



**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**

CITY CLERK'S DATE STAMP

CITY OF RIALTO
2021 NOV -9 AM 10: 04

RECEIVED
CITY CLERK

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2).
3. READ ENTIRE CLAIM FOR BEFORE FILING
4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

RETURN TO:
Rialto City Clerk's Office
Mail: 150 S. Palm Ave., Rialto, CA 92376
Address: 290 W. Rialto Ave., Rialto, CA 92376

CLAIMANT INFORMATION:

Kenitra Warner

FULL NAME

[REDACTED]

DATE OF BIRTH

[REDACTED]

HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]

HOME TELEPHONE NO.

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

()

BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM
(if different from home address provided above):

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 11/9/2020-4/16/2021 TIME: _____ AM PM

2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC – Describe fully and (if applicable) locate on diagram on reverse side of this sheet. Where appropriate, give street names and addresses, measurements and landmarks.

246 S. Willow Ave, Rialto, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

I was promoted from Human Resources/Risk Management Analyst to Human Resources/Risk Manager, effective 11/9/20, and was not compensated per written agreement.

4. WERE POLICE AT THE SCENE? YES NO WERE PARAMEDICS AT THE SCENE? YES NO

5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/town employee causing the injury or damage, if known.

Failure to pay

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 9,130.41

HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.

DAMAGES INCURRED TO DATE:

Item/Date: See attached Amount: \$ _____

Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ _____

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: _____

Amount: \$ _____

Item/Date: _____

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ _____

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

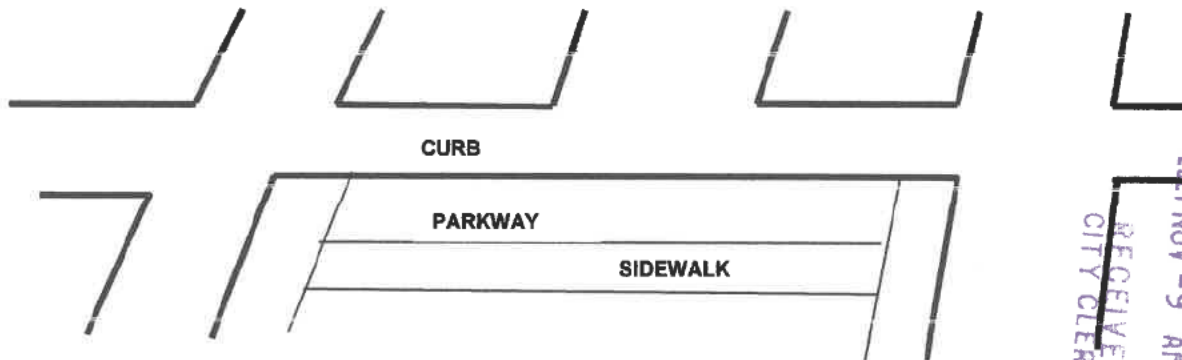
DATE: _____ TIME: _____ AM PM

9. PLEASE READ THE FOLLOWING CAREFULLY:

For all vehicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a city/town vehicle was involved, designate by letter "A" location of the City/Town vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City/Town vehicle; location of City/Town vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

⇒ NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMANT.



I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Kenitra Warner

TYPE OR PRINT NAME

11/05/21

DATE

Self

RELATIONSHIP TO CLAIMANT

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376

KENITRA Q. WARNER

14254 WILLAMETTE AVE • CHINO, CALIFORNIA 91710 • 323.997.3461 CELL • KQWARNER@SBCGLOBAL.NET

Per the enclosed Claim for Damages form I am requesting the claimed amount of **\$9,130.41**. This amount represents the difference in wages and benefits subsequent to the promotion from the Analyst to Manager, which remain outstanding.

Benefit	Analyst	Manager
Hourly Wage	\$36.94	\$44.04
Educational Incentive 7.5%	\$2.77	\$3.30
Certificate Pay 7%	\$2.59	\$3.08
Total Hourly Rate	\$42.30	\$50.42
Amount paid by Rialto	\$42.11	\$42.11

From November 9, 2021 (date of promotion) thru March 28, 2021 (last day of employment) = 20 weeks/800 hours.

800 hours x 42.11 hourly rate = \$33,688 vs 800 hours x 50.42 = \$40,336 = a difference of **\$6,648**

204.8 accrual hours were paid out at \$42.11 (\$8,624.13) vs \$50.42 (\$10,326.02) = **\$1,701.89**

Employer contribution of PERS not paid on difference of Manager wages (hourly wage + educational incentive) = \$7.63
x 800 = \$6,104 x 12.787% = **\$780.52**

Wages	\$6,648.00
Accruals Paid Out	\$1,701.89
Employer PERS Contribution	\$780.52
TOTAL DUE	\$9,130.41

Enclosures:

Claim for Damages form

Promotion Offer (contingent)

Confirmation of Offer

Pay Details from pay period 11/08/20-4/10/21