



**CIVIL SERVICE COMMISSION  
CITY AND COUNTY OF SAN FRANCISCO**

**DANIEL LURIE  
MAYOR**

**MINUTES  
Regular Meeting  
August 18, 2025**

**2:00 p.m.  
Room 400, CITY HALL  
1 Dr. Carlton B. Goodlett Place**

**This meeting will be held in person at the location listed above. Members of the public may attend the meeting to observe and provide public comment at the physical meeting location listed above or by calling (415) 655-0001 and entering meeting id #2663 921 0057. Instructions for providing remote public comment are below.**

**LISTEN/PUBLIC COMMENT CALL-IN  
USA is (415) 655-0001 | Access Code: #2663 921 0057  
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Dial \*3 when you are ready to queue**

**DANIEL LURIE, MAYOR**

**COMMISSIONERS**

**KATE FAVETTI  
President  
JACQUELINE MINOR  
Vice President  
VITUS LEUNG  
ADAM WOOD**

**SANDRA ENG  
Executive Officer**

The public is encouraged to submit comments in advance of the meeting by email at [civilservice@sfgov.org](mailto:civilservice@sfgov.org), or by voicemail message at the CSC Office main line at (628) 652-1100. Comments submitted by 5:00 pm the Friday before the meeting will be included in the record. **Effective January 1, 2025, public comment received by email or voicemail at least three hours prior to the start of a meeting will be provided to the members of the Civil Service Commission and will be included in the record on the Civil Service Commission website. These public comments will no longer be read aloud at meetings.** During commission meetings, members of the public may use the Civil Service Commission's dedicated public comment line (415) 655-0001, Access Code #2663 921 0057.

**CALL TO ORDER**

2:04 p.m.

**ROLL CALL**

President Kate Favetti	Present
Vice President Jacqueline P. Minor	Present
Commissioner Vitus Leung	Excused Absence
Commissioner Adam Wood	Present

President Kate Favetti presided.

**REQUEST TO SPEAK ON ANY MATTER WITHIN THE JURISDICTION OF THE CIVIL SERVICE COMMISSION BUT NOT APPEARING ON TODAY'S AGENDA**

Cheryl Thornton spoke about an issue to bring to the Commission's attention, Thornton believes there is conflict of interest currently because the supervisors are represented in the same bargaining unit as the staff that they supervise. Thornton explained, "what's happened is that this has created somewhat of a challenge and a hostile work environment because both, supervisors and staff are in the same union bargaining agreement." Oftentimes supervisors are challenged by their staff for actually doing their job or trying to adhere to the policies of the City and County of San Francisco – when supervisors do that, they're accused of harassment, discrimination, and other things, next thing, they're under investigation, sometimes some of the new supervisors are investigated multiple times yet to find no evidence, but it's very overwhelming. So, in this case because we're represented in the same bargaining agreement, oftentimes our union representatives do not agree with what's going on with the supervisors, and the supervisors are really being put in a really difficult situation with their union. Thornton acknowledged that the commission can't answer any questions and is aware that the commission doesn't have anything to do with how different jobs are assigned to each union, but wanted to bring it to the commission's attention because many of these cases are coming forward in EEO claims or grievances through labor. Thornton shared, "if you really dig in, you'll see that there's a conflict between supervisors and line staff, just want it to bring to your attention because help is needed."

**APPROVAL OF MINUTES - Action Item**

Special Meeting of August 11, 2025 – 2:00 p.m.

**Action:** Adopted the Minutes. (Vote of 3 to 0)

**ANNOUNCEMENTS**

Item #16 Appeal by Brian DeNave has been postponed to the meeting of September 15, 2025.

Items severed from the Ratification Agenda:

- DHRPSC0005426 - v0.01 from the Department of Public Health
- DHRPSC0005440 - v0.01 from the Department of Public Health

Items severed from the Consent Agenda:

- Item #8 Annual Report on Certification of Eligibles – Entry and Promotion – Uniformed Ranks of Fire, Police, and Sheriff
- Item #10 Report of Future Employment Restrictions and Probationary Releases

Public comment, including public comment on any additional Ratification or Consent items that the public would like severed from the agenda.

None.

**HUMAN RESOURCES DIRECTOR'S REPORT** (Item No. Item5)

None.

**EXECUTIVE OFFICER'S REPORT** (Item No. 6)

Sandra Eng, Executive Officer, apologized to the Commissioners for the delay submitting the year-end report, Eng stated, “we will present at the September meeting”. She also informed the commissioners that we are expanding our training, there have been requests from departments for training on Personal Services Contracts, CSC staff working with department PSC coordinators and HR staff to put together this training. CSC has also received requests for annual training for hiring managers for departments.

**0192-25-8      Review of Request for Approval of Proposed Personal Services Contracts.  
(Item No. 7)**

PSC	Department	Amount	Type of Service	Type of Approval	Duration
DHRPSC 0005164 - v0.01	Public Health	\$4,800,000	Contractor will provide general program administration services, financial management and reporting, performance and quality management, management of subcontractor agreements, and as-needed recruitment, onboarding and human resource management. Contractor will also staff public health positions specific to achieving the goals of the Community Health Equity and Promotion (CHEP) programs.	New	48 months

PSC	Department	Amount	Type of Service	Type of Approval	Duration
DHRPSC 0005426 - v0.01	Public Health	\$25,000,000	<p>The Crisis Stabilization Unit (CSU) provides short-term crisis stabilization services lasting less than 24 hours. The CSU provides comprehensive psychiatric evaluation, therapeutic intervention, medication support, and discharge planning. The multidisciplinary team works closely with families and partner agencies to stabilize youth and connect them with ongoing care.</p> <p>Services are delivered using evidence-based practices, along with de-escalation strategies. When discharge barriers arise - such as unavailable placements or caregiver delays - staff coordinate with caregivers, county services, and hospitals to find appropriate solutions. If youth cannot safely return home or to a community setting, they may be referred to the HD program or, when necessary, transferred to inpatient care under a WIC (Welfare and Institutions Code) 5585 hold.</p> <p>The Hospital Diversion (HD) program provides short-term, 24/7 residential care for youth ages 12–17 experiencing acute behavioral health crises, including suicidal ideation, aggression, or significant family distress. HD offers intensive clinical support serving as either an alternative to psychiatric hospitalization or a step-down from inpatient care. Services include comprehensive psychiatric and trauma-informed assessments, medication evaluation and management, family support, and skill-building interventions to help youth stabilize and safely return to home or community-based settings. It includes an option for limited number of youth to step down to a partial hospital program where they have programming Monday through Friday but do not stay overnight and on weekends.</p>	New	60 months
DHRPSC 0005440 - v0.01	Public Health	\$53,000,000	<p>Provide residential services in a community setting for adults and older adults with serious and persistent mental illness or other behavioral health needs who may also have chronic medical conditions and/or cognitive impairments or dementia. Services include meals, assistance with activities of daily living, medication support, daily activities that may include social and vocational rehabilitation, housekeeping, access to medical care, and administration/program management. Facility operators will provide residential support for individuals who recently completed a treatment program and are waiting for independent housing, as well as individuals – including people experiencing homelessness – who need support, supervision, and/or socialization to maintain housing stability. The services must be provided in a facility that is licensed by the Department of Social Services Community Care Licensing in compliance with California Code of Regulations, Title 22, Division 6, Chapters 6 or 8.</p>	New	36 months
DHRPSC 0005510 - v0.01	Public Health	\$2,000,000	<p>Provide ongoing maintenance and upkeep of the Building Management System in use at Laguna Honda Hospital, which is called Metasys, manufactured by Johnson Controls. Metasys controls various pieces of mechanical and electrical equipment throughout the hospital. Services included under this PSC are planned inspections, preventative maintenance, parts and labor for as-needed repairs, systems modifications, software and hardware support and updates, and various other associated services.</p>	New	60 months

PSC	Department	Amount	Type of Service	Type of Approval	Duration
DHRPSC 0005513 - v0.01	Public Health	\$4,000,000	Provide ongoing maintenance and upkeep of the Security System at Laguna Honda Hospital, manufactured by Johnson Controls. The system includes access control points, CCTV devices for security monitoring purposes, and various pieces of mechanical and electrical equipment throughout the hospital. Services include comprehensive care and repair for Access Control Field Equipment, including card readers, access control system, locking hardware, power supplies, motion detectors, locking doors, airphone security intercommunications systems intercoms and switches, access control head-end, panels, and power supplies, servers and software, security workstations and monitors, controller checks, door controllers, standby power supply batteries, controller expansion enclosures, hi-resolution CCTV cameras, exterior housing, integrated PTZ (pan, tilt, and zoom) domes, batteries, video servers and storage, video surveillance network switches, workstations, and monitors, power supplies, duress buttons, emergency call station equipment, and other hardware and software upgrades and repairs needed for various other security related items.	New	60 months
DHRPSC 0005397 - v0.01	Public Works	\$1,171,000	The contract seeks licenses for a cloud-based software solution that will provide Public Works users with the ability to view three-dimensional models of street trees in San Francisco (expected to cost approximately \$729,000) in addition to integration and configuration services to better connect the data with the department's existing street tree database application and dataset (expected to cost approximately \$47,000). Integration services are necessary to match asset IDs between the legacy Public Works Tree Database and the street tree LiDAR survey dataset associated with this solicitation. These integration services are expected to be completed twice over the contract's four-year duration. Configuration services are required to configure the LiDAR survey data platform procured in this solicitation to allow Public Works applications to link directly to a specified LiDAR survey tree asset. This configuration work is expected to be completed once at the beginning of the contract.	New	108 months

PSC	Department	Amount	Type of Service	Type of Approval	Duration
DHRPSC 0005575 - v0.01	Department of Homelessness and Supportive Housing	\$229,000	<p>A. PIT Count and Survey Methodology Consulting Support</p> <p>1. Provide as-needed guidance and consulting support to the City Team on PIT and Youth Counts and Survey methodology, including but not limited to guidance and technical assistance to improve the methodology of the count over time, best use of administrative data, accurately identifying special populations, how best to count individuals in tents, vehicles, and large encampments and paperless strategies</p> <p>2. Compliance with all Department of Housing and Urban Development (HUD) standards</p> <p>B. PIT Count "Tally" Methodology, Design and Tools</p> <p>Provide and administer electronic data collection tools (e.g., ArcGIS, Survey123, Qualtrics) that support the tally and other logistical PIT Count and Survey processes, including but not limited to provide mobile applications for the counts and/or surveys and provide all necessary licensing, programming, and customization for the Count enumerators' use.</p> <p>C. Qualitative Survey Methodology and Design</p> <p>Use input from City Team and best practices to design a qualitative survey methodology, including but not limited to developing a survey for street and sheltered homeless persons and managing all aspects of survey administration, including distribution, data collection, and preparation of clean, analyzable, and clearly documented datasets</p> <p>D. Volunteer Management and Assignment</p> <p>Develop and implement a comprehensive recruitment process to ensure sufficient outreach staff and volunteers are assigned to conduct the count, including but not limited to recruiting skilled outreach workers and/or people with lived experience of homelessness to help conduct the street count and developing and providing enumerator training and informational materials for volunteers, and ensure all enumerators receive necessary materials to conduct count.</p> <p>E. Route Design and Management</p> <p>1. Use route management software and/or other tools to track route characteristics and design appropriate routes for a comprehensive Count across San Francisco, including but not limited to, managing and optimizing map of routes throughout the full geography of San Francisco, including guidance on walking versus driving routes</p> <p>2. Produce geospatial data files for any routes created for the administration of the count and any custom defined zones used for targeted outreach and analysis</p> <p>F. Data Management and Methodology</p> <p>Provide HSH access to All PIT Count routes, street count tally data, survey data, and documentation of processes to ensure transparency and reproducibility of PIT Count outputs.</p> <p>G. Reporting</p> <p>Prepare a detailed report that includes a summary of findings based upon each previous Count, description of the methodology used for the Count, and analysis of survey results. Prepare an executive summary of both reports, as well as a Youth Count report.</p>	New	36 months
DHRPSC 0005493 - v0.01	Public Utilities Commission	\$22,500,000	<p>Consultants will perform highly specialized electrical and mechanical engineering tasks that include high-voltage transmission and distribution-level power design; design, rehabilitation or upgrade of electrical substations, lighting system design, electrical relay design, instrumentation and control (I&amp;C) mechanical engineering for low/medium/high voltage systems and design of rotating equipment (e.g. engine generators, electric-motor driven pumps), air- or water- cooling systems for static electrical gear, engines, generators and large electric motors. The SFPUC intends to award three contracts, each not to exceed \$7,500,000.</p>	New	60 months

**0192-25-8 Continued**

**Note:** *New Personal Services Contracts start date may not exceed eighteen (18) months after approval/commission meeting date.*

**Speakers:** My Lang Do Nguyen, Department of Public Health spoke on PSC # DHRPSC0005426 - v0.01  
My Lang Do Nguyen, Kelly Kirkpatrick, Luenna Kim, Angelica Almeida, Department of Public Health and  
Jonathan Wright, Department of Human Resources spoke on PSC #DHRPSC0005440 - v0.01  
Nato Green, SEIU Local 1021 spoke on PSC #DHRPSC0005440 - v0.01

**Action:**

1. Approved PSC # DHRPSC0005426 - v0.01 with the condition to modify the amount to \$20,000,000 and the duration to forty-eight (48) months. (Vote of 3 to 0)
2. Continued PSC #DHRPSC0005440 - v0.01 to the meeting of September 15, 2025. (Vote of 3 to 0)
3. Adopted the report. Approved the requests for the remaining proposed Personal Services Contracts; Notify the Office of the Controller and the Office of Contract Administration. (Vote of 3 to 0)

**PublicComment:** **Sarah Clarke**, has been a registered nurse at the BHC for eight years and said was perplexed as to why the city is trying to dismantle the RF and the RCFE rather than taking credit for its success according to available evidence, life expectancy in patients with chronic and severe mental illness is shorter than in the general population by 10 to 20 years with a weighted average life expectancy of 64.7 years of age. That loss of 10 to 20 years is attributed largely to preventable natural causes. The average age of an RCFE resident is 71 years old, and at this time there are five who are in their eighties. It is undeniable that the staff of the boarding-care play a huge role in the residents beating the odds. Clarke has seen (undisclosed) and more be caught early because the staff have been with the residents for so long and know them well enough that they are able to notice subtle changes that indicate something is amiss. The residents also trust our staff enough to tell them when something is wrong, which is a huge accomplishment for both residents and staff. In addition to individual outcomes RCFE have a positive systemic impact, we all know that preventative health care is more cost effective than emergency medicine. Many of the residents of both boarding-care cycle through emergency medical and psychiatric services before achieving stability at the BHC. There is no evidence to suggest that testability is

0192-25-8 Continued

replicable in a private boarding-care, and in fact, there is evidence to the contrary given that many of our residents came to us after private boarding-care did not work out for them. It is shortsighted to try and save money by privatizing the care these residents currently receive. I do not object to the assertion that San Francisco needs more locked subacute beds, I do object to privatizing care that has been successfully provided by city workers for decades and that no one argues is not working. I also have a petition from the boarding care residents asking not to be relocated.

**Alphonse Rocca**, "I am a resident member of RCFE Behavioral Health, and I don't think we should be changing something that works. I think I went to the wrong thing, I came for the rally, but I got this. I am new to contracting and all that kind of thing. I'm very upset about this, but I said I'm going to fight, you know, I don't want to move and I'm taking steps to take care of my move. I understand that nobody's going to get put out in the street, but we're nervous, you know?"

**Benson Nadal**, "Commissioners you don't know me, I'm the head of an organization in San Francisco and under federal law we have jurisdiction over all the RCFE in the City and all the skilled nursing facilities. As such I have thirty years of experience in San Francisco looking at the trends. Most recently we've been involved with Laguna Honda and some of the individuals there, we also commented on the job reports and that is featured in God's hotel book, let me express some of my concerns with the privatization of the behavioral health system in general and specifically, I totally agree that quality assurance is the key factor in making sure individuals who transition to the Laguna Street facilities or even some of the smaller boarding care homes have sufficient oversight to ensure quality. What has not been mentioned in this presentation is all the case management services that enhance therapeutic services within the DHC and the smaller board and care homes what has not been mentioned is the fact that the smaller board and care homes have house doctors who totally ignore the physical ailments as they emerge from the behavioral health clients, I had a client from the board and care home that was pretty substandard although subsidized by the city, that person developed (undisclosed) systems they said it was (undisclosed) he fell down and he died. In terms of the poor quality and some of the smaller RCFE. I think that the city wants to transfer individuals to private RCFE, particularly the smaller ones, there has to be greater attention to quality assurance and in the contract building additional oversight communicate licensing is



inadequate in providing oversight.” Thank you.

**Darren Page**, “I’ve worked at the RCFE in its current form since it opened and I’ve worked at the behavioral Health Center for over 28 years; so, my major concern is outcomes for residents if they’re moved, the staff that work at the RCFE right now, we have drivers to assist them, to get to appointments, we have escorts to help them navigate the appointments which building to go to, which office to go to, how to navigate the system, things that I don’t believe that they would be able to do on their own. We’ve had residents who have been caught early with (undisclosed) all because we have about a 90% success rate in getting people to go to their appointments and complete them and I’m concerned that private board and care would not provide the services that we do. People who can’t be totally 100 % independent, but they’re not quite ready for more. We have residents on our floor who have been there for more than ten years, seven years, more than five years and this kind of stability is really unheard of; our residents get to live the lives that the mental health system has set up for them to live. They’re independent as much as possible, they have a community of people around them, they’re co residents that they have relationships with, and because they’ve been there so long, the staff have relationships with them, and I believe these things are absolutely really important for their stability and them being able to live good fulfilling lives. The other concern I have is that if the whole building is converted into subacute, I know from working in the building that the third floor subacute has been half empty for two to three years, where are all these residents going to come from to fill up a whole two more floors? I’m concerned about the exact planning, and hurting other people that already live there in order to fill it up with people who don’t even really exist.” Thank you so much.

**Elizabeth Travelsight**, “I am a Field Representative SEIU Local 1021, I represent our members at the Behavioral Center. For a variety of scheduling reasons, we have several family members, staff, and residents of the RF and the RCFE who regret being unable to come and speak with you today. I will say that they have spoken repeatedly and publicly in opposition to the privatization of the RF and the RCFE services. They have addressed the San Francisco Health Commission and city supervisors. They have spoken at public rallies and to the press. Our primary concern with DPH’s plan is the very serious health risks to the BHC’s uniquely vulnerable client population posed specifically by the privatization of their care. The union has met and conferred twice with city representatives to discuss an alternative that maintains quality and continuity of care

and avoids flagrant violations of our CBAs, city legislation, and California labor law. Yet DPH continues to insist on the privatization of a successful essential service as a matter of political convenience, I don't see it any other way. And with shocking disregard for the lives at stake, we have made it clear that the union will not oppose the portions of the contract unrelated to the current services provided by public employees at the BHC, nor will we oppose the voluntary relocation of clients to DPH properties at 601 and 624 Laguna Street. Many RF and RCFE residents have cycled dangerously in and out of private boarding care. This is a fact, emergency medical and psychiatric services and homelessness, their current health and hard one stability are an inarguable result of the quality and durability of dedicated civil service care providers, no private provider of these services will be able to reproduce the kind of safe, supportive, consistent living conditions that ensure the continued well-being of these residents, thank you very much.”

**Jennifer Esteen**, “I'm a registered nurse with the city of San Francisco for 15 years. I currently work for the residential system of care, which helps to place people in and out of our locked facilities and our boarding care homes. I know intimately the details of which everyone has been speaking, and I would say that we need more boarding care homes, we need more beds. What this actually would create is a zero net gain. There is no bed capacity that has increased on the boarding care level by closing this facility and moving people to the Laguna site. Additionally, the 64 Laguna site does not offer (undisclosed) care. The contract that is being proposed specifically states it will offer (undisclosed) care that is not currently being offered at the BHC. However, the site that will offer the care is 601, which the city is not currently ready to open as we heard, there is no timeline for 601 to even being opened. Our BHC staff is staffed with licensed providers, you asked about care, quality of care, you've heard the stories. Our residents live longer; they have better quality of life. We have steady civil service staff who are licensed, and boarding care at homes in the community do not have licensed staff at all. They don't need it, it's part of the cost savings that will diminish care that is provided to residents, and as we also have heard, our BHC offers a higher standard of care, which is very beneficial to our residents, also to say these are parallel facts is to blur the lines that is not true. The 3<sup>rd</sup> floor let's move on to what is currently locked, our MHRF is not at capacity, it is not fully staffed, it's not fully occupied, and it has not been for a number of years so, when we talk about 3000 bed hours for locked waiting for a locked placement, we should try to fill this

bed, the beds at the MHRF now instead of opening something new. Also, we do need locked beds, but we should open them somewhere else. In 2024, the city had an opportunity to have a contract at St. Francis for an open vacant site and let that go, there are other options in the community. Thank you.”

**Vivek Anand**, “I am here as the spouse, but I'm an architect and a psychotherapist and I listened to some of these proposals and am the resident of San Francisco. I heard it said that we only operate as DPH only operates services for seniors services in hospitals and that was just sort of presented as a fact that cannot be challenged and no one questioned that, so I just thought I'd raise it that if the DPH is open to running facilities outside hospitals, then they'd be open to running Laguna. If they're not open to it, we need to know why.” Thank you.

**0193-25-1      Annual Report on Certification of Eligibles – Entry and Promotion – Uniformed Ranks of Fire, Police, and Sheriff. (Item No. 8)**

**Speakers:**      Jen Lo, Department of Human Resources  
Anna Biasbas, Department of Human Resources

**Action:**          Adopted the report. (Vote of 3 to 0)

**0194-25-1      Report on Position-Based Testing. (Item No. 9)**

**Speakers:**      None.

**Action:**          Adopted the report. (Vote of 3 to 0)

**0195-25-1      Report of Future Employment Restrictions and Probationary Releases for the period of July 1, 2024 to June 30, 2025. (Item No. 10)**

**Speakers:**      Shawn Sherburne, Department of Human Resources  
Kathrina Williams, Human Services Agency

**Action:**          Adopted the report. (Vote of 3 to 0)

**Public Comment:**      Jesse Stanton, I'm a member of SEIU 1021 and a 2905 Eligibility Worker with the San Francisco Human Services Agency. This issue of release from probation for 2905s is something as I've given comment to this commission before. It's a matter of some like the discussion and over bargaining with the management. I feel like Director William's explanation was not sufficient for our purposes the fact that errors exist, financial penalties exist in lots of different areas for incorrect work and you don't see people flunking out qualified candidates, qualified selectees, people who passed the exam passed through months of

training and then just released from probation and in such large numbers, and you know that 29 people being released, that's 20% and clearly way out in order of magnitude larger than the citywide release from probation. I feel like it's sort of stepping aside the issue saying that well financial penalties exist, there, there, there are error rates that are measured, and penalties exist, they're not speaking to the fact that releasing these people from probation is addressing in any way or increasing the number of hires and increasing the number of people who are released from probation, it's just churning through qualified people and not giving them a good chance to do their job and to serve the City and County of San Francisco, we feel like it's still a problem, it's a problem in the onboarding process, one of the concerns I believe is too many cooks in the kitchen, you got a big team here, there's three different sets of teams that do this onboarding process, maybe that's part of it, the director was speaking towards the exam and testing process during onboarding, I think there's definitely some work to improve there, but I don't think the department addressed the core issue here today. Thanks for your time.

**0196-25-1 Survey of Monthly Rates Paid to Police Officers and Fire Fighters in All Cities of 350,000 or More in the State of California (FY25-26). (Item No. 11)**

**Speakers:** None.

**Action:** Adopted report; Transmit rates to the Retirement System in accordance with charter section A8.590.1 – A8.590.7; Provide report to The Board of Supervisors. (Vote of 3 to 0)

**0197-25-1 Report on Provisional Appointments. (Item No. 12)**

**Speakers:** None.

**Action:** Adopted the report. (Vote of 3 to 0)

**0072-25-6 Appeal by Shalice Otis of the Human Resources Director's determination to administratively close Otis's complaint of retaliation and race harassment. (Item No. 13)**

**Speakers:** None.

**Action:** Postponed to a future meeting at the request of the appellant. (Vote of 3 to 0)

**Public Comment on all matters pertaining to Items 16 and 17 including public comment on whether to hold Items 16 and 17 in closed session. (Item No. 14)**

None.

**Vote on whether to hold Items 16 and 17 in closed session. (Item No. 15)**

**Action:** The Commission voted to go into Closed Session. (Vote of 3 to 0)

**0351-24-6 Appeal by Brian DeNave of the Human Resources Director's determination of insufficient evidence to sustain a violation of City policies requiring reasonable accommodations for qualified disabled employees. (Item No. 16)**

**Speakers:** None.

**Action:** Postponed to the meeting of September 15, 2025. (Vote of 3 to 0)

**0138-24-7 Request for a Hearing by Jourdyn Allen Stancil on their Future Employment Restrictions. (Item No. 17)**

**Closed Session started at 3:57 p.m. and the following were present:**

President Kate Favetti, Civil Service Commission  
Vice President Jacqueline P. Minor, Civil Service Commission  
Commissioner Adam Wood, Civil Service Commission  
Sarah Fabian, Office of the City Attorney  
Sandra Eng, Civil Service Commission  
David Garcia, Municipal Transportation Agency  
Khalilah Pinckney, Municipal Transportation Agency  
Anna Biasbas, Department of Human Resources  
Simon Abulencia, Municipal Transportation Agency  
Jourdyn Allen Stancil, Appellant  
Lavena Holmes, Civil Service Commission  
Mika Gordon, Civil Service Commission  
Preeti Grewal, Civil Service Commission  
Elizabeth Aldana, Civil Service Commission  
Lizzette Henríquez, Civil Service Commission

**Speakers:** David Garcia, Municipal Transportation Agency  
Khalilah Pinckney, Municipal Transportation Agency  
Jourdyn Allen Stancil, Appellant

**Action:** Upheld the Municipal Transportation Agency's decision and denied the appeal by Jourdyn Allen-Stancil. Future employment subject to five (5) years of satisfactory employment outside of the City and County of San Francisco, and ten (10) years employment restriction with driving related positions within the City and County of San Francisco. (Vote of 3 to 0)

**Closed Session ended at 4:33 p.m.**

**Reconvened in Open Session. Vote to elect whether to disclose any or all discussions on Items 16 and 17 in closed session (S.F. Admin. Code §67.12 (a)) – (Item No. 18)**

**Reconvened in Open Session at 4:37 p.m.**

The Commission voted not to disclose any discussions in closed session. (Vote of 3 to 0)

**COMMISSIONERS' ANNOUNCEMENTS/REQUESTS (Item No. 19)**

- President Favetti followed up on Commissioner Salveson's luncheon.
- Vice President Minor followed up on her request to get an EEO report before the end of this calendar year.

**ADJOURNMENT (Item No. 20)**

4:40 p.m.