) 5/15/98 for 50 % time.
\$ 36,050 for 8.5 mos MONTHS effective (M/D/Y) 9/1/98 for 100 % time.
\$ _____ for _____ MONTHS effective (M/D/Y) _____ for _____ % time.

2) Number of hours worked per day _____

PART 6

Name of Employer University of Illinois Alumni Assoc By [Signature]
(Branch) _____ Title Director, Finance and Administration
Date 12/8/98 Telephone 217-333-1471