

Ohio Attorney General's Office Bureau of Criminal Investigation Investigative Report



2019-3029 Officer-Involved Critical Incident - Unidentified Victim (V)

Investigative Activity: Document Review

Involves: (O)

Date of Activity: 11/27/2019

Activity Location: BCI Richfield Northeast Regional Office - 4055 Highlander

Parkway, Richfield, OH 44286, Ohio County

Author: SA Eric Lehnhart, #84

Narrative:

On Wednesday, November 27, 2019, Ohio Bureau of Criminal Investigation (BCI) Special Agent Eric Lehnhart received the personnel file for Corrections Officer from Stephanie L. Schoolcraft of Fishel, Downey, Albrecht, and Riepenhoff, LLP's. Special Agent Eric Lehnhart reviewed the personnel file and noted the following:

The provided personnel file of Corrections Officer contained 234 total pages.

Performance Evaluations

The Richland County Sheriff's Office's employee performance evaluation assigns points to the employee as follows; Above +2, Meets +1, and Does not meet +0. Throughout much of s evaluations, he has received the rating of 'Above +2' and 'Meets +1.' However, does have a few 'Does not meet +0' ratings, documented by his supervisors.

Discipline

has several documented instruction and cautioning reports, written reprimands and one (1) disciplinary agreement, which cost him eight (8) hours of compensatory time.

The personnel file was attached to this report. Please refer to the attachment for further details.

Attachments:

Attachment # 01:2019-11-27 Leonardo Gatner Redacted from RCSO

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency.



	OFFICER .
Name:	Review Period: 4-5-18 to 10-4-18
Unit #:	Review Deadline Date: 10-5-18
Rater Name: Def. Mills	Bi-Annual Review
Ti (1)	and a solution to the DCSO values of safety and

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.

 Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above +2 Meets +1 Does Not Meet +0 Explain:

- 2. Consistently completes required security rounds and documents as appropriate.

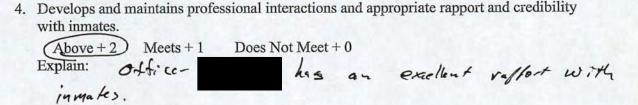
 Above + 2 Meets + 1 Does Not Meet + 0

 Explain:
- Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2 Meets + 1 Does Not Meet + 0 Explain:

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.



Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

7. Consistently follows post orders, policies and procedures.

	Above + 2 Meets + 1 Does Not Meet + 0 Explain:
3.	Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).
	Above +2 Meets +1 Does Not Meet +0 Explain: Office Was written up for abose of
9.	Performed Plan: Be more earth with your sink time. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.
	Above + 2 Meets + 1 Does Not Meet + 0 Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Explain: Office Does Not Meet + 0

Explain: Office is very respectful.

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Rater: S. J. Mkl. Comments:	Date: 10-2-18
Lieutenant: Comments:	Date: 10-4-18
Staff Lieutenant: Comments:	Date: 10~17", 8
Jail Administrator: Cert Comments:	Date: 16/16/18
Chief Deputy: Wy WS:	Date: 10 125 118
Sheriff: Astern Ablob. Comments:	Date: 10/29/18
Employee Signature: Comments:	Date: _//- 4-/8
I have read the above rating and choose t	o respond to this rating.
I have read the above rating and choose	NOT to respond under comments.

I am requesting to have a meeting with the Jail Administrator to discuss this evaluation.

My signature may not indicate agreement with the ratings.

RICHLAND COUNTY SHERIFF'S OFFICE **INSTRUCTION & CAUTIONING**

Employee's Name:			Employee's Classification: C	orrection Officer
Date Instruction & Cautioning	g was Issued	5-8	-19	
		VIOLA	TION	
Date Violation Occurred:	April 3, 2	019	Personnel Complaint Number: _	2019-074
Location Where Violation Oc	ccurred: R	tichland Count	y Jail	
Type of Violation	Policy	Group I	Number 13	
County Sheriff's Office, specing 1st Group I # 13 violation. This Instruction and Cautioning and work performance. A consix (6) months, and will be a	(Attac ng was issued py of this Instantional	h Additional sl I as a corrective truction and Corrective thereaf	e a rule, regulation, policy or direct leaving the 3 rd floor of the jail unattraction heets if necessary) The measure in an effort to help you introduced active fiter, provided that you have no accould result in more severe disciplinate.	nprove your conduct by management for dditional disciplinary
actions during that time pend	u. Any future	i violationo co	Signature of Person Issuing Repri	
			Lieut enant	+
			Title	
I hereby acknowledge that a this date.	copy of the a	bove record o	Instruction and Cautioning has been been been been been been been bee	en given to me on
			Date 2017	

OF	FICER
Name:	Review Period: 10-4-18 to 4-4-19
Unit #: 7, 80	Review Deadline Date: 3-26-15
Rater Name: Sgh. Colhe	Bi-Annual Review
This evaluation consists of three (3) strategic security, and operational effectiveness. Each your direct report as: Above, Meets, or Does justification and must include a Performance	Not Meet. A rating of "Does Not Meet" requires
GOAL ONE: Correction Officers will uphole staff, facilities, inmates and visitors consisten	d the highest standards of security and safety for t with the mission of the facility.
Seeks information/advice from the co- information to his/her supervisor and	curity problems in a timely and appropriate manner. rrect sources as appropriate and provides pertinent relieving shift officers.
Above +2 Meets +1 Does Meets +1 Explain: Office Security Concerns.	is good at addressing
2. Consistently completes required securing Above + 2 Meets + 1 Does I Explain:	rity rounds and documents as appropriate. Not Meet + 0
boundaries between inmates and Corn Above +2 Meets + 1 Does N	
Any additional comments pertaining to GOA	

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.

4.	with inmates.	maintains profe	ssional interactions an	a ap	propriate	е гаррогі апа с	redibility	
	Above + 2		Does Not Meet + 0					
	Explain: 04	fire	Mainteins	a	good	raffort	with	immakes

Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above +2 Meets +1 Does Not Meet +0 Explain:

 Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above +2 Meets +1 Does Not Meet +0

Explain: Officei's good at diffusing Broblem

situations. He can be Patient in senarios when
i't avoids problems.

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

7. Consistently follows post orders, policies and procedures. Above +2 Meets +1 Does Not Meet +0

Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2 Meets + 1

Does Not Meet + 0

Explain:

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above +2 Meets +1 Does Not Meet +0
Explain: office is timelar with his Galework.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Explain:

(Above + 2) Meets + 1 Does Not Meet + 0

Explain: Officer is very respectful with

Co- workers and Supervisors.

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Total Points: 16	
Rater: DA. M. C.	Date: 3-19-19
Comments:	
Lieutenant:	Date: 4-29-14
Comments:	
Staff Lieutenant:	Date: 4-2-19
Comments:	
Jail Administrator: Comments:	_Date:
Chief Deputy: WW. Comments:	_Date:
Sheriff: Attan Allah Comments:	_Date: 4/07/19
Employee Signature Comments:	Date: <u>4-30-/9</u>

I have read the above rating and choose to respond to this rating.

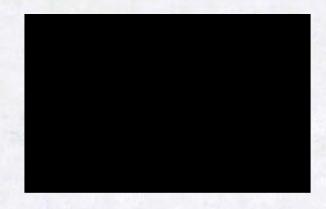
I have read the above rating and choose NOT to respond under comments.

I am requesting to have a meeting with the Jail Administrator to discuss this evaluation.

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2019 back pay	OLDREG	NEW REG	OWED	OLD OT	NEW OT	OWED	OLD HOLID	NEW HOLII ON	ED	OLD VAC	NEW VAC	OWED
2019 Back pay	22.30	22.77		33.45	34.16		22.30	22.77			21.97	
1/18/2019	\$1.784.00	\$1,821.60	\$37.60			\$0.00	89.2	91.08	\$1.88			\$0.00
	\$1,784.00					\$0.00				\$1,720.00	\$1,757.60	
2/15/2019	\$1,784.00	\$1,821.60	\$37.60			\$0.00			\$0.00			\$0.00
3/1/2019	\$1,784.00	\$1,821.60	\$37.60			\$0.00		91.08	\$1.88			\$0.00
3/15/2019	\$1,784.00	\$1,821.60	\$37.60	267.6	273.28	1,000,000			\$0.00			\$0.00
3/29/2019	\$1,784.00	\$1,821.60	\$37.60			\$0.00			\$0.00			\$37.60
			\$225.60			\$5.68			\$3.76			\$37.00

TOTAL OWED \$272.64





05/06/2019 14:14 ESPICER Richland County - LIVE DETAIL CHECK HISTORY

BY EMPLOYEE NAME 01/18/2019 to 04/12/2019 P 1 prhisrpt

ORG	OBJ	PROJ	LOC	JOB CHEC	K PA	Y TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
ORG										LOC: 254	ORG: PAYROLL
CHECK DATE: 27525500 27525000 2752500 2752500 2752500 2752500 275000 275000 275000 275000 275000 275000 275000 275000 275000 275000 275000 275000 275000 2750	51020 51020 51020 51020 51020 51020 51020 51020 51020 51020 51020 51020	000000000000000000000000000000000000000	2544 2554 2554 2554 2554 2554 2554 2554	2030 00012788 2030 00012788 2030 00012788 2030 00012788 2030 00012788 2030 00012788 2030 0001278 2030 0001278 2030 0001278 2030 0001278 2030 0001278 0001278 0001278 0001278 0001278	0 55 0 56 0 88 0 88 0 88 80 88	2 HS 5 SHFHOL 7 SB .80 87 SB .80	4.00 5.33 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8	89.20 0.00 178.40 178.40 178.40 178.40 178.40 178.40 178.40 178.40 178.40			
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CHECK 02/0	01/2019	TOTALS					160.00	3,504.00			
CHECK DATI 275255 275255	E: 02/1 00 5102 00 5102	00	254 254		950 950	552 HS 387 SB .80	8.00 8.00	178.40 178.40			

Richland County - LIVE DETAIL CHECK HISTORY



P 2 prhisrpt

BY EMPLOYEE NAME 01/18/2019 to 04/12/2019

ORG	OBJ P	ROJ LOC	јов	CHECK	PAY	TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
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05/06/2019 14:14 ESPICER Richland County - LIVE DETAIL CHECK HISTORY

BY EMPLOYEE NAME 01/18/2019 to 04/12/2019 P 3 prhisrpt

					armay.	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	E	MPLOYER
ORG	OBJ	PROJ	FOC	JOB	CHECK	INI III	100000	100 40		LOC: 254	ORG:	PAYROLL
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munis a tyler erp solution

05/06/2019 14:14 ESPICER

Richland County - LIVE DETAIL CHECK HISTORY

BY EMPLOYEE NAME 01/18/2019 to 04/12/2019 P 4 prhisrpt

ORG OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
27525500 536300 27525500 536400 CHECK 04/12/2019 TO		254 254 254 254 254 254 254 254 254 254		000134124 000134124 000134124 000134124 000134124 000134124 000134124 000134124 2,215.40		88.00			TOG OF	BALLOTER
EMPLOYEE 008790 TO	TALS:	MET.	11 700	11 700 64	00 5.	00.00	3,059.10			
***	·	TATE T:		11,702.64		690.66	15,929.10			
GRAND TOTALS:		NET:		11,702.64		690.66	15,929.10			
				** ENI	OF REPORT -	Generated by ER	IKA SPICER **			

18-100

RICHLAND COUNTY SHERIFF'S OFFICE INSTRUCTION & CAUTIONING

Employee's Name:			Employee's Classification:	Correction Officer
Date Instruction & Cautioning was Issued:			-15-18	
		VIOLA	TION	
Date Violation Occurred:	7/14/17; 4/ 7/6/18		Personnel Complaint Number	2018-100
Location Where Violation O	ccurred: R	Richland Count	ty Jail	
Type of Violation	Policy	Group I	Number 13	
o policy, you are required to your 1st Group I # 13 violation This Instruction and Cautioning and work performance. A conict (6) months, and will be	(Attac ng was issued py of this Inst	h Additional shas a corrective truction and C active thereaf	reets if necessary) e measure in an effort to help you autioning will be considered activiter, provided that you have no uld result in more severe discipling Signature of Person Issuing Re	u improve your conduct ve by management for additional disciplinary nary actions.
			Title ADMINISTER	497 C
hereby acknowledge that a his date.	copy of the al	pove record of	Instruction and Cautioning has been been been been been been been bee	peen given to me on
			8-15-14	可是学生进步
			Date	

CC:

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.

 Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above +2 Meets +1 Does Not Meet +0

Explain: Office addresses Security Concers in a timber memory

2. Consistently completes required security rounds and documents as appropriate.

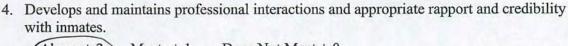
Above + 2 Meets + 1 Does Not Meet + 0 Explain:

Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2 Meets + 1 Does Not Meet + 0 Explain:

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.



Above +2 Meets +1 Does Not Meet +0

Explain: Office 1's friendly but Professional

with immeter.

Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above +2 Meets +1 Does Not Meet +0 Explain:

Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above +2 Meets +1 Does Not Meet +0

Explain: Office is good at diffusize Problem

Situations.

Any additional comments pertaining to GOAL TWO (4-6):

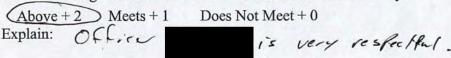
GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

		rs, policies and procedure
Above + 2	Meets + 1	Does Not Meet + 0
Explain:		

Arrives on time for his/her shift, is dependable, and has a good attendance record.
 (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).
 Above + 2 Meets + 1 Does Not Meet + 0
 Explain:

Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.
 Above + 2 Meets + 1 Does Not Meet + 0
Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.



Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Total Points: 14	
Rater: 25. J. M. C. Comments:	Date: 4-5-18
Lieutenant: Comments:	Date: 4-10-18
Staff Lieutenant: Comments:	
Jail Administrator: CARCLE Comments:	Date: 4/6/8
Chief Deputy: W 'Comments:	Date: 4/18/18
Sheriff: Attemptible Comments:	_ Date: 4/20/18
Employee Signature: Comments:	Date: \$\overline{5} 5-1/-/8

I have read the above rating and choose to respond to this rating.

✓ I have read the above rating and choose <u>NOT</u> to respond under comments.

I am requesting to have a meeting with the Jail Administrator to discuss this evaluation.

My signature may not indicate agreement with the ratings.

(X)
Countyonio
CountyoHio

Employee Maintenance

ADD

(circle one)

DELETE

		oyee#			Salary/pay	
Address					Rate/hour	
City, State, Zip Code					Alt Rate/hour	
Telephone	Has this p	Has this person ever been employed by			Longevity Payment	
Birthdate	Richland	County in	the past?	Yes or No	Annual Hours	
Social Security Number					Shift	
Marital Status:					Full/Part	
Sex					STRS	
Race					PERS	
Title	Clas	s #	- 17	Server They	Direct Dep. Route #	1000
Department Number	Accor	unt#	41		Direct Dep. Account #	
Munis Org	Obje	ect#				13000
usiness Phone Number		112-11-14			The state of the s	
Start Date						
Rehire Date						
Termination Date	A STATE OF THE STA					
Reason for Termination	WATER STATE	1100				
TAXES	Code	Dep	TY	Add On		
Federal		2 18 61	AS THE WAY			
State	The Bull					
City	不是可以是 200gg//g	1.7				
Status	mental by A.		1 1977		VAC 6.2 PER PAY	
Annual Salary					EFFECIVE 3-29-2018	
) O Cm	0 0	2	37	118	20.720.70	
ature		Date	100	110	Comments	

40 old = 2.30 40 New = 3.10

	OF	FICER	
Name	2:	Review Period: 4-6-17	to <u>10-4-17</u>
Unit #	#:	Review Deadline Date:	11-6-17
Rater	Name: St. Collier	Bi-Annual Review	
security your d	evaluation consists of three (3) strategic gity, and operational effectiveness. Each gither direct report as: Above, Meets, or Does Nication and must include a Performance A	goal is evaluated through special Not Meet. A rating of "Does No	fic objectives. Rate
	L ONE: Correction Officers will uphold facilities, inmates and visitors consistent	이 그는 사람들이 가장 바다 가게 하면 사람들이 되는 때 나이를 하는 것이 되었다. 그래요? 그렇게 그렇게 되었다.	
1.	Identifies and addresses safety and second Seeks information/advice from the corresponding to his/her supervisor and respondent of the second seeks information to his/her supervisor and respondent of the second seeks information to his/her supervisor and respondent of the second seeks information to his/her supervisor and respondent of the second seeks information/advice from the corresponding to his/her supervisor and respondent of the second seeks information/advice from the corresponding to his/her supervisor and responding to his/her supervisor and respond	rect sources as appropriate and elieving shift officers. ot Meet + 0	provides pertinent
2.	Consistently completes required securion (Above + 2) Meets + 1 Does N Explain: Office is usually	ot Most + 0	
3,	Takes only appropriate and/or reasonal boundaries between inmates and Corre Above +2 Meets + Does No Explain:		nportance of

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.

4.		ssional interactions and appropriate rapport and	d credibility
	with inmates.		
	Above $+2$ Meets $+1$	Does Not Meet + 0	
	Explain:		

Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above
$$+2$$
 Meets $+1$ Does Not Meet $+0$ Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

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7. Consistently follows post orders, policies and procedures.

Above +2 Meets +1 Does Not Meet +0 Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above +2 Meets +1 Does Not Meet +0

Explain: Officer 1's almost always at work before

the early Car arrives. However He has used 10 days sick time
in the last 6 months.

 Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2 Meets + 1 Does Not Meet + 0 Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above +2 Meets +1 Does Not Meet +0 Explain:

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Total Points: 13	
Rater: S.f. M. Comments:	Date: _//- 8-17
Lieutenant: Comments:	Date: _ ι λ - ι ¬ - ι ¬
Staff Lieutenant: Comments:	
Jail Administrator: Comments:	_Date: (1/9/17
Chief Deputy: WS: Comments:	_Date:
Sheriff Steen Hold Comments:	_ Date: 12/11/17
Employee Signature: Comments:	Date: <u>l-l-18</u>
I have read the above rating and choose to res	spond to this rating.
I have read the above rating and choose NO	$\underline{\Gamma}$ to respond under comments.
I am requesting to have a meeting with the Ja	ail Administrator to discuss this evaluation.

My signature may not indicate agreement with the ratings.

RICHLAND COUNTY SHERIFF'S OFFICE CORRECTIONS DIVISION ADMINISTRATIVE SERGEANT PERFORMANCE EVALUATION

Review Period:04/06/17_ to _10/04/17_
Review Deadline Date:
□ Bi-Annual Review
egic goals tied to the RCSO values of safety and Each goal is evaluated through specific objectives. Rate loes Not Meet. A rating of "Does Not Meet" requires unce Action Plan.
ant will uphold the highest standards of security and itors consistent with the mission of the facility.
nd procedures, rules and regulations, and standard les Not Meet + 0
works to fulfill the jails mission statement. oes Not Meet + 0
es by answering kites or questions from them ner. loes Not Meet + 0 er job keeping up on her kites

Any additional comments pertaining to GOAL ONE (1-3):

RICHLAND COUNTY SHERIFF'S OFFICE CORRECTIONS DIVISION ADMINISTRATIVE SERGEANT PERFORMANCE EVALUATION

GOAL TWO: The Administrative Sergeant will conduct themselves professionally and work independent of direct supervision.

4.	Assures work space is clean and orderly. □ Above + 2 □ Meets + 1 □ Does Not Meet + 0 Explain:
5.	Interacts with other law enforcement agencies, courts, and the general public in a respectful and professional manner. Above + 2 □ Meets + 1 □ Does Not Meet + 0 Explain: Has a good rapport with the courts
	The standard and a standard manner
6.	Responds to court emailed bonds and releases in a timely manner. Above + 2 Does Not Meet + 0
	Explain: Very quick to respond to her emails
	Daplani. Very quien to respond to net similar

Any additional comments pertaining to GOAL TWO (4-6):

RICHLAND COUNTY SHERIFF'S OFFICE INSTRUCTION & CAUTIONING



Employee's Name:		Employee's Classification:	Correction Officer
Date Instruction & Cautionin	g was Issued:	11-18 2200	
	VIOL	ATION	
Date Violation Occurred:	December 7, 2017	Personnel Complaint Number	2018-004 (1)
Location Where Violation Oc	ccurred: Richland Coun	y Jail	
Type of Violation	Policy Group I	Number 17	
	nduct proper personal obse	work and failed to maintain a ervation checks on inmates in the	
	(Attach Additional	sheets if necessary)	
conduct and work perform management for six (6) m	ance. A copy of this Instruction	rective measure in an effort to struction and Cautioning will be dered inactive thereafter, provide. Any further violations could	considered active by ded that you have no
		Signature of Person Issuing Ro	eprimand
		Title JAIL ADMINISMA	
I hereby acknowledge that a this date.	copy of the above record of	of Instruction and Cautioning has	been given to me on
		Employee's Signature	All the second
		1-11-18	
		Date	

cc:

Employee Appointing Authority

RICHLAND COUNTY SHERIFF'S OFFICE INSTRUCTION & CAUTIONING

Employee's Name:		Emplo	oyee's Classification:	Correction Officer
Date Instruction & Caution	ning was Issued: _	12-2	2-17	
		VIOLATION		
Date Violation Occurred:	November 12, 20	Pers	onnel Complaint Number	er:2017-150
Location Where Violation	Occurred: Richla	and County Jail		
Type of Violation	Policy	Group I	Number 13	
County Sheriff's Office who violation. This Instruction and Caution and work performance. A six (6) months, and will be actions during that time per	(Attach Ad ning was issued as a copy of this Instruct e considered inactiv	ditional sheets if a corrective measure ion and Cautioning the thereafter, pro- lations could resu	necessary) ure in an effort to help yo ng will be considered ac ovided that you have no	ou improve your conduct tive by management for o additional disciplinary dinary actions.
I hereby acknowledge that this date.	a copy of the above		yee's Signature	been given to me on

CC:

Employee Appointing Authority

	RATES	20.55	,		1	RATE	20.9				31.35						
check date	REG HOURS	reg paid	new reg			SHIFT	21.70				32.55				5.23		
1/8/2016			\$1,736.00	OWED \$28.00		noliday paid	new holiday		The second second	S OT paid	New OT	OWED	FT HOURS	FT PAID	FT NEW	OWED	
1/22/2016			\$1,736.00			No.		\$0.00				0.00				\$0.00	\$28.
2/5/2016		The second secon	\$1,736.00		0			\$0.00	111			0.00	500 3			\$0.00	\$28.
2/19/2016	80.00	Philipping and property of the second	\$1,736.00					\$0.00				\$0.00	16	\$82.20	\$83.68	\$1.48	\$29.
3/4/2016	80.00	The second second second second	\$1,736.00	1				\$0.00				\$0.00				\$0.00	\$28.
3/18/2016	80.00	DWS IN DESCRIPTION OF STA	\$1,736.00	0 0.00000000000000000000000000000000000				\$0.00				\$0.00				\$0.00	\$28.
4/1/2016	80.00		\$1,736.00					\$0.00				\$0.00	8	\$41.10	\$41.84	\$0.74	\$28.
4/15/2016	80.00	The state of the s	\$1,736.00	\$28.00	0	111/1-		\$0.00				\$0.00	-			\$0.00	\$28.
4/29/2016	80.00		\$1,736.00	\$28.00				\$0.00				\$0.00	48	\$246.60	\$251.04	\$4.44	\$32.
5/13/2016	80.00	North Carlot None State	\$1,736.00	\$28.00	0	1		\$0.00				\$0.00	48	\$246.60	\$251.04	\$4.44	\$32.
5/27/2016	80.00		\$1,736.00	\$28.00	0			\$0.00		no lo		\$0.00				\$0.00	\$28.
6/10/2016	80.00		\$1,736.00	\$28.00	0			\$0.00		100		\$0.00	24	\$123.30	\$125.52	\$2.22	\$30.
6/24/2016	80.00		\$1,736.00	\$28.00	0			\$0.00				\$0.00	48	\$246.60	\$251.04	\$4.44	\$32.
7/8/2016	80.00		\$1,736.00	\$28.00	0			\$0.00				\$0.00	72	\$369.90	\$376.56	\$6.66	\$34.
7/22/2016	80.00	The production	\$1,736.00	\$28.00	12	\$255.20	¢250 40	\$0.00				\$0.00	40	\$205.50	\$209.20	\$3.70	\$31.
8/5/2016	80.00		\$1,736.00	\$28.00	0	\$256.20	\$260.40	\$4.20				\$0.00	80	\$411.00	\$418.40	\$7.40	\$39.
8/19/2016	80.00		\$1,736.00	\$28.00	0			\$0.00				\$0.00	A L			\$0.00	\$28.
9/2/2016	80.00	The state of the s	\$1,736.00	\$28.00	0			\$0.00		M 1		\$0.00	A STATE OF THE STA			\$0.00	\$28.
9/16/2016	80.00		\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.
9/30/2016	80.00		\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.
10/14/2016	80.00		\$1,736.00	\$28.00	0			\$0.00				\$0.00				\$0.00	\$28.
10/28/2016	80.00		\$1,736.00	\$28.00	0			\$0.00		*****		\$0.00				\$0.00	\$28.
11/11/2016	80.00		\$1,736.00	\$28.00	0			\$0.00	8	\$256.20	\$260.40	\$4.20				\$0.00	\$32.
11/25/2016	80.00	\$1,708.00	A STATE OF THE PARTY OF THE PAR	\$28.00	0			\$0.00		400000		\$0.00				\$0.00	\$28.
12/9/2016	80.00	\$1,708.00		\$28.00	12	\$256.20	\$260.40	\$0.00	8	\$256.20	\$260.40	\$4.20				\$0.00	\$32.
12/23/2016	80.00	\$1,708.00	1	\$28.00	0	\$230.20	\$260.40	\$4.20	8	\$256.20	\$260.40	\$4.20				\$0.00	\$36.
		10 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	NEW	\$20.00	**			\$0.00				\$0.00				\$0.00	\$28.
		\$20.55	\$21.20														\$784.
		\$21.35	\$22.00			holiday rate	22				31.8						
1/6/2017	100	\$2,135.00		\$65.00	Mark Street	nonuay rate	22	60.00	1135	OT rate	33						
1/20/2017	80	\$1,708.00		\$52.00	12	\$256.20	\$264.00	\$0.00	8	\$256.20	\$264.00	\$7.80	0				\$72.
2/3/2017	80	\$1,708.00		\$52.00	100	\$250.20	\$204.00	\$7.80		70		\$0.00	0				\$59.
2/17/2017	80	\$1,708.00		\$52.00	34 17			\$0.00				\$0.00	0			\$0.00	\$52.0
3/3/2017	80	\$1,708.00		\$52.00	12	\$256.20	\$264.00	\$0.00				\$0.00	0				\$52.0
otal due	\$1,080.92		, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	452.00	**	\$250.20	\$204.00	\$7.80	1			\$0.00	0				\$59.8
SAME ASSESSED.	7-,000.02																\$296.4



Richland County - LIVE DETAIL CHECK HISTORY

BY EMPLOYEE NAME 01/08/2016 to 03/03/2017 P 1 prhisrpt

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY	TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
									LOC:	254	ORG: PA	YROLL	
27525500 27525500 27525500 27525500 27525500	51020 51020 51020	0 0 0	254 254 254 254 254 254 254	2030 2030	000041051 000041051 000041051 000041051 000041051	887	HS SHFHOL SB .80 SB .80	8.00 8.00 32.00 40.00	170.80 0.00 683.20 854.00				
27525500 27525500	53640		254 254 254 254 254		000041051 000041051 000041051 000041051 000041051 000041051 NET:	1,216	. 25	88.00	1,708.00				
			TOTALO	•	14151.	1,21	. 23	88.00	1,708.00				
Check Dat 27525500 27525500 27525500 27525500 27525500	51020 51020	0 0 0 0	254 254 254 254 254 254 254 254	2030 2030 2030	000042264 000042264 000042264 000042264 000042264 000042264 000042264	405 552 887	VACSD SICKSD HS SB .80 SB .80	8.00 8.00 8.00 32.00 24.00	170.80 170.80 170.80 683.20 512.40				
27525500 27525500 CF			254 254 254 254 254	: 1	000042264 000042264 000042264 000042264 000042264 NET:	1,216	.25	80.00	1,708.00				
Check Dat 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500			254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030 2030	000043476 000043476 000043476 000043476 000043476 000043476 000043476	501 501 555 700 887 887 887	VACSD PE+SH PE+SH SHFHOL FT SB .80 SB .80 SB .80 SB .80	8.00 8.00 8.00 8.00 16.00 16.00 16.00	170.80 170.80 170.80 0.00 82.20 341.60 341.60				
27525500 27525500	536300 536400		254 254 254 254 254 254 254 254 254		000043476 000043476 000043476 000043476 000043476 000043476 000043476	1,273		8.00	1,790.20				



Richland County - LIVE DETAIL CHECK HISTORY

BY EMPLOYEE NAME 01/08/2016 to 03/03/2017 p 2 prhisrpt

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY	TYPE	HOURS	AMOUNT	DED	TYPE		EMPLOYEE	EMPLOYER
all- m	- 00/2	0/2016							LOC:	254	ORG:	PAYRO	LL	
Check Dat 27525500 27525500 27525500 27525500	e: 02/1 510200 510200 510200 510200		254 254 254 254 254 254 254 254 254 254	2030 2030	000044685 000044685 000044685 000044685 000044685 000044685 000044685	887 887	SICKSD SB .80 SB .80 SB .80	8.00 32.00 16.00 24.00	170.80 683.20 341.60 512.40					
7525500	536300		254 254		000044685 000044685									
27525500 CH	536400 ECK 02/	19/2016	254 TOTALS	: 1	000044685 NET:	1,21	6.25	80.00	1,708.00					
Check Dat 27525500 27525500 27525500 27525500 27525500			254 254 254 254 254 254	2030 2030 2030	000045903 000045903 000045903 000045903 000045903	305 561 887	VACSD VACSD CTEA SB .80 SB .80	8.00 8.00 8.00 40.00 24.00	170.80 170.80 0.00 854.00 512.40		1			
27525500 27525500 CH	536300 536400 ECK 03/		254 254 254 254 254 254 254 TOTALS	: 1	000045903 000045903 000045903 000045903 000045903 000045903 NET:	1,21	6.25	88.00	1,708.00					
Check Dat 17525500 17525500 17525500 17525500 17525500 17525500 17525500	e: 03/1 510200 510200 510200 510200 510200 510200 510200 510200		254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030	000047114 000047114 000047114 000047114 000047114 000047114 000047114	700 766 887 887 887 887	PE+SH FT TR SH SB .80 SB .80 SB .80 SB .80 SB .80	8.00 8.00 8.00 16.00 8.00 8.00 16.00	170.80 41.10 170.80 341.60 170.80 170.80 341.60 341.60		į			
27525500 27525500	536300 536400		254 254 254 254 254 254 254 254 254		000047114 000047114 000047114 000047114 000047114 000047114 000047114 000047114	1,24	5.00	88.00	1,749.10					
- 1 5-1	e: 04/0	1/2016	254		000048332		SB .80	8.00	170.80					



Richland County - LIVE DETAIL CHECK HISTORY

BY EMPLOYEE NAME 01/08/2016 to 03/03/2017 P 3 prhisrpt

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY	TYP	E	HOURS	AMOUNT	DED	TYPE		EMPLOYEE	EMPLOYER
27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500	510200 510200 510200 510200 510200 510200 510200 510200		254 254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030 2030	000048332 000048332 000048332 000048332 000048332 000048332 000048332 000048332 000048332	887 887 887 887 887 887 887 887	SB SB SB SB SB SB		8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80	: 254	ORG:	PAYRO	OLL	
27525500 27525500 CH	536300 536400 ECK 04/		254 254 254 254 254 TOTALS:	: 1	000048332 000048332 000048332 000048332 000048332 NET:	1,216	5,27		80.00	1,708.00					
Check Dat			054	2020	000040536	405	CTC	WOD	9 00	170.00					
27525500 27525500	510200		254 254	2030	000049536	405 600	LGS	KSD	0.00	170.80 900.00					
27525500 27525500	510200 510200		254 254	2030	000049536 000049536	700 887	SB	.80	48.00 8.00	246.60 170.80					
27525500 27525500	510200		254 254		000049536 000049536	887 887	SB	.80	8.00	170.80					
27525500	510200)	254	2030	000049536	887	SB	.80	8.00	170.80					
27525500 27525500	510200		254 254		000049536 000049536	887 887	SB	.80	8.00	170.80 170.80					
27525500	510200	1	254	2030	000049536	887 887	SB	.80	8.00	170.80 170.80					
27525500 27525500	510200 510200		254 254 254 254 254 254 254 254		000049536 000049536 000049536 000049536 000049536 000049536	887			8.00	170.80					
27525500	536300		254		000049536										
7525500 CH	536400 ECK 04/		254 TOTALS	: 1	000049536 NET:	2,012	2.95	5	128.00	2,854.60					
Check Dat			0.5	2025	00000000			.nart	0.00	100.00					
27525500 27525500 27525500 27525500 27525500 27525500 27525500	510200 510200 510200 510200 510200 510200		254 254 254 254 254 254 254	2030 2030 2030 2030 2030	000050741 000050741 000050741 000050741 000050741 000050741	567 567 571 700 887 887 887	COM RAT FT SB SB	PSH OSH .80	8.00 8.00 8.00 48.00 8.00 8.00	170.80 170.80 170.80 246.60 170.80 170.80					

Richland County - LIVE DETAIL CHECK HISTORY P 4 prhisrpt

BY EMPLOYEE NAME 01/08/2016 to 03/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY	TYF	E	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
27525500 27525500	510200 510200		254 254 254 254 254 254 254 254		000050741 000050741 000050741 000050741 000050741 000050741	887 887	SB SB	.80	8.00	LOC 170.80 170.80	: 254	ORG:	PAYROLL	
27525500 27525500 CH			254 254 TOTALS	: 1	000050741 000050741 NET:	1,40	6.60		128.00	1,954.60				
Check Dat										-/				
27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500			254 254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030 2030 2030	000051940 000051940 000051940 000051940 000051940 000051940 000051940 000051940 000051940 000051940	567	COM COM COM COM COM COM	IPSH IPSH IPSH IPSH IPSH IPSH IPSH IPSH	8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80				
27525500 27525500 CH			254 254 254 254 254 254 254 254 TOTALS	: 1	000051940 000051940 000051940 000051940 000051940 000051940 000051940	1,216	6.25		80.00	1,708.00				
Check Dat 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500	e: 05/2 510200 510200 510200 510200 510200 510200 510200 510200 510200 510200 510200		254 254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030 2030 2030	000053140 000053140 000053140 000053140 000053140 000053140 000053140 000053140 000053140 000053140 000053140 000053140 000053140	305 561 700 887 887 887 887 887 887 887	CTE FT SB SB SB SB SB SB SB SB	.80 .80 .80 .80 .80 .80	8.00 2.00 24.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	170.80 0.00 123.30 170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80				
27525500	536300		254 254 254 254 254 254		000053140 000053140 000053140 000053140 000053140									



Richland County - LIVE DETAIL CHECK HISTORY

BY EMPLOYEE NAME 01/08/2016 to 03/03/2017 P 5 prhisrpt

ORG	ОВЈ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOUR	RS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
	7.7							100		C: 254	4 ORG: PA	AYROLL	
27525500 CF		5/27/2016	254 5 TOTALS	1: 1	000053140 NET:	1,302.44	106.	.00 1	,831.30	7001			
Check Dat			3.3			27.01		.04.	00				
27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500	51020 51020 51020 51020 51020 51020 51020 51020 51020	00 00 00 00 00 00 00 00 00	254 254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030 2030 2030	0 000054357 0 000054357	700 FT 887 SB .1 887 SB .1 887 SB .1 887 SB .2 887 SB .3 887 SB .3 887 SB .3 887 SB .3 887 SB .3 887 SB .3	48. 80 8. 80 8. 80 8. 80 8. 80 8. 80 8. 80 8.	.00	170.80 246.60 170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80				
	53640 HECK 06	00 5/10/2016	254 254 254 254 254 70TALS	3:	000054357 000054357 000054357 000054357 NET:		128.	.00 1	,954.60				
Check Dat 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500	51020 51020 51020 51020 51020 51020 51020 51020 51020 51020 51020	00 00 00 00 00 00 00 00 00 00 00	254 254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030 2030 2030	0 00005555 0 000055555 0 000055555 0 000055555 0 000055555 0 000055555 0 000055555 0 000055555 0 000055555 0 000055555	561 CTEA 567 COMP 700 FT 6 887 SB . 887 SB .	A 8. PSH 8. 7280 880 880 880 880 8.	.00 .00 .00 .00 .00 .00 .00 .00 .00	170.80 0.00 170.80 369.90 170.80 170.80 170.80 170.80 170.80 170.80				
27525500 27525500 CF	53640		254 254 254 254 6 TOTALS	3:	000055555 000055555 000055555 000055555 NET:		160.	.00 2	2,077.90				
Check Dat 27525500 27525500 27525500	51020 51020	00	254 254 254	2030	0 000056752 0 000056752 0 000056752	700 FT	40.	.00	170.80 205.50 170.80				



Richland County - LIVE DETAIL CHECK HISTORY

P 6 prhisrpt

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY	TYPE	HOURS	AMOUNT	DED	TYPE		EMPLOYEE	EMPLOYER
27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500	510200 510200 510200 510200 510200 510200 510200		254 254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030	000056752 000056752 000056752 000056752 000056752 000056752 000056752 000056752 000056752 000056752	887 887 887 887 887 887	SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80	8.00 8.00 8.00 8.00 8.00 8.00 8.00	170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80	: 254	ORG:	PAYRO	LL	
27525500			254 254 254 254 TOTALS	: 1	000056752 000056752 000056752 000056752 NET:	1,359	9.51	120.00	1,913.50					
7525500 7525500	510200 510200 510200 510200 510200 510200 510200 510200 510200 510200 510200		254 254 2554 2554 2554 2554 2554 2554 2	2030 2030 2030 2030 2030 2030 2030 2030	000057941 000057941 000057941 000057941 000057941 000057941 000057941 000057941 000057941 000057941 000057941 000057941 000057941 000057941	887 887 887 887 887 887	HS FT SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80	12.00 80.00 8.00 8.00 8.00 8.00 8.00 8.00	256.20 411.00 170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.8					
7525500 7525500 CH	536400	22/2016	254 254	: 1	000057941 000057941 VET:	1,680	0.09	172.00	2,375.2					
Theck Dat. 7525500 7525500 7525500 7525500 7525500 7525500 7525500 7525500 7525500 7525500 7525500	e: 08/00 510200 510200 510200 510200 510200 510200 510200 510200 510200		254 254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030 2030 2030	000059137 000059137 000059137 000059137 000059137 000059137 000059137 000059137	552 567 887 887 887 887 887	SICKSD HS COMPSH SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80	8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	170.8 170.8 170.80 170.80 170.80 170.80 170.80 170.80 170.80					



Richland County - LIVE DETAIL CHECK HISTORY

BY EMPLOYEE NAME 01/08/2016 to 03/03/2017 P 7 prhisrpt

ORG	OBJ PI	ROJ L	OC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
27525500 27525500 CE	536300 536400 HECK 08/05	2 2 2 2 2 2 2 2 2	54 54 54 54 54 54 54 7TALS:	1	000059137 000059137 000059137 000059137 000059137 000059137 000059137	1,216.25	80.00	1,708.0	: 254	ORG: PA	YROLL	
Check Dat 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500	ce: 08/19/2 510200 510200 510200 510200 510200 510200 510200 510200 510200 510200 510200	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	54 54 54 54 54 54 54 54	2030 2030 2030 2030 2030 2030 2030 2030	000060336 000060336 000060336 000060336 000060336 000060336 000060336 000060336 000060336 000060336 000060336	405 SICKSD 501 PE+SH 501 PE+SH 561 CTEA 567 COMPSH 887 SB .80 887 SB .80 887 SB .80 887 SB .80 887 SB .80 887 SB .80	8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	170.80 170.80 170.80 0.00 170.80 170.80 170.80 170.80 170.80				
27525500 27525500 CF	536300 536400 HECK 08/19	2 2	54 54	. 1	000060336 000060336 VET:	1,216.26	88.00	1,708.00				
Check Dat 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500	te: 09/02/ 510200 510200 510200 510200 510200 510200 510200 510200 510200 510200	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	154 154 154 154 154	2030 2030 2030 2030 2030 2030 2030 2030	000061534 000061534 000061534 000061534 000061534 000061534 000061534 000061534 000061534	405 SICKSD 571 RATOSH 887 SB .80 887 SB .80	8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80				
27525500 27525500 CF		2 2 2 2 2 2 2	254 254 254 254 254	. 1	000061534 000061534 000061534 000061534 000061534 000061534 NET:	1,216.25	80.00	1,708.00				

Richland County - LIVE DETAIL CHECK HISTORY

BY EMPLOYEE NAME 01/08/2016 to 03/03/2017 P 8 prhisrpt

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY	TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
			4						LOC	: 254	ORG: PA	YROLL	
Check Da 27525500	ate: 09/ 0 51020		254	2030	000062724	305	VACSD	8.00	170.80				
7525500			254		000062724	305	VACSD	8.00	170.80				
7525500	0 51020	0	254	2030	000062724	405	SICKSD	8.00	170.80				
7525500			254		000062724	887	SB .80	8.00	170.80				
7525500			254 254		000062724 000062724	887	SB .80 SB .80	8.00	170.80 170.80				
7525500	51020		254		000062724	887	SB .80	8.00	170.80				
7525500			254		000062724	887	SB .80	8.00	170.80				
7525500			254		000062724		SB .80	8.00	170.80				
7525500	51020	O.	254 254	2030	000062724	887	SB .80	8.00	170.80				
			254		000062724								
			254		000062724								
			254 254		000062724								
			254		000062724								
27525500	53630	0	254		000062724								
7525500			254		000062724				A cook may				
(CHECK 09	/16/2016	TOTAL	S: N	ET:	1,21	6.26	80.00	1,708.00				
	ate: 09/			Section 2					7.00				
7525500			254		000063915		VACSD	8.00	170.80				
7525500			254 254		000063915		SICKSD	8.00	170.80 170.80				
7525500			254		000063915	887	SB .80	8.00	170.80				
7525500			254		000063915	887	SB .80	8.00	170.80				
27525500 27525500			254 254		000063915	887	SB .80	8.00	170.80				
7525500			254		000063915	887	SB .80 SB .80	8.00	170.80 170.80				
7525500	51020	0	254	2030	000063915	887	SB .80	8.00	170.80				
7525500	51020	0	254	2030	000063915	887	SB .80	8.00	170.80				
			254 254		000063915								
			254		000063915								
			254		000063915								
			254		000063915								
7525500 7525500			254 254		000063915								
	CHECK 09				ET:	1,23	1.80	80.00	1,708.00				
						C. C.			44.52.433				
7525500	te: 10/1		254	2030	000065105	305	VACSD	8.00	170.80				
7525500	51020	0	254	2030	000065105	405	SICKSD	8.00	170.80				
7525500			254		000065105		CTEA	8.00	0.00				
7525500 7525500			254 254		000065105	887	SB .80 SB .80	8.00	170.80 170.80				
7525500			254		000065105		SB .80	8.00	170.80				
7525500	510200	0	254	2030	000065105	887	SB .80	8.00	170.80				
7525500			254		000065105	887	SB .80	8.00	170.80				
7525500	510200	J	254	2030	000065105	887	SB .80	8.00	170.80				



Richland County - LIVE DETAIL CHECK HISTORY P 9 prhisrpt

ORG	ОВЈ	PROJ	LOC	JOB	CHECK	PAY	TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
27525500 27525500 27525500	510200 510200		254 254 254 254 254 254 254 254 254 254		000065105 000065105 000065105 000065105 000065105 000065105 000065105		SB .80 SB .80	8.00	170.80 170.80	: 254	ORG:	PAYROLL	
27525500	536400		254	. 1	000065105 NET:	1,21	5.25	88.00	1,708.00				
Check Dat 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500	510200 510200 510200 510200 510200 510200 510200 510200 510200 510200 510200 510200		44444444444444444444444444444444444444	2030 2030 2030 2030 2030 2030 2030 2030	000066297 000066297 000066297 000066297 000066297 000066297 000066297 000066297 000066297 000066297 000066297 000066297 000066297 000066297 000066297	405 552 561 561 567 887 887 887 887 887	OT BLD SICKSD HS CTEA CTEA CTEA COMPSH SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80	8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	256.20 170.80 170.80 0.00 0.00 170.80 170.80 170.80 170.80 170.80 170.80 170.80				
		28/2016		. 1		1,51	3.31	120.00	2,135.00				
Check Dat 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500	ce: 11/1 510200 510200 510200 510200 510200 510200 510200 510200 510200 510200 510200		254 254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030 2030 2030	000067484 000067484 000067484 000067484 000067484 000067484 000067484 000067484 000067484 000067484	561 567 887 887 887 887 887 887	SICKSD CTEA COMPSH SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80	8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	170.80 0.00 170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80				



Richland County - LIVE DETAIL CHECK HISTORY

p 10 prhisrpt

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED T	YPE	EMPLOYEE	EMPLOYER
			254		000067404			LOC	: 254	ORG: PAY	ROLL	
			254 254 254		000067484 000067484 000067484							
			254		000067494							
7525500	536300	0	254		000067484							
7525500 C	536400 HECK 11,	/10/2016	TOTALS	: 1	NET:	1,216.25	88.00	1,708.				
		25/2016										
7525500	510200	0	254	2030	000068676	216 OT BLD 405 SICKSD 552 HS 555 SHFHOL 887 SB .80 887 SB .80	8.00	256.20				
	510200	0	254	2030	000068676	405 SICKSD	8.00	170.80				
7525500	510200 510200	0	254	2030	000068676	552 HS	8.00	0.80				
7525500	510200	0	254 254 254 254 254 254	2030	000068676	887 SB .80	8.00	170.80				
7525500	510200	0	254	2030	000068676	887 SB .80	8.00	170.80				
7525500	510200	0	254	2030	000068676	887 SB .80	8.00	170.80				
7525500	510200 510200	0	254	2030	000068676	887 SB 80	8.00	170.80				
7525500	510200	0	254	2030	000068676	887 SB .80	8.00	170.80				
7525500	510200	0	254	2030	000068676	887 SB .80	8.00	170.80				
7525500	510200	0	254 254 254 254 254 254 254 254 254	2030	000068676	887 SB .80	8.00	170.80				
			254		000068676							
			254		000068676							
			254		000068676							
			254		000068676							
7525500	536300	2	254		000068676							
7525500	536400)	254		000068676 000068676 000068676 000068676 000068676 000068676 000068676							
C	HECK 11,	/25/2016	TOTALS	: 1	NET:	1,394.72	96.00	1,964.20				
heck Da	te: 12/0	09/2016	054	2020	0000000044	O1C OF DID	0.00	256 20				
7525500	510200	2	254	2030	000069844	ADS STOKED	8.00	170 80				
7525500	510200	5	254	2030	000069844	552 HS	12.00	256.20				
7525500	510200	Ď.	254	2030	000069844	216 OT BLD 405 SICKSD 552 HS 561 CTEA	8.00	0.00				
7525500	510200	0	254	2030	000069844	561 CTEA 567 COMPSH 887 SB .80	8.00	0.00				
1525500	510200 510200)	254 254	2030	000069844	887 SB 80	8.00	170.80				
7525500	510200	Ó	254	2030	000069844	887 SB .80	8.00	170.80				
7525500	510200	0	254	2030	000069844	887 SB .80	8.00	170.80				
7525500	510200		254	2030	000069844	561 CTEA 567 COMPSH 887 SB .80 887 SB .80	8.00	170.80				
7525500	510200 510200)	254	2030	000069844	887 SB .80	8.00	170.80				
7525500	510200	5	254	2030	000069844	887 SB .80	8.00	170.80				
7525500	510200	0	254	2030	000069844	887 SB .80	8.00	170.80				
			254		000069844							
			254 254		000069844							
			254		000069844							
			254		000069844 000069844 000069844 000069844 000069844							
			254		000069844							



Richland County - LIVE DETAIL CHECK HISTORY P 11 prhisrpt

ORG	ОВЈ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
			52.					LOC	: 254	ORG: PA	YROLL	
27525500	536300		254		000069844							
27525500	536400 CHECK 12/		254		000069844 NET:	1,572.60	116.00	2,220.40				
,	CHECK 12/	09/2010	TOTALIS	•	NGI.	1,572.00	110.00	2,220.10				
	ate: 12/2		24.1				0.00	170.00				
27525500			254	2030	000070948	305 VACSD	8.00	170.80				
27525500			254		000070948	405 SICKSD	8.00	170.80				
27525500			254 254		000070948 000070948	561 CTEA 887 SB .80	8.00	170.80				
27525500			254		000070948	887 CR 80	8.00	170.80				
27525500			254		000070948	887 SB 80	8.00	170.80				
27525500			254		000070948	887 SB .80	8.00	170.80				
27525500			254	2030	000070948	887 SB .80	8.00	170.80				
27525500			254	2030	000070948	887 SB .80	8.00	170.80				
27525500			254	2030	000070948	887 SB .80 887 SB .80 887 SB .80 887 SB .80 887 SB .80	8.00	170.80				
27525500			254	2030	000070948	887 SB .80	8.00	170.80				
			254		000070948							
			254		000070948							
			254		000070948							
			254		000070948							
			254		000070948							
2752550	0 526206		254 254		000070948							
27525500 27525500			254		000070948 000070948							
2/525500	CHECK 12/	23/2016	TOTALS	:	NET:	1,216.26	88.00	1,708.00				
		/			Charles I.	e.eeessa	0.00 40 10 10 10	D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
Check Da	ate: 01/0							054 00				
27525500			254	2030	000072022	216 OT BLD 405 SICKSD	8.00	256.20				
27525500			254 254		000072022	552 HS	8.00	170.80 427.00				_
2752550(2752550(254		000072022	997 CB 80	8.00	170.80				
27525500			254		000072022	887 SB 80	8.00	170.80				
27525500			254	2030	000072022	887 SB .80	8.00	170.80				
27525500			254		000072022	887 SB .80	8.00	170.80				
27525500			254	2030	000072022	887 SB .80	8.00	170.80				
27525500			254		000072022	887 SB .80	8.00	170.80				
27525500	0 510200)	254		000072022	887 SB .80	8.00	170.80				
27525500			254	2030	000072022	887 SB .80 887 SB .80	8.00	170.80				
2752550	0 510200)	254	2030	000072022	887 SB .80	8.00	170.80				
			254 254		000072022							
			254		000072022							
			254		000072022							
			254		000072022							
			254		000072022							
27525500			254		000072022							
27525500	0 536400		254		000072022			All All and a second				
(CHECK 01/	06/2017	TOTALS	:	NET:	1,691.56	108.00	2,391.20				
Check Da	ate: 01/2	20/2017										
27525500			254	2030	000073100	405 SICKSD	8.00	170.80				
2752550	0 510200)	254		000073100		12.00	256.20				
			201	2000	000013100	222 110		250.20				

Richland County - LIVE DETAIL CHECK HISTORY

P 12 prhisrpt

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY	TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500	510200 510200 510200 510200 510200 510200 510200		254 254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030 2030	000073100 000073100 000073100 000073100 000073100 000073100 000073100 000073100 000073100 000073100 000073100 000073100	887 887 887 887	HS SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80	8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80	: 254	ORG:	PAYROLL	
			254 254		000073100 000073100								
27525500 27525500	536400)	254 254		000073100 000073100								
CF	HECK 01,	/20/2017	TOTALS	: 1	NET:	1,395	5.08	92.00	1,964.20				
Check Dat 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500	510200		254 2554 2554 2554 2554 2554 2554 2554	2030 2030 2030 2030 2030 2030 2030 2030	000074189 000074189 000074189 000074189 000074189 000074189 000074189 000074189 000074189 000074189 000074189 000074189 000074189	501 555 567 887 887 887 887 887	PE+SH PE+SH SHFHOL COMPSH SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80	8.00 8.00 12.00 8.00 8.00 8.00 8.00 8.00 8.00	170.80 170.80 0.00 170.80 170.80 170.80 170.80 170.80 170.80				
27525500 27525500 CH)	254 254 TOTALS		000074189 000074189 NET:	1,216	5.60	92.00	1,708.00				
Check Dat 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500 27525500		7/2017	254 254 254 254 254 254 254 254 254 254	2030 2030 2030 2030 2030 2030 2030 2030	000075274 000075274 000075274 000075274 000075274 000075274 000075274 000075274 000075274	887 887 887 887 887 887 887	PE+SH SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80 SB .80	8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80 170.80				



Richland County - LIVE DETAIL CHECK HISTORY

BY EMPLOYEE NAME 01/08/2016 to 03/03/2017 P 13 prhisrpt

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY	TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
					and the second				LOC	: 254	ORG: I	PAYROLL	
			254		000075274								
			254 254		000075274								
			254		000075274								
			254		000075274								
7525500	53630	2	254 254		000075274								
27525500	53640)	254		000075274			18 6 78 6	100				
CH	HECK 02	/17/2017	TOTALS:	1	NET:	1,216	5.60	80.00	1,708				
Check Dat								0.00	170.00				
7525500	51020				000076356 000076356	305 552	VACSD	8.00	170.80				
27525500 27525500	51020 51020				000076356	552		12.00	256.20				
7525500	51020		254	2030	000076356	887	SB .80	8.00	170.80				
27525500	51020				000076356	887	SB .80	8.00	170.80				
27525500	51020				000076356	887 887		8.00	170.80 170.80				
27525500 27525500	51020 51020				000076356			8.00	170.80				
27525500	51020		254	2030	000076356	887	SB .80	8.00	170.80				
27525500	51020				000076356	887		8.00	170.80 170.80				
27525500	51020	0	254 254	2030	000076356 000076356	887	SB .80	0.00	170.00				
			254		000076356								
			254		000076356								
			254		000076356 000076356								
			254 254		000076356								
27525500	53630		254		000076356								
27525500	53640		254		000076356	1 20	5 09	92.00	1,964.20				
CI	HECK 03	/03/2017	TOTALS:		NET:	1,39	3.00						
		EMPLOYEE	TOTALS:	1	NET:	41,58	3.70	3,098.00	58,468.20				
					NET:	41,58	-	3.098.00	58,468.20			58,468.20	9,033.33

^{**} END OF REPORT - Generated by ERIKA SPICER **

REQUEST FOR CHANGE OF ASSIGNMENT

Assignments are based on Availability of Position and Seniority for Position Assignment procedure for Richland County Sheriff's Office, Mansfield, Ohio

	Carlo Carlo		
Name:	First	Middle	
Present Rank/Classification	Correction		N
Request for Shift Preferen	ce:		
First Choice:	C		
Second Choice:	B		
Third Choice:	A		
Request for Rotation Prefe	erence:		
A Watch: 1st	Bot 2nd: Top	3rd: mid	
B Watch: 1st	: Bot 2nd: Top	_ 3rd: Mid	
C Watch: 1s	Bot 2nd: Top	_ 3rd: Mid	
		9-5-17	
Officers Signature		Date	

Name: _ Unit #: _	Review Period: Octobe 16 to APril 17 Review Deadline Date: 3-17-17
Bi-Annual Review	

RICHLAND COUNTY SHERIFF'S OFFICE CORRECTION OFFICER PERFORMANCE EVALUATION

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.

1. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above +2 Meets +1 Does Not Meet +0 Explain:

2. Consistently completes required security rounds and documents as appropriate.

Above +2 Meets +1 Does Not Meet +0 Explain:

 Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2 Meets + 1 Does Not Meet + 0 Explain:

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above +2 Meets +1 Does Not Meet +0 Explain:

Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above + 2 Meets + 1 Does Not Meet + 0 Explain:

 Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2 Meets + 1 Does Not Meet + 0
Explain: Office is good at diffusity side tions.

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

7. Consistently follows post orders, policies and procedures.

Above +2 Meets +1 Does Not Meet +0 Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-

Explain: Office

Above +2 Meets + 1 Does Not Meet + 0

Explain: Office

is always early for his shift.

Completes required documentation timely, thoroughly and accurately, meets deadlines
and completes special assignments or duties on time.

Above + 2 Meets + 1 Does Not Meet + 0 Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above +2 Meets +1 Does Not Meet +0
Explain: Office is always respectful.

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Total Points: 13 Rater: Sgl. Collect	Date: 3 16-17	_Comments:
Lieutenant/Staff Lieutenant:	Date: 3-17-17	_Comments:
Jail Administrator: Cept Ofle Great job	Date: <u>3/24/17</u>	_Comments:
Employee Signature:	_Date: <u>5-25-</u> /7	_Comments:

I have read the above: I have have not responded under comments. My signature may not

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss

indicate agreement with the ratings.

my evaluation

		-			
1	J	1			
	51	СН			ID
1	CI	CH	tu	OH	10
-		····	The same	-	

Employee Maintenance

(circle one)
ADD Change

Courage							
Name		Emplo	yee#			Salary/pay_	20 5-5
Address						Rate/hour	20.00
City, State, Zip Code						Alt Rate/hour	
Telephone		Has this p	erson eve	r been em	ployed by	Longevity Payment	
Birthdate		Richland (County in	the past?	Yes or No	Annual Hours	
Social Security Number						Shift	
Marital Status:						Full/Part	
Sex						STRS	
Race						PERS	
Title		Clas	s#			Direct Dep. Route #	
Department Number	249	Accou	unt#			Direct Dep. Account #	
Munis Org	0	Obje	ct#	5	10200		
Business Phone Number							
Start Date							
Rehire Date							
Termination Date							
Reason for Termination							
	TAXES	Code	Dep	TY	Add On		
	Federal						
	State						
	City						
Status						EFFECTIVE 12-18-2014	
Annual Salary				,			
Chika 5	DUA		/ Date	2/23	14	Comments	
ignature			10.000				

Name:	Review Period: APT	to OCT
Unit #:	Review Deadline Date:	9-29-16
Bi-Annual Review		

RICHLAND COUNTY SHERIFF'S OFFICE CORRECTION OFFICER PERFORMANCE EVALUATION

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.

 Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + Meets +1 Does Not Meet + 0

Explain: Always Seeks Pass-on

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + Does Not Meet + 0 Explain:

 Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above # Meets + 1 Does Not Meet + 0

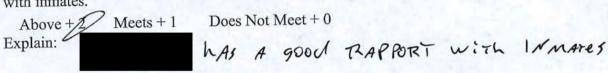
Explain:

MA: NTAS APPROPRIATE Boundries with INNAIRS.

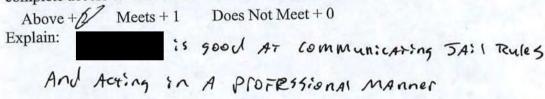
Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.



Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.



 Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

7. Consistently follows post orders, policies and procedures.

Above + 2 Meets + 1 Does Not Meet + 0
Explain:

AN FID. GARTNER'S ROOKER 17:0 NOT Properly Re-PAT Down An INMATE AFTER THE WMATE SET OFF THE METAL DETECTOR.

 Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2 Meets + Does Not Meet + 0 Explain:

Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above +2) Meets + 1 Does Not Meet + 0

Explain:

is Depenable and egger to complere

Any Assignment given to him.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above +2 Meets + 1 Does Not Meet + 0 Explain:

Always Displays A PleasAnt Demeanor

TO INMATES AND OFFICERS ALIKE.

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Total Points: 13			
Rater:	Sgr. Follune	Date:9-2-16	Comments:
Lieutenant/Staff L	Lieutenant:	Date:	Comments:
	CHDO.	, ,	
Jail Administrator	: Cotts Qu	Date: /6/5//6	Comments:
E1 6:- 4		Date: 9-4-16	
Employee Signatu	re	_Date:	Comments:
I have read the aboundicate agreement	ove: I have have not resp t with the ratings.	onded under comments	. My signature may not
Initial to request to my evaluation	have a meeting with the Staff	Lieutenant or the Jail A	dministrator to discuss

RICHLAND COUNTY SHERIFF'S OFFICE WRITTEN REPRIMAND

Emp	ployee's Name:	Employee's Classification: Correction Officer
Date	te Written Reprimand was Issued:	8-7-16
		VIOLATION
Date	e Violation Occurred: July :	5, 2016
Loca	ation Where Violation Occurred:	Richland County Jail
Тур	e of Violation Group I	Number 17
That o	roperly training a new Correction Office	sfactory work and failed to maintain a required standard of performance by the cer on the policy regarding the metal detector. This is your 2 nd violation.
perfor and w	rmance. A copy of this Written Reprin	ective measure in an effort to help you improve your conduct and work hand will be considered active by management for twelve (12) months, ovided that you have no additional disciplinary actions during that time in more severe disciplinary actions.
		Signature of Supervisor Issuing Reprimand Licotenest Title
I hereł	by acknowledge that a copy of the abo	ve record of the Written Reprimand has been given to me on this date. Employee's Signature 3-7-16 Date
cc:	Employee Supervisor Appointing Authority	

OFFICIAL USE ONLY DEDUCTIBLE Medical Premium Amount Bi-Weekly High_ Dental Premium Amount Bi-Weekly Department Name: Sheriff's Office Joul RICHLAND COUNTY Employee Number: Enrollment/Change Form Date of Hire: Effective Date: □ NEW HIRE □ CHANGE Date of Change: CHECK ONE: ★ OPEN ENFROLLMENT 01/01/16 CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE OTHER □ ADD/CANCEL DEPENDENT(S): □ Marriage* □ Birth □ Adoption □ Court Order □ Divorce *if marriage, state previous name CHANGE NAME/ADDRESS, state previous ☐ Death ☐ Age Limit ☐ Change in student status ☐ Other (explain) Social Security #: Last: Middle: NAME OF EMPLOYEE:

RICHLAND COUNTY SHERIFF'S OFFICE INSTRUCTION & CAUTIONING

Empl	oyee's Name:		Employee's Classification:	Correction Officer
Date	Instruction & Cautioning was Issued:		/30/16	
		VIOLA	TION	
Date	Violation Occurred:	March 16, 2016		
Locat	ion Where Violation Occurred:			
Туре	of Violation Policy	18.13	Tardy	
	iption of Violation: That on the date and County Sheriff's Office Policy 18			starting time in violation of
		Attach Additional s	heets if necessary)	
work destro	nstruction and Cautioning was issue performance. A copy of this Instruct yed thereafter, provided that you had cons could result in more severe disci	ion and Cautioning ave no additional	will be maintained by manag	gement for months, and will be
			Signature of person issuing r	reprimand
			Title JAIL ADMINIS	neaton
I herel	by acknowledge that a copy of the ab	ove record of Instru		n given to me on this date.
			Employee's Signature 3-30-/6	
	2.00		Date	DESCRIPTION OF THE PROPERTY OF
cc:	Employee Supervisor			
	Appointing Authority			

Name: Offices	Review Period: 12 to April 2016 Review Deadline Date: 42.1 21, 2016
Unit #:	Review Deadline Date: April 38, 2016
√Bi-Annual Review	

RICHLAND COUNTY SHERIFF'S OFFICE CORRECTION OFFICER PERFORMANCE EVALUATION

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.

Explain:

1.	Identifies and addresses safety and security problems in a timely and appropriate manner.
	Seeks information/advice from the correct sources as appropriate and provides pertinent
	information to his/her supervisor and relieving shift officers.
	Above + 2 Meets +1 Does Not Meet + 0

4.	Consistently completes required security rounds and documents as appropriate.	
	Above + 2 Meets + 1 Does Not Meet + 0	
	Explain:	
	Dover late and/or downwarts superful	
	according to policy.	9

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2 Meets + 1 Does Not Meet + 0

Explain:

Attracts the is always awar of

the succondings of understoods how much

Any additional comments pertaining to GOAL ONE (1-3): he needs to interact

(Lower colors of the colors o

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above +2 Meets +1 Does Not Meet +0

Explain:

Figure Fair, Film, 4 consistant.

He treats excepts fair, Film, 4 consistant.

He news has emplaints.

Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above +2) Meets +1 Does Not Meet +0

Explain:

Officer Stays professional

when interesting what immates.

He does his best to hap wh

legitament problems a concerns.

Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Explain:

Officer Structures. He has
the abolity to speak to inmates a color
than down of out issue the next

ascalches issues.

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

7. Consistently follows post orders, policies and procedures.

Above + 2 Meets + 1 Does Not Meet + 0 Explain:

 Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above +2 Meets +1 Does Not Meet +0

Explain:

Officer

Toliable. He has a good attackance

Tocard. Just so happens he had training

one marring a over slept making him late.

 Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above +2 Meets +1 Does Not Meet +0

Explain:

Officer

To retriable d does a

Officer

To retriable d does a

Officer

To retriable d does a

Perfect to reports. He

Oud from time to time surra spectary

Oudd from time to time a surra spectary

Or grammar arrars corrorded.

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2 Meets + 1 Does Not Meet + 0 Explain:

respected by all, gives much respect
to all he comes in contact al.

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Total Points:			
Rater: A.M. hours	Date:	C	omments:
Rater: F. M. Janes Officer is an asset to continue to tre a lieutenant/Staff Lieutenant:	& a fine	D grade	on He
continues to try	to make	the de	borrens
Lieutenant/Staff Lieutenant:	Date:	5-416	Comments:
Jail Administrator:	Date:	5/5/16 c	Comments:
Employee Signature:	Date:	<u>14-16</u> c	Comments:
I have read the above: I have I have indicate agreement with the ratings.	nave not responded unde	r comments. My	signature may not
Initial to request to have a meeting w my evaluation	with the Staff Lieutenant	or the Jail Admir	nistrator to discuss

Su.		
Name: Office	Review Period 1-1-15 to 0-?	E
Unit #:	Review Deadline Date: 1074-4	5
Bi-Annual Review		

RICHLAND COUNTY SHERIFF'S OFFICE CORRECTION OFFICER PERFORMANCE EVALUATION

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.

1.	Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/per supervisor and relieving shift officers.
	☐ Above + 2
	Explain: Advises Supervisors on-coming shift of problems
	lemedong to thirte primas on exercised services incidents that have previously occurred. The Tot ignore issues takes action to resolve.
2.	Consistently completes required security rounds and documents as appropriate.
	□ Above +2 Meets + 1 □ Does Not Meet + 0 Explain: Dever late and or documents properly according to policy.
3.	Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.
1	Above +2
	Always naidoins a good position of abvantage & is cartious to his surroutings.

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.

4. Develops and maintains professional interactions and appropriate rapport and credibility

with inmates.	
\triangle Above + 2 \square Meets + 1 \square Does Not Meet + 0	
Explain:	
11A cotonor and less to some touch to soll	
Has a great copport all the innates. All	
wereter cochard will to officer	
"", "	
5. Clearly and consistently communicates facility rules and expectations to inmates and	
responds to questions in a professional manner. Ensures that inmates have timely and	
complete access to Grievance forms and the Inmate Kite system.	
Above + 2 Meets + 1 Does Not Meet + 0	
1 some sime	
Officer 22 across 6 posterioras	
" I or tries to he p the	
officer or tries to help the	
in the est their problems. He also	
ett ska 2 od 12 and the	
lot book severe off! in lives?	
answer if he isn't sure. He intract	0
not push show off, he finds the answer if he isn't sure. He interest	
6. Makes prudent and sound decisions and takes appropriate action to diffuse problem	
situations.	
☑ Above + 2 ☐ Meets + 1 ☐ Does Not Meet + 0	
Explain:	
Mes surices o	
to a ar mid cold distitle between	
the state of the s	
of reals. He is now to seek wiedown	_
Estudious into positive ones very quille	
traced as sessed the possess a charact	0
to it's me today test at tooks and the	
rounded attitude helps him in a lot to ways. He is able to turn negative to ways. He is able to turn negative to tractions into positive ones very quickly to tract baing around the possess a charact and to can adapt to just about any situations and interpretations of a comments pertaining to GOAL TWO (4-6): At a sour to a comments pertaining to GOAL TWO (4-6): At a sour to a comments pertaining to GOAL TWO (4-6): At a sour to a comments pertaining to GOAL TWO (4-6): At a sour to a comments pertaining to GOAL TWO (4-6): At a sour to a comments pertaining to GOAL TWO (4-6): At a sour to a comments pertaining to GOAL TWO (4-6): At a sour to a comments pertaining to goal to a comment	,4
ny additional comments pertaining to GOAL TWO (4-6):	

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.	
7. Constently follows post orders, policies and procedures. Above + 2 Meets + 1 □ Does Not Meet + 0 Explain:	
8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA). Above + 2 Meets + 1 Does Not Meet + 0 Explain: Sick leave above pattern issued 4-4-5	
9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time. Above + 2 Meets + 1 Does Not Meet + 0 Explain: Officer does a few accordance or thorough the many house to remind or a finite few accordance. He has it does to complete papearance. The has it does to complete papearance of the presence of immates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility. Above + 2 Meets + 1 Does Not Meet + 0 Explain: Officer does not make the papearance of the papea	ad
Any additional comments pertaining to GOAL Three (7-10):	

OVERALL EVALUATION Total Points: Rater: F. Many Date: 10-3-15 Comments: Date: 10-5-15 Comments: Date: 10-5-15 Comments:

I have read the above: \Box I have $\overline{\Box}$ I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation ______.

Name:	Review Period: to Review Deadline Date:
Unit #	Review Deadline Date.
Ri_Annual Review	

RICHLAND COUNTY SHERIFF'S OFFICE CORRECTION OFFICER PERFORMANCE EVALUATION

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

taff, fo	ONE: Correction Officers will uphold the highest standards of security and safety for accilities, inmates and visitors consistent with the mission of the facility. Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.
9	Explain: Offices evended, the does not resitet to import evended to does not resite to does not resite to the second not resident to the second not
2.	Consistently completes required security rounds and documents as appropriate. Above + 2 Meets + 1 Does Not Meet + 0 Explain: Follow Policies
3.	Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers. Above +2 Meets + 1 Does Not Meet + 0 Explain: The Control of the C
	of workers for seropetions in acoust

He maintains a position of advantage over Any additional comments pertaining to GOAL ONE (1-3): all situations of retires in these are abnormal itses about.

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.

4. Develops and maintains professional interactions and appropriate rapport and credibility

with inmates.
Above + 2 Meets + 1 Does Not Meet + 0
Officer has a great rapport
1/ 1/
A invades. We treats merates as! Lesport a thought fire to the remark
Everage of they in tour good the country
Source bock. He doesn't lie to the imake
Davis Dort - Land Ho greet ideas
5. Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and
5. Clearly and consistently communicates facility rules and expectations to inmates and
responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.
Above +2) Meets +1 Does Not Meet +0 Explain: He is always fair, firm, of consistent. He carries himself professionally at all the carries himself professionally at all throw. He is always tring to assist
Ho is dressly fair, fire,
himself professionally at all
He caretes in a fire of assist
times. He is always und was
when needed.
Cher 1
Makes prudent and sound decisions and takes appropriate action to diffuse problem
situations.
Above + 2 Meets + 1 Does Not Meet + 0
Explain: His character has given him the ability
to walk into a situation and control to
to walk into a situation with
the time to halp work through problems the time to halp work to reductions the will listen a speak to reductions the will like a color collected
claritistis of your to restricted
Any additional comments pertaining to GOAL TWO (4-6): " a calm colleads
Any additional comments pertaining to GOAL 1 WO (4-6).
· Seeks

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

7.	Consistently fo	llows post order	rs, policies and procedures.
	Above + 2	Meets + 1	Does Not Meet + 0

Explain:

 Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above +2 Meets +1 Does Not Meet +0

Explain:
To this date Officer

Sizes mexcured sick leave days. How

Oora have astablished a pattern.

Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2 Meets + 1 Does Not Meet + 0

Explain:

Less a transport of the completes. From the completes of the fond

transport to the completes of the fond

transport to the complete of the fond

transport to the complete of the fond

10 Demonstrates appropriate respect for co-workers and supervisors, especially in the

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above +2 Meets + 1 Does Not Meet + 0

Explain:

Office

Any additional comments pertaining to GOAL Three (7-10):

Office

Any additional comments pertaining to GOAL Three (7-10):

Office

Of

OVERALL EVALUATION

OVERALL EVALUATION	
Rater: P. M. Date: 3-26-15 Comments: Officer to describe others and.	
Lieutenant/Staff Lieutenant: Date: Date: Comments:	
Jail Administrator: Date: 4/22/05 Comments:	
Employee Signature: Date: 3 - 25 - 15 Comments:	

I have read the above: I I have I have not responded under comments. My signature may not

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss

indicate agreement with the ratings.

my evaluation _

RICHLAND COUNTY SHERIFF'S OFFICE WRITTEN REPRIMAND

Employee's Name:		Employee's Classification: Correction Officer
Date Written Reprimand was	s Issued: 7-/9	7-15
		VIOLATION
Date Violation Occurred:	October 24, 20	014, May 22, 2015, and June 26, 2015
Location Where Violation O	ccurred:	
Type of Violation	Group I	Number _ 13
Sheriff's Office, specifically Abuse) 4 by calling off sick	three (3) Fridays in a teation statement for all	bserve a rule, regulation, policy or directive of the Richland County ave), F (Sick Leave Use and Abuse), 2 (Unauthorized Uses), h (Pattern welve (12) month period. Pursuant to policy, you are required to subsequent illnesses. This is your 1 st violation.
	***************************************	itional sheets if necessary)
work performance. A copy	of this Written Reprim fter, provided that you	ne measure in an effort to help you improve your conduct and hand will be maintained by management for twelve (12) months, in have no additional disciplinary actions during that time period. disciplinary actions.
		Signature of Supervisor Issuing Reprimand
		2, totenont
		Title
I hereby acknowledge that a	copy of the above rec	Ford of the Written Reprimand has been given to me on this date. Employee's Signature
		7-19-15 Date

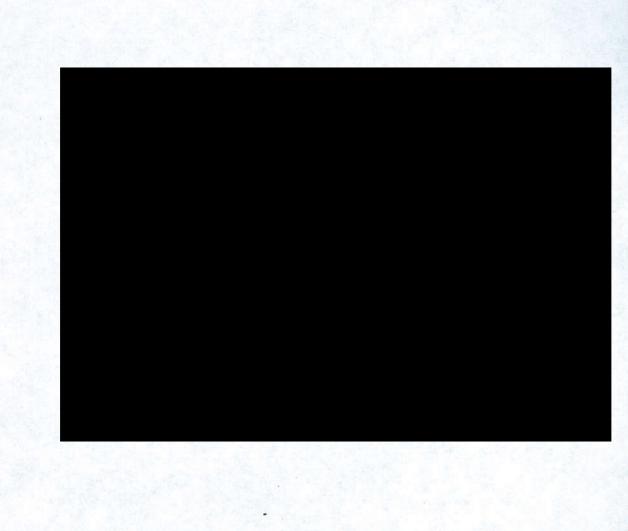
cc:

Employee Supervisor

Appointing Authority

RICHLAND COUNTY SHERIFF'S OFFICE WRITTEN REPRIMAND

Employee's Name:	Employee's Classification: Correction Officer
Date Written Reprimand was Issued:	12-4-14
	VIOLATION
Date Violation Occurred: O	October 1, 2014
Location Where Violation Occurred:	Richland County Jail
Type of Violation Group I	Number
exhibited unsatisfactory work and faile	date listed between 10:36 and 12:00 and again between 12:58 and 14:00, you ed to maintain a required standard of performance by not properly conducting es as required. This is your 2 nd Group I # 17 violation.
	(Attach Additional sheets if necessary)
work performance. A copy of this Wr	s a corrective measure in an effort to help you improve your conduct and itten Reprimand will be maintained by management for twelve (12) months, ded that you have no additional disciplinary actions during that time period. more severe disciplinary actions.
	Signature of Supervisor Issuing Reprimand
	Li'enterant
	Title
I hereby acknowledge that a copy of the	he above record of the Written Reprimand has been given to me on this date. Employee's Signature
	12-4-14 Date
cc: Employee Supervisor Appointing Authority	



.

1,14	
Name:	Review Period: April to Sociology & H
Unit #:	Review Deadline Date: OCCODER 3 nd 20 H
Bi-Annual Review	

RICHLAND COUNTY SHERIFF'S OFFICE CORRECTION OFFICER PERFORMANCE EVALUATION

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.

 Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above +2 Meets +1 Does Not Meet +0 Explain:

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0
Explain: On 8 - M- lu officer was late legging a PDC

Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2 Meets +1 Does Not Meet +0 Explain:

Any additional comments pertaining to GOAL ONE (1-3):

RICHLAND COUNTY SHERIFF'S OFFICE "PERSONNEL COMPLAINT REPORT"

DATE/ TIME REPORTED	DATE/TIME OF	INCIDENT	DATE/	ГІМЕ ВЕС	AME AV	WARE OF INCIDEN
11/01/14 @ 11:20	10/01/14 between 10	:36-12:00	11/01/	14 @ 8:58	3	
COMPLAINANT'S NAME		ADDRESS			P	HONE NUMBER:
Lt. Douglas	RCSO					774-7870
TYPE OF CO	DMPLAINT		PLAC	E OF OCCU	JRRENC	CE
This Officer did not follow	policy	Booking				
DESCRIPTION OF COMPLAIN On the above date Officer	NT: was 1 hour and 24	min late loggi	ng his POC	check wi	th no re	eason notated.
	PERSON(S) IN	IVOLVED IN IN	CIDENT:			
NAME:		VIOLATOR	0.00.0.1.1	WITNE	SS	CIVILIAN
Officer D. 1 #7.31		X				
Lt. Katina Douglas #7c31		H		X		
		H		H		
		1=		18		
HIMDED AND SECRECATE	FIJE FOLLOWING (1) DETA	H S OF COMPI	ADJT ACCT	TED DV	COMPL	ADJANET (2)
NTERVIEWER'S REMARKS (3) INVESTIGATION SUGGI	ESTIONS.		ATED BY (COMPLA	AINANT (2)
1. Officer was 2. Officer was	3) INVESTIGATION SUGGI 1 hour and 24 min late lo not available for intervie	ESTIONS. Ogging a POC o	check		COMPLA	AINANT (2)
NTERVIEWER'S REMARKS (1. Officer was 2. Officer was	3) INVESTIGATION SUGGI 1 hour and 24 min late lo	ESTIONS. Ogging a POC o	check		COMPLA	AINANT (2)
NTERVIEWER'S REMARKS (1. Officer was 2. Officer was	3) INVESTIGATION SUGGI 1 hour and 24 min late lo not available for intervie	ESTIONS. Ogging a POC o	check		COMPLA	AINANT (2)
NTERVIEWER'S REMARKS (1. Officer was 2. Officer was	3) INVESTIGATION SUGGI 1 hour and 24 min late lo not available for intervie	ESTIONS. Ogging a POC o	check		COMPLA	AINANT (2)
NTERVIEWER'S REMARKS (1. Officer was 2. Officer was	3) INVESTIGATION SUGGI 1 hour and 24 min late lo not available for intervie	ESTIONS. Ogging a POC o	check		COMPLA	AINANT (2)
1. Officer was 2. Officer was 3. I suggest that office	3) INVESTIGATION SUGGI 1 hour and 24 min late lo not available for intervier takes time at the	estions. ogging a POC of we end of the shi	check ft to review	his logs.	CRIMIN	NAL ACT, WHICH
1. Officer was 2. Officer was 3. I suggest that office	2921.13 OF THE OHIO RECUTION. PUNISHABLE	estions. ogging a POC over the ship of th	check ft to review FALSIFICAT DNTHS CON	his logs.	CRIMINIT AND	NAL ACT, WHICH A FINE OF \$1,000
1. Officer was 2. Officer was 3. I suggest that office	3) INVESTIGATION SUGGI 1 hour and 24 min late lo not available for intervier takes time at the	estions. ogging a POC over the ship of th	check ft to review	his logs.	CRIMINIT AND	NAL ACT, WHICH
1. Officer was 2. Officer was 3. I suggest that office	2921.13 OF THE OHIO RECUTION. PUNISHABLE	estions. ogging a POC over the ship of th	check ft to review FALSIFICAT DNTHS CON	his logs.	CRIMINIT AND	NAL ACT, WHICH A FINE OF \$1,000
1. Officer was 2. Officer was 3. I suggest that office NOTICE: UNDER SECTION MAY BE SUBJECT TO PROSE COMPLAINA	3) INVESTIGATION SUGGI 1 hour and 24 min late lo not available for intervier takes time at the 2921.13 OF THE OHIO RE ECUTION. PUNISHABLE NT'S SIGNATURE	estions. ogging a POC over the ship of th	check ft to review FALSIFICAT DNTHS CON	his logs.	CRIMINIT AND	NAL ACT, WHICH A FINE OF \$1,000
1. Officer was 2. Officer was 3. I suggest that office NOTICE: UNDER SECTION MAY BE SUBJECT TO PROS COMPLAINA ADMINISTRATION USE ON	3) INVESTIGATION SUGGI 1 hour and 24 min late lo not available for intervier takes time at the 2921.13 OF THE OHIO RE ECUTION. PUNISHABLE NT'S SIGNATURE	estions. ogging a POC over the ship of th	check ft to review FALSIFICAT DNTHS CON	his logs.	CRIMINIT AND	NAL ACT, WHICH A FINE OF \$1,000
2. Officer was 3. I suggest that office *NOTICE; UNDER SECTION MAY BE SUBJECTITO PROS	3) INVESTIGATION SUGGI 1 hour and 24 min late lo not available for intervier takes time at the 2921.13 OF THE OHIO RE ECUTION. PUNISHABLE NT'S SIGNATURE	vised CODE,	check ft to review FALSIFICAT DNTHS CON	his logs.	CRIMINIT AND	NAL ACT, WHICH A FINE OF \$1,000

Shift Log Report RICHLAND COUNTY SHERIFF'S OFFICE Event POC - Location BOOK	Run Date/Time : 11/01/2014 - 08:58 From 10/01/2014 - To 10/01/2014 From (time) 05:30 - To (time) 14:00		
Date-Time	Officer	Location	
Event	Description	Comment	
10/01/2014-14:00	Caevans	Booking Area	
Personalobservationchecks/Security Check	BOOKING SECURED BY 54		
10/01/2014-12:58		Booking Area	
Personalobservationchecks/Security Check	BY C12	9	
10/01/2014-12:00		Booking Area	
Personalobservationchecks/Security Check	BOOKING POC-80		
10/01/2014-10:36		Booking Area	
Personalobservationchecks/Security Check	BOOKING POC -80	9	
10/01/2014-09:38		Booking Area	
Personalobservationchecks/Security Check	BY C12	9	
10/01/2014-08:38		Booking Area	
Personalobservationchecks/Security Check	BY C12	•	
10/01/2014-07:51	Apitts	Booking Area	
Personalobservationchecks/Security Check	BY C12	3	
10/01/2014-07:15	Apitts	Booking Area	
Personalobservationchecks/Security Check	BY C12		
10/01/2014-06:36	Apitts	Booking Area	
Personalobservationchecks/Security Check	BY C12	•	
10/01/2014-05:38	Mrush	Booking Area	
Personalobservationchecks/Security Check	BOOKIN BY 78		

NOTICE OF PRE-DISCIPLINARY CONFERENCE

-		
TO:		
10.		

This notice is provided to you to advise that a pre-disciplinary conference will be held at:

10:00 p.m. on November 20, 2014 at the Richland County Jail

to provide you with an opportunity to respond to the following disciplinary charges.

That on October 1, 2014, you exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks on inmates in the jail. This is your 3rd Group I # 17 violation.

At the hearing, the employee is entitled to:

- 1) oral or written notice of the charges against him/her;
- 2) an explanation of the Employer's evidence; and
- 3) an opportunity to present his/her side of the story.

The employee may select a union representative to be present at the hearing on his/her behalf.

Following the hearing, the Appointing Authority shall determine what discipline, if any, is appropriate.

Employee Signature $\frac{1/-8-14}{\text{Date}}$

Proof of Service

I served the above notice on Leonardo Gartner on the Ata day of November, 2014.

A.M. Jung 7c46

Liouterant

Employee Signature Texto

Date

11-8-14 Date

Employee Signature

Employee's Name:	Employee's Classification: Correction Officer
Date Written Reprimand was Issued:	11-8-11
	VIOLATION
Date Violation Occurred: October 1,	2014
Location Where Violation Occurred: Richl	land County Jail
Type of Violation Group I	Number
Description of Violation: That on the date listed standard of performance by not properly conduct Group I # 17 violation.	l, you exhibited unsatisfactory work and failed to maintain a required ting personal observation checks on inmates as required. This is your 2 th
(Attach Ad	lditional sheets if necessary)
work performance. A copy of this Written Renri	ive measure in an effort to help you improve your conduct and imand will be maintained by management for twelve (12) months, ou have no additional disciplinary actions during that time period. The disciplinary actions.
	Signature of Supervisor Issuing Reprimand
	Title
hereby acknowledge that a copy of the above re	ecord of the Written Reprimand has been given to me on this date.
	Mark Committee of the C
	Employee's Signature
	11 -8 - 94 Date
Employee Supervisor Appointing Authority	

Emp	loyee's Name: Employee's Classification: Correction Officer
Date	Written Reprimand was Issued: 68, 28-13
	VIOLATION
Date	Violation Occurred: August 20, 2013
Loca	tion Where Violation Occurred: Richland County Jail
Туре	of Violation Group I Number 17
Descrequi	ription of Violation: That on the date listed above, you exhibited unsatisfactory work and failed to maintain a red standard of performance when you released an inmate in error. This is your 2 nd Group I # 17 offense.
	(Attach Additional sheets if necessary)
work and w	written reprimand was issued as a corrective measure in an effort to help you improve your conduct and performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. further violations could result in more severe disciplinary actions.
	St. C.Rl
	Signature of Supervisor Issuing Reprimand
	Title
	Title
I here	by acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.
	Employee's Signature
	<u>\$-28-13</u> Date
cc:	Employee Supervisor
	Appointing Authority

Emplo	yee's Name:		Employee's Classification:	Correction Officer
Date V	Vritten Reprimand v	vas Issued:		
			VIOLATION	
Date V	iolation Occurred:	August 2	20, 2013	
Location	on Where Violation	Occurred: Ri	chland County Jail	
Туре о	f Violation	Group I	Number _17	
Descrip require	ption of Violation: d standard of perfor	That on the date	e listed above, you exhibited unsatisteleased an inmate in error. This is you	factory work and failed to maintain a ar 2 nd Group I # 17 offense.
		(Attach	Additional sheets if necessary)	
work pand wil	erformance. A copy Il be destroyed there	y of this Written Re eafter, provided tha	ective measure in an effort to help yeprimand will be maintained by manage tyou have no additional disciplinary avere disciplinary actions.	gement for twelve (12) months, actions during that time period.
			Signature of Supervisor Iss	suing Reprimand
		***	LT.	
I hereby	y acknowledge that	a copy of the above	e record of the Written Reprimand has	been given to me on this date.
		4	8-28-13 Date	
cc:	Employee Supervisor Appointing Author	ity	Date	

Employee's Name:	Employee's Classification: Correction Officer
Date Written Reprimand was Issued:	
	VIOLATION
Date Violation Occurred: A	august 20, 2013
Location Where Violation Occurred:	Richland County Jail
Type of Violation Group I	Number17
Description of Violation: That on the required standard of performance when	he date listed above, you exhibited unsatisfactory work and failed to maintain a nyou released an inmate in error. This is your 2 nd Group I # 17 offense.
(Attach Additional sheets if necessary)
work performance. A copy of this Wri	a corrective measure in an effort to help you improve your conduct and ten Reprimand will be maintained by management for twelve (12) months, ded that you have no additional disciplinary actions during that time period. nore severe disciplinary actions.
	St. C.Blu
	Signature of Supervisor Issuing Reprimand
	LT.
	Title
I hereby acknowledge that a copy of the	e above record of the Written Reprimand has been given to me on this date.
	8-28-13
	Date
cc: Employee Supervisor Appointing Authority	



October 28, 2013

410 CEDARWOOD DRIVE LEXINGTON, OH 44904

NO BCI&I RECORD ON FILE AUTHENTICATION NO. CS0019413A393652

The Ohio Bureau of Criminal Identification and Investigation (BCI&I) has completed a criminal history record check on the applicant listed below. Based upon information furnished by your agency, BCI&I has **NO CRIMINAL HISTORY RECORD** on file for:

Name:

BCI Completion Date: October 3, 2013

Reason Fingerprinted: Law Enforcement Criminal Justice

Agency ID: CSV526

This "No Record" verification is valid for one year from the record check completion date. This letter may be photocopied by the prospective employer and retained by the applicant.

Thomas J. Stickrath Superintendent, Ohio Bureau of Criminal Identification & Investigation

Ohio Bureau of Criminal Identification and Investigation



P.O.Box 365 London, OH 43140 Telephone: (740) 845-2000 Facsimile: (740) 845-2020



An Internationally Certified Law Enforcement Agency
WWW.ag.state.oh.us



October 28, 2013

410 CEDARWOOD DRIVE LEXINGTON, OH 44904

NO FBI RECORD ON FILE AUTHENTICATION NO. CS0019413A393652 ICN: E2013280000000187532

The Federal Bureau of Investigation (FBI) has completed a criminal history record check on the applicant listed below. Based upon the information furnished by your agency, the FBI has NO CRIMINAL HISTORY RECORD on file for:

Name:	
FBI Completion Date:	October 7, 2013
Reason Fingerprinted:	LAW
Agency ID:	CSV526

This "No Record" verification is valid for one year from the record check completion date. This letter may be photocopied by the prospective employer and retained by the applicant.

> Thomas J. Stickrath Superintendent, Ohio Bureau of Criminal Identification & Investigation

Ohio Bureau of Criminal Identification and Investigation



P.O.Box 365 London, OH 43140 Telephone: (740) 845-2000 Facsimile: (740) 845-2020



An Internationally Certified Law Enforcement Agency www.ag.state.oh.us

Richland County Sheriff's Office 597 Park Avenue East Mansfield, OH 44905

I acknowledge that I have been issued a signed copy of my Oath of Office and a signed copy of my job description for the position of Correction Officer.

_
Name printed
Name signed
3-7-/3
Date
MAJ NALE FORTHEY
MAJ DALE FORTHEY Witness printed
\wedge \sim \sim
1 Lloxon Ac
Witness signed

OATH OF OFFICE

STATE OF OHIO
COUNTY OF RICHLAND

I DO SOLEMNLY SWEAR OR AFFIRM THAT I WILL SUPPORT AND ABIDE BY THE CONSTITUTION OF THE UNITED STATES OF AMERICA, THE CONSTITUTION AND LAWS OF THE STATE OF OHIO, AND THE RULES AND REGULATIONS OF THE RICHLAND COUNTY SHERIFF'S OFFICE AND THAT I WILL FAITHFULLY DISCHARGE THE DUTIES OF CORRECTION OFFICER, TO WHICH I HAVE BEEN APPOINTED ACCORDING TO LAW AND TO THE BEST OF MY ABILITIES.

I UNDERSTAND THAT MY FAILURE TO COMPLY WITH THE PROVISIONS OF THIS OATH, WITH OR WITHOUT FAULT OF MY OWN, IS CAUSE FOR TERMINATION.

I HAVE NOT PAID, NOR HAVE I OFFERED OR PROMISED TO PAY, ANY MONEY OR OTHER THING OF VALUE TO ANY PERSON, FIRM OR CORPORATION FOR THE USE OF INFLUENCE TO PROCURE MY APPOINTMENT TO THIS POSITION.

PRINTED NAME OF MEMBER

SIGNATURE OF MEMBER

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, IN AND FOR THE COUNTY OF RICHLAND, THIS 67 DAY OF FEBRUARY, 20/3.

MY COMMISSION EXPIRES 08-24-14

NOTARY PUBLIC

SWORN TO AND SUBSCRIBED BEFORE ME, SHERIFF, IN AND FOR THE COUNTY OF RICHLAND, THIS 677 DAY OF FEBRUARY, 20 / 3.

. STEVE SHELDON,

SHERIFF, RICHLAND COUNTY

NOTICE: A MEMBER WHO VIOLATES A SWORN OATH IS SUBJECT TO IMMEDIATE TERMINATION, AS WELL AS THE POSSIBILITY OF BEING CHARGED WITH VIOLATIONS OF CRIMINAL STATUTES.

Richland County Sheriff's Office Job Description

Job Title:

Correction Officer

Division:

Corrections

Bargaining Unit:

FOP/OLC

Employment Status:

Full-Time

Work Hours:

Variable, Determined by FOP Contract

Civil Service Status:

Classified

FLSA Status:

Non-exempt

Probation:

One year

Reports to:

Correction Sergeant, Correction Lieutenant

Job Summary:

Under general direction, supervises inmates and attends to their safety and well-being, and maintains security in the Richland County Jail

Minimum Qualifications:

United States Citizen

High School Diploma or G.E.D

Ohio Driver License

Essential Functions:

Regular and predictable attendance

Arrive on time for shift, be dependable, and maintain good attendance records

Work in a 24 hour, 7 days a week operation in a variety of weather conditions

Work overtime as necessary and directed

Maintain the trust, faith and confidence of the Sheriff

Support and enforce the administrative and operational policies of the Sheriff

Make decisions aligned with the mission, goals, and directives of the Sheriff

Demonstrate appropriate respect for co-workers and supervisors

Maintain confidentiality in the performance of duties

Maintain a harmonious work relationship with other personnel and agencies

Ensure the safety of inmates by protecting them from harm and threats

Use physical force to control inmates

Qualify with firearms as required and defensive weapons

Work independent of direct supervision

Use directed and self-directed work time in an efficient and effective manner

Perform jobs, duties, tasks and assignments in a competent and proficient manner

Be physically, mentally, medically and psychologically fit to perform duties

Duties and Responsibilities:

Works under general supervision and requires considerable knowledge of custody, safety and security measures for detention of adult inmates in a controlled environment in order to maintain discipline, order and security.

Seeks information/advice from supervisors as appropriate and provides pertinent information to his/her supervisor and relieving shift officers

Conduct themselves professionally and support organization's mission and treat inmates in a firm, fair and consistent manner

Develop and maintain professional rapport with inmates

Communicate facility rules and expectations to inmates and respond to questions

Ensure inmates have access to grievance forms and kites

Make prudent and sound decisions and diffuse problem situations

Contribute to the efficiency and effectiveness of the facility

Uphold the highest standards of security and safety

Works rotation posts and assignments to maintain security on assigned area

Directs all inmate activity in assigned areas of the facility to include dayrooms, showers, cells, living and recreation areas

Attends meetings and committees and provides feedback

Responds to the need of staff and the concerns of inmates

Maintain discipline and order of inmates

Monitors and operates security controls and or computers

Open security doors between pods, cells, perimeter doors and security areas

Monitors and responds accordingly to alarms and medical emergencies

Utilize computers and monitor surveillance equipment as required by assigned post

Directs inmate trustees and work crews to ensure quality work and security

Direct, secure and supervise inmates at a medical center/office outside of the jail.

Maintain security internally as well as the perimeter, sally port and visitation area Operates a county car or van in accordance with the county driving policy Operates a county car or van under adverse and stressful conditions Operates a county vehicle to transport inmates as required Completes and maintains electronic post logs, JAMIN information and reports Document information accurately, concisely and in proper grammar Count inmates and then report them in accordance with count procedures Distribute food trays to inmates at meal time and coordinates with the kitchen Controls and distributes all incoming mail to proper inmates Completes necessary paperwork as required in the performance of duties Complete personal observation rounds inside the pods as required Ensure orderly movements of inmates throughout the facility Attend a corrections academy within the first year of employment Successfully pass the OPOTA Corrections Officer Test Successfully complete a 12 week field training corrections training program Enforce inmate rules, regulations, and procedures and polices Visually and tactfully detect contraband per facility rules and regulations Electronically write incident reports and initiate inmate rule violations as needed Report any unusual circumstances and information to supervision Identify and address safety and security problems Visually inspect and assure assigned areas are clean, safe and secure Ensure cleanliness of the facility by directing inmates to clean Conduct searches and inventories of inmate personal and issued property Encouraged to participate on committees

Prevent escapes or incidents which threaten the security or safety of the facility, inmates, staff or the general public which includes, when necessary, using physical force, unarmed self-defense, firearms (if authorized to carry), or other force to detain or secure inmates.

Review and comply with jail policies and procedures and minimum jail standards

Comply with Standard Operating Procedures and County Policies and Procedures

Read and consistently follow post orders

Take only appropriate and/or reasonable risks; understand the importance of boundaries

Attends training as requested and directed

Maintains uniform and equipment issued by the department

Testify in depositions, hearings and trials

Requisite Job Knowledge:

Correctional practices and procedures

Local, state and federal laws

Administrative, criminal, civil and constitutional law Rules and regulations, policies and procedures

Standard operating procedures

Current labor contracts

Equipment Used:

Motor vehicle

Portable hand unit or mobile radio

Computer, fax, copy machine and telephone

Firearms as required for job

Body armor, handcuffs, chemical agents, electronic restraint devices

Video recording devices

Job Description Approval:

I have reviewed this job description and understand that it reflects the major work requirements, essential job functions and tasks for which I am responsible. I understand that this job description is not all inclusive and that if I have questions, I can contact my supervisor for clarification. I acknowledge that I must follow all orders given to me by a superior officer unless the order is illegal, immoral or unethical.

	2-6-13
mployee Printed Name /	Date

I have issued this job description to the employee.

Supervisor Signature

7 | L| | | 3 |

Date

This job description currently reflects the needed skills and abilities required to perform this position.

Administrator Signature

02-06-13 Date



RICHLAND COUNTY SHERIFF'S OFFICE CORRECTION OFFICER PERFORMANCE EVALUATION

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.

 Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above +2 Meets +1 Does Not Meet +0 Explain:

2. Consistently completes required security rounds and documents as appropriate.

Above + 2 Meets + 1 Does Not Meet + 0

Explain: On 8-19-14 officer was late legging A PDC

3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

Above +2 Meets +1 Does Not Meet +0 Explain:

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.

4. Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above +2 Meets +1 Does Not Meet +0

Explain: Officer has a very good rapport with the inmales, he is one officer what the inmales take him for his word. He has been honest a consistant.

Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and complete access to Grievance forms and the Inmate Kite system.

Above +2 <u>Meets +1</u> Does Not Meet +0 Explain:

 Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above +2 Meets +1 Does Not Meet +0 Explain:

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

Consistently follows post orders, policies and procedures.

Above + 2 Meets + 1 Does Not Meet + 0 Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Above + 2 Meets + 1Does Not Meet + 0

Explain: On 7-21-4 officer was 32 min late to work

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2 Meets + 1Does Not Meet + 0 Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above ± 2 Meets + 1 Does Not Meet + 0

Explain: officer is very respectful And has Always been willing whelp wherever needed without complaint

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

Rater: Malm Jaylus	_ Date: _	9-10-14	_Comments:
Lieutenant/Staff Lieutenant:	Date:	97974	_Comments:
Jail Administrator: Captall	_Date: _	9/11/14	_Comments:
Employee Signature:	_Date:	9-10-14	_Comments:

I have read the above: I have not responded under comments. My signature may not indicate agreement with the ratings.

Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss my evaluation ________.

RICHLAND COUNTY SHERIFF'S OFFICE "PERSONNEL COMPLAINT REPORT"

7	١.	-	ò
1	r	v	,
г		-	
		-	

Internal Complaint External Complaint

DATE/ TIME REPORTED	DATE/TIME OF I	NCIDENT	DATE/TIME BI	ECAME A	WARE OF INCIDENT		
11/01/14 @ 11:20	10/01/14 between 12:58-14:00			11/01/14 @ 8:58			
COMPLAINANT'S NAME	ADDRESS			PHONE NUMBER:			
Lt. Douglas	RCSO				774-7870		
TYPE OF CO.	MPLAINT		PLACE OF OC		- 10 10 - 10 - 10 - 10 - 10 - 10 -		
This Officer did not follow p	policy	Booking					
DESCRIPTION OF COMPLAIN On the above date Officer	T: was 1 hour and 2 m	nin late loggin	g his POC check w	rith no rea	ason notated.		
	PERSON(S) IN	VOLVED IN IN	CIDENT:				
NAME:		VIOLATOR	WITT	NESS	CIVILIAN		
Officer Lt. Katina Douglas #7c31		X					
Et. Ratilia Douglas #7031			X				
NUMBER AND SEGREGATE T							
	not available for interview Gartner takes time at the		t to review his logs	5.			
*NOTICE: UNDER SECTION 2 MAY BE SUBJECT TO PROSE	921.13 OF THE OHIO REV	ISED CODE, F	ALSIFICATION IS	A CRIMIN	NAL ACT, WHICH		
COMPLAINAN , LULL	ST'S SIGNATURE	I I	NVESTIGATING OF	FICER	DATE		
ADMINISTRATION USE ONL	Y:						
Complaint Number: 14-08							
Employee:		Gi	roup Num	ber			
Prior Active Discipline:	Yes No	Date:	Group _		Number		
Description:							

Shift Log Report RICHLAND COUNTY SHERIFF'S OFFICE Event POC - Location BOOK	Run Date/Time : 11/0 From 10/01/2014 - From (time) 05:30 - 1	To 10/01/2014
Date-Time	Officer	Location
Event	Description	Comment
10/01/2014-14:00	Caevans	Booking Area
Personalobservationchecks/Security Check	BOOKING SECURED BY 54	
10/01/2014-12:58		Booking Area
Personalobservationchecks/Security Check	BY C12	
10/01/2014-12:00	//	Booking Area
Personalobservationchecks/Security Check	BOOKING POC-80	Doorning / nou
10/01/2014-10:36		Booking Area
Personalobservationchecks/Security Check	BOOKING POC -80	200mig / mou
10/01/2014-09:38		Booking Area
Personalobservationchecks/Security Check	BY C12	Dooming / nou
10/01/2014-08:38		Booking Area
Personalobservationchecks/Security Check	BY C12	200mig / ii ou
10/01/2014-07:51	Apitts	Booking Area
Personalobservationchecks/Security Check	BY C12	Booking / trea
10/01/2014-07:15	Apitts	Booking Area
Personalobservationchecks/Security Check	BY C12	Deciming / mod
10/01/2014-06:36	Apitts	Booking Area
Personalobservationchecks/Security Check	BY C12	
10/01/2014-05:38	Mrush	Booking Area
Personalobservationchecks/Security Check	BOOKIN BY 78	g /ou



OHIO PEACE OFFICER TRAINING COMMISSION

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully completed the advanced training course

05-485-13-03: Field Training Officer (FTO) Program (Ohio Model)

at the Ohio Peace Officer Training Academy given

January 14 - 17, 2013

Mike DeWine

Attorney General

Ohio Peace Officer Training Commission Vernon P. Stanforth, Chairperson January S. State old

Ohio Peace Officer Training Commission Robert A. Fiatal, Executive Director

ORIGINAL Form R-8

	Employee's Name: Employee's Classification: Correction Officer	
I	Date Written Reprimand was Issued:	
	VIOLATION	
Г	Date Violation Occurred: November 18, 2012	
L	ocation Where Violation Occurred: Richland County Jail	
T	Type of Violation Group I Number 17	
Th	escription of Violation: hat on the date listed above you exhibited unsatisfactory work and failed to maintain a required standard of performative releasing the wrong property to an inmate. This is your 2 nd violation.	nce
	(Attach Additional sheets if necessary)	
and	is written reprimand was issued as a corrective measure in an effort to help you improve your conduct and ork performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, it will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. If the period of the period is a conditional disciplinary actions and the period is a conditional disciplinary action.	
	Signature of Supervisor Issuing Reprimand Title	
I her	reby acknowledge that a copy of the above record of the Written Penrimend has been given to me on this date.	
	Employee's Signature	
	12/19/12 Date	
cc:	Employee Supervisor Appointing Authority	

Em	ployee's Name:	Employee's Classification: Correction Officer
Dat	te Instruction & Cautioning was Is	ssued:
		VIOLATION
Dat	e Violation Occurred:	August 30, 2011, October 18, 2011, December 27, 2011 & May 8, 2011
Loca	ation Where Violation Occurred:	Richland County Jail
Тур	e of Violation Gr	roup I Number 13
Desc direc you	eription of Violation: That on the ctive of the Richland County She are required to produce	ne dates listed above, you negligently failed to observe a rule, regulation, policy or riff's Office by violating Sick Leave Policy 16.1, F, 2,h, 4. Pursuant to this policy, a physician's verification statement for all subsequent illnesses.
		(Attach Additional sheets if necessary)
will	Instruction and Cautioning was performance. A copy of this Ins be destroyed thereafter, provided er violations could result in more	issued as a corrective measure in an effort to help you improve your conduct and struction and Cautioning will be maintained by management for six (6) months, and d that you have no additional disciplinary actions during that time period. Any severe disciplinary actions.
		astem & faller
		Signature of person issuing reprimand Title
I here	by acknowledge that a copy of the	e above record of Instruction and Cautioning has been given to me on this date.
		Employee's Signature
		5-31-12
cc:	Employee Supervisor	Date
	Appointing Authority	

Em	ployee's Name:		Employee's Classification:	Correction Officer
Dat	e Instruction & Cautioning was	Issued:		
			VIOLATION	
Date	e Violation Occurred:	April 3	0, 2012	
Loca	ation Where Violation Occurred	: Richlan	nd County Jail	
Тур	e of Violation	Group I	Number17	
Desc	cription of Violation: That on A dard of performance when you f	aned to properi	ou exhibited unsatisfactory work and f y inventory inmate property. This is a	ailed to maintain a required Group I # 17 offense.
		(Attach A	dditional sheets if necessary)	
will		ed that you ha	Cautioning will be maintained by mana we no additional disciplinary actions linary actions.	
			Asterney alex	
			Signature of person issuing	reprimand
			Title Title	
I here	by acknowledge that a copy of	the above recor	d of Instruction and Cautioning has bee	an airean ta ann an 41 ' 1 a
			Dec	all given to me on this date.
			Employee's Signature	
			5-18-12	
ce:	Employee		Date	
	Supervisor			
	Appointing Authority			

Employee's Name:	Employee's Classification: Correction Officer
Date Instruction & Cautioning was	Issued:
	VIOLATION
Date Violation Occurred:	April 13, 2012
Location Where Violation Occurred	d: Richland County Jail
Type of Violation	Group I Number 13
regulation, policy or directive of the	April 13, 2012, the Employer came aware that you negligently failed to observe a rule, e Richland County Sheriff's Office when you failed to report lost keys per Policy control). This is a Group I # 13 offense.
	(Attach Additional sheets if necessary)
work performance. A copy of this	as issued as a corrective measure in an effort to help you improve your conduct and Instruction and Cautioning will be maintained by management for six (6) months, and ded that you have no additional disciplinary actions during that time period. Any re severe disciplinary actions.
	Signature of person issuing reprimand
	Signature of person issuing reprimand
	Title
hereby acknowledge that a copy of	f the above record of Instruction and Cautioning has been given to me on this date.
	Employee's Signature
	5-11-17
ee: Employee	Date
Supervisor	
Appointing Authority	

Employ	/ee's Name:	Employee's Clas	ssification: Correction Officer
Date In	struction & Cautioning was Issued		
		VIOLATION	
Date Vi	iolation Occurred:	April 13, 2012	
Locatio	n Where Violation Occurred:	Richland County Jail	
Type of	Violation Group	I Number	
regulation	tion of Violation: That on April 13 on, policy or directive of the Richle Security & Control – Key Control)	and County Sheriff's Office when yo	nat you negligently failed to observe a rule, ou failed to report lost keys per Policy
		Attach Additional sheets if necessary	y)
will be	normance. A copy of this instruc	tion and Cautioning will be maintain t you have no additional disciplinate to disciplinary actions.	fort to help you improve your conduct and ned by management for six (6) months, and ary actions during that time period. Any
		Jestens	Sheller
		15 00 000	Alson issuing reprimand
I hereby	acknowledge that a copy of the ab	Title Ove record of Instruction and Caution	ning has been given to me on this date.
		and the second state of th	ning has been given to me on this date.
		Employee's Sign	nature
		5-11-1-	7
ec: F	Employee	Date	
S	Supervisor		
F	Appointing Authority		

DISCIPLINARY AGREEMENT

	A CONTRACTOR OF THE CONTRACTOR	
To:	Correction Officer	
From:	J. Steve Sheldon, Sheriff	
Date:	March 7, 2012	
Re:	Agreed Discipline following January 26, 2012 In	ncident
Richlan	nuary 26, 2012, CO Gartner willfully disregard and County Sheriff's Office, specifically, Policy 1. a Group II # 7 offense.	ded a rule, regulation, policy or directive of the 3.11 by bringing unauthorized items into the jail.
waive h a one (nis right to file a grievance over any discipline iss	and his representatives have agreed to sued as a result of this incident and instead accept deducted from CO (26, 2012).
		03-12-17
CO Leor	nardo Gartner	Date
H	my D. Mit	3-12-12
Union R	epresentative	Date
Stee	iff of steven Abelelon	03-12-12
. Steve :	Sheldon, Sheriff	Date

Employee's Name:	Employee's Classification: Correction Officer
Date Written Reprimand was Issued:	8-24-14
	VIOLATION
Date Violation Occurred: Aug	ust 11, 2014
Location Where Violation Occurred:	Richland County Jail
Type of Violation Group I	Number 17
Description of Violation: That on the date standard of performance by not properly esecond Group I # 17 violation.	e listed, you exhibited unsatisfactory work and failed to maintain a required conducting personal observation checks on inmates as required. This is your
(Att	each Additional sheets if necessary)
work performance. A copy of this Written	corrective measure in an effort to help you improve your conduct and in Reprimand will be maintained by management for twelve (12) months, I that you have no additional disciplinary actions during that time period. The severe disciplinary actions.
	1+2-2
	Signature of Supervisor Issuing Reprimand
	Lieutenant
	Title
I hereby acknowledge that a copy of the a	bove record of the Written Reprimand has been given to me on this date.
	Employee's Signature
	8-24-14 Date
cc: Employee Supervisor	

Appointing Authority

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO:

This notice is provided to you to advise that a pre-disciplinary conference will be held at 3:00pm at the Richland County Jail on February 9, 2012 to provide you with an opportunity to respond to the following disciplinary charges.

That on January 26, 2012, you willfully disregarded a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 1.3.11 by bringing unauthorized items into the jail.

At the hearing, the employee is entitled to:

- 1) oral or written notice of the charges against him/her;
- 2) an explanation of the Employer's evidence; and
- 3) an opportunity to present his/her side of the story.

The employee may select a union representative to be present at the hearing on his/her behalf.

Following the hearing, the Appointing Authority shall determine what discipline, if any, is appropriate.

Employer Signature

Date

Proof of Service

I served the above notice on Leonardo Gartner on the day of _______, 2012

Name Officer

Date

RICE			arollment/Chang and press firmly		Department Employee N		
CHECK	ONE: OPEN EN	NROLLMENT ON	NEW HIRE CHANGE	Date of Change:	Date of Hir	e: - ~	Effective Date:,
OTHER	CHECK ALL AF	PROPRIATE BO	OXES BELOW FOR CH	ANGE	32	1-08	1-1-13
中區		ADDRESS, state pri					
A	ADD/CANCEL D	EPENDENT(S): D M	Marriage* Birth Adoption	□ Court Order □ D	ivorce *If marriage, str	ate previous na	me
SE			udent status Other (explain				
	OF EMPLOYEE:	Firet	Middle	Lost	Social Security #:		

RICHLAND COUNTY Enrollment/Change Form

(use ballpoint pen and press firmly)

CHECK ONE: OPEN ENROLLMENT ONEW HIRE OF CHANGE Date of Change: Date of Hire: Effective Date:

CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE

CHANGE NAME/ADDRESS, state previous

ADD/CANCEL DEPENDENT(S): Marriage* Birth Adoption Court Order Divorce 'If marriage, state previous name

Death Age Limit Change in student status Other (explain)

NAME OF EMPLOYEE:

First:

Middle

Look

aid Counity #:

I AM NOI ELLGABLE!

BUYOUT AGREEMENT

DEPT/AGENCY Sheriff's Office

DATE OF HIRE 03/2001 PLAN EFFECTIVE DATE 01/01/2013

Name: _ Unit #: _	Review Period: Oct 13 to March 14 Review Deadline Date: April 1,2014
Bi-Annual Review	

RICHLAND COUNTY SHERIFF'S OFFICE CORRECTION OFFICER PERFORMANCE EVALUATION

This evaluation consists of three (3) strategic goals tied to the RCSO values of safety and security, and operational effectiveness. Each goal is evaluated through specific objectives. Rate your direct report as: Above, Meets, or Does Not Meet. A rating of "Does Not Meet" requires justification and must include a Performance Action Plan.

GOAL ONE: Correction Officers will uphold the highest standards of security and safety for staff, facilities, inmates and visitors consistent with the mission of the facility.

 Identifies and addresses safety and security problems in a timely and appropriate manner. Seeks information/advice from the correct sources as appropriate and provides pertinent information to his/her supervisor and relieving shift officers.

Above + 2 Meets +1 Does Not Meet + 0

- 2. Consistently completes required security rounds and documents as appropriate.

 Above + 2 Meets + 1 Does Not Meet + 0

 Explain:
- 3. Takes only appropriate and/or reasonable risks and understands the importance of boundaries between inmates and Correction Officers.

 Above +2 Meets + 1 Does Not Meet + 0

 Explain:

Any additional comments pertaining to GOAL ONE (1-3):

GOAL TWO: Correction Officers will conduct themselves professionally and support the organization's mission by treating inmates in a firm, fair and consistent manner.

 Develops and maintains professional interactions and appropriate rapport and credibility with inmates.

Above + 2

> Meets + 1

Does Not Meet + 0

 Clearly and consistently communicates facility rules and expectations to inmates and responds to questions in a professional manner. Ensures that inmates have timely and

complete access to Grievance forms and the Inmate Kite system.

Above + 2

Meets + 1

Does Not Meet + 0

Explain:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.

Above + 2

Explain:

Meets + 1

Does Not Meet + 0

Any additional comments pertaining to GOAL TWO (4-6):

GOAL THREE: Correction Officers will contribute to the efficiency and effectiveness of the facility in carrying out their duties.

7. Consistently follows post orders, policies and procedures.

Above + 2 Meets + 1) Does Not Meet + 0

Explain:

8. Arrives on time for his/her shift, is dependable, and has a good attendance record. (Exclude from consideration any leave taken under the Family Medical Leave Act-FMLA).

Meets + 1

Does Not Meet + 0

9. Completes required documentation timely, thoroughly and accurately, meets deadlines and completes special assignments or duties on time.

Above + 2 Meets + 1

Does Not Meet + 0

Explain:

10. Demonstrates appropriate respect for co-workers and supervisors, especially in the presence of inmates, and displays a professional and courteous demeanor when communicating with inmate visitors and others within the facility.

Above + 2 Meets + 1 Explain:

Does Not Meet + 0

Any additional comments pertaining to GOAL Three (7-10):

OVERALL EVALUATION

OVERALL EVALUATION	
Total Points: 18	
Rater: 715 Date: 3/5/19 Comments:	
the to no Super vision, or y	
involves supervisors when needed. He is a great officer to have as a FTO/Positive role modelfor news (ficers). He has great people skills (IPC) with inmates as well as officers. This Lt appreciates and eights having officer as part of his team. Keep upthe good we Lieutenant/Staff Lieutenant:	vork,
Jail Administrator: Carph-C Blue Date: 3/27/14 Comments:	
Employee Signature:	
My goals are to continued to work in the RCSO	
as a FTO. I also wants to improve my skills	
as a correction officer.	
I have read the above: I have \(\sqrt{I}\) have not responded under comments. My signature may not indicate agreement with the ratings.	
Initial to request to have a meeting with the Staff Lieutenant or the Jail Administrator to discuss	

my evaluation

RICHLAND COUNTY SHERIFF'S OFFICE INSTRUCTION & CAUTIONING

Employee's Name:		Employee's Classi	fication:	Correction Officer
Date Instruction & Cautioning	was Issued:	7-30-14		
Det Virginia		VIOLATION		
Date Violation Occurred:	_July 21,	2014		
Location Where Violation Occu	rred:			
Type of Violation	Policy 18.13		Tardiness	
Description of Violation: That o violation of Richland County She	n the date listed, you eriff's Office Policy	arrived to work after your so 18.13 (Tardiness). This is yo	cheduled sta our 1 st viola	arting time which is in tion.
This Instruction and Cautioning work performance. A copy of this will be destroyed thereafter, profurther violations could result in n	was issued as a corr	rective measure in an effort utioning will be maintained to no additional disciplinary ary actions.	to help you by manager actions dur	i improve your conduct and ment for six (6) months, and ring that time period. Any
		Signature of person	issuing rep	rimand
		Title Lieutenant		
hereby acknowledge that a copy		f Instruction and Continuin	has been o	iven to
250	>	Employee's Signatur	ATTO THE	iven to me on this date.
c: Employee Supervisor		7-30-14 Date		
Appointing A				



Waiver of Workers' Compensation Benefits for Recreational or Fitness Activities

Instructions

Complete this form to waive workers' compensation coverage for voluntary participation in employer-sponsored recreational activities or fitness programs.

 In the space provided, list all employer-sponsored recreational activities and fitness programs for which the employee wishes to waive workers' compensation coverage. Make a line through any blank spaces.

The employee must sign and date this form to acknowledge agreement.

The employer shall retain the original for his or her files and provide a copy to the employee.

The employer should submit a copy to BWC only when an employee files a claim for an injury or occupational disease sustained in the employer-sponsored recreational activity or fitness program. For further information call 1-800-OHIOBWC (1-800-644-6292).

Employee name (please print or type)	Date 1-5-17
Employer name RICHIAND COUNTY SHERIFF'S OFFICE	Risk number 37 0000 ~ 1

Pursuant to Section 4123.01(C)(3) of the Ohio Revised Code (ORC), the employer and employee shall list those employer-sponsored recreational activities and fitness programs for which the employee wishes to waive all rights to compensation and benefits under Chapter 4123 of the ORC. The waiver must be signed and dated prior to the date of injury or, in an occupational disease claim, the date of disability. Should an employee sustain an injury or occupational disease in an employer-sponsored recreational activity or fitness program which is not listed, the employee may be eligible for workers' compensation benefits.

Eational activities/Fitness programs ANY AND ALL ACTIVITIES IN	1 EMPLOYEE FILNESS ROOM
INCLUDING, BUT NOT LIMITED	D TO USE OF THE FOLLOWING
	STATIONARY BICYCLE, UNIVERSAL
	NG / PUNCHING BAG, WEIGHT
BENCH, DUMB BELLS, FR	FREE WEIGHTS, ETC.

The undersigned declares that he or she is a voluntary participant in the employer-sponsored recreational activities or fitness programs listed above. He or she hereby waives and relinquishes all rights to workers' compensation benefits under Chapter 4123 of the ORC for any injury or disability incurred while participating in the above activities or programs. This waiver is valid for two calendar years. The waiver may not bar any workers' compensation claim filed for death benefits by the employee's dependents.

1-5-/2 Date signed

BWC-1286 (12/29/1997) C-159 (previously OIC-0161)

RĮCI	HLAND COUNTY Enrollment/Change Form (use ballpoint pen and press firmly)	Department Number: 349 Employee Number:
	ONE: OPEN ENROLLMENT INEW HIRE INCHANGE Date of Change: CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE	Date of Hire: 3-29-08 Effective Date: 1-1-2012
OTHER	☐ CHANGE NAME/ADDRESS, state previous	
FA	□ ADD/CANCEL DEPENDENT(S): □ Marriage* □ Birth □ Adoption □ Court Order □ I	Divorce *If marriage, state previous name
OH	□ Death □ Age Limit □ Change in student status □ Other (explain)	
NAME	OF EMPLOYEE: First: Middle: Last:	Social Security #

BUYOUT AGREEMENT

NAME	S	DEPT/AGENCY RCSO
DATE OF HIRE 3/08	PLAN EFFECTIVE DATE Jan	. 1,2012



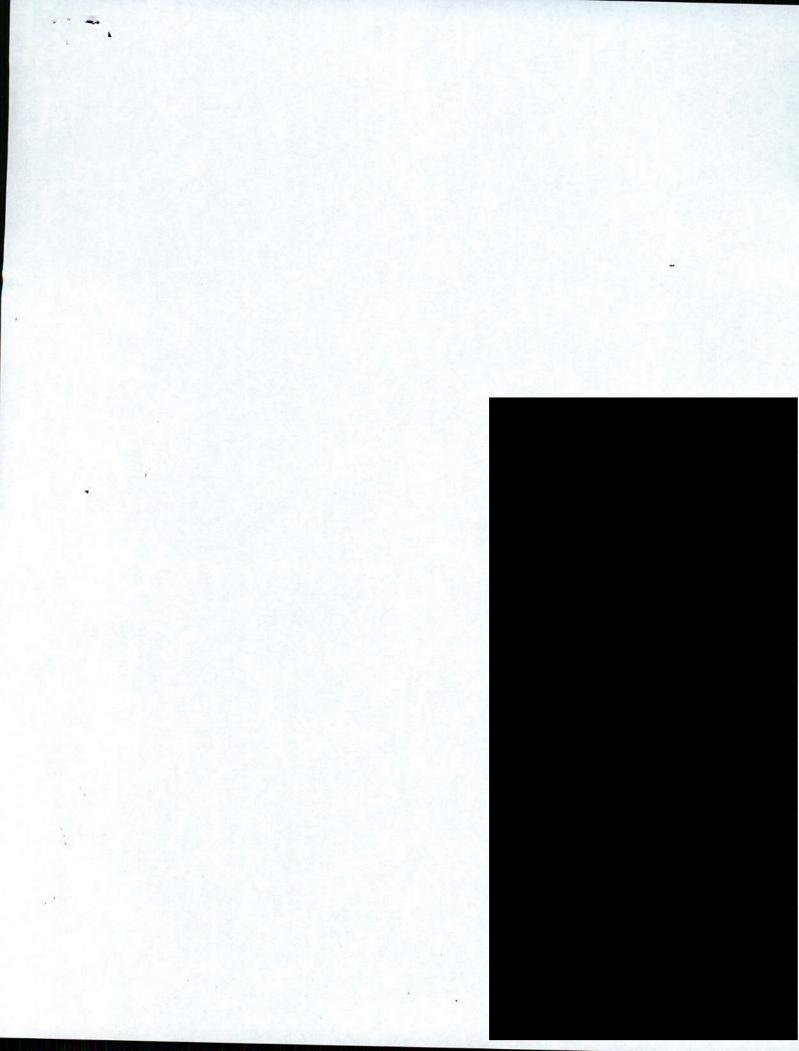
Employee Maintenance

(circle one)

ADD Change Delete

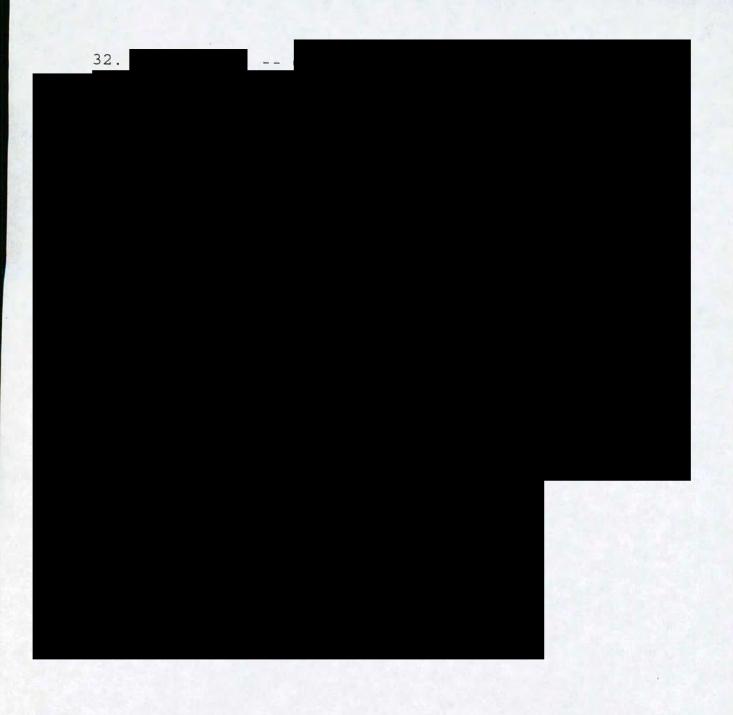
Name		E	imployee #			Salary/pay	
Address						Rate/hour \$	15.3655
City, State, Zip Code						Alt Rate/hour	100
Telephone		Has this pers	son ever been e	mplo	yeed by	Wage Factor	
Birthdate			unty in the past			Annual Hours	
ocial Security Number						Shift	\$0.70
Marital Status:				Ŧ		Full/Part	
Sex						STRS	
Race	1					PERS	
The state of the s	Correction Officer					Direct Dep. Route #	
Department Number	50082	Account #				Direct Dep. Account #	
Business Phone Number							
Start Date							
Rehire Date							
Termination Date							*
eason for Termination					× 1		
	TAXES	Code	Dep	TY	Add On		
	Federal				24		
¥	State						
	City						
Status							
Annual Salary							
Mulyn	SPILM)		9/1/2011			Raise Eff.: 09-01-11 Comments	

(use ball	point pen and press fire		Employee Number	er:
SOU CHECK ALL APPL	NDENT(S): [] Marriaget [5 B)	Date of Change:	Date of Hire: 3-08	Effective Date:
NAME OF THOU OWE	☐ Change in Student status ☐ Other (exp		ocial Security #:	lame



Richland Co. Payroll Form

DOTT. 03-29-	08 @ 0800 HR		Gr	oss Amoun	t					Additi	onal
Pay Period	Date Paid	Regular	Corr Pay	Overpay	Overtime	Corr OT	0	11-11-1	Corr Hol		
1	01/01/10	1,109.17	,	Crorpuy	Overtime	0011 01	Overpay	Holiday	Pay	Overpay	Comments
2	01/15/10	1,214.32	1,171.42	42.90	170.76	164.73	6.03				
3	01/29/10	1,214.32	1,171,42	42.90	170.70	104.73	0.03				7.50 hrs. OT
4	02/12/10	1,214.32	1,171.42	42.90							
5	02/26/10	1,214.32	1,171.42	42.90							
6	03/12/10	1,214.32	1,171.42	42.90				182.15	175.71	6.44	12 hrs. Pres. Day
7	03/26/10	1,214.32	1,171.42	42.90			1				
'.T.D.			.,	257.40							
				237,40			6.03			6.44	\$ 269.8
		OT RATE: 2	1 9642								



J. Steve Sheldon, Sheriff



Richland County Sheriff's Office & Civil Division 597 Park Avenue East • 2nd Floor Mansfield, Ohio 44905

Phone: 419.774.5881 Fax: 419.522.8153

Civil Office: 419.774.3570

April 1, 2010

To:

Reference: Lay Off notice, which was going to be effective April 8, 2010

I am rescinding you Lay Off Notice, Effective today April 1,2010.

Sincerely,

J. Steven Sheldon

Richland County Sheriff



D. D. H. 03-29-08 LAY OFF/04-08-10 14.6427 B10HRS: 48 \$702.85 OTHIS O 15.1790 HOLIDAY & \$485,73 PERSMAI 32 \$ 242.86 BATO 16 8583, 78/ 04-08-09-04-08-10 COMP 38.46 \$ 1630,22 VAC 107.40 291,502 SICK FOR FECORD My VAC BAL SICK BAL 03-31-10 105,540 288.272 2 1.84 +3.22 291,502 107.40 * ANTHEM BUY OUT - \$ 269.81

Group Insurance Change Report

American Unlied Life Insurance Company
One American Square, P.O. Box 6123
Indianopolis, IN 46206.8123



Anthem



GROUP NAME: Richland County Employee Benefit Plan

DEPARTMENT/AGENCY: Richland County Sheriff's Office

CHECK ONE

ICHLAND COUNTY Enrollment/Change Form (use ballpoint pen and press firmly)	Department Number Employee Number:	341
ECK ONE: YOPEN ENROLLMENT IN NEW HIRE IN CHANGE Date of Change: CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE	Date of Hire: 3-29-08	Effective Date: 01-01-2010
CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE Reinstate above indicated coverage with no lapse Change name/address ADD DEPENDENT(S): Marriage Birth Adoption Court Order It marriage CANCEL DEPENDENT(S): Divorce Death Age Limit Change in student s	age, state previous name	
ME OF EMPLOYEE: First , Middle Last	Social Security #:	
		-

EMPLOYEE/DEPENDENT

BENEFIT

OTHER INSURANCE

WAIVER

J. Steve Sheldon, Sheriff



Richland County Sheriff's Office & Civil Division 597 Park Avenue East • 2nd Floor Mansfield, Ohio 44905 Phone: 419.774.5881 Fax: 419.522.8153

Civil Office: 419.774.3570

March, 2009

Dear

Congratulations! You successfully met your probationary period as a corrections officer.

Over the past year you have proved your hard work and determination through your work ethic. I want to commend you for the job you do and encourage you to keep up the good work you do in the Richland County Jail.

You provide many positive qualities to the department:

- Positive Attitude
- Willingness to work
- Eager to learn

We want to commend you for the job you do and encourage you to keep up the good work.

Sincerely,

J. Steve Sheldon

Richland County Sheriff





Signature_

AUTHORIZATION FOR DUES DEDUCTION FRATERNAL ORDER OF POLICE, OHIO LABOR COUNCIL, INC. 222 E. Town St., Columbus, Ohio 43215 1-800-FOP-OLCI

\$15.90

I, the undersigned, hereby aut	horize my Employer to check off and deduct from
my payroll an amount equal to	dues, remitting directly to the F.O.P. Ohio Labor
Council, Inc.	# 2797

(PLEASE PRINT) Place of Employment Name_ orrection Officer Classification_ Department.

> Mail white copy to FOP-OLC at above address Present card to your Auditor

Date 6



Communications Center: 419-946-4444 / 946-6991

Administration: 419-947-4845

Fax: 419-946-2406



Morrow County Sheriff's Office 101 Home Road - Mt. Gilead, Ohio 43338 Steven R. Brenneman, Sheriff Inmate Information: 419-947-1151

Correctional Facility Fax: 419-946-5791

Detective Bureau: 419-947-2286

April 25, 2008

Richland County Sheriff's Office Attn: Human Resources 597 Park Ave., E Mansfield, Oh 44905

Re:

To Whom It May Concern;

Please be advised that started employment with our agency on September 10, 2007 and due lack of funding, was laid off on March 1, 2008. Leonardo Gartner had 69.2311 hours of sick leave at the time of to his balance with your agency.

Should you have any further questions, do not hesitate to contact me at 419-946-6991.

OK (M) +701

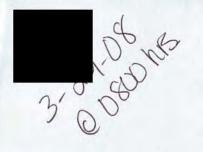
Sincerely,

Lori J. Epling

Office Administrator

Cc; personal file of

Datafax Driver Record For Ohio



DATE: 3-29-08

"NEW EMPLOYEE" PROCESSING PERSONAL DATA



The following information is required in order to correctly process new employees:

	1. NAME:
4-16	15. A Medicare Tax of 1.45% is deducted of full-time and part-time employees.

SIGNATURE

	HLAND COUNTY Enrollment/Change Form (use ballpoint pen and press firmly)	Department Number: 44 Employee Number:
OTHER CHANGES ST	CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE Reinstate above indicated coverage with no lapse Change name/address	3-34-08 5-1-08
NAME	OF EMPLOYEE: Eiret: A SEASIA	Social Security #:

RICHLAND COUNTY Enrollment/Change Form Department Number: (use ballpoint pen and press firmly) Employee Number: CHECK ONE: ☐ OPEN ENROLLMENT ☐ NEW HIRE ☐ CHANGE Date of Change: OTHER Date of Hire; Effective Date: CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE ☐ Reinstate above indicated coverage with no lapse ☐ Change name/address □ ADD DEPENDENT(S): □ Marriage* □ Birth □ Adoption □ Court Order *If marriage, state previous name □ CANCEL DEPENDENT(S): □ Divorce □ Death □ Age Limit □ Change in student status NAME OF EMPLOYEE Social Security #:

OTHER INSTINANCE



Richland County Sheriff's Office & Civil Division 597 Park Avenue East • 2nd Floor Mansfield, Ohio 44905 Phone:419-774-5881 Fax: 419-522-8153

Civil Office: 419-774-3570

TO:

FROM:

J. Steve Sheldon, Richland County Sheriff

SUBJECT:

Probationary Status - Civilian Employees

Inasmuch as you have applied for employment with the Richland County Sheriff's Office, I would like to take this opportunity to inform you of the county policy of probationary status for newly hired Civilian Employees.

It is the policy of Richland County, Ohio, that all newly hired employees, as mentioned above, do successfully complete one year probationary period before being considered a permanent county employee. Should you be accepted for employment, you will be required to fulfill this one year probationary period. If, during this period, it becomes apparent through job performance and training that you are unable or unwilling to carry out your assigned duties as a Civilian Employee, you will be notified of such and terminated from your employment with the Richland County Sheriff's Office.

This letter is not meant to scare or otherwise intimidate you. Furthermore, the job requirements and standards are such that if you are hired, you should have no problem in getting through your probationary period. It will require an honest effort on your part to learn your job and perform it to the best of your ability. If for some reason, you are unwilling or unable to measure up to that which is required of you, the Richland County Sheriff's Office does reserve the right to terminate your employment for the convenience and betterment of the county. You would, of course, receive adequate notice of any such notice of any decision to terminate.

I wish you the best of luck in your application process, and should you be hired, I am sure you and Richland County will benefit from your service at the Richland County Sheriff's Office.

J. Steve Sheldon, Richland County Sheriff

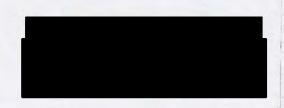




SOCIAL SECURITY ADMINISTRATION IMPORTANT INFORMATION

SOCIAL SECURITY 1287 SOUTH TRIMBLE RD MANSFIELD, OH 44907

DATE: March 28, 2008



This is a receipt to show that you applied for a Social Security card on March 28, 2008. You should have your card in about 2 weeks. Any documents you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a social security number over the telephone.

SSA is required by law to limit replacement SSN cards to three per year and ten per lifetime. Do not carry your SSN card with you. Keep it in a safe location, not in your wallet.

Field Office Manager

*** REC 200808% 123508 HB1113E0 ASNE CIPQYA4 PQA4 (F-KR5) ***

NUMI DTE:03/28/08

XC: UNIT:JER PG:001

SOCIAL SECURITY ADMINISTRATION SOCIAL SECURITY NUMBER VERIFICATION

OUR RECORDS INDICATE THAT SOCIAL SECURITY NUMBER ASSIGNED TO



YOUR SOCIAL SECURITY CARD IS THE OFFICIAL VERIFICATION OF YOUR SOCIAL SECURITY NUMBER. THIS PRINTOUT DOES NOT VERIFY YOUR RIGHT TO WORK IN THE UNITED STATES.

PROTECT YOUR SOCIAL SECURITY NUMBER FROM FRAUD AND IDENTITY THEFT. BE CAREFUL WHO YOU SHARE YOUR NUMBER WITH.

> SOCIAL SECURITY ADMINISTRATION SOCIAL SECURITY ADMINISTRATION HAL SECURITY AUMINISTRATION 1287 S. TRIMBLE ROAD 1287 S. TRIMBLE A4907 MANSFIELD, OH 44907

RICHLAND COUNTY SHERIFF'S OFFICE Mansfield, Ohio

ACKNOWLEDGEMENT SHEET

I acknowledge receipt of the Richland County Sheriff's Office Employee Handbook and hereby affirm I have read and understand the written information in this booklet and agree to follow all the rules and regulations therein. I further agree if any subject matter in this booklet is not clear to me, I will contact my immediate supervisor for clarification. I understand that as a Richland County Sheriff's employee, I must always strive to do my best on the job and treat others with respect, and follow the rules described in this handbook.

Employee's Signature

Date _3-29-08

Date of Revision Copy Issued (

01-2007

NOTE: Return signed acknowledgement:

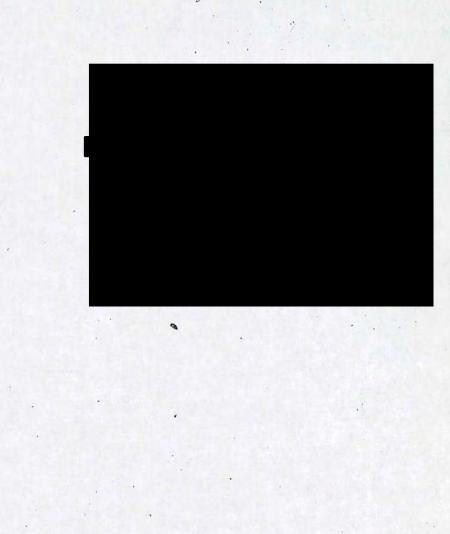
NEW Revision 2008
Will be issued sometime this year
to all employees

OMB No. 1615-0047; Expires 03/31/07

Employment Eligibility Verification

rtment of Homeland Security ase read instructions carefully before completing this form. The instructions must be available during completion his form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers NNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of uture expiration date may also constitute illegal discrimination. ection 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins. nt Name: am aware that federal law pl nprisonment and/or fines for false statements or A Lawful Permanent Resi ☐ An alien authorized to work until se of false documents in connection with the (Alien # or Admission #) ompletion of this form. Date (month/day/year) impleted and signed if Section 1 is prepared by a person Employee's Signature have assisted in the completion of this form and that to the other than the employee.) I altest, unusing the best of my knowledge the information is true and correct. Preparer Print Name Date (month/day/year) Preparer's/Translator's Signature Address (Street Name and Number, City, State, Zip Code) Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s). List B OR CERTIFICATION - I attest, under penalty or perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (monthidaylyear) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.) thorized Representative Signat dress (Street Name Business or Organization Name Section 3. Updating and Reverification. To be completed and signed by employer. B. Date of rehire (month/day/year) (if applicable) C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment A. New Name (if applicable) I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. Form I-9 (Rev. 05/31/05)Y Page 2 Signature of Employer or Authorized Representative NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its

components.



PLAN NAME: Richland County Employee Health Benefit Plan

NOTICE TO NEW HIRES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes certain benefit plan mandates beginning with plan year anniversary dates of July 1, 1997. Non-Federal governmental plans may elect to be exempt from this requirement.

The above named Plan hereby elects under authority of §146.180 of Title 45 of the Code of Federal Regulations to be exempt from the following provisions of HIPAA:

- Limitations on pre-existing conditions exclusion periods. This Plan will continue to apply the pre-existing conditions provision.
- Special enrollment periods for individuals (and dependents) losing other coverage.
 This Plan will continue to allow enrollment under current contract language.
- Prohibitions against discriminating against individual participants and beneficiaries based on health status. This Plan will continue to require the completion of a Health Statement for all late enrollees.
- 4. Parity on the application of certain limits to mental health benefits. This Plan will continue to allow benefits for mental health related claims as listed in the Summary Plan Document (Benefit Booklet).

I have read the above notification regarding exemption from the Health Insurance Portability and Accountability Act of 1996, and understand this exemption.

		4		
Name:		Date:	3-29-08	
Witness: (By Employer Represen	Maturly intative)	Date:	3-29-2008	

OPERS LAW ENFORCEMENT

EMPOLYEE'S NAME

IS THE EMPLOYEE FULL TIME



NO

DOES EMPLOYEE HAVE PEACE OFFICER'S TRAINING SCHOOL CERT.

YES



IF YES PLEASE ENCLOSE A COPY OF THE CERTIFICATE

WAS EMPLOYEE HIRED AFTER 3-4-1975



NO



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642 1-800-222-PERS (7377) www.opers.org

Personal History Record

INSTRUCTIONS

- As an OPERS member you are required to complete a Personal History Record (Form A). Please fill out the form in blue or black ink.
- 2. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
- 3. Sign the form in SECTION 4 EMPLOYEE CERTIFICATION. DO NOT print or type.
- 4. The employer is required to complete SECTION 5 EMPLOYER CERTIFICATION.
- 5. The employer is required to mail the completed form to OPERS at the above address immediately upon hire.

Section 1 - Personal Information

First Name	MI
Street or Mailing Address	Apt. Number
Date Of Diffit	
Month Day Year Male Female	
0 7 0 Z 7 9 Yes / No Maiden Name	
Are you legally married?	THE TITLE
Work Phone Number	··· 1·····1··· ·1
4119111181516	
E-mail Address	
Section 2 - Current Employment Information	A Section 1
Section 2 - Current Employment Information	
First date salary earned from which OPERS retirement contributions are deducted:	
Month Day Year Full-Time Part-Time	
Employee Title	1 1 1 1 1 1 1 1 1 1
CORKECTIOND OTHICER	

Section 3 - Prior Service Information	Vor	No	Month	Day Year	
1. Have you previously worked in public employment	in Ohio?	If "ye	e " give first	0101200	7
If "yes," which employer(s)					,
Morrow County She					
 Do you have previous public service for which OP If "Yes," and you wish to request a determination a completed Certification of Unreported Public S 	relative to your	non-contrib	ubmitted? Yes uting service, plea	No OPERS with	
3. Are you currently a member of, have you been a following retirement systems? (If applicable, check	member of, or a k Refunded, Receiv	re you receiving a Disabilit	y benefit, or kecely	my a nethement benefit	e .)
	Yes No	Refunded	Receiving a Disability Benefit	Receiving a Retirement Benefit	
Ohio Public Employees Retirement Systems (OPERS)				[.]	
State Teachers Retirement Systems (STRS)			[]	1	
School Employees Retirement System (SERS)		Ш			
Ohio Police and Fire Pension Fund (OP&F)			į T		
State Highway Patrol Retirement System (HPRS)			[]		
Cincinnati Retirement System (CRS)		[.,.]			
Section 4 - Employee Certification			n en		
I state that the information contained in this form is	complete and tr	ue to the be	st of my knowledge	e and belief.	
			Month	Day Year 200	Tal
Employee signature (Do not	print or type.)		1013	3 1 2 1 7 1 2 10 12	1 21
and the second second of the second second of the second s			s and a company of the second		
Section 5 - Employer Certification		artist (2004)			
Employer Name LAND COUNTY SIHERIFFS DFFICE					
Is this an elected position? Yes No If "Yes," OPERS membership is optional and requires an application. If not already submitted, the employee will need to complete an Elected Official Membership Application (Form A-9) and submit it to OPERS.					
Is this a law enforcement position? Yes No	X			27.41	1 2
I hereby certify thategan earning salary from which OPERS retirement contributions are deducted with the above employer on the start date indicated in SECTION 2 - Current Employment					
Information, and the statements set forth are true and accurate as disclosed by the records of					
Signature of Certifying Officer					
Certifying Officer Title	11111		FFTF		
A (Revised 2/05)					

INTERNAL SCHEDULE C

Full Name:	
Department: ShesiFF	Position: Correction Officer
). 1
record which meets the standards of the Cou	inty's auto liability insurer. I further understand that
the State of Ohio and existing county mini required to provide a copy of the Bureau of N	I auto liability insurance that meets the requirements of imum requirements. I also understand that I may be Motor Vehicles report showing my driving record for all
states in which I have resided during the last	three (3) year period.
QUESTIONNAIRE:	*
following: 1. Have automobile insurance rejo	period, have you been involved in any of the ected, cancelled, refused or been in a high-risk
insurance program?	
2. Been involved in any accidents \mathcal{NO}	either at fault or not at fault?
3. Been arrested for any traffic re	
4. Had any traffic violations other	than overtime parking?
Please provide all details including	date and location for any question answered yes.
I understand that by giving incorrect informapplication and, therefore, subject to dispend to the employer, may check my driving record a any accidents, arrests, violations, or cance	rmation or by omitting information, I am falsifying my missal if hired. I further agree that the county, as my it any time. I further agree to report to my supervisor ellation of personal insurance within twenty-four hours ir and prior to driving any vehicle on behalf of the
resolution requiring driving suspensions for	y, I acknowledge that I am familiar with the County or a poor driving record. I understand all of the above attest that all statements made by me in this report are
2.1	2
	3-29-08 Date
	~ ~~~



Ohio Department of Public Safety

Division of Homeland Security http://www.homelandsecurity.ohio.gov

PUBLIC EMPLOYMENT

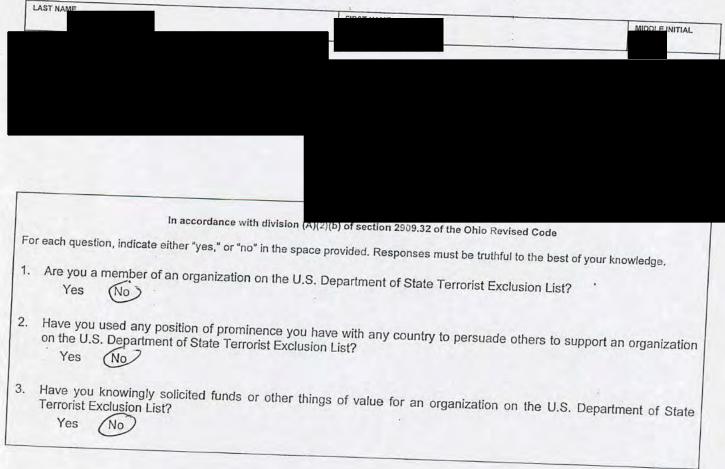
In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, or religious materials.



PUBLIC EMPLOYMENT - CONTINUED

Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?

Yes



5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?

Yes



6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

Yes



In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

3-29-08 Date

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name		Employee ID#
Employer Name	Richland County	Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature	of	Emp	over
Dignature	Or	Emp	toyee

Date 3-29-08

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- · Give the statement to the employee prior to the start of employment;
- · Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

American United Life Insurance Company® Crown Envolument Essential



Notice to Employee

- For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse, and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year, or which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
- You may file a new certificate at anytime if the number of your exempts increases.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you *decreases* because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claim her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for Federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by December 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Income tax Division, or your employer.

- If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
- 4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file a Declaration of Estimated Individual Income Tax even though Ohio income tax is being withheld from their wages. This is because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file a Declaration of Estimated Individual Income Tax may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the Declaration of Estimated Individual Income Tax, the individual may provide for additional withholding with his employer by using line 5.

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances
Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

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. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances. Nonwage income. If you have a large amount

Nonwage income, it you have a large amour of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, stimated Tax for Individuals, otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple 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 Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

110	mized deductions, certain deduct, dividends, consider making estimated tax (married).	
	Personal Allowances Worksheet (Keep for your records.)	
A	Enter "1" for yourself if no one else can claim you as a dependent	Α
В	Enter "1" if: 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 \$1,500 or less.	В
С	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. (Entering "-0-" 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
	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.	
	 If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. 	G
Н	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	н
	For accuracy, complete all • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the and Adjustments Worksheet on page 2.	Deductions
	worksheets If you have more than one job or are married and you and your spouse both work and the combined earnings from a \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax	

	m W-4 (008)		
	Deductions and Adjustments Worksheet	_	Page
No	Enter an estimate of your 2008 itemize deductions, claim certain credits, or claim adjustments to income charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and		your 2008 tax return.
,	\$10,900 if married filing jointly or qualifying widow(er)	1	\$
	\$ 5,450 if single or married filing apparent	2	\$
3	Subtract line 2 from line 1. If zero or less enter " 0 "		
4	Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest	3	\$
5	Add lines 3 and 4 and enter the total (lookude allinony, deductible IRA contributions, and student loan interest	4	\$
		5	\$
7	Enter an estimate of your 2008 nonwage income (such as dividends or interest) Subtract line 6 from line 5. If zero or less enter # 0.7	6	\$
8	Divide the amount on line 7 by \$3.500 and enter the security	7	\$
9	Enter the number from the Personal Allowance Workship result riere. Drop any traction	8	*
10	Enter the number from the Personal Allowances Worksheet, line H, page 1 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	9	

	I Wo-Farne	ere/Multiple labor	. VA		1		
Note Use this w	oslesh - t	a a multiple Jobs	Workshee	et (See Two earners	or multip	le jobs on page 1.)	
1 Enter the numb 2 Find the num	per from line H,	page 1 (or from line 10	above if you us	n page 1 direct you he sed the Deductions and a ST paying job and ent ing job are \$50,000 or I	re. Adjustments	Worksheet) 1	
3 If line 1 is me "-0-") and on Note. If line 1 is	Form W-4, li	qual to line 2, subtr	ract line 2 fro	m line 1. Enter the res	ult here (if z	zero, enter	dditional
5 Enter the num 6 Subtract line 7 Find the amou 8 Multiply line 7 9 Divide line 8 b every two wee	nber from line nber from line from line 4 ant in Table 2 by line 6 and the number has and you co	2 of this worksheet 1 of this worksheet below that applies d enter the result her of pay periods remained this fermions.	to the HIGHE re. This is the	5. ST paying job and ent additional annual with Factorial For example, divide	er it here . holding nee	6	
	irils is the a	dditional amount to I	becember 20 be withheld fr	107. Enter the result he	re and on F	orm W-4,	
	Tab	dditional amount to l	be withheld fr	07. Enter the result he om each paycheck.	re and on F	orm W-4,	
Married Filing	Tab	and to i	pe withheld fr	om each paycheck .	re and on Fe	orm W-4, 9 \$ ble 2	
	Tab	le 1	pe withheld fr	07. Enter the result he om each paycheck . Married Filing If wages from HIGHEST paying job are—	re and on Fe	ble 2 All Others If wages from HIGHEST	Enter on line 7 above

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 this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will for and their regulations, railure to provide a properly completed form win result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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 average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

MANSFIELD CITY INCOME TAX

I hereby authorize the Richland County Auditor to make the proper deduction for the Mansfield City Income Tax from my compensation beginning with my first pay period.

3-29-08
DATE

Correction Officer

LETTER OF APPRECIATION

DEAR CORRECTION OFFICER

I AM PROUD TO PRESENT YOU WITH THIS LETTER OF APPRECIATION FOR YOUR OUTSTANDING WORK EFFORTS IN 2011.

YOU HAVE PROVEN YOURSELF AS A CORRECTIONS OFFICER. YOUR DEDICATION OF SERVICE TO THE RICHLAND COUNTY SHERIFF'S OFFICE JAIL HAS NOT GONE UNNOTICED. YOU ARE PROFESSIONAL WITH BOTH THE INMATES AND YOUR CO-WORKERS. YOU GO ABOVE AND BEYOND TO MAKE SURE THAT TASKS ARE DONE, AND YOU NEVER QUESTION WHEN TOLD TO HANDLE SOMETHING. YOUR EFFORTS ARE GREATLY APPRECIATED.

KEEP UP THE GOOD WORK!

PROFESSIONALLY YOURS,

SHERIFF J. STEVE SHELDON RICHLAND COUNTY

MedCentral Health System WorkAble

1750 West Fourth Street Mansfield OH 44906

(419) 526-8444 (419) 529-8617

FACSIMILE TRANSMITTAL SHEET				
To: Lt. Bob Brown	FAX NUMBER: (419) 522-8153			
TO:	FAX NUMBER:			
TO:	FAX NUMBER:			
DATE: 03/21/2008	TOTAL NO. OF PAGES INCLUDING COVER:			
FROM: WorkAble Business Office	SENDER'S REFERENCE NUMBER: 419-526-8444			
RE:	SENDER'S FAX NUMBER: 419-529-8617			
MAY INCLUDE THE FOLLOWING:				
FROI- Coded	Progress Notes			
ER Report	Diagnostics			
ER Dictation	RTW Status			
Exam Forms	W/C Form			
— DOT Exam/Card	Other			
this message is not intended recipien intended recipient, you are hereby no this communication is strictly prohib	esimile may be doctor-patient privileged and confidential of the individual or entry named above. If the reader of it or the employee or agent responsible to deliver it to the otified that any dissemination, distribution or copying of oited. If you have received this communication in error, phone (419-526-8444) and return the original message to d States Postal Service.			





STATEMENT OF MEDICAL OPINION

PHYSICAL EXAMINATION RESULTS

	Date:
Physician Findings:	Applicant <u>DOES</u> meet medical criteria Applicant meets medical criteria with <u>LIMITATION</u> Applicant <u>DOES NOT</u> meet medical criteria **PRELIMINARY results applicant meets physical criteria PENDING drug/diagrantic to the criteria
Physician Comments:	criteria PENDING drug/diagnostic testing/hair testin

*If you have any questions regarding the above results please call us at 419-526-8444.

Revised 4/1/05

WorkAble Occupational Health & Safety Services
1750 West Fourth Street, Mansfield, OH 44906, Phone (419) 526-8444, Fax (419) 529-8617

Accredited by the Joint Commission on Accreditation of Healthcare Organizations

RICHLAND COUNTY SHERIFF'S OFFICE

CONDITIONAL OFFER OF PROBATIONARY EMPLOYMENT

Dear Leonardo Gartner:

This letter is to advise you that your application for employment with the Richland County Sheriff's Office for the position of Corrections has been processed.

You have successfully completed the initial phases of the employment process. As a condition of employment, you must successfully meet the Minimum employment standards for a law Enforcement/Corrections Officer and/or required training entrance standards as mandated by state law. You must also successfully complete a Psychological Interview, physical and drug test.

Following successful completion and review of the aforementioned inquiries, you will be informed by letter of your employment status.

Thank you for your interest in employment with the Richland County Sheriff's Office. Upon successful completion of the employment process, your application will be presented to the Sheriff who will make the final determination as to your suitability for employment. This conditional offer of employment shall remain valid and in affect for one year from the effective date of this agreement, provided however, this offer shall be immediately withdrawn upon applicant's failure to meet any one of the above terms and conditions.

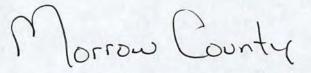
ACKNOWLEDGEMENT AND ACCEPTANCE OF OFFER

I hereby acknowledge and accept the terms and conditions provided above. I exercise this acceptance of my own free will, in good faith and with the understanding that I will be employed in the position of Corrections upon satisfactory completion of the conditions.

Stew Sheller Sherft

03-20-08 Date

Investigator Blunk



RICHLAND COUNTY SHERIFF'S OFFICE 597 PARK AVENUE EAST MANSFIELD, OHIO 44905

PHONE: (419) 774-5881 FAX: (419) 522-8153

APPLICATION FOR EMPLOYMENT

Print Clearly and Answer All Questions.

Date of Application: 1/- 30 - 07 CORRECTIONS
Position Applied For: Corrections Official Department:
Name:
First
If hired, when would you be available to begin?: ASAP, two weeks Notice
Have you filed an application with Richland County before: No Date:
Have you worked for Richland County before? NO If yes, when?
In which department?
Do you have any relatives currently employed by Richland County? <u>Ves</u>
If yes, in what department? WiFe, Attomey For Prosecutor OFFice
Are you 18 or over? Yes No
Do you have the legal right to live and work in the US? Yes No
Do you meet the minimum qualifications for the classification for which you are applying? Yes No

Do you possess a valid Di	river's License?	Ves /	No.
Do you possess a valid Di	river's License?	Yes I	No
MILITARY SERVICE II	NFORMATION:		
Branch of Service:			
Highest Rank Achieved:		Job Title:	
Duties:			
D. 11 (1 60	•		18 4
Lotal Langth of Sormoo T	7777.0.		
Total Length of Service T Reserve or National Guar			
Reserve or National Guar			
Reserve or National Guar	d Status:		Graduate / Professio
Reserve or National Guar EDUCATION: EDUCATION:	High School Newar K Catholic.	College	Graduate / Professio
Reserve or National Guar EDUCATION: EDUCATION: School Name School Address	High School Newar K Catholic.	College OHIO University 1570 Granville Pike Lancaster 6443130 Bachelor Classical	Graduate / Professio
Reserve or National Guar EDUCATION: EDUCATION: School Name School Address Diploma/Degree	High School Newar K Catholic. 1 Green Wave Dr Newark OH 43055	College OHIO University 1570 Granville Pike Lancaster 6443130 Bachelor	Graduate / Professio
Reserve or National Guar EDUCATION: EDUCATION: School Name	High School Newar K Catholic. 1 Green Wave Dr Newark OH 43055	College OHIO University 1570 Granville Pike Lancaster 6443130 Bachelor Classical	Graduate / Professio

EMPLOYMENT HIS	STORY:		
Account for ALL times in	n the past TEN years, inclu	ding periods of unemplo	yment. Indicate name
used if other than signatu	are on this application. Be	gin with PRESENT pos	ition or occupation. In
addition, list any other q	ualifying experience in the	last ten years. If you	need more room, use a
separate piece of paper.	A resume is welcome in add	ition to this application,	however, it may not be
substituted for any part of	f this application.		
☐ Company Name / A	Address: Morkow	CO. SheriFF	's OFFice
Phone #: 4/9-947-	1/5] Fax#:	Ending Sa	alary: <u>//.6/</u>
Your Title: Correc	tion Office Dates we	orked: From: <u>9-10-</u>	07 to Present
Your Duties: Super	vise inmates		
Reason for Leaving:	Lay off due to	Money.	
	Address: Rattle 5		
Phone #: 740 965	4863 Fax#:	Ending Sa	lary: <u>//. 50</u>
Your Title: Grown	de keeper Dates wo	orked: From: 6-20	004 to 9-2007
Your Duties: Main	tain the cour	se and equy	ment.
Reason for Leaving:	lob closer to	Home. with 1	better benefits
☐ Company Name / A	ddress: Gianna	Cone State 1	Farm Agency
Phone #: 6/4-267 7	465 Fax #:	Ending Sala	ry: <u>10.00</u>
Your Title: OFFice	Assistant Dates wo	rked: From: <u>5/200</u>	07_ to 8/2003
Your Duties: Phone	s, claims or	nd Bank de	ipsits.
Reason for Leaving:	rummer Emplo	yment	
☐ Company Name / A	ddress:		
Phone #:	Fax #:	Ending Sala	ry:
Your Title:	Dates wo	rked: From:	to
Your Duties:			

Reason for Leaving:

^{**}Place a check next to any employer whom you do not wish to be contacted.**

SKILLS:		
Typing:	WPM:	Shorthand: WPM:
Computers:	bud, Power to	Point, Excel and Jamin.
CURRENT SPE	CCIAL LICENSES:	
Type:	State:	Number:
Type:	State:	Number:
	RELEASE AN	TD AUTHORIZATION
		D AUTHORIZATION EAD CAREFULLY**

By signing this waiver, I expressly authorize Richland County, Ohio to make a thorough investigation of my past employment and activities which may include, but not be limited to, a motor vehicle record check, police record check, etc. I also authorize Richland County to make an inquiry of my former employers concerning my work record, job qualifications and performance. I authorize my former employer to furnish Richland County, Ohio with this information upon their request. I recognize the right of Richland County, Ohio to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained therefrom.

Signature of applicant

Date: 11-30-07

^{**}Incomplete or missing information may prevent this application from being processed.**

APPLICANT SCHEDULE C

personal vehicle on county business, I must have a current and valid Ohio Driver's License and an acceptable driving record which meets the standards of the County's auto liability insurer. I further understand that I may be required to provide proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing County minimum requirements. I also understand that I may be required to provide a copy of the Bureau of Motor Vehicles report showing my driving record for all states in which I have resided during the last three (3) year period.

QUESTIONNAIRE:

During the previous thirty-six month period, have you been involved in any of the following:

- 1. Have automobile insurance rejected, cancelled, refused or been in a high-risk insurance program?
- 2. Been involved in any accidents either at fault or not at fault?
- 3. Been arrested for any traffic related incidents?
- 4. Had any traffic violations other than overtime parking?

Please provide all details including date and location for any question answered yes.

I understand that by giving incorrect information or by omitting information, I am falsifying my application and, therefore, subject to dismissal if hired. I further agree that the county, as my employer, may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations, or cancellation of personal insurance within twenty-four hours or the next working day after they occur and prior to driving any vehicle on behalf of the County.

Prior to driving on behalf of the County, I acknowledge that I am familiar with the County resolution requiring driving suspensions for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

Signature

11-30-07 Date



November 28, 2007

Major Roger Paxton
Jail Administrator
Richland County Sheriff's Department
55 East Second Street
Mansfield, Ohio 44902

Major Paxton:

I am writing to you to express my interest in a position as a full-time corrections officer with the Richland County Sheriff's Office. I learned that you may have available positions through my wife, Assistant Prosecutor in Richland County.

I have been employed as a corrections officer with the Morrow County Sheriff's Office since September, 2007. In that capacity, I have completed my on-the-job training. However, due to budgetary constraints, I have learned that I will be laid-off. As a result, I am looking for a new position effective immediately.

My education and experiences have also prepared me for a career as a corrections officer. I have engaged in activities that required me to be in excellent physical condition and to develop a strong sense of discipline. I played four years of high school varsity football at Newark Catholic High School and two years of college varsity football at Capital University. While at Capital University, I also participated in the Army R.O.T.C. program.

While completing my college education, I held several sales and customer service positions, which have allowed me to develop excellent interpersonal communications skills. I am comfortable with meeting and working with new people. Please see my enclosed résumé for additional details concerning my education and work experience.

I believe that the skills I possess would make me an asset to the Richland County Sheriff's Office. If you would like more information, or would like to schedule an interview, please contact me at

EDUCATION

2000-2003 Bachelor of Specialized Study in Classical History

Ohio University

Degree Completed: December 2003

1998-2000 History Education Major

Capital University

1994-1998 Diploma

Newark Catholic High School

EMPLOYMENT

Present Corrections Officer, Morrow County Sheriff's Office

As a second shift corrections officer, I am responsible for supervising inmates charged with misdemeanors and felonies during meals, showers, and recreation. Additionally, I supervise the trustee inmates

and work in the jail's control room.

2004-2007 Groundskeeper, Rattlesnake Ridge Golf Club

As a groundskeeper, I am responsible for mowing and maintenance of the golf course and clubhouse area. I am familiar with the operation of

many kinds of maintenance equipment.

1999-2004 Warehouse Handler/Dock Operator, Bear Creek Corporation

As a seasonal employee I was responsible for product handling, running

the loading docks, and shipping in a timely manner.

2002-2003 Office Assistant, Gianna Cone, State Farm Insurance

As an office assistant I was responsible for handling auto claims

customer relations, and customer billing.

1998-1999 Floor Sander, Vogelmeyer Flooring

As a floor sander I was responsible for sanding and preparing wood

floors for finishing in a timely manner. We completed many school

gymnasiums throughout Ohio.

SKILLS

I have a working knowledge of Word, Power Point, and Excel.

I have taken several college level accounting classes.

I have experience in customer relations and billing.

I participated it the Army ROTC program at Capital University.

 I have volunteered as an assistant football coach for Newark Catholic's 7th and 8th grade teams.



PROFESSIONAL REFERENCES

Kyle Frederick, Superintendent Rattlesnake Ridge Golf Club 15140 State Route 37 East Sunbury, Ohio 43074 Phone: (740) 965-4863

Fax: (740) 965-1282

Jason Gandee, Loading Docks Supervisor Bearcreek Operations, Inc. 500 Reliance Drive Hebron, Ohio 43025 Phone: (740) 929-7321

Kyle Frederick Superintendent 15140 State Route 37 East Sunbury, Ohio 43074

June 27, 2005 To whom it may concern: I am pleased to write this letter of recommendation for has worked for me in the maintenance department at Rattlesnake Ridge Gotf Club for 1 year. He began here as laborer and has continued to serve with increasing skill in that capacity. s service with us, I have interacted frequently with During him and depended on him. Very goal oriented as well as a team is always punctual, yet easygoing. He is keenly devoted to his work, but being a real people person, he is also enjoyable to be around. demonstrated from early in his tenure that he understood what this business is all about. He was well organized and has a knack for recognizing and eliminating waste. is available for new challenges only because of his desire to learn and grow further. We would love to see him stay, but certainly understand his need to advance beyond the positions we have available. In closing, let me say I have no hesitation in recommending for any position. I feel confident he would be an asset to your organization. mi Sincerely. Kyle Frederick Superintendent

App	endix I								3 62
Asse	ssors Name: A. Capu Car	ndida	ates Nai	ne					
	Questions		Poor	A	vera	ge	Excel	lent	Total
1.	Describe in your own words what specific duties are involved in a corrections officer?	1	2	3	4	5	6	7	
	Maintaining gail facility horide softy for In motes Joffices								
2.	What do you think the negatives of this type of work will be?	1	2	3	4	(5)	6	7	
	So not share info w/ inmates								
3.	What are some important things you yourself expect to get out of this job?	1	2	3	4	5	6	7	
	Sterdy cause 130 Mps. No plans for being on the Load								
4.	Why do you think you would like this type of work?	1	2	3	4	5	6	7	
	Did this job for le mos. Bod at fallwing regulation								

Appendix I

Page 3 of 5

	Questions		Poor	<u>A</u>	vera	ge	Excell	lent	Total
5.	What would you say your strengths and weaknesses are for this job?	1	2	3	4	5	6	7	
	Tollow instructions week								
5	Describe what you liked and disliked about your supervisor	1	2	3	4	(5)	6	7	
	un minding what he just tild me to do in fint of the inmote								
7.	From you're past experience, what are some specific job duties you would prefer to avoid in future jobs?	1	2	3	4	5	6	7	
	you pay me to do the job "Idoit" no matter what.								
8.	What do you think your reaction will be when confronted by an inmate who is yelling and using abusive and obscene language?		2	3	4	5	6	7	
	Level Headed God at talking Inmates into doing What I ask.	,							
۵.							2		
9.	What will your current or last employer say when we call for a reference check?	1	2	3	4	5	(6)	7	
	Captaini Good reference								

Appendix I

Page 4 of 5

10. Do you have any questions about the Physical demands or equipment usage for this position?

Comments: No

11. Are you aware of any current restrictions or limitations, which would prohibit you in performing anything in this job?

Comments:

No

- If applicant says "No" proceed to the next question and you have met the ADA obligation.
- If applicant says "Yes" ask the applicant if he/she has any suggestions on how our office could be accommodated (assisted) in performing the job.

12. Are there any questions or concerns you may have related to position you are applying for?

Comments: Shift

TOTAL OF AI	L COLUMNS:	52
AVE To derive the average score add all columns and divide by the number of o	RAGE SCORE questions asked.	5.7

Any Additional Comments:

Appendix I

Page 2 of 5

Ass	sessors Name: Lope K. Gallis Cand	lidat	es Nar	ne:						
	Questions	j	Poor	A	verag	<u>te</u>	Excel	lent	Total	
	Describe in your own words what specific duties are involved in a corrections officer? Main. Jail Scienties rules + My. Con Innates Office Lafety.	1	2	3	4	5	6	7		
2.	What do you think the negatives of this type of work will be? bluey Very secret person we neg. Daying to much	1	2	3	4	5	6	7		
3.	What are some important things you yourself expect to get out of this job? Or Hordey Career, Afay Welfa 30 your. Down with well for the lead.	1	2	3	4	6	6	7		
4.	Why do you think you would like this type of work? Close of for 6 metho. a condo	1	2	3		5	6	7		

Appendix I

Page 3 of 5

	Questions	Ī	<u>oor</u>	<u>A</u>	verage	2	Excel	lent	Total
5.	What would you say your strengths and weaknesses are for this job? low Instructors, Make sure. Get The fol doe!	1	2	3	4 (5	6	7	
6	Describe what you liked and disliked about your supervisor in your current or last job? Wis Mc arded / goes believe your back of Charges	1	2	3	4.	5	6	7	
7.	From you're past experience, what are some specific job duties you would prefer to avoid in future jobs? When pay Me Adull do X.	1	2	3	4	5	6	7	
8.	What do you think your reaction will be when confronted by an inmate who is yelling and using abusive and obscene language? White the how becal	1	2	3	4	5	6	7	
9.	What will your current or last employer say when we call for a reference check? All Daice they would	1	2	3	4	(5)) 6	7	

Appendix I

Page 4 of 5

- 10. Do you have any questions about the Physical demands or equipment usage for this position?
- Are you aware of any current restrictions or Comments: limitations, which would prohibit you in performing anything in this job?
 - If applicant says "No" proceed to the next question and you have met the ADA obligation.
 - If applicant says "Yes" ask the applicant if he/she has any suggestions on how our office could be accommodated (assisted) in performing the job.

12. Are there any questions or concerns you may have related to position you are applying for?

Comments: What shipt.

TOTAL OF ALL COLUMNS:	48
AVERAGE SCORE To derive the average score add all columns and divide by the number of questions asked.	5.1

Any Additional Comments:

Certified Voice Stress Analysis Exam Deputy Stacy Dittrich/Examiner

*********	***************************************
m 1, D 1 D	Case # Pre-Employ

To: Lt. Bob Brown
Subject:

Date: 03/20/08

PREDICATION

This truth verification examination was predicated upon a request by Lt. Bob Brown, of The Richland County Sheriff's Office, Mansfield, Ohio.

SCOPE

The scope of this truth verification examination shall be limited to the subject's honesty as it relates to the position of Corrections Officer with the Richland County Sheriff's Office.

PRETEST INTERVIEW

During the pre-test interview subject appeared comfortable, and was very outgoing and nice. Subject stated he has never used any type of narcotic or illegal drugs.

REPORT

On March 20, 2008 this agency extended an interview to the position of corrections officer. During the pretest interview, we formulated 31 questions as part of the pre-employment testing sequence (General series). I obtained the necessary release form, conducted the interview, and hereby submit the results to you.

No Deception Indicated

POST-TEST INTERVIEW

Following the initial examination, a second examination was conducted utilizing the same test form as the initial examination, as well as the same relevant questions.

CONCLUSION

Based upon my training and experience, it is my opinion that the subject did respond truthfully to the post-test interview. Subject would have no problems performing within the scope of a corrections officer. I am maintaining a copy of this report on file as well as the original signed release form.

Dep. Stacy Dittrich RCSO Certified Voice Stress Analyst

	endix I							Pag	e 2 of 5
Asse	essors Name: 4 Sam Denaucles Canal Questions		es Nan Poor		veraș	<u>ge</u>	Excel	lent	Total
l.	Describe in your own words what specific duties are involved in a corrections officer? Maintaining Tail family ensure inmutes are secure + Sabe Salety for Officers	1	2	3	4	5	0	7	
2.	What do you think the negatives of this type of work will be? elfects pushelf, not kein as formal towards insures	1	2	3	4	3	6	7	
3.	What are some important things you yourself expect to get out of this job? Curen, langtern supplyment Not musting a road portron	1	2	3	4	5	0	7	
4.	Why do you think you would like this type of work? good at Coloning regulations, employed as a C.O. 6 munths prior	1	2	3	4	5	0	7	

Appendix I

Page 3 of 5

	Questions]	Poor	<u>A</u>	verag	<u>ge</u>	Excel	llent	Total
5.	What would you say your strengths and weaknesses are for this job?	1	2	3	4	5	6	7	
	Sungtes - follows instructions, Listens to supervisors								
	weakness. take on tasks not needed for officer to per	forms							
6	Describe what you liked and disliked about your supervisor in your current or last job?	1	2	3	4	5	0	7	
	Not showing belowd first order								
7.	From you're past experience, what are some specific job	1	2	3	1	5	6	7	
	duties you would prefer to avoid in future jobs? if he is paid to work, tent is what he does	1	2	5	7	,	•		
8.	What do you think your reaction will be when confronted by an inmate who is yelling and using abusive and obscene language?	1	2	3	4	5	0	7	
	qual bered skills								
9.	What will your current or last employer say when we call for a reference check?	1	2	3	4	5	6	7	
	They would recommed him								

Appendix I

Page 4 of 5

10. Do you have any questions about the Physical demands or equipment usage for this position?

Comments:

NO

11. Are you aware of any current restrictions or limitations, which would prohibit you in performing anything in this job?

Comments:

- If applicant says "No" proceed to the next question and you have met the ADA obligation.
- If applicant says "Yes" ask the applicant if he/she has any suggestions on how our office could be accommodated (assisted) in performing the job.

12. Are there any questions or concerns you may have related to position you are applying for? Comments: Shift,

53	TOTAL OF ALL COLUMNS:
	AVERAGE SCORE
	To derive the average score add all columns and divide by the number of questions asked.

Any Additional Comments:

0800 3/21/08 CVSA Peoples Center

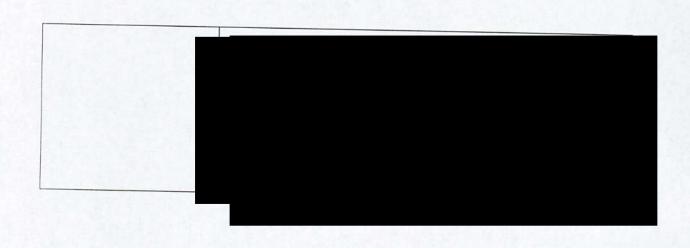
BACKGROUND INVESTIGATION GENERAL DICTATION FORMAT

NAME/ADDRESS:	Nickname """
DATE & PLACE OF BIRTH:	
EDUCATION:	Attended Newark Catholic High School from 1994-1998 graduating in 1998 with a high school diploma. He graduated #21 out of 59 students with a 3.22 GPA. He played on the football team, ran track, and played a couple of years on the basketball team. Attended Capital University from 1998-2000 majoring in Business Administration and History Education. While at
	Capital he played two years of football playing defensive end and on special teams. Transferred to Ohio University (Lancaster Campus) in 2000 and majored in Classical History and earned a BA Degree in that field on 11-26-03. He graduated #483 out of 580 students with a 2.6547 GPA.
OCCUPATION & EMPLOYMENT:	Candidate Gartner is currently unemployed and on lay-off status from the Morrow County Sheriff's Office working as a corrections officer, being laid off on 03-01-08.
PREVIOUS EMPLOYMENT:	Employed from 09-2007 to 03-01-08 at the Morrow County Sheriff's Office as a corrections officer. He was trained for about two weeks and then placed on his own. He didn't work book-in very often. The Morrow County Sheriff's Office would re-hire him and they said they were sorry to see him

leave. They said if they didn't have to lay-off workers they wouldn't have laid him off. He was a team player here and used one sick day in a six-month period. He was never tardy or disciplined and he liked to keep busy. Employed from 06-2004 to 09-2007 at the Rattlesnake Ridge Golf Club as a groundskeeper. He did a lot of mowing and trimming and some maintenance. They would re-hire him if he wanted to work for them again. He left this job so he could be closer to home. He was organized and a team player. Enjoyable to be around, easygoing, and easy to supervise. Didn't call off sick much at all and if he was late he had a pretty good reason. Employed from 11-1999 to 5-2004 at Bearcreek Corporation as a loading and docks operator. I was unable to make contact with this employer. He prepared product for shipment and loading semis. It was seasonal work while he was in school. Employed from 5-2002 to 8-2003 at State Farm Insurance Agent Gianna Cone (which is his sister) as a customer service representative. He handled phone calls and just helped around the office. He got along well with the other employees and customers and never had any complaints on him. He handled money in the excess of \$15,000 and there was never a question about his honesty. They would re-hire him. He never used a sick day while working here. ACCEPTANCE OF From the people I talked to about Candidate it seems RESPONSIBILITY: like he wants to do a good job in whatever he does INTERPERSONAL People seem to get along with Candidate and enjoy RELATIONS: working with him. ASSOCIATES: spends a lot of his time with his wife. The Candidate past six months he has worked a lot of mandatory overtime at the Morrow County Jail so that takes up most of his time. ASSOCIATIONS: doesn't belong nor has belonged in the Candidate past to any church, lodge, or civic organization. He told me that he is thinking about joining the Sons of Italy. **CREDIT RATING &** FINANCIAL STANDING:

TRAFFIC/CRIMINAL No criminal record. See attached papers for proof of criminal RECORD: record. Candidate has (3) convictions for speed and (1) conviction for an accident. As follows: Speed: 1. 04-30-04; 80 in a 65mph zone; plead guilty; Newark Muni Court 2. 12-02-00; No detail; plead guilty; Newark Muni Court 3. 06-08-99; No detail; N/A plea; Bexley Mayors Court Accident: 1. 08-19-03; Assured Clear Distance; Columbus PD MARITAL STATUS & FAMILY HISTORY:

HADITO & DEDGOMAL	
HABITS & PERSONAL ATTRIBUTES:	Candidate has a hobby of making wine. He makes wine in his basement. His father made wine also and he took up the hobby. He drinks five nights a week but very rarely gets drunk. Nobody that I spoke with has seen him drunk for a long time. He told me that he did get drunk last year when his father died but that he doesn't make a habit out of getting drunk. He had several shot glasses in his basement and he told me that he collects them and that people just give him shot glasses. He also had several bottles of liquor in his basement.
REPUTATION & CHARACTER:	He told me that him and his wife are thinking about filing a lawsuit on the man that they bought their house from because of a mold situation in their basement.
ABILITY & ACCOMPLISHMENTS:	Candidate has some skills in Microsoft Word, Power Point, Excel and in the system that the Richland County Jail uses which is Jamin. He used Jamin when he was employed at the Morrow County Sheriff's Office.
FALSIFICATION OF APPLICATION OR OTHER RECORD:	No record of any falsifications that appear to be deliberate.
REMARKS:	Some things that several of the individuals that I talked to is that he is an easygoing guy who doesn't say a lot and kind of 'goes with the flow.' Numerous times people said he was a hard worker and that he was fun to be around but in some cases he is stubborn when he thinks his way or that he is set in his ways.
INTERVIEWS:	Interviewer #1 – Corrections Officer – John Jones,
	Jones is former co- worker of Candidate Jones told me that was a hard worker when it came to job performance but the only negative about was that Jones believed he was very immature or a little childish.



JOB INTEREST FORM

Sheriff J. Steve Sheldon Richland County Sheriff's Office 597 Park Avenue East Mansfield, Ohio 44905

Dear Sheriff Sheldon:

Please be advised that I AM INTERESTED in pursuing the position of Deputy/Corrections Officer with the

	Sheriff's Department.	
3-6-08 Date	Applicant Signature	
3-6-08 Date	Witness Signature	
*****	**************************************	
Dear Sheriff Sl	don:	
	that <u>I AM NO LONGER INTERESTED</u> in pursuing a position of Deputy/Corrections Office County Sheriff's Department.	er
Date	Applicant Signature	
Date	Witness Signature	

Richland County Sheriff's Department

BACKGROUND INVESTIGATION ACTIVITY LOG

Case NO.	Investigator Sgt- C. Blvak APPLICANT
LIST A	ALL ACTIVITY PERFORMED DURING BACKGROUND INVESTIGATIONS
DATE	ACTIVITY
1755 HOURS	Set UP 1st INTERVIEW FOR 2-6-08 @ 1300 HOURS.
1224	Candidale arrived for interview at 1224 Hours.
3-6-08	Cadidate left station at 1338 hours, finished whinking
3-6-08	Had dispatch run daving record of at 1349 hours.
3-6-08	Contracted Hebrer PD - no record 1435 hours
3-6-08	Contacted Columbus PD - no record 1444 hours
3-6 08	Contacted Franklin Co So no record 1449 hours
3-6-08	Child like loso - 10 record 1503 horrs
3-6-08	Contracted Newark PD - Speed XZ as on driving record 1508 horrs
3-6-08	Contacted bexten PD - Speed 1513 hours
3-6-08	Contrated Capital University PD - 10 record 1517 hours.
3-6-08	Contacted Morrow County Sheriffs Office (latest employer) and
	completed as employment reference theck at 1600 hours.
3-6-08	Lital latterake Ridge Golf (16 gre talked w) se stattard
	who worked with the several years. (1665 house
3-6-08	1111 level Com + lett wessage (4 1648 hours
3-6-08	Left Message williams love of State Farm forme employer, - 1 100 hours
3-6-07	Talked al Ret. Like Pente via Pobliz Service 1105 poors.
7 , 00	1 / Ret / Lackarian & 1860 hours.
3-6-08	talked of Ref. Brent Robinson vin poliz service / Ref. check completed & 1830 hours.
	completed \$1830 hours
3-6-08	Talked w/ Let Joan Marmie via public service / let - Call
	completed. & 1854 hours.
3-6-08	Tallerd of Ref Richard Thornton via public service / Ret check
	Completed - @ 1930 hours. @ 18121
3-9-08	The state of the s

Richland County Sheriff's Department

BACKGROUND INVESTIGATION ACTIVITY LOG

Case NO.	Investigator Sst. C. Blunk	APPLICANT
LIST A	LL ACTIVITY PERFORMED DURING BACKGROUND INVES	TIGATIONS
DATE	ACTIVITY	0
3-6-08	Set of in home interview for 3-12	2-08 6/1000 hosss
39-08	Campleted Employment fet, check	e W lians lone
	Lon Skte farm Via 1812	serice 10 51 vovs.
3-9-08	Interviewed former Co-worker	1 0
3-9-08	Left message w/ Brin Gardee	
	of Candidate	1910 hours.
3-12-08	Completed in-home interview w/	1 @ 153 1
3-12-08	Contacted Machanics Bank about his a	accounts (* 1550 horro.
77		

I HEREBY CERTIFY THIS IS A TRUE COPY OF THE RECORD ON FILE IN THE OFFICE OF THE NEWARK BOARD OF HEALTH, NEWARK, OHIO 43055

Registration District #4501 OHIO DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS Reg. Dist. No. CERTIFICATE OF LIVE BIRTH Primary Reg. Dist. No. Birth No. 134 -CHILD-NAME First Middle Last DATE OF BIRTH (Month, Day, Year) HOUR 2. Male 3a. July 2, 1979 зь.10:05 A м

Kyle Frederick Superintendent 15140 State Route 37 East Sunbury, Ohio 43074

June 27, 2005

To whom it may concern:

I am pleased to write this letter of recommendation for Leonardo has worked for me in the maintenance department at Rattlesnake Ridge Golf Club for 1 year. He began here as laborer and has continued to serve with increasing skill in that capacity.

During service with us, I have interacted frequently with him and depended on him. Very goal oriented as well as a team player, is always punctual, yet easygoing. He is keenly devoted to his work, but being a real people person, he is also enjoyable to be around.

demonstrated from early in his tenure that he understood what this business is all about. He was well organized and has a knack for recognizing and eliminating waste.

is available for new challenges only because of his desire to learn and grow further. We would love to see him stay, but certainly understand his need to advance beyond the positions we have available.

In closing, let me say I have no hesitation in recommending for any position. I feel confident he would be an asset to your organization.

Sincerely,

Kyle Frederick Superintendent

RICHLAND COUNTY SHERIFF'S OFFICE

PERSONAL HISTORY QUESTIONNAIRE

Α.		APPLICANT IDENTIFICATION: Information provided in this section is used for identification purposes only.	
	1.	NAME:	
	4		
	4		
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	1		
	1		

B. RESIDENCES: List all addresses where you have lived during the past ten years, beginning with present address. List date by month and year, attach extra page if necessary.

DATE FROM:	DATE TO:	ADDRESS	
	-		

- C. WORK HISTORY: Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of employment.
 - 1. FROM: 9/2007 TO: 3/1/2008 EMPLOYER Morrow Co Shevill's office
 ADDRESS: 100 Home Rd Mt. Gilead OH 43308

PHONE: 4/9-947-1/51 JOB TITLE: Corrections Officer

DUTIES: Monitoring inmates during Meals, showers und Raceation

SUPERVISOR: Linda Kellogg NAME OF CO-WORKER: John Lee

REASON FOR LEAVING: Laid off

	FROM: 6/2004 TO: 9/2007 EMPLOYER Rattle snake Reilge Coffeeb
2.	FROM: 6/2004 10: 17207
	ADDRESS: 15140 St. Rt. 37 East Sunbury OH 43074
	PHONE: 740 965-4863 JOB TITLE: grounds Keeper
	my used maintaining grass on course and maintenence of
	SUPERVISOR: Kyle Frederick NAME OF CO-WORKER: Greg Eddinger
	REASON FOR LEAVING: Wanted a Job Closer to home
3.	EDOM: 11=1999 TO: 5-2004 EMPLOYER Beaucreek Corp.
	ADDRESS. SOD Reliance Dr. Hebron OH 43025
	PHONE: 740-929-7321 JOB TITLE: Loading, docks operator
÷	DUTIES: preparing product For shipment and loading SEPTIS
	SUPERVISOR: Jason Gandee NAME OF CO-WORKER:
	REASON FOR LEAVING: Seasonal Work
4.	FROM: 5/2007 TO: 8/2003 EMPLOYER Gianna Cone, State Fairs
-	ADDRESS: 1495 Morge Rd, Suite 307, Columbus DH43229
	PHONE: (14) 267 7865 JOB TITLE: OFFice Assistant
	DUTIES: Customer relation and billing, as well answering phone;
	SUPERVISOR: Gianna Cone NAME OF CO-WORKER: Jen Cunningham.
	REASON FOR LEAVING: Summer Employment
	REASON FOR LEAVING.

5.	FROM:	TO:	EMPLOYER	
	ADDRESS:			
			3:	
	DUTIES:			
	SUPERVISOR:		NAME OF CO-WORKER:	
	REASON FOR LEAVING: _			
6.	FROM:	то:	EMPLOYER	
*				
	PHONE:	JOB TITLE:	1007	
	DUTIES:			
	SUPERVISOR:		NAME OF CO-WORKER:	
	REASON FOR LEAVING:			
D.	MILITARY RECORD:			
1.	HAVE YOU SERVED IN THE	U.S. ARMED FORCES?	YES NO	
2.	DATE OF SERVICE: FROM:			
3.	BRANCH OF SERVICE:			
	UNIT DESIGNATION:			
	MILITARY SERVICE NUMBER			
	HIGHEST RANK HELD:			
	TYPE OF DISCHARGE:			_

WERE YOU I	EVER DISCIPLINED WHILE I	N THE MILIT	CARY SERVICE, INC.	LUDE COURT-MARTIAL,
CAPTAIN'S N	MASTS, COMPANY PUNISHI	MENT, ETC.?	YES	NO
CHARGE		DATE	AGE AT TIME	DISPOSITION
YOU RECEIVED A	A DISCHARGE OTHER THAN	I HONORABI	LE, GIVE COMPLETE	DETAILS:
	*			
. EDUCATIONAL	HISTORY: CITY/STATE		ES ATTENDED OM TO)	GRADUATED (YES OR NO)
Newark Catho	plic Newark OI	4 19	95-1998	_yes
. COLLEGE OR U	NIVERSITY ATTENDED:	Capita	(Univ	
CITY AND STATE:	Bexley OH	DA	ATES ATTENDED:	1998 - 2000
UNITS COMPLETE	ED:	M	AJOR / MINOR: His	tory Education
DEGREE RECEIVE			ATE RECEIVED:	
2. COLLEGE OR U	UNIVERSITY ATTENDED:(Ohio U	Iniv- Lancas	ter Banch
CITY AND STATE	: Lancaster OH	D	ATES ATTENDED: _	2000 - Nov 200
UNITS COMPLET	ED: See transcript	attached	AJOR/MINOR:	lassical Histo
DEGREE RECEIV	ED: Bachelor's Degr	tudies	DATE RECEIVED:	11-26-03

5.	ADDRESS OF SCHOOL, D PERTINENT INFORMATION	ATES ATTENDED, COURS	TIONAL, BUSINESS, ETC.) GI E OF STUDY, CERTIFICATE, A	VE NAME AND ND ANY OTHER
n/	/A			
F.	SPECIAL QUALIFICATION	ONS AND SKILLS:		
1.	LIST ANY SPECIAL LICEN SHOWING LICENSING AU	SES YOU HOLD: SUCH AS THORITY, ORIGINAL DATI	PILOT, RADIO OPERATOR, SO E OF ISSUE AND DATE OF EX	CUBA, ETC., PIRATION.
NIA	1			
2. 1 N/A	LIST ANY SPECIALIZED M	ACHINERY OR EQUIPMEN	T THAT YOU CAN OPERATE.	
			*	
. I	F YOU ARE FLUENT IN A F LUENCY (EXCELLENT, GO	OREIGN LANGUAGE, INDI OOD OR FAIR.)	CATE IN EACH AREA, YOUR	DEGREE OF
angua V//A	GE READING	SPEAKING	UNDERSTANDING	WRITING
		_		-
Ll	ST ANY OTHER SPECIAL S	KILLS OR QUALIFICATION	NS YOU MAY POSSESS.	
VA				
1				

	S, ARRESTS, DETENTIONS A		
COUR	VER BEEN CONVICTED, ARREST? YES		
IF YES, COMP	LETE THE FOLLOWING: (LIST	JUVENILE AS WELL AS	ADULT OCCURRENCES.)
CRIME CHARGED	CITY/STATE POLICE AGENCY	DATE	CASE DISPOSITION
2. HAVE YOU EVER	BEEN INVOLVED AS A PARTY	IN CIVIL LITIGATION	•
YES .	NO IF YES, GIVE I	DETAILS:	
	LOCATIONS AND REASONS:		
2. WITH WHAT	COMPANY DO YOU CARRY A	UTO INSURANCE?	tate rarm
3. LIST TO THE ADULT OR J	BEST OF YOUR MEMORY, ALUVENILE, EXCLUDING PARKE	L DRIVING CITATIONS NG TICKETS:	YOU HAVE RECEIVED AS AN
MONTH & YEAR	CHARGE	CITY & STATE	CASE DISPOSITION
May 1997	Assured Clear Dista	nce Heath OH	convicted
June/July 2000	speed	Bexley OH	convicted
	speed speed	Heath OH 1-70 Fair Field or Licking Co	convicted convicted

4. DESCRIBE IN A BRIEF NARRATIVE, ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

In approx May 1997, I was driving down State Rt. 79 in Heath Ohio when I saw a Hebron police cruiser coming with lights on. I pulled over to side of the road, but slid on gravel into the back of the car in Front of Me

- MARITAL AND FAMILY HISTORY:
- 1. ARE YOU?

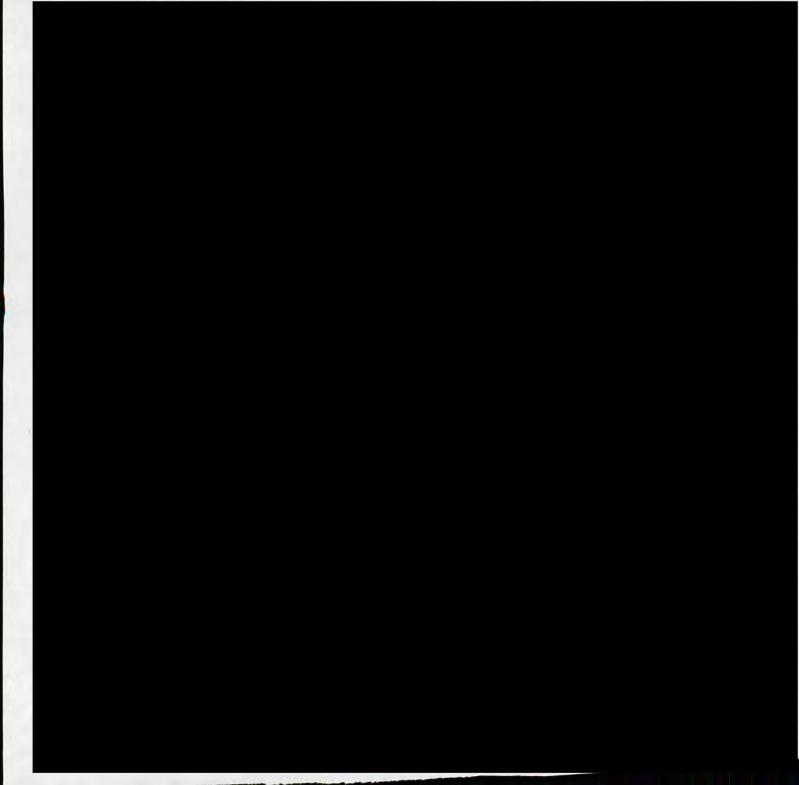
LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME) BROTHERS AND SISTERS. IF DECEASED, SO INDICATE. ME ADDRESS PHONE RELATIONSHIP AGE	NAME) BROTHERS AND SISTERS. IN DESCRIPTION AND SISTERS. IN DESCRIPTION AND SISTERS. IN DESCRIPTION AND SISTERS. IN DESCRIPTION AND SISTERS. IN PHONE REFERENCES OR ACQUAINTANCES: LIST FIVE PERSONS WHO ARE REFERENCES OR ACQUAINTANCES: LIST FIVE PERSONS WHO ARE REFERENCES OR ACQUAINTANCES: LIST FIVE PERSONS WHO ARE PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYER ADDRESS:	NAME N/A	ADDRESS			
PHONE RELATIONSIA	ADDRESS PHONE RELATIONSM ADDRESS PHONE RELATIONSM REFERENCES OR ACQUAINTANCES: LIST FIVE PERSONS WHO KIND IN FORMER EMPLOYER PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYER ADDRESS: NAME: Breat Robinson Address:	LIST OTHE NAME) BR	ER RELATIVES IN THE FOI OTHERS AND SISTERS. IF	LOWING ORDER: FATHER DECEASED, SO INDICATE.	R, MOTHER (INCLUDE MAI)	DEN
	NAME: Brent Robinson ADDRESS:	AME	ADDRESS	PHONE	RELATIONSHIP	AGE
	NAME: Brent Robinson ADDRESS:	AME	ADDRESS	PHONE	RELATIONSIM	
	NAME: Brent Robinson ADDRESS:					/ //
		orial Oberni	1303 211 CAT NO	EC. LICTEVE PERSONS	WIIO ICIO II CO	- TANKEDO
REFERENCES OR ACQUAINTANCES. AND ADDITIONAL PROPERTY OF THE REPORT OF THE ROYAL PROPERTY		REFERENCE CURRE	ICES OR ACQUAINTANCENT INFORMATION ABO	ES: <u>LIST FIVE PERSONS</u> UT YOU. DO NOT LIST RE	ELATIVES OR FORMER E	MPLOYERS
ROVIDE CURRENT INFORMATION ABOUT TOO. BOTTO	2. NAME: <u>Cindi Powers</u> ADDRESS:	ROVIDE CURRE	ENT INFORMATION ABO	01 100. Bo No 1	ELATIVES OR FORMER E	MPLOYERS
ROVIDE CURRENT INFORMATION ABOUT TOO. BOTTO	2. NAME: Cindi Powers ADDRESS:	ROVIDE CURRE	ENT INFORMATION ABO	01 100. Bo No 1	ELATIVES OR FORMER E	MPLOYERS
ROVIDE CURRENT INFORMATION ABOUT TOO. BOTTO		ROVIDE CURRE	ENT INFORMATION ABO	01 100. Bo No 1	ELATIVES OR FORMER E	MPLOYERS.
NAME: Brent Robinson ADDRESS:		NAME: Bren	+ Robinson AD	DRESS:	ELATIVES OR FORMER E	MPLOYERS
NAME: Brent Robinson ADDRESS:		NAME: Bren	+ Robinson AD	DRESS:	ELATIVES OR FORMER E	MPLOYERS
NAME: Brent Robinson ADDRESS:		NAME: Bren	+ Robinson AD	DRESS:	ELATIVES OR FORMER E	MPLOYERS

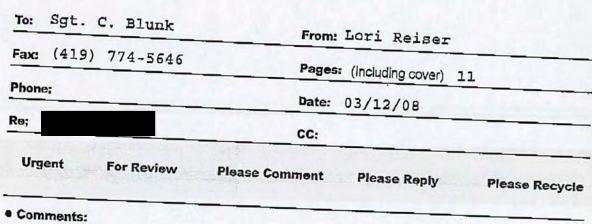
	3. NAME: Jim Marquis	_ ADDRESS: ZZ5 Wo	ods Ave, Newark	
1/	HOME PHONE:	YEARS KNOWN: 28	years	
V	BUSINESS ADDRESS: N/A		BUSINESS PHONE: N/A	
	4. NAME: Joan Marmie	_ ADDRESS: <u>206 5he</u>	erwood Down Rds, Newar	K
J	HOME PHONE:	YEARS KNOWN: 284	ears	
	BUSINESS ADDRESS:	VA	BUSINESS PHONE: NA	
1	5. NAME: Richard Thornton	_ ADDRESS: <u>/93 W</u> ,	Locust St, Newark	
/				
	HOME PHONE:	YEARS KNOWN: 14 ye	2015	
1	HOME PHONE: BUSINESS ADDRESS:	YEARS KNOWN: 14 ye	BUSINESS PHONE: 1//A	
,				
	BUSINESS ADDRESS:	RCES OF INCOME)	BUSINESS PHONE:	
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	BUSINESS ADDRESS:	RCES OF INCOME)	BUSINESS PHONE:	
	BUSINESS ADDRESS:	RCES OF INCOME)	BUSINESS PHONE:	
	BUSINESS ADDRESS:	RCES OF INCOME)	BUSINESS PHONE:	
	BUSINESS ADDRESS:	RCES OF INCOME)	BUSINESS PHONE:	
	BUSINESS ADDRESS:	RCES OF INCOME)	BUSINESS PHONE:	
	BUSINESS ADDRESS:	RCES OF INCOME)	BUSINESS PHONE:	

1 . 11 m

MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT.) NAME & ADDRESS TYPE (SOCIAL, FRATERNAL, DATES BELONGING PROFESSIONAL, ETC. NIA M. PERSONAL DECLARATIONS: DESCRIBE IN YOUR OWN WORDS, THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING 1. LIQUORS? 5 Night/w/L HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED BY YOUR 2. PHYSICIAN? YES_____NO__ IF YES, WHAT WERE THE CIRCUMSTANCES? HAVE YOU SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? 3. YES _____ NO __/_ IF YES, EXPLAIN IN DETAIL. _____ IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A LAW 4. ENFORCEMENT OFFICER, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO? YES_____NO___ IF YES, EXPLAIN IN DETAIL. DO YOU HAVE ANY OTHER BELIEFS OR PREJUDICES WHICH WOULD PREVENT YOU FROM FULLY 5. PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER? YES _____ NO ____ IF YES, EXPLAIN IN DETAIL.

	ARE THERE ANY INCIDENTS IN YOU INFLUENCE THIS DEPARTMENT'S LAW ENFORCEMENT OFFICER?	EVALUATION	OF YOUR	SUITABILI	TY FOR EN	MPLOYMENT AS
	IF YES, EXPLAIN IN DETAIL.		1			
	-	4				- #
					d 6 :	
we	eby certify that there are no willful misrepresents to questions. I am fully aware that any substitute rejection or termination of employments	ich misrepresen	sions, or fals tations, omis	ifications in sions, or fals	the foregoin	g statements and ill be grounds for
we	eby certify that there are no willful misrepresers to questions. I am fully aware that any subdiate rejection or termination of employmen	ich misrepresen	sions, or fals tations, omis	ifications in sions, or fals	the foregoin ifications w	g statements and ill be grounds for
we	ers to questions. I am fully aware that any su	ich misrepresen	sions, or fals tations, omis	ifications in sions, or fals	the foregoin ifications w	g statements and ill be grounds for
ve	ers to questions. I am fully aware that any su	ich misrepresen	sions, or fals	ifications in sions, or fals	the foregoin ifications w	g statements and ill be grounds for

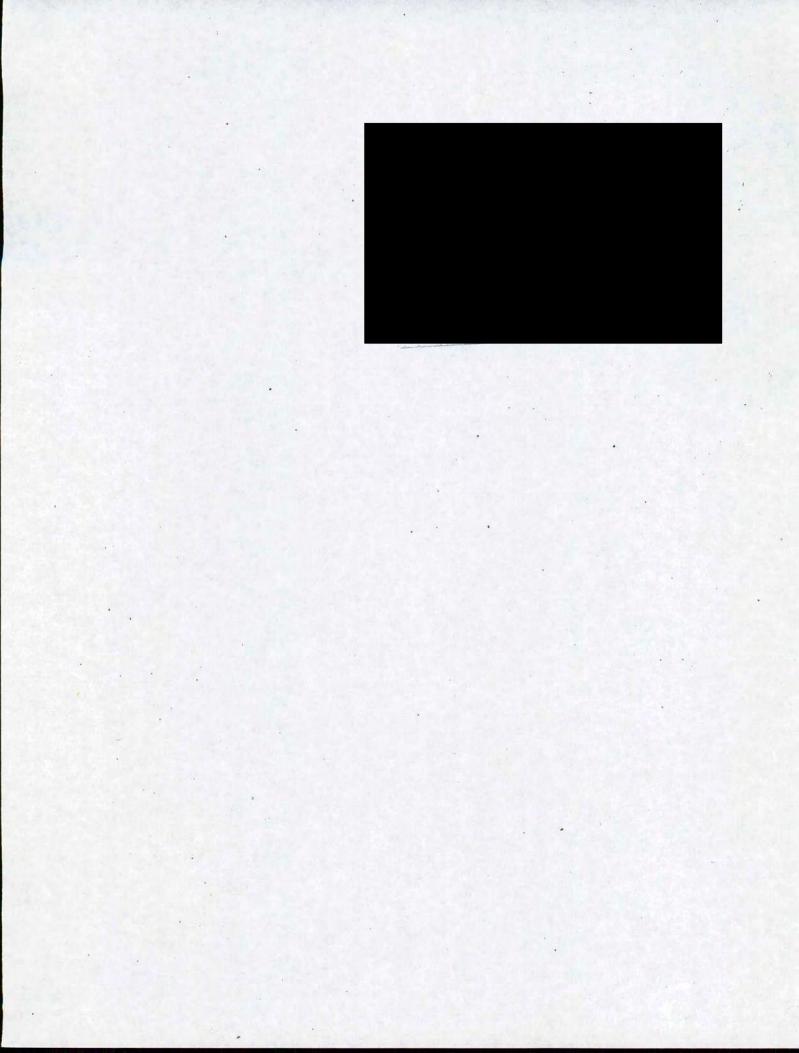




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_ 'NO.274' <u>P.4</u>



EMPLOYMENT REFERENCE CHECK

Name of Applicant:		
Employer Contacted:	Rattlesnake Ridge Golf Club	
Person Contacted:	Joe Stafford	Title: Equipment Manager
Employment: From	?	To ?
First Job Title:	General Maintenance	
Last Job Title:	General Maintenance	
Description of Job Dutie	es During Employment Period	Joe told me that Gartner did a little bit of everything like, mow, trim, rebuild equipment and just do groundskeeper work.
Did the applicants get al	ong with other employees?	Yes, he got along with everybody.
Applicant's ability to res	solve work related problems/situation?	N/A
Applicant's ability to res	spond to Stress / Pressure?	N/A
Quality of Work?		Excellent work, very good worker.
Reliability?		Very reliable.
Sick Leave Usage?	Not very often	Was Applicant ever Late? Always early
How did Applicant deal	with Public contacts?	Good.
Was Applicant ever Rud	le/ Obnoxious? No	Explain:
Did Applicant ever have	any complaints filed against him/her?	No
Security Clearance if any	y? N/A	Reason for Clearance? N/A
If not able to obtain Clea	arance Why? N/A	
Did Applicant handle an	ything of monetary value? No	Any question of honesty? No
Was Applicant ever disc	iplined? Not that he recalls.	Why?
Did Applicant accept con	nstructive criticism? Yes	
Was Applicant easy to S	upervise? Very easy to supervise	
Did Applicant ever Self	Initiate Work or Ideas? N/A	Explain
Other Employee Acquain	ntances of Applicant:	
Additional Comments: Joe said that he called for them. Joe said if ther guy. Joe told me that he Sheriff's Office.	re was anything about is that he	needed something moved they called him and he would move it would be too lenient or too nice because was such a nice ork for him after he was laid off from the Morrow County
SIGNATURE OF EMPI	OYER: BY PHONE	DATE: 3-6-08

EMPLOYMENT REFERENCE CHECK

	-	
Employer Contacted:	State Farm Insurance	
Person Contacted:	Gianna Cone	Title: State Farm Agent
Employment: From	2002	To
First Job Title:	Customer Service Rep	
Last Job Title:	Customer Service Rep	
Description of Job Dutie	s During Employment Period	Handled phone calls and helped out around the office. of paperwork and dealing with claims.
Did the applicants get ale	ong with other employees?	Yes.
Applicant's ability to res	olve work related problems/situation	on? Good.
Applicant's ability to res	pond to Stress / Pressure?	Very well.
Quality of Work?		Great.
Reliability?		Yes.
Sick Leave Usage?	No	Was Applicant ever Late? I don't remember, but if he was he would call in.
How did Applicant deal	with Public contacts?	He was very polite and respective.
Was Applicant ever Rude	e/ Obnoxious? No.	Explain:
Did Applicant ever have	any complaints filed against him/h	er? No.
Security Clearance if any	?	Reason for Clearance?
If not able to obtain Clear	rance Why?	
Did Applicant handle any	of	es, in upwards Any question of honesty? No. \$15,000 a onth.
Was Applicant ever disci	plined? No.	Why?
Did Applicant accept con	structive criticism? Yes.	
Was Applicant easy to Su	pervise? Yes.	
Did Applicant ever Self In	nitiate Work or Ideas?	Explain
Other Employee Acquain	tances of Applicant:	
Additional Comments:	act he would still be working here	if he lived in Columbus. He is reliable and accountablealways.

EMPLOYMENT REFERENCE CHECK

Name of Applicant:			
Employer Contacted:	Morrow County Sheriff's Office		
Person Contacted:	Lori Epling		le: Office Administrator
Employment: From	09-10-07	То	03-01-08
First Job Title:	Corrections Officer		
Last Job Title:	Corrections Officer		
Description of Job Dutie	es During Employment Period	Lori stated that facility. He did not wo	supervised inmates in a dorm style rk booking that much if any at all.
Did the applicants get a	ong with other employees?	Absolutely, a team play	ver.
Applicant's ability to re	solve work related problems/situation?	Very good ability	
Applicant's ability to re-	spond to Stress / Pressure?	just before the dinner, a	nployees had a dinner for funding and a fight broke out in one of the dorms and eautifully and handled the situation.
Quality of Work?		N/A	
Reliability?		Yes	
Sick Leave Usage?	_1 Day	_ Was Applicant ever Lat	e? No
How did Applicant deal	with Public contacts?	N/A	
Was Applicant ever Rud	e/ Obnoxious? No	Explain:	
Did Applicant ever have	any complaints filed against him/her?	No	
Security Clearance if any	/? N/A	Reason for Clearance?	N/A
If not able to obtain Clea	rance Why? N/A		
Did Applicant handle an	ything of monetary value? Yes	Any question	n of honesty? No
Was Applicant ever disc	iplined? No	Why?	
Did Applicant accept cor	structive criticism? She has no kno	owledge of this.	
Was Applicant easy to S	upervise? Yes from what she heard.		
Did Applicant ever Self I	nitiate Work or Ideas? Yes	Explain S	he stated that he likes to keep busy.
Other Employee Acquair Lori stated that all emplo	stances of Applicant: yees are pretty close.		
Additional Comments: Lori told me that fortunate to have	was a really good guy and they would r working for us and that he was an outst	rehire him if they could. L tanding employee.	ori also told me that we would be
SIGNATURE OF EMPL	OYER: BY PHONE	DAT	E: 3-6-68

Name of Applicant:		
Person Contacted:	Luke Pentz	
Address of Contact:	67 South 26 th Street, Newark, Ohio 43	055
How long have you per	sonally know the applicant, and what cap	acity? About 18 years and they are really good friends. Pentz mentioned they were best friends.
When is the last time yo	ou saw or spoke to the applicant?	A couple of months ago.
Do you consider the app	plicant reliable? Very reliable.	Why? Because he has never done anything to let me down and he always helps out whenever I need him.
Does the applicant drint XX applicant drunk?	k? Light	☐ Heavy / Alone / with friends knowledge Yes, a long time ago. Have you ever seen the
Does the applicant gam	ble? _ I don't believe so and I seriously	doubt it.
To your knowledge, has	s the applicant ever used any type of addi	ctive or any type of hallucinogenic drugs? No, not to my knowledge.
If so, what type of drug	s?	
What irritating traits, if	any are you familiar with? _No, not to	my knowledge.
Is the applicant argume	ntative? No. Has the ap	pplicant ever over-reacted to minor problems? No, not to my knowledge.
If yes to any above, exp	olain	
Does the applicant mak	e friends easily? Yes, he is very friendly.	Does the applicant keep to his/her self? Not really.
Does the applicant conv	verse freely with others? Yes.	Is the applicant an extrovert or introvert? Extrovert.
How would you describ	be the applicant's personal appearance?	Neat.
Does the applicant exhi	bit close familial relationships?	Yes, very, very close.
Is there anything in the I don't believe so.	applicant's background which could pre-	vent the applicant from functioning in a fair or impartial manner
non- suitability for the		about the applicants overall character, friendships, suitability, or red of him to do.
What is the applicant's	best quality or trait? Hardworking	and reliable.

What is the applicant's worst quality or trait?	Pentz had to use some time to think about it but came up with that he gets set in his ways that he can be stubborn about some things.
Additional Comments: Pentz continued to say that was reliable	and very hardworking.
SIGNATURE BY PHONE	DATE: 3-6-08

1.5

Name of Applicant:							
Person Contacted:	Richard Thornton						
Address of Contact:	Address of Contact: 193 West Locust Street, Newark, Ohio						
How long have you per	sonally know the applicant, and what cap	pacity?	20 years through his dad and my with him.	kids were friends			
When is the last time yo	ou saw or spoke to the applicant?		Christmas Eve 2007				
Do you consider the app	plicant reliable? Yes	Why?	His demeanor and the things h out and I watched him grow u played football. He is always needed somebody.	and when he			
Does the applicant drint Does the applicant gam	Social Events Does not drink to my		Heavy / Alone / with friends dge Have you ever seen the appli	cant drunk? No.			
	s the applicant ever used any type of add	ictive or	any type of hallucinogenic drugs?	No. Not to my knowledge.			
If so, what type of drug	s?						
What irritating traits, if	any are you familiar with? None kno	wn.					
Is the applicant argume	ntative? No. Has the a	pplicant	ever over-reacted to minor problems	? No, he is pretty level headed.			
If yes to any above, exp	olain						
Does the applicant make	e friends easily? Yes.	Does t	he applicant keep to his/her self?	No, but he is outgoing in a soft way.			
Does the applicant conv	verse freely with others? Yes.	Is the	applicant an extrovert or introvert?	In between both. Not sure.			
How would you describ	be the applicant's personal appearance?	Alway	s an impeccable dresser even when	he is cutting wood.			
Does the applicant exhi	bit close familial relationships?	Yes, h	is family is very, very tight.				
Is there anything in the No, I don't think so.	applicant's background which could pre-	vent the	applicant from functioning in a fair of	or impartial manner			
Is there anything you m non- suitability for the p I would recommend him		about the	applicants overall character, friend	ships, suitability, or			
What is the applicant's	best quality or trait? Strong physic	ally but	calm with that strength.				
What is the applicant's	worst quality or trait? Sometimes h	e is too r	nice.				

Additional Comments: He is just an all around excellent person.	
SIGNATURE BY PHONE	DATE: 3-6-8

...

Name of Applicant:					
Person Contacted: Joan Marmie					
Address of Contact: 206 Sherwood Down Road S, Newark, Ohio					
How long have you personally know the application	ant, and what capacity?	28 years. Graduated with his mother and are extremely close friends with the family. Also worked at the same high school that			
When is the last time you saw or spoke to the ap	pplicant?	About a month ago.			
Do you consider the applicant reliable? Oh i	my God, yes. Wh	y? Because I have known him for 28 years and I have seen him help out so much especially when his father died last year.			
Does the applicant drink? Light Social Events XX Doe		☐ Heavy / Alone / with friends wledge Have you ever seen the applicant drunk? No.			
Does the applicant gamble? Not that I know	but probably not.				
To your knowledge, has the applicant ever used	any type of addictive	or any type of hallucinogenic drugs? No.			
If so, what type of drugs?					
What irritating traits, if any are you familiar wit	th? No.				
Is the applicant argumentative? No.	Has the applica	nt ever over-reacted to minor problems? No.			
If yes to any above, explain					
	s, very Doe sonable.	es the applicant keep to his/her self? No.			
Does the applicant converse freely with others?	Yes. Is th	ne applicant an extrovert or introvert? Extrovert.			
How would you describe the applicant's person	al appearance? _Alw	vays neat and tidy.			
Does the applicant exhibit close familial relation	nships? Yes	he is.			
Is there anything in the applicant's background	which could prevent th	ne applicant from functioning in a fair or impartial manner			
No.					
Is there anything you may want to add concerning non-suitability for the position? Yes, he has many friends in Licking County and		the applicants overall character, friendships, suitability, or tem and they'll tell you that he is a great guy.			
What is the applicant's best quality or trait?	Personality				
What is the applicant's worst quality or trait?		, I'm just so personally attached to him and his family. I negative word about him.			
Additional Comments: He is a sweetheart and I would recommend him just a good guy and a good family man. Livet c		anytime, even to the President of the United States. He is			

SIGNATURE BY PHONE DATE: 3-6-08

Name of Applicant:				
Person Contacted:	Brent Robinson			
Address of Contact:				
How long have you person	onally know the applicant, and what cap	pacity?	5-6 years and he really was introd s wife because she works Robinson.	
When is the last time you	1 saw or spoke to the applicant?		Late 2007.	
Do you consider the appl	licant reliable? Yes.	Why?	As far as I know, he is a straig he is honest.	ht forward guy and
Does the applicant drink' Soci	al Events XX Does not drink to m	y knowle	avy / Alone / with friends dge Have you ever seen the appli	cant drunk? No.
	the applicant ever used any type of add		any type of hallucinogenic drugs?	No, not to my knowledge.
If so, what type of drugs'	?			
What irritating traits, if a	ny are you familiar with? No, not to	my know	vledge.	
Is the applicant argument	tative? No. Has the a	pplicant e	ver over-reacted to minor problems	? No, not to my knowledge.
If yes to any above, expla	ain			
Does the applicant make	friends easily? Yes, he is a nice guy.	Does ti	ne applicant keep to his/her self?	At first maybe.
Does the applicant conve	rrse freely with others? Yes.	Is the a	pplicant an extrovert or introvert?	Introvert at first.
How would you describe	the applicant's personal appearance?	Bigger	guy but neat appearance.	
Does the applicant exhib	it close familial relationships?	Yes.		
Is there anything in the a No.	pplicant's background which could pre-	vent the a	pplicant from functioning in a fair of	or impartial manner
Is there anything you mannon-suitability for the po		about the	applicants overall character, friends	ships, suitability, or
What is the applicant's b	est quality or trait? Smart and har	rdworking	3,	

What is the applicant's worst quality or trait?	Sometimes tends to be stubborn.		
Additional Comments:			
SIGNATURE	DATE:		

....

Sgt. C. Blunk did a criminal record check from the listed agencies below on Candidate

- 1. Hebron PD no record
- 2. Columbus PD no record
- 3. Franklin County Sheriff's Office no record
- 4. Licking County Sheriff's Office no record
- 5. Newark PD (2) speed violations as stated on driving record
- 6. Bexley PD (1) speed violation as stated on driving record
- 7. Capitol University PD no record
- 8. Richland County Sheriff's Office no record
- 9. Lexington PD no record
- 10. Mansfield PD no record
- 11. Morrow County Sheriff's Office no record



LEXINGTON POLICE DEPARTMENT

Chief of Police Brett W. Pauley 44 West Main Street Lexington, Ohio 44904 Phone (419) 884-1032 Fax (419) 884-2573

Approval of record check by the Lex	rington Police Department for employment. Said
check shall include traffic and criminal histo	ory and any record may be reported to requesting
conduct a search of their records and cause those authorized to view same.	do authorize the Lexington Police Department to their findings to be made known to my employer or
(Name printed)	07-62-79 Date of Birth
Social Security Number	
was found:NO RECORDREC	CORD consisted of the following:
Suggest contact with following listed agency	/.
Signed by record checking personnel	1. tslo
Authority Brett W. Pauley Chief of Police	
Date 02-27-08	

	I, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			hio, to release any adult
REF:				
		Signed:	XXXXXXXXXXXX	

To Whom It May Concern:

Please be advised record checks are Heath Police Departmental file checks only, and are <u>NOT</u> verified by fingerprints, not search in State or National Computers. Information pertaining to juvenile offenses or detentions must be obtained from Licking County Juvenile Court.

- (X) The HEATH POLICE DEPARTMENT does not have any record of arrests or convictions on file this date.
- () The HEATH POLICE DEPARTMENT has the following information on the above individual.

Date 3/12/2008

HEATH POLICE DEPARTMENT

	_
Countuoni	D
CountyOHI	0
_ 0	

Employee Maintenance

	(circle one	e)	
ADD	Change	Delete	

Name		E	mployee #			Salary/pay	
Address						Rate/hour	\$ 20.0500
City, State, Zip Code						Alt Rate/hour	
Telephone		Has this per	son ever be	en emplo	yeed by	Wage Factor	
Birthdate		Richland Co				Annual Hours	
cial Security Number						Shift	
Marital Status:						Full/Part	
Sex						STRS	
Race						PERS	1 4 4 1 1 1 1
Title						Direct Dep. Route #	
Department Number	349	Account #	Inc III			Direct Dep. Account #	
usiness Phone Number							
Start Date							
Rehire Date							
Termination Date	- T			7			
ason for Termination							
	TAXES	Code	Dep	TY	Add On		
	Federal						
	State						
	City						
Status						EFFECTIVE 12/19/13	
Annual Salary							
	1			1	/		
stone de	eldon			12/19/	13		
Signature			Date	1./		Comments	

	-	1		
-	-	/		
/			AND	
	KIL		MINE	
1	cou	nu	OHIO	,
-		0		

Employee Maintenance

(circle one)
ADD Change Delete

19.550



Employee Maintenance

(circle one)
ADD Change

Delete

	Name			Employee #			Salary/pay	
	Address				10		Rate/hour	\$ 19.0473
City,	State, Zip Code						Alt Rate/hour	
	Telephone		Has this pe	erson ever be	en emplo	yeed by	Wage Factor	
	Birthdate		Richland C	ounty in the p	past? Y	es or No	Annual Hours	
ocial S	ecurity Number						Shift	
	Marital Status:						Full/Part	
	Sex						STRS	
	Race						PERS	
	Title	CORRECTION OFFICER					Direct Dep. Route #	
Depa	rtment Number	349	Account #				Direct Dep. Account #	
Busines	s Phone Number							
	Start Date							
	Rehire Date							
Te	ermination Date							
eason	for Termination							
		TAXES	Code	Dep	TY	Add On		
		Federal					EFFECTIVE: 05/10/12	
		State						
		City						
	Status							
()	Annual Salary			,		,		
>	1/	(0/-	701	1,00		
(-1	1/20	Spilli		0/0	2//	19		
Signati	ure	-		Date /			Comments	

CERTIFICATE OF APPOINTMENT

OF				
As Correction Offic	er			
	Office	Sheriff RICHLAND	COUNTY	
THIS IS TO CERTIFY, that office requires it, has appointed	the undersigned	being of opinion	on that the busines	ss of this
a suitable and competent person as	Correction	n Officer		
Therein, beginning on the and continuing until otherwise ordered.		March	2008	0800 Hrs.
Said				
(\$) per hour payable	.0513 e bi-weekly from	the County Tre	easury upon the wa	dollars arrant of the
County Auditor. Witness my signature and seal of office	e, this	29th	day of March	2008
			COUNTY SHELDON SHERIF	F
	TH OF OFF Code Secs 3.22			
The State of Ohio, Richland County, ss				
he/she will support the Constitution of to and that he will faithfully discharge the		and the Const		of Ohio,
of said County.	duties of Deputy	in the office of	the <u>Shehii</u>	
Sworn to before me and signed in my p	presence, this	29th	day of March	2008
	J. STEVE	e Alex	lbu HERIFF	
Future Changes	Richland		200 (200 (200 (200 (200 (200 (200 (200	

Richland Co. Sheriff Office Appointment/Salary Change Record

Name:

New Salary 13.9427 / hour

Effective date 12-24-09

Signed Sterry A Storry helden

Richland Co. Sheriff Office Appointment/Salary Change Record

Name:

New Salary 14.4790 / hour

Effective data 12-23-10

Richland Co. Sheriff Office Appointment/Salary Change Record

Name:

New Salary \$14.4790 / hour

Effective date 12-24-09

Signed Sheeff Jature Sheld

Richland Co. Sheriff Office Appointment/Salary Change Record

Name:

New Salary \$13.1646

Effective Date 03-29-09

Signed: Sherff Jestew Shelden

Use template for 5163®

Richland Co. Sheriff Office Appointment/Salary Change Record

Name:

New Salary 12.4731 / hour

Effective date 12/27/2007