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:	[redacted] (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 [redacted] 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 [redacted] contained 243 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 [redacted]s evaluations she has received the rating of 'Above +2' and 'Meets +1.' However, [redacted] does have a few 'Does not meet +0 ratings' documented by her supervisors.

Discipline

[redacted] has several documented instruction and cautioning reports, written reprimands, and disciplinary agreements contained in her file. [redacted] has had her pay reduced, she has lost holiday and compensatory hours, and has been placed on suspension.

Commendations

[redacted]s personnel file does contain one (1) certificate of appreciation from the Richland County Sheriff's Office.

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

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.

Attachments:

Attachment # 01:2019-11-27 [redacted] 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.

2019 back pay	OLD REG	NEW REG	**OWED**	OLD OT	NEW OT	**OWED**	OLD HOLID	NEW HOLII	**OWED**	old fto	new fto	**OWED**
[redacted]	22.30	22.77		33.45	34.16		22.30	22.77		5.38	5.49	
1/18/2019	$1,784.00	$1,821.60	**$37.60**			**$0.00**	267.6	273.24	**$5.64**			**$0.00**
2/1/2019	$1,784.00	$1,821.60	**$37.60**			**$0.00**			**$0.00**			**$0.00**
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**	267.6	273.24	**$5.64**			**$0.00**
3/15/2019	$1,784.00	$1,821.60	**$37.60**			**$0.00**			**$0.00**			**$0.00**
3/29/2019	$1,784.00	$1,821.60	**$37.60**			**$0.00**			**$0.00**			**$0.00**
			$225.60			$0.00			**$11.28**			**$0.00**

TOTAL OWED **$236.88**

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

[redacted]

LOC: 254 ORG: PAYROLL

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
CHECK DATE: 01/18/2019											
27525500	510200		254	2030	000127895	552 HS	12.00	267.60			
27525500	510200		254	2030	000127895	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000127895	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000127895	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000127895	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000127895	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000127895	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000127895	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000127895	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000127895	887 SB .80	8.00	178.40			
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			254		000127895						
			254		000127895						
			254		000127895						
27525500	533530		254		000127895						
27525500	536300		254		000127895						
27525500	536400		254		000127895						
27525500	536500		254		000127895						
CHECK 01/18/2019 TOTALS:			NET:		1,378.28		92.00	2,051.60			
CHECK DATE: 02/01/2019											
27525500	510200		254	2030	000128933	405 SICKSD	8.00	178.40			
27525500	510200		254	2030	000128933	405 SICKSD	8.00	178.40			
27525500	510200		254	2030	000128933	552 HS	8.00	178.40			
27525500	510200		254	2030	000128933	552 HS	8.00	178.40			
27525500	510200		254	2030	000128933	561 CTEA	8.00	0.00			
27525500	510200		254	2030	000128933	567 COMPSH	8.00	178.40			
27525500	510200		254	2030	000128933	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000128933	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000128933	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000128933	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000128933	887 SB .80	8.00	178.40			
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			254		000128933						
			254		000128933						
			254		000128933						
27525500	533530		254		000128933						
27525500	536300		254		000128933						
27525500	536400		254		000128933						

[redacted]

[redacted]

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
[redacted]										LOC: 254	ORG: PAYROLL
									2065 HEALTH	66.50	595.85
27525500	536500		254		000128933		88.00	1,784.00		1,784.00	876.16
CHECK 02/01/2019 TOTALS:			NET:		1,189.22						
CHECK DATE: 02/15/2019											
27525500	510200		254	2030	000129966	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000129966	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000129966	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000129966	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000129966	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000129966	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000129966	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000129966	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000129966	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000129966	887 SB .80	8.00	178.40			
			254		000129966						
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			254		000129966						
			254		000129966						
			254		000129966						
			254		000129966						
			254		000129966						
27525500	533530		254		000129966						
27525500	536300		254		000129966						
27525500	536400		254		000129966						
27525500	536500		254		000129966		80.00	1,784.00			
CHECK 02/15/2019 TOTALS:			NET:		1,186.71						
CHECK DATE: 03/01/2019											
27525500	510200		254	2030	000131005	405 SICKSD	8.00	178.40			
27525500	510200		254	2030	000131005	405 SICKSD	8.00	178.40			
27525500	510200		254	2030	000131005	552 HS	12.00	267.60			
27525500	510200		254	2030	000131005	561 CTEA	4.50	0.00			
27525500	510200		254	2030	000131005	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000131005	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000131005	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000131005	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000131005	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000131005	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000131005	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000131005	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000131005	887 SB .80	8.00	178.40			
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			254		000131005						

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
[redacted]									[redacted]		
27525500	533530		254		000131005						
27525500	536300		254		000131005						
27525500	536400		254		000131005						
27525500	536500		254		000131005						
CHECK 03/01/2019 TOTALS:			NET:		1,375.79		96.50	2,051.60			
CHECK DATE: 03/15/2019											
27525500	510200		254	2030	000132048	561 CTEA	4.50	0.00			
27525500	510200		254	2030	000132048	567 COMPSH	8.00	178.40			
27525500	510200		254	2030	000132048	567 COMPSH	8.00	178.40			
27525500	510200		254	2030	000132048	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132048	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132048	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132048	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132048	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132048	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132048	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000132048	887 SB .80	8.00	178.40	[redacted]		
			254		000132048						
			254		000132048						
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			254		000132048						
			254		000132048						
			254		000132048						
			254		000132048						
			254		000132048						
27525500	533530		254		000132048						
27525500	536300		254		000132048						
27525500	536400		254		000132048						
27525500	536500		254		000132048						
CHECK 03/15/2019 TOTALS:			NET:		1,186.72		84.50	1,784.00			
CHECK DATE: 03/29/2019											
27525500	510200		254	2030	000133093	567 COMPSH	1.00	22.30			
27525500	510200		254	2030	000133093	567 COMPSH	8.00	178.40			
27525500	510200		254	2030	000133093	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133093	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133093	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133093	887 SB .80	7.00	156.10			
27525500	510200		254	2030	000133093	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133093	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133093	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133093	887 SB .80	8.00	178.40			
27525500	510200		254	2030	000133093	887 SB .80	8.00	178.40	[redacted]		
			254		000133093						
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			254		000133093						

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
[redacted]										LOC: 254	ORG: PAYROLL
			254		000133093				[redacted]		
27525500	536300		254		000133093						
27525500	536400		254		000133093						
CHECK 03/29/2019 TOTALS:			NET:		1,286.18		80.00	1,784.00			
CHECK DATE: 04/12/2019											
27525500	510200		254	2030	000134140	552 HS	8.00	182.16			
27525500	510200		254	2030	000134140	561 CTEA	8.00	0.00			
27525500	510200		254	2030	000134140	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134140	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134140	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134140	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134140	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134140	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134140	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134140	887 SB .80	8.00	182.16			
27525500	510200		254	2030	000134140	887 SB .80	8.00	182.16			
			254		000134140				[redacted]		
			254		000134140						
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			254		000134140						
			254		000134140						
			254		000134140						
			254		000134140						
			254		000134140						
27525500	533530		254		000134140						
27525500	536300		254		000134140						
27525500	536400		254		000134140						
27525500	536500		254		000134140						
CHECK 04/12/2019 TOTALS:			NET:		1,214.11		88.00	1,821.60			
EMPLOYEE 008711 TOTALS:			NET:		8,817.01		609.00	13,060.80		13,060.80	5,620.61
GRAND TOTALS:			NET:		8,817.01		609.00	13,060.80		13,060.80	5,620.61

** END OF REPORT - Generated by ERIKA SPICER **

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

Name: [redacted] Review Period: 10-4-18 to 4-4-19

Unit #: [redacted] Review Deadline Date: 3-26-19

Rater Name: Sgt. Collier Bi-Annual Review

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: Officer [redacted] quickly addresses security concerns.

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

   Above + 2 Meets + 1 Does Not Meet + 0

   Explain: [redacted] was written up for missing a P.O.C. I know that she does more checks than required. She sometimes forgets to log them in jamis.

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):

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

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: [redacted] has an excelent rapport with inmates.

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:

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

   Above + 2 Meets + 1 Does Not Meet + 0

   Explain: Officer [redacted] is good at diffusing problems.

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

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

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 [redacted] is very timely with paperwork

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 [redacted] is very respectful with Co-workers and Supervisors.

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

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

OVERALL EVALUATION

Total Points: 15

Rater: _____ Date: 3.19.19
Comments:

Lieutenant: [redacted] Date: 4-25-19
Comments:

Staff Lieutenant: _____ Date: 4.2-19
Comments:

Jail Administrator: _____ Date: 4/1/19
Comments:

Chief Deputy: _____ Date: 4/5/19
Comments:

Sheriff: _____ Date: 4/07/19
Comments:

Employee Signature [redacted] ate: 4/21/19
Comments:

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.

My signature may not indicate agreement with the ratings.

RCSO 1001-A
2/6/13

19-39

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 3-24-19

VIOLATION

Date Violation Occurred: February 4, 2019 Personnel Complaint Number: 2019-039

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 17

Description of Violation:
That on the date listed, you exhibited unsatisfactory work and failed to maintain a required standard of performance by failing to conduct personal observation checks on inmates in the jail as required. This is your 2nd Group I # 17 violation.

(Attach Additional sheets if necessary)

This Written Reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be considered active by management for **twelve (12)** months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of Person Issuing Reprimand

JAIL ADMINISTRATOR
Title

I hereby acknowledge that a copy of the above record of Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

3-24-19
Date

cc: Employee
Appointing Authority

18-169

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 12-12-18

VIOLATION

Date Violation Occurred: October 10, 2018 Personnel Complaint Number: 2018-169

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 17

Description of Violation:
That the Employer became aware on November 16, 2018, that on the date listed, you exhibited unsatisfactory work and failed to maintain a required standard of performance by failing to collect DNA from an inmate as required. This is your 1st Group I # 17 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be considered active by management for six (6) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Capt. C. B.
Signature of Person Issuing Reprimand

Jail Administrator
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[redacted]
Employee's Signature

12.12.18
Date

cc: Employee
Appointing Authority

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

Name: [redacted] Review Period: 4-5-18 to 10-4-18

Unit #: [redacted] Review Deadline Date: 10-5-18

Rater Name: Sgt. Coll Bi-Annual Review

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: Officer [redacted] Notifies me of any security Problems in a timely manner.

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):

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

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 [redacted] has a good rapport with inmates

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:

6. 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):

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

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:

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):

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

OVERALL EVALUATION

Total Points: 12

Rater: Sgt. [illegible] Date: 10-2-18
Comments:

Lieutenant: [redacted] Date: 10-4-18
Comments:

Staff Lieutenant: [illegible] Date: 10-11-18
Comments:

Jail Administrator: [illegible] Date: 10/17/18
Comments:

Chief Deputy: [illegible] Date: 10/25/18
Comments:

Sheriff: [illegible] Date: 10/29/18
Comments:

Employee Signatur[redacted] Date: 11-3.18
Comments:

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.

My signature may not indicate agreement with the ratings.

RCSO 1001-A
2/6/13

IN THE MUNICIPAL COURT OF ASHLAND, OHIO

Debt Recovery Solutions of Ohio, Inc.	:	
	:	Case No. [redacted]
Plaintiff,	:	
	:	
vs.	:	AFFIDAVIT OF CURRENT
	:	BALANCE DUE
[redacted]	:	
	:	
Defendant.	:	
	:	

STATE OF OHIO)
RICHLAND COUNTY) ss:

John Allen Holmes, being first duly sworn, says:

1. That I am the attorney for Plaintiff, Debt Recovery Solutions of Ohio, Inc., in the above captioned matter and make this Affidavit for purposes of requesting an Order of Garnishment to collect the judgment rendered in the above referenced matter which remains unsatisfied as of this date.

2. I have reviewed the file and the Statement of Account and have determined the following:

(a) The amount of the judgment was $2,402.14;
(b) The amount of prejudgment interest was $253.63;
(c) The total amount of court costs, including the cost of the wage garnishment is $305.00;
(d) The total amount of post-judgment interest is $39.76;
(e) The total amount of payments received to date is $2,968.14; and
(f) The total current balance due and owing is $32.39.

Executed by John Allen Holmes on August 24, 2018.

John Allen Holmes

Executed before me and subscribed in my presence by John Allen Holmes on August 24, 2018, who is known to me to be said person.

Sheri R Witmer
Notary Public

SHERI R. WITMER
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires
March 13, 2019

CERTIFICATE OF SERVICE

I certify that on August 24, 2018, true and correct copies of the foregoing Affidavit of Balance Due were served by ordinary U.S. Mail, postage prepaid upon the following:

[redacted]

Richland County
50 Park Avenue East
Mansfield, Ohio 44902

WELDON, HUSTON & KEYSER, L.L.P

By: _____
John Allen Holmes

Mansfield Municipal Court
30 North Diamond Street
Mansfield, Ohio 44902

Debt Recovery Solutions of Ohio, Inc. v. [redacted] Case No. [redacted]

NOTICE TO THE JUDGMENT DEBTOR

You are hereby notified that the judgment creditor in this proceeding has issued an affidavit of current balance due on garnishment order in the above case. The document entitled "AFFIDAVIT OF CURRENT BALANCE DUE ON GARNISHMENT ORDER" that is enclosed with this notice shows the original amount of the judgment that was the basis of the garnishment order, the accrued interest to date, the court costs assessed to date, all moneys paid to the judgment creditor and the judgment creditor's attorney on the judgment to date, and the current balance due on the judgment.

If you dispute the judgment creditor's determination of these amounts or if you believe that this affidavit is improper for any other reason, you may request a hearing before this court by disputing the affidavit in the request for hearing form, appearing below, or in a substantially similar form, and delivering the request for hearing to this court at the above address, at the office of the clerk of this court, no later than the end of the fifth business day after you receive this notice. You may state your reasons for disputing the judgment creditor's determination of the amounts shown in the "AFFIDAVIT OF CURRENT BALANCE DUE ON GARNISHMENT ORDER" in the space provided on the form; however, you are not required to do so. If you do state your reasons for disputing the judgment creditor's determination, you are not prohibited from stating any other reason at the hearing. If you do not state your reasons, it will not be held against you by the court, and you can state your reasons at the hearing. NO OBJECTIONS TO THE JUDGMENT ITSELF WILL BE HEARD OR CONSIDERED AT THE HEARING. The hearing will be limited to a consideration of the amount currently due on the judgment you owe to the judgment creditor.

If you request a hearing by delivering your request for hearing not later than the end of the fifth business day after you receive this notice, the court will conduct the hearing no later than twelve days after your request is received by the court, and the court will send you notice of the date, time, and place. You may indicate in the form that you believe that the need for the hearing is an emergency and that it should be given priority by the court. If you do so, the court will schedule the hearing as soon as practicable after your request is received and will send you notice of the date, time, and place. If you do not request a hearing by delivering your request for hearing not later than the end of the fifth business day after you receive this notice, some of your personal earnings will continue to be paid to the judgment creditor until the judgment is satisfied.

If you have any questions concerning this matter, you may contact the office of the clerk of this court. If you want legal representation, you should contact your lawyer immediately. If you need the name of a lawyer, you should contact the local bar association.

August 24, 2018

John Allen Holmes, Esq., Attorney for Debt Recovery Solutions of Ohio, Inc.

Mansfield Municipal Court
30 North Diamond Street
Mansfield, Ohio 44902

Debt Recovery Solutions of Ohio, Inc. v. [redacted]
Case No. [redacted] Date: _____

REQUEST FOR HEARING

I dispute the judgment creditor's determination of current balance due on **garnishment** order in the above case and request that a hearing in this matter be held not later than twelve days after delivery of this request to the court.

I _____. believe that the need for the hearing is an emergency.
(Insert "do" or "do not")

I dispute the judgment creditor's determination for the following reasons:

_____

_____

_____

_____

I UNDERSTAND THAT NO OBJECTIONS TO THE JUDGMENT ITSELF WILL BE CONSIDERED AT THE HEARING.

_____
(Name of Judgment Debtor)

_____
(Signature)

Date:_____

WARNING: IF YOU DO NOT DELIVER THIS REQUEST FOR HEARING OR A REQUEST IN A SUBSTANTIALLY SIMILAR FORM TO THE OFFICE OF THE CLERK OF THIS COURT WITHIN FIVE (5) BUSINESS DAYS OF YOUR RECEIPT OF IT, YOU WAIVE YOUR RIGHT TO A HEARING, AND SOME OF YOUR PERSONAL EARNINGS WILL CONTINUE TO BE PAID TO (JUDGMENT CREDITOR'S NAME) IN SATISFACTION OF YOUR DEBT TO THE JUDGMENT CREDITOR."

DISCIPLINARY AGREEMENT

To: [redacted] Correction Officer

From: J. Steve Sheldon, Sheriff

Re: Agreed Discipline following December 31, 2016 Incident

On December 31, 2016, CO [redacted] exhibited unsatisfactory work and failed to maintain a required standard of performance by failing to log all items in the key box. This is her 3rd Group I # 17 violation in the past twelve (12) months.

This agreement is intended to memorialize that CO [redacted] and her union representatives have agreed to waive her right to file a grievance over any discipline issued as a result of this incident and instead accept for four (4) hours to be deducted from her paid leave as a result of her actions on December 31, 2016.

[redacted] _____ 3/7/17
Date

Brian K [illegible] _____ 3/1/17
FOP Representative Date

J Steve Sheldon - Sheriff _____ 2/28/17
J. Steve Sheldon, Sheriff Date

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

Name: [redacted] Review Period: 10-5-17 to 4-4-18

Unit #: [redacted] Review Deadline Date: 4-6-18

Rater Name: Sgt. Collier Bi-Annual Review

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: Officer [redacted] asks Questions frequently, and addresses security concerns with me when she has them.

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

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

   Explain: Officer [redacted] was written up for missing a P.O.C. She always does her checks, but at times, forgets to log them in Jail Ink.

   A/P C Make Sure you double check to make sure all your P.O.Cs are logged)

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):

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

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 (circled) Meets + 1 Does Not Meet + 0

   Explain: Officer [redacted] does her very best to make sure the inmates have the items they need. This helps her credibility with them.

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 (circled) Does Not Meet + 0

   Explain:

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

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

   Explain:

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

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

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:

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 [redacted] is very respectful of her co-workers.

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

OVERALL EVALUATION

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

Total Points: 12

Rater: _____ Date: 4-5-18
Comments:

Lieutenant: [redacted] Date: 4-10-18
Comments:

Staff Lieutenant: _____ Date: 4-10-18
Comments:

Jail Administrator: _____ Date: 4/6/18
Comments:

Chief Deputy: _____ Date: 4/18/18
Comments:

Sheriff: _____ Date: 4/20/18
Comments:

Employee Signatur[redacted] Date: 5/11/18
Comments:

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

X 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.

File
PC #18-026

DISCIPLINARY AGREEMENT

To: [redacted] Correction Officer

From: J. Steve Sheldon, Sheriff

Re: Agreed Discipline following January 11-13, 2018 Incident

On January 11-13, 2018, CO [redacted] negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, General Order 16.1 (Sick Leave), H (Procedure for Sick Leave Abuse Discipline – Pattern Abuse), (a), by not producing a physician's verification statement as required. This is her 3rd Group I # 13 violation in the past twelve (12) months.

This agreement is intended to memorialize that CO [redacted] and her union representatives have agreed to waive her right to file a grievance over any discipline issued as a result of this incident and agrees to forfeit one (1) earned holiday as a result of her actions.

[redacted] _____ 4/6/18
Date

_____ 4/7/18
FOP Representative Date

_____ 04/04/18
J. Steve Sheldon, Sheriff Date

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

Name: [redacted] [redacted] [redacted]
Last First Middle

Present Rank/Classification Corrections

Request for Shift Preference:

First Choice: C

Second Choice: B

Third Choice: A

Request for Rotation Preference:

A Watch: 1st: _____ 2nd: _____ 3rd: _____

B Watch: 1st: B 2nd: M 3rd: T

C Watch: 1st: B 2nd: M 3rd: T

[redacted] 3-11-18
Officers Signature Date

PLEASE DELIVER 3 COPIES OF "NOTICE TO JUDGMENT DEBTOR" WITH "REQUEST FOR HEARING" FORM TO YOUR EMPLOYEE. THANK YOU.

Ashland Municipal
1209 East Main Street, Ashland, OH 44805

Debt Recovery Solutions of Ohio, Inc. v. [redacted] Case No. [redacted]

NOTICE TO THE JUDGMENT DEBTOR

You are hereby notified that the judgment creditor in this proceeding has issued an affidavit of current balance due on garnishment order in the above case. The document entitled "AFFIDAVIT OF CURRENT BALANCE DUE ON GARNISHMENT ORDER" that is enclosed with this notice shows the original amount of the judgment that was the basis of the garnishment order, the accrued interest to date, the court costs assessed to date, all moneys paid to the judgment creditor and the judgment creditor's attorney on the judgment to date, and the current balance due on the judgment.

If you dispute the judgment creditor's determination of these amounts or if you believe that this affidavit is improper for any other reason, you may request a hearing before this court by disputing the affidavit in the request for hearing form, appearing below, or in a substantially similar form, and delivering the request for hearing to this court at the above address, at the office of the clerk of this court, no later than the end of the fifth business day after you receive this notice. You may state your reasons for disputing the judgment creditor's determination of the amounts shown in the "AFFIDAVIT OF CURRENT BALANCE DUE ON GARNISHMENT ORDER" in the space provided on the form; however, you are not required to do so. If you do state your reasons for disputing the judgment creditor's determination, you are not prohibited from stating any other reason at the hearing. If you do not state your reasons, it will not be held against you by the court, and you can state your reasons at the hearing. NO OBJECTIONS TO THE JUDGMENT ITSELF WILL BE HEARD OR CONSIDERED AT THE HEARING. The hearing will be limited to a consideration of the amount currently due on the judgment you owe to the judgment creditor.

If you request a hearing by delivering your request for hearing not later than the end of the fifth business day after you receive this notice, the court will conduct the hearing no later than twelve days after your request is received by the court, and the court will send you notice of the date, time, and place. You may indicate in the form that you believe that the need for the hearing is an emergency and that it should be given priority by the court. If you do so, the court will schedule the hearing as soon as practicable after your request is received and will send you notice of the date, time, and place. If you do not request a hearing by delivering your request for hearing not later than the end of the fifth business day after you receive this notice, some of your personal earnings will continue to be paid to the judgment creditor until the judgment is satisfied.

If you have any questions concerning this matter, you may contact the office of the clerk of this court. If you want legal representation, you should contact your lawyer immediately. If you need the name of a lawyer, you should contact the local bar association.

February 13, 2018

JAHolmes

John Allen Holmes, Esq., Attorney for Debt Recovery Solutions of Ohio, Inc.

Ashland Municipal Court
1209 East Main Street, Ashland, OH 44805

Debt Recovery Solutions of Ohio, Inc. v. [redacted] Case No. [redacted]

NOTICE TO THE JUDGMENT DEBTOR

You are hereby notified that the judgment creditor in this proceeding has issued an affidavit of current balance due on garnishment order in the above case. The document entitled "AFFIDAVIT OF CURRENT BALANCE DUE ON GARNISHMENT ORDER" that is enclosed with this notice shows the original amount of the judgment that was the basis of the garnishment order, the accrued interest to date, the court costs assessed to date, all moneys paid to the judgment creditor and the judgment creditor's attorney on the judgment to date, and the current balance due on the judgment.

If you dispute the judgment creditor's determination of these amounts or if you believe that this affidavit is improper for any other reason, you may request a hearing before this court by disputing the affidavit in the request for hearing form, appearing below, or in a substantially similar form, and delivering the request for hearing to this court at the above address, at the office of the clerk of this court, no later than the end of the fifth business day after you receive this notice. You may state your reasons for disputing the judgment creditor's determination of the amounts shown in the "AFFIDAVIT OF CURRENT BALANCE DUE ON GARNISHMENT ORDER" in the space provided on the form; however, you are not required to do so. If you do state your reasons for disputing the judgment creditor's determination, you are not prohibited from stating any other reason at the hearing. If you do not state your reasons, it will not be held against you by the court, and you can state your reasons at the hearing. NO OBJECTIONS TO THE JUDGMENT ITSELF WILL BE HEARD OR CONSIDERED AT THE HEARING. The hearing will be limited to a consideration of the amount currently due on the judgment you owe to the judgment creditor.

If you request a hearing by delivering your request for hearing not later than the end of the fifth business day after you receive this notice, the court will conduct the hearing no later than twelve days after your request is received by the court, and the court will send you notice of the date, time, and place. You may indicate in the form that you believe that the need for the hearing is an emergency and that it should be given priority by the court. If you do so, the court will schedule the hearing as soon as practicable after your request is received and will send you notice of the date, time, and place. If you do not request a hearing by delivering your request for hearing not later than the end of the fifth business day after you receive this notice, some of your personal earnings will continue to be paid to the judgment creditor until the judgment is satisfied.

If you have any questions concerning this matter, you may contact the office of the clerk of this court. If you want legal representation, you should contact your lawyer immediately. If you need the name of a lawyer, you should contact the local bar association.

February 13, 2018

JAHolmes

John Allen Holmes, Esq., Attorney for Debt Recovery Solutions of Ohio, Inc.

Municipal Court
1209 East Main Street, Ashland, OH 44805

Debt Recovery Solutions of Ohio, Inc. v. [redacted]
Case No. [redacted]

Date: _____

REQUEST FOR HEARING

I dispute the judgment creditor's determination of current balance due on **garnishment** order in the above case and request that a hearing in this matter be held not later than twelve days after delivery of this request to the court.

I _____. believe that the need for the hearing is an emergency.

(Insert "do" or "do not")

I dispute the judgment creditor's determination for the following reasons:

_____

_____

_____

_____

I UNDERSTAND THAT NO OBJECTIONS TO THE JUDGMENT ITSELF WILL BE CONSIDERED AT THE HEARING.

Tina L. Mahon)

_____

(Signature)

Date: _____

WARNING: IF YOU DO NOT DELIVER THIS REQUEST FOR HEARING OR A REQUEST IN A SUBSTANTIALLY SIMILAR FORM TO THE OFFICE OF THE CLERK OF THIS COURT WITHIN FIVE (5) BUSINESS DAYS OF YOUR RECEIPT OF IT, YOU WAIVE YOUR RIGHT TO A HEARING, AND SOME OF YOUR PERSONAL EARNINGS WILL CONTINUE TO BE PAID TO DEBT RECOVERY SOLUTIONS OF OHIO, INC. IN SATISFACTION OF YOUR DEBT TO THE JUDGMENT CREDITOR."

JUDGE

(1) tear stub off top, (2) continue typing or writing on the reverse side

Ashland Municipal Court
1209 East Main Street, Ashland, OH 44805

Debt Recovery Solutions of Ohio, Inc. v. [redacted]
Case No. [redacted]

Date: _____

REQUEST FOR HEARING

I dispute the judgment creditor's determination of current balance due on **garnishment** order in the above case and request that a hearing in this matter be held not later than twelve days after delivery of this request to the court.

I _____. believe that the need for the hearing is an emergency.

(Insert "do" or "do not")

I dispute the judgment creditor's determination for the following reasons:

_____

_____

_____

_____

I UNDERSTAND THAT NO OBJECTIONS TO THE JUDGMENT ITSELF WILL BE CONSIDERED AT THE HEARING.

Tina L. Mahon)

_____

(Signature)

Date:_____

WARNING: IF YOU DO NOT DELIVER THIS REQUEST FOR HEARING OR A REQUEST IN A SUBSTANTIALLY SIMILAR FORM TO THE OFFICE OF THE CLERK OF THIS COURT WITHIN FIVE (5) BUSINESS DAYS OF YOUR RECEIPT OF IT, YOU WAIVE YOUR RIGHT TO A HEARING, AND SOME OF YOUR PERSONAL EARNINGS WILL CONTINUE TO BE PAID TO DEBT RECOVERY SOLUTIONS OF OHIO, INC. IN SATISFACTION OF YOUR DEBT TO THE JUDGMENT CREDITOR."

BARRETT BROTHERS, PUBLISHERS

AFFIDAVIT, ORDER AND NOTICE OF GARNISHMENT AND ANSWER OF GARNISHEE

(PERSONAL EARNINGS)

REVISED 9/30/08

WHITE: Return to Court BLUE: Retained by Employer GREEN AND YELLOW: Give to Judgment Debtor PINK: For Return of Service

THE STATE OF OHIO
COUNTY OF Richland, SS

Ashland Municipal Court
Ashland, Ohio

Debt Recovery Solutions of Ohio, Inc.
Judgment Creditor

VS.

[redacted]

Docket No. _____ Page _____
Case No. [redacted]

Last Four Digits of Debtor's SS #: 0660 Optional

AFFIDAVIT

(The debt collector is attempting to collect a debt and any information obtained will be used for that purpose).

The undersigned, first duly cautioned and sworn, deposes that I am the attorney for, the Judgment Creditor herein, and that said Judgment Creditor on the _____ day of January 16, 2018, 20__, duly recovered a judgment in the Ashland Municipal Court against the Judgment Debtor named above. I state that the Garnishee named Richland County at the address of 50 Park Avenue East, Mansfield, Ohio 44902 may be an employer of the judgment debtor and who may have personal earnings of the same. I state that the written demand required by R.C. 2716.02 has been made, that the payment demanded has not been made and a sufficient portion of the payment demanded has not been made to prevent the garnishment of personal earnings as described in R.C. 2716.02. I further have no knowledge of any application by Judgment Debtor for the appointment of a trustee so as to preclude garnishment, nor knowledge that the debt is the subject of a debt scheduling agreement of a nature precluding garnishment.

ATTORNEY FOR JUDGMENT CREDITOR
John Allen Holmes, Esq. (#0062652)
WELDON, HUSTON & KEYSER, L.L.P.
76 North Mulberry Street, Mansfield, OH 44902

Sworn to and subscribed before me
this 13 day of February, 2018

NOTARY PUBLIC

SECTION A. COURT ORDER AND NOTICE OF GARNISHMENT

TO: Richland County, 50 Park Avenue East, Mansfield, Ohio 44902 GARNISHEE

The Judgment Creditor in the above case has filed an Affidavit, satisfactory to the undersigned, in this Court stating that you may owe the Judgment Debtor money for personal earnings. **You are therefore ordered to complete the "Answer of Employer (Garnishee)" in Section B on the back of this form.** Return one completed and signed copy of this form to the clerk of this court within five (5) business days after you receive this Order of Garnishment. **Deliver** one completed and signed copy of this form and the accompanying documents entitled "Notice to the Judgement Debtor" and "Request for Hearing" to the Judgment Debtor. Keep the other completed copy of this form for your files.

The total probable amount now due on this judgment is $ 2,968.14. (The total probable amount due includes the unpaid portion of the judgment in favor of the Judgment Creditor, which is $ 2,663.14; interest on that judgment and, if applicable, prejudgment interest at the rate of _____% per annum payable until that judgement is satisfied in full; and court costs in the amount of $ 305.00.)

This garnishment order of personal earnings is a **continuous** order that generally requires you to withhold a specified amount, calculated each pay period at the statutory percentage, of the Judgment Debtor's personal disposable earnings, as determined in accordance with the Interim Report and Answer of Garnishee and commencing with the first full pay period beginning after you receive the order until the judgment in favor of the Judgment Creditor and the associated court costs, interest, and, if applicable, prejudgment interest have been paid in full. You must pay the specified amount, calculated each pay period at the statutory percentage, to the Clerk of Court within thirty (30) days after the end of each pay period of the Judgment Debtor and must include with your payment a completed photocopy of the enclosed "Interim Report and Answer of Garnishee" form. You are permitted to deduct a processing fee of up to three dollars ($3) [which shall not be charged as court costs] from the Judgment Debtor's personal disposable earnings for any pay period that an amount was withheld for the Garnishment Order. You are not required to file with the court the Interim Report and Answer of Garnishee for any pay period of the Judgment Debtor for which an amount was not withheld for the Garnishment Order.

This Garnishment Order will remain in effect until one of the following occurs:

1) The total probable amount due is paid in full as a result of your withholding of the specified amount, calculated each pay period as the statutory percentage, from the Judgment Debtor's personal disposable earnings, that commenced with the first full pay period beginning after you received the order;
2) The Judgment Creditor or the Judgment Creditor's Attorney, files with this court a written notice that the total probable amount due has been satisfied or the Judgment Creditor or the Judgment Creditor's Attorney files a written request to terminate this Order of Garnishment and release you from it;
3) A municipal or county court appoints a trustee for the Judgment Debtor and issues to you an order staying this garnishment;
4) A federal bankruptcy court issues to you an order staying this order of garnishment;
5) A municipal or county court or a common pleas court issues to you another order of garnishment of personal earnings that relates to the Judgment Debtor and a different judgment creditor and Ohio or federal law provides the other order with a higher priority than this order;
6) A municipal or county court or a common pleas court issues to you another order of garnishment of personal earnings that relates to the Judgment Debtor and a different judgment creditor and that does not have a higher priority than this order;
7) The Judgment Creditor or the Judgment Creditor's Attorney files with this court a written request to terminate and release the Order of Garnishment, and as a result, the Order of Garnishment will cease to remain in effect.

Under any of the circumstances listed above, you are required to file with this court a "Final Report and Answer of Garnishee" form. A copy of the Final Report and Answer of Garnishee form is attached to this Order of Garnishment. Under the circumstances listed in (5) and (6) above, you must cease processing this Order of Garnishment after the expiration of the full pay period within which the one hundred eighty-second (182nd) day after you began processing it falls.

Special stacking, priority of payment, and manner of payment rules apply when a Garnishee receives multiple orders of garnishment with respect to the same Judgment Debtor. These rules are set forth in R.C. 2716.041 and you should become familiar with them. An Employer Guide To Processing Continuous Orders Of Garnishment is included with this Order of Garnishment.

Witness my hand and the seal of this court this 22 day of Feb., 2018

JUDGE

INSTRUCTIONS: To complete the back of this form: (1) tear stub off top, (2) continue typing or writing on the reverse side

SECTION B. ANSWER OF EMPLOYER (GARNISHEE)

(Answer All Pertinent Questions)

(An employer is one who is required to withhold payroll taxes out of payments of personal earnings made to the Judgment Debtor.)

Now comes _____, employer (garnishee) herein, who says:

1. This order of garnishment was received on _____ day of _____, _____.

2. The Judgment Debtor is in my / our employ. YES NO
[If the answer is "No", give date of last employment: _____]

3. (A) Is the debt to which this order of garnishment of personal earnings pertains the subject of an existing agreement for debt scheduling between the Judgment Debtor and a budget and debt counseling service and has the Judgment Debtor made every payment that was due under the agreement for debt scheduling no later than forty-five (45) days after the date on which the payment was due? YES NO
[If the answer to both parts of this question is "Yes", give all available details of the agreement, sign this form, and return it to the court]. 3(A) _____

3 (B) Were you, on the date that you received this order of garnishment of personal earnings, withholding moneys from the Judgment Debtor's personal disposable earnings pursuant to another order of garnishment of personal earnings that Ohio or federal law provides with a higher priority than this order of garnishment order (such as a support order of Internal Revenue Service levy): YES NO
[If the answer is "Yes", give the name of the court that issued the higher priority order, the case number, the date the order was received, and the balance due to the relevant judgement creditor under that order.] 3(B) _____

3 (C) Did you receive prior to the date that you received this order of garnishment of personal earnings one or more other orders of garnishment of personal earning that are not described in question 3 (B) and are you currently processing one or more of those orders of the statutorily required time period or holding one or more of those orders for processing for a statutorily required period in the sequence of their receipt by you? YES NO
[If the answer to the question is "Yes" give the name of the court that issued each of those previously received orders, the associated case numbers, the date upon which you received each of those orders, and the balance due to the relevant judgment creditor under each of those orders. List first the previously received order(s) that you are currently processing, and list each of the other previously received orders in the sequence that you are required to process them.] 3(C) _____

_____

I CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE.

DATED: _____ SIGNED _____

_____ _____

Print Name of Employer Print Title and Name

I served the above garnishment order by leaving three copies thereof, together two copies of the Notice to Judgment Debtor and Request for Hearing form and employers guide to processing continuous garnishments with _____, an officer of managing or general agent of the Garnishee. No Service because _____

Date of Return: _____ Bailiff/Process Server _____

PC #18-026

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [redacted]

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

5:45 a.m. on April 4, 2018 at the Richland County Jail

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

That on January 11-13, 2018, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, General Order 16.1 (Sick Leave), H (Procedure for Sick Leave Abuse Discipline - Pattern Abuse) a by not producing a physician's verification statement as required. This is your 3rd Group I # 13 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 or legal counsel if you are not represented by a union.

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

Capt. C. [illegible] — 3/15/18

Employer Signature — Date

Proof of Service

I served the above notice on [redacted] on the 15th day of March, 2018.

Fellure, Jeff — Sergeant

Name — Title

[redacted] — 3/15/18

Employee Signature — Date

18-9

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 1-30-18

VIOLATION

Date Violation Occurred: December 26, 2017 Personnel Complaint Number: 2018-009

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 13

Description of Violation:
That on the date listed, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 24.8, N (Reporting Requirements) by failing to document and report a Use of Force. This is your 2nd violation.

(Attach Additional sheets if necessary)

This Written Reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be considered active by management for **twelve (12)** months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of Person Issuing Reprimand

Lieutenant

Title

I hereby acknowledge that a copy of the above record of Written Reprimand has been given to me on this date.

[redacted]

Employee's Signature

1-30-18

Date

g Authority

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

Name: [redacted] Review Period: 4-6-17 to 10-4-17

Unit #: [redacted] Review Deadline Date: 11-6-17

Rater Name: Sgt. Collier Bi-Annual Review

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: Officer [redacted] always promptly notifies me of any issues.

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):

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

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 [redacted] is well respected by the inmates.

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:

6. 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):

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

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 [redacted] is very timely with her paperwork.

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 [redacted] gets along very well with Co-workers.

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

OVERALL EVALUATION

RICHLAND COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
PERFORMANCE EVALUATION
OFFICER

Total Points: 14

Rater: Sgt. [illegible] Date: 10-30-17
Comments:

Lieutenant: [redacted] Date: 12-17-17
Comments:

Staff Lieutenant: [illegible] Date: 11-1-17
Comments:

Jail Administrator: [illegible] Date: 11/7/17
Comments:

Chief Deputy: [illegible] Date: 11/21/17
Comments:

Sheriff: [illegible] Date: 12/11/17
Comments:

Employee Signatu[redacted] Date: 1-2-18
Comments:

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.

My signature may not indicate agreement with the ratings.

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

ORIGINAL

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 1-15-18

VIOLATION

Date Violation Occurred: December 7, 2017 Personnel Complaint Number: 2018-~~001~~ 003

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 17

Description of Violation:
That on the date listed, you exhibited unsatisfactory work and failed to maintain a required standard of performance when didn't conduct proper personal observation checks on inmates in the jail as required. This is your 1st Group I # 17 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be considered active by management for six (6) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of Person Issuing Reprimand

JAIL ADMINISTRATOR
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[redacted]
Employee's Signature

1-15-18
Date

cc: Employee
Appointing Authority

RICHLAND COUNTY OHIO

RICHLAND COUNTY
Enrollment/Change Form

Department Name: **RICHLAND COUNTY**
Employee Number: [redacted]

CHECK ONE: ☐ OPEN ENROLLMENT ☐ NEW HIRE ☒ CHANGE	Date of Change:	Date of Hire:	Effective Date:
CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE	11-01-2016	10-22-2007	01-01-2017

OTHER CHANGES

☐ ADD/CANCEL DEPENDENT(S):

☐ Marriage* ☐ Birth ☐ Adoption ☐ Court Order ☐ Divorce *if marriage, state previous name

[redacted]

☐ Death ☐ Age Limit ☐ Change in student status ☐ Other (explain)

EMPLOYEE/DEPENDENT DATA

NAME OF EMPLOYEE: First: [redacted] Middle: [redacted] Last: [redacted] Social Security #: [redacted]

[redacted]

BENEFIT SECLECTIONS

[redacted]

misstatement, misrepresentation [redacted] ing or retroactive termination of coverage, and may allow for recovery of claims paid.

X SIGNATURE OF EMPLOYEE: [redacted] Date: 11-1-16

FLEXIBLE SPENDING

FLEXIBLE SPENDING ACCOUNT	PER PAY		ANNUAL AMOUNT	
A. Unreimbursed Medical Expenses	_____	X 26 Pays	_____	($2,600.00 max)
B. Dependent Day Care	_____	X 26 Pays	_____	($5,000.00 max)

I understand that I can not change my Health Care Plan election or Flexible Spending Account election until the annual enrollment unless I have a change in family status. I also understand that by making this election, I authorize my employer to deduct from my wages the required contribution for the coverage herein elected. Contributions will be deducted on a pre-tax bases.

Under the Section 125 Flexible Spending Account: Employees may now carry over $500 into the next plan year with my employer.

SIGNATURE _____ Date _____

X

I have been [redacted] ding Account, but decline participation.

SIGNATURE [redacted] Date 11-1-16

[redacted]

check date	RATES / SHIFT / REG HOURS	reg paid	new reg	OWED	HOLIDAY HOUR	holiday paid	new holiday	OWED	OT HOURS	OT paid	New OT	OWED	FT HOURS	FT PAID	FT NEW	OWED	
	RATES	20.55	20.90			RATE	20.9				31.35				5.23		
	SHIFT	21.35	21.7			SHIFT	21.70				32.55						
1/8/2016	64.00	$1,451.80	$1,388.80	-$63.00	0			$0.00				0.00				$0.00	-$63.00
1/22/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				0.00				$0.00	$28.00
2/5/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
2/19/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
3/4/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
3/18/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
4/1/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
4/15/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
4/29/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
5/13/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
5/27/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
6/10/2016	80.00	$1,708.01	$1,736.00	$27.99	0			$0.00				$0.00				$0.00	$27.99
6/24/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
7/8/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
7/22/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
8/5/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00	8	$256.20	$260.40	$4.20				$0.00	$32.20
8/19/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
9/2/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
9/16/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
9/30/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
10/14/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
10/28/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00	16.5	$528.41	$537.08	$8.66				$0.00	$36.67
11/11/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
11/25/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
12/9/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
12/23/2016	80.00	$1,708.00	$1,736.00	$28.00	0			$0.00				$0.00				$0.00	$28.00
																	$649.86
		OLD	NEW														
		$20.55	$21.20			holiday rate	22			OT rate	33						
		$21.35	$22.00														
1/6/2017	51	$1,088.85	$1,122.00	$33.15	0			$0.00				$0.00	0				$33.15
1/20/2017	80	$1,708.00	$1,760.00	$52.00	0			$0.00				$0.00	0				$52.00
2/3/2017	80	$1,708.00	$1,760.00	$52.00	0			$0.00				$0.00	0			$0.00	$52.00
2/17/2017	80	$1,708.00	$1,760.00	$52.00	0			$0.00				$0.00	0				$52.00
3/3/2017	80	$1,708.00	$1,760.00	$52.00	0			$0.00				$0.00	0				$52.00
																	$241.15

total due **$891.01**

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

[redacted] LOC: 254 ORG: PAYROLL

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
Check Date: 01/08/2016											
27525500	510200		254	2030	000041069	305 VACSD	16.00	341.60			
27525500	510200		254	2030	000041069	567 COMPSH	12.00	256.20			
27525500	510200		254	2030	000041069	887 SB .80	16.00	341.60			
27525500	510200		254	2030	000041069	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000041069	887 SB .80	16.00	341.60			
			254		000041069						
			254		000041069						
			254		000041069						
			254		000041069						
			254		000041069						
			254		000041069						
			254		000041069						
			254		000041069						
27525500	533530		254		000041069						
27525500	536300		254		000041069						
27525500	536400		254		000041069						
27525500	536500		254		000041069						
CHECK 01/08/2016 TOTALS:					NET:	911.66	68.00	1,451.80			
Check Date: 01/22/2016											
27525500	510200		254	2030	000042281	405 SICKSD	8.00	170.80			
27525500	510200		254	2030	000042281	552 HS	8.00	170.80			
27525500	510200		254	2030	000042281	561 CTEA	8.00	0.00			
27525500	510200		254	2030	000042281	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000042281	887 SB .80	24.00	512.40			
27525500	510200		254	2030	000042281	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000042281	887 SB .80	24.00	512.40			
			254		000042281						
			254		000042281						
			254		000042281						
			254		000042281						
			254		000042281						
			254		000042281						
			254		000042281						
			254		000042281						
27525500	533530		254		000042281						
27525500	536300		254		000042281						
27525500	536400		254		000042281						
27525500	536500		254		000042281						
CHECK 01/22/2016 TOTALS:					NET:	1,090.87	88.00	1,708.00			
Check Date: 02/05/2016											
27525500	510200		254	2030	000043493	405 SICKSD	32.00	683.20			
27525500	510200		254	2030	000043493	887 SB .80	16.00	341.60			
27525500	510200		254	2030	000043493	887 SB .80	32.00	683.20			
			254		000043493						
			254		000043493						
			254		000043493						
			254		000043493						
			254		000043493						

4 comp.

[redacted]

[redacted]

[redacted]

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
[redacted]											LOC: 254 ORG: PAYROLL	
			254		000043493						[redacted]	
			254		000043493							
			254		000043493							
27525500	533530		254		000043493							
27525500	536300		254		000043493							
27525500	536400		254		000043493							
27525500	536500		254		000043493							
CHECK 02/05/2016 TOTALS:					NET:	1,089.03	80.00	1,708				
Check Date: 02/19/2016												
27525500	510200		254	2030	000044703	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000044703	887 SB .80	16.00	341.60				
27525500	510200		254	2030	000044703	887 SB .80	24.00	512.40				
27525500	510200		254	2030	000044703	887 SB .80	16.00	341.60				
27525500	510200		254	2030	000044703	887 SB .80	16.00	341.60				
			254		000044703							
			254		000044703							
			254		000044703							
			254		000044703							
			254		000044703							
			254		000044703							
			254		000044703							
			254		000044703							
27525500	533530		254		000044703							
27525500	536300		254		000044703							
27525500	536400		254		000044703							
27525500	536500		254		000044703							
CHECK 02/19/2016 TOTALS:					NET:	1,089.03	80.00	1,708.00				
Check Date: 03/04/2016												
27525500	510200		254	2030	000045921	887 SB .80	32.00	683.20				
27525500	510200		254	2030	000045921	887 SB .80	48.00	1,024.80				
			254		000045921							
			254		000045921							
			254		000045921							
			254		000045921							
			254		000045921							
			254		000045921							
			254		000045921							
			254		000045921							
27525500	533530		254		000045921							
27525500	536300		254		000045921							
27525500	536400		254		000045921							
27525500	536500		254		000045921							
CHECK 03/04/2016 TOTALS:					NET:	1,089.03	80.00	1,708.00				
Check Date: 03/18/2016												
27525500	510200		254	2030	000047132	766 TR SH	8.00	170.80				
27525500	510200		254	2030	000047132	887 SB .80	40.00	854.00				
27525500	510200		254	2030	000047132	887 SB .80	32.00	683.20				
			254		000047132							
			254		000047132							

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
[redacted]								LOC: 254 ORG: PAYROLL				
			254		000047132			[redacted]				
			254		000047132							
			254		000047132							
			254		000047132							
			254		000047132							
			254		000047132							
27525500	533530		254		000047132							
27525500	536300		254		000047132							
27525500	536400		254		000047132							
27525500	536500		254		000047132							
CHECK 03/18/2016 TOTALS:					NET:	1,085.35	80.00	1,708				
Check Date: 04/01/2016												
27525500	510200		254	2030	000048350	405 SICKSD	1.42	30.32				
27525500	510200		254	2030	000048350	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000048350	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000048350	456 BRV SH	8.00	170.80				
27525500	510200		254	2030	000048350	456 BRV SH	8.00	170.80				
27525500	510200		254	2030	000048350	571 RATOSH	8.00	170.80				
27525500	510200		254	2030	000048350	887 SB .80	6.58	140.48				
27525500	510200		254	2030	000048350	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000048350	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000048350	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000048350	887 SB .80	8.00	170.80				
			254		000048350							
			254		000048350							
			254		000048350							
			254		000048350							
			254		000048350							
			254		000048350							
			254		000048350							
			254		000048350							
27525500	533530		254		000048350							
27525500	536300		254		000048350							
27525500	536400		254		000048350							
27525500	536500		254		000048350							
CHECK 04/01/2016 TOTALS:					NET:	1,089.05	80.00	1,708.00				
Check Date: 04/15/2016												
27525500	510200		254	2030	000049555	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000049555	571 RATOSH	8.00	170.80				
27525500	510200		254	2030	000049555	571 RATOSH	8.00	170.80				
27525500	510200		254	2030	000049555	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000049555	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000049555	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000049555	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000049555	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000049555	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000049555	887 SB .80	8.00	170.80				
			254		000049555			[redacted]				
			254		000049555							
			254		000049555							

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
[redacted]											
			254		000049555						
			254		000049555						
			254		000049555						
			254		000049555						
			254		000049555						
27525500	533530		254		000049555						
27525500	536300		254		000049555						
27525500	536400		254		000049555						
27525500	536500		254		000049555						
CHECK 04/15/2016 TOTALS:					NET:	1,089.03	80.00	1,708.0			
Check Date: 04/29/2016											
27525500	510200		254	2030	000050760	561 CTEA	1.00	0.00			
27525500	510200		254	2030	000050760	571 RATOSH	8.00	170.80			
27525500	510200		254	2030	000050760	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000050760	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000050760	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000050760	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000050760	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000050760	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000050760	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000050760	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000050760	887 SB .80	8.00	170.80			
			254		000050760						
			254		000050760						
			254		000050760						
			254		000050760						
			254		000050760						
			254		000050760						
27525500	536300		254		000050760						
27525500	536400		254		000050760						
CHECK 04/29/2016 TOTALS:					NET:	1,191.79	81.00	1,708.00			
Check Date: 05/13/2016											
27525500	510200		254	2030	000051959	405 SICKSD	8.00	170.80			
27525500	510200		254	2030	000051959	501 PE+SH	8.00	170.80			
27525500	510200		254	2030	000051959	501 PE+SH	8.00	170.80			
27525500	510200		254	2030	000051959	501 PE+SH	8.00	170.80			
27525500	510200		254	2030	000051959	561 CTEA	4.00	0.00			
27525500	510200		254	2030	000051959	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000051959	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000051959	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000051959	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000051959	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000051959	887 SB .80	8.00	170.80			
			254		000051959						
			254		000051959						
			254		000051959						
			254		000051959						
			254		000051959						
			254		000051959						
			254		000051959						

LOC: 254 ORG: PAYROLL
[redacted]

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
[redacted]								LOC: 254 ORG: PAYROLL				
			254		000051959							
27525500	533530		254		000051959							
27525500	536300		254		000051959							
27525500	536400		254		000051959							
27525500	536500		254		000051959							
CHECK 05/13/2016 TOTALS:					NET:	1,089.03	84.00	1,708.0[redacted]				
Check Date: 05/27/2016												
27525500	510200		254	2030	000053159	456 BRV SH	8.00	170.80				
27525500	510200		254	2030	000053159	571 RATOSH	8.00	170.80				
27525500	510200		254	2030	000053159	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053159	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053159	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053159	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053159	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053159	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053159	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000053159	887 SB .80	8.00	170.80				
			254		000053159							
			254		000053159							
			254		000053159							
			254		000053159							
			254		000053159							
			254		000053159							
			254		000053159							
			254		000053159							
27525500	533530		254		000053159							
27525500	536300		254		000053159							
27525500	536400		254		000053159							
27525500	536500		254		000053159							
CHECK 05/27/2016 TOTALS:					NET:	1,089.03	80.00	1,708.00				
Check Date: 06/10/2016												
27525500	510200		254	2030	000054376	405 SICKSD	1.50	32.03				
27525500	510200		254	2030	000054376	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000054376	555 SHFHOL	8.00	0.00				
27525500	510200		254	2030	000054376	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054376	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054376	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054376	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054376	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054376	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054376	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054376	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000054376	887 SB .80	6.50	138.78				
			254		000054376							
			254		000054376							
			254		000054376							
			254		000054376							
			254		000054376							
			254		000054376							
			254		000054376							

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
[redacted]												
			254		000054376						LOC: 254 ORG: PAYROLL	
27525500	533530		254		000054376						[redacted]	
27525500	536300		254		000054376							
27525500	536400		254		000054376							
27525500	536500		254		000054376							
CHECK 06/10/2016 TOTALS:					NET:	1,089.05	88.00	1,708.				
Check Date: 06/24/2016												
27525500	510200		254	2030	000055574	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000055574	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000055574	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000055574	561 CTEA	8.00	0.00				
27525500	510200		254	2030	000055574	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000055574	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000055574	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000055574	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000055574	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000055574	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000055574	887 SB .80	8.00	170.80				
			254		000055574							
			254		000055574							
			254		000055574							
			254		000055574							
			254		000055574							
			254		000055574							
			254		000055574							
			254		000055574							
27525500	533530		254		000055574							
27525500	536300		254		000055574							
27525500	536400		254		000055574							
27525500	536500		254		000055574							
CHECK 06/24/2016 TOTALS:					NET:	1,089.03	88.00	1,708.00				
Check Date: 07/08/2016												
27525500	510200		254	2030	000056772	305 VACSD	4.00	85.40				
27525500	510200		254	2030	000056772	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000056772	552 HS	8.00	170.80				
27525500	510200		254	2030	000056772	561 CTEA	8.00	0.00				
27525500	510200		254	2030	000056772	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000056772	887 SB .80	12.00	256.20				
27525500	510200		254	2030	000056772	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000056772	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000056772	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000056772	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000056772	887 SB .80	8.00	170.80				
			254		000056772							
			254		000056772							
			254		000056772							
			254		000056772							
			254		000056772							
			254		000056772							
			254		000056772							

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
[redacted]												
			254		000056772							
27525500	533530		254		000056772							
27525500	536300		254		000056772							
27525500	536400		254		000056772							
27525500	536500		254		000056772							
CHECK 07/08/2016 TOTALS:					NET:	1,089.03	88.00	1,708.				
Check Date: 07/22/2016												
27525500	510200		254	2030	000057961	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000057961	555 SHFHOL	8.00	0.00				
27525500	510200		254	2030	000057961	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000057961	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000057961	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000057961	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000057961	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000057961	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000057961	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000057961	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000057961	887 SB .80	8.00	170.80				
			254		000057961							
			254		000057961							
			254		000057961							
			254		000057961							
			254		000057961							
			254		000057961							
			254		000057961							
			254		000057961							
27525500	533530		254		000057961							
27525500	536300		254		000057961							
27525500	536400		254		000057961							
27525500	536500		254		000057961							
CHECK 07/22/2016 TOTALS:					NET:	1,089.04	88.00	1,708.00				
Check Date: 08/05/2016												
27525500	510200		254	2030	000059157	216 OT BLD	8.00	256.20				
27525500	510200		254	2030	000059157	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000059157	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000059157	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000059157	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000059157	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000059157	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000059157	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000059157	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000059157	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000059157	887 SB .80	8.00	170.80				
			254		000059157							
			254		000059157							
			254		000059157							
			254		000059157							
			254		000059157							
			254		000059157							
			254		000059157							

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

LOC: 254 ORG: PAYROLL

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
[redacted]											
			254		000059157						
27525500	533530		254		000059157						
27525500	536300		254		000059157						
27525500	536400		254		000059157						
27525500	536500		254		000059157						
CHECK 08/05/2016 TOTALS:					NET:	1,255.41	88.00	1,964.2			
Check Date: 08/19/2016											
27525500	510200		254	2030	000060356	305 VACSD	8.00	170.80			
27525500	510200		254	2030	000060356	456 BRV SH	8.00	170.80			
27525500	510200		254	2030	000060356	552 HS	8.00	170.80			
27525500	510200		254	2030	000060356	567 COMPSH	8.00	170.80			
27525500	510200		254	2030	000060356	571 RATOSH	8.00	170.80			
27525500	510200		254	2030	000060356	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000060356	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000060356	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000060356	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000060356	887 SB .80	8.00	170.80			
			254		000060356						
			254		000060356						
			254		000060356						
			254		000060356						
			254		000060356						
			254		000060356						
			254		000060356						
			254		000060356						
27525500	533530		254		000060356						
27525500	536300		254		000060356						
27525500	536400		254		000060356						
27525500	536500		254		000060356						
CHECK 08/19/2016 TOTALS:					NET:	1,089.04	80.00	1,708.00			
Check Date: 09/02/2016											
27525500	510200		254	2030	000061553	567 COMPSH	8.00	170.80			
27525500	510200		254	2030	000061553	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000061553	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000061553	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000061553	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000061553	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000061553	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000061553	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000061553	887 SB .80	8.00	170.80			
			254		000061553						
			254		000061553						
			254		000061553						
			254		000061553						
			254		000061553						
			254		000061553						
			254		000061553						
			254		000061553						
27525500	533530		254		000061553						

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

LOC: 254 ORG: PAYROLL

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
[redacted]												
27525500	536300		254		000061553							
27525500	536400		254		000061553							
27525500	536500		254		000061553							
CHECK 09/02/2016 TOTALS:					NET:	1,089.03	80.00	1,708.00	[redacted]			
Check Date: 09/16/2016												
27525500	510200		254	2030	000062743	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000062743	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000062743	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000062743	552 HS	8.00	170.80				
27525500	510200		254	2030	000062743	552 HS	8.00	170.80				
27525500	510200		254	2030	000062743	552 HS	8.00	170.80				
27525500	510200		254	2030	000062743	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000062743	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000062743	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000062743	887 SB .80	8.00	170.8	[redacted]			
27525500	510200		254		000062743							
			254		000062743							
			254		000062743							
			254		000062743							
			254		000062743							
			254		000062743							
			254		000062743							
			254		000062743							
			254		000062743							
27525500	533530		254		000062743							
27525500	536300		254		000062743							
27525500	536400		254		000062743							
27525500	536500		254		000062743							
CHECK 09/16/2016 TOTALS:					NET:	1,089.03	80.00	1,708.0	[redacted]			
Check Date: 09/30/2016												
27525500	510200		254	2030	000063934	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000063934	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000063934	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063934	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063934	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063934	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063934	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063934	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063934	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000063934	887 SB .80	8.00	170.80				
27525500	510200		254		000063934							
			254		000063934							
			254		000063934							
			254		000063934							
			254		000063934							
			254		000063934							
			254		000063934							
27525500	536300		254		000063934							
27525500	536400		254		000063934							
CHECK 09/30/2016 TOTALS:					NET:	1,191.79	80.00	1,708.00	[redacted]			
Check Date: 10/14/2016												

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
[redacted]											
27525500	510200		254	2030	000065124	305 VACSD	8.00	170.80			
27525500	510200		254	2030	000065124	305 VACSD	8.00	170.80			
27525500	510200		254	2030	000065124	305 VACSD	8.00	170.80			
27525500	510200		254	2030	000065124	305 VACSD	8.00	170.80			
27525500	510200		254	2030	000065124	305 VACSD	8.00	170.80			
27525500	510200		254	2030	000065124	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000065124	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000065124	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000065124	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000065124	887 SB .80	8.00	170.80			
			254		000065124						
			254		000065124						
			254		000065124						
			254		000065124						
			254		000065124						
			254		000065124						
			254		000065124						
			254		000065124						
27525500	533530		254		000065124						
27525500	536300		254		000065124						
27525500	536400		254		000065124						
27525500	536500		254		000065124						
CHECK 10/14/2016 TOTALS:					NET:	1,089.03	80.00	1,708.00			
Check Date: 10/28/2016											
27525500	510200		254	2030	000066316	216 OT BLD	4.00	128.10			
27525500	510200		254	2030	000066316	216 OT BLD	4.00	128.10			
27525500	510200		254	2030	000066316	216 OT BLD	4.00	128.10			
27525500	510200		254	2030	000066316	216 OT BLD	4.50	144.11			
27525500	510200		254	2030	000066316	561 CTEA	8.00	0.00			
27525500	510200		254	2030	000066316	561 CTEA	4.00	0.00			
27525500	510200		254	2030	000066316	561 CTEA	4.00	0.00			
27525500	510200		254	2030	000066316	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000066316	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000066316	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000066316	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000066316	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000066316	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000066316	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000066316	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000066316	887 SB .80	8.00	170.80			
			254		000066316						
			254		000066316						
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			254		000066316						
			254		000066316						
			254		000066316						
			254		000066316						
			254		000066316						
27525500	533530		254		000066316						
27525500	536300		254		000066316						

LOC: 254 ORG: PAYROLL

[redacted]

[redacted]

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
[redacted]												
								LOC 254 ORG: PAYROLL				
27525500	536400		254		000066316			[redacted]				
27525500	536500		254		000066316							
CHECK 10/28/2016 TOTALS:					NET:	1,419.93	112.50	2,236.41				
Check Date: 11/10/2016												
27525500	510200		254	2030	000067502	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000067502	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000067502	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000067502	561 CTEA	4.00	0.00				
27525500	510200		254	2030	000067502	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000067502	600 LGS	0.00	1,012.50				
27525500	510200		254	2030	000067502	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000067502	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000067502	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000067502	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000067502	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000067502	887 SB .80	8.00	170.80				
27525500	510200		254		000067502							
			254		000067502							
			254		000067502							
			254		000067502							
			254		000067502							
			254		000067502							
			254		000067502							
			254		000067502							
27525500	533530		254		000067502							
27525500	536300		254		000067502							
27525500	536400		254		000067502							
27525500	536500		254		000067502							
CHECK 11/10/2016 TOTALS:					NET:	1,712.47	84.00	2,720.5[redacted]				
Check Date: 11/25/2016												
27525500	510200		254	2030	000068693	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000068693	555 SHFHOL	8.00	0.00				
27525500	510200		254	2030	000068693	561 CTEA	8.00	0.00				
27525500	510200		254	2030	000068693	561 CTEA	4.00	0.00				
27525500	510200		254	2030	000068693	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000068693	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000068693	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000068693	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000068693	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000068693	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000068693	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000068693	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000068693	887 SB .80	8.00	170.80				
27525500	510200		254		000068693							
			254		000068693							
			254		000068693							
			254		000068693							
			254		000068693							
			254		000068693							
			254		000068693							

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
[redacted]											
			254		000068693						
27525500	533530		254		000068693						
27525500	536300		254		000068693						
27525500	536400		254		000068693						
27525500	536500		254		000068693						
CHECK 11/25/2016 TOTALS:					NET:	1,089.04	100.00	1,708.0			
Check Date: 12/09/2016											
27525500	510200		254	2030	000069861	305 VACSD	8.00	170.80			
27525500	510200		254	2030	000069861	555 SHFHOL	8.00	0.00			
27525500	510200		254	2030	000069861	561 CTEA	4.00	0.00			
27525500	510200		254	2030	000069861	567 COMPSH	8.00	170.80			
27525500	510200		254	2030	000069861	567 COMPSH	8.00	170.80			
27525500	510200		254	2030	000069861	567 COMPSH	8.00	170.80			
27525500	510200		254	2030	000069861	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000069861	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000069861	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000069861	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000069861	887 SB .80	8.00	170.80			
			254		000069861						
			254		000069861						
			254		000069861						
			254		000069861						
			254		000069861						
			254		000069861						
			254		000069861						
			254		000069861						
27525500	536300		254		000069861						
27525500	536400		254		000069861						
27525500	536500		254		000069861						
CHECK 12/09/2016 TOTALS:					NET:	1,101.21	92.00	1,708.00			
Check Date: 12/23/2016											
27525500	510200		254	2030	000070965	305 VACSD	8.00	170.80			
27525500	510200		254	2030	000070965	305 VACSD	8.00	170.80			
27525500	510200		254	2030	000070965	305 VACSD	8.00	170.80			
27525500	510200		254	2030	000070965	567 COMPSH	8.00	170.80			
27525500	510200		254	2030	000070965	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000070965	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000070965	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000070965	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000070965	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000070965	887 SB .80	8.00	170.80			
			254		000070965						
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			254		000070965						

LOC: 254 ORG: PAYROLL

[redacted]

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

LOC: 254 ORG: PAYROLL [redacted]

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
[redacted]												
27525500	536300		254		000070965							
27525500	536400		254		000070965							
27525500	536500		254		000070965							
CHECK 12/23/2016 TOTALS:					NET:	1,101.20	80.00	1,708.0[redacted]				
Check Date: 01/06/2017												
27525500	510200		254	2030	000072039	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000072039	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000072039	405 SICKSD	8.00	170.80				
27525500	510200		254	2030	000072039	405 SICKSD	3.00	64.05				
27525500	510200		254	2030	000072039	561 CTEA	4.00	0.00				
27525500	510200		254	2030	000072039	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072039	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000072039	887 SB .80	8.00	170.80				
			254		000072039							
			254		000072039							
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			254		000072039							
			254		000072039							
			254		000072039							
27525500	533530		254		000072039							
27525500	536300		254		000072039							
27525500	536400		254		000072039							
27525500	536500		254		000072039							
CHECK 01/06/2017 TOTALS:					NET:	642.06	55.00	1,088.85				
Check Date: 01/20/2017												
27525500	510200		254	2030	000073117	305 VACSD	8.00	170.80				
27525500	510200		254	2030	000073117	501 PE+SH	8.00	170.80				
27525500	510200		254	2030	000073117	501 PE+SH	8.00	170.80				
27525500	510200		254	2030	000073117	501 PE+SH	8.00	170.80				
27525500	510200		254	2030	000073117	555 SHFHOL	8.00	0.00				
27525500	510200		254	2030	000073117	571 RATOSH	8.00	170.80				
27525500	510200		254	2030	000073117	571 RATOSH	8.00	170.80				
27525500	510200		254	2030	000073117	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000073117	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000073117	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000073117	887 SB .80	8.00	170.80				
			254		000073117							
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			254		000073117							
			254		000073117							
27525500	533530		254		000073117							
27525500	536300		254		000073117							

[redacted]

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
[redacted]											
									LOC: 254	ORG: PAYROLL	
27525500	536400		254		000073117						
27525500	536500		254		000073117						
CHECK 01/20/2017 TOTALS:					NET:	1,075.15	88.00	1,708.00	[redacted]		
Check Date: 02/03/2017											
27525500	510200		254	2030	000074206	305 VACSD	8.00	170.80			
27525500	510200		254	2030	000074206	552 HS	8.00	170.80			
27525500	510200		254	2030	000074206	552 HS	8.00	170.80			
27525500	510200		254	2030	000074206	552 HS	8.00	170.80			
27525500	510200		254	2030	000074206	552 HS	8.00	170.80			
27525500	510200		254	2030	000074206	552 HS	8.00	170.80			
27525500	510200		254	2030	000074206	552 HS	8.00	170.80			
27525500	510200		254	2030	000074206	571 RATOSH	8.00	170.80			
27525500	510200		254	2030	000074206	571 RATOSH	8.00	170.80			
27525500	510200		254	2030	000074206	887 SB .80	8.00	170.80			
			254		000074206						
			254		000074206						
			254		000074206						
			254		000074206						
			254		000074206						
			254		000074206						
			254		000074206						
			254		000074206						
			254		000074206						
27525500	533530		254		000074206						
27525500	536300		254		000074206						
27525500	536400		254		000074206						
27525500	536500		254		000074206						
CHECK 02/03/2017 TOTALS:					NET:	1,147.15	80.00	1,708.00	[redacted]		
Check Date: 02/17/2017											
27525500	510200		254	2030	000075291	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000075291	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000075291	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000075291	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000075291	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000075291	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000075291	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000075291	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000075291	887 SB .80	8.00	170.80			
27525500	510200		254	2030	000075291	887 SB .80	8.00	170.80			
			254		000075291						
			254		000075291						
			254		000075291						
			254		000075291						
			254		000075291						
			254		000075291						
			254		000075291						
27525500	533530		254		000075291						
27525500	536300		254		000075291						
27525500	536400		254		000075291						

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
[redacted]								LOC: 254	ORG: PAYROLL			
27525500	536500		254		000075291							
CHECK 02/17/2017 TOTALS:					NET:	1,099.15	80.00	1,708.0[redacted]				
Check Date: 03/03/2017												
27525500	510200		254	2030	000076373	555 SHFHOL	8.00	0.00				
27525500	510200		254	2030	000076373	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000076373	567 COMPSH	8.00	170.80				
27525500	510200		254	2030	000076373	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000076373	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000076373	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000076373	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000076373	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000076373	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000076373	887 SB .80	8.00	170.80				
27525500	510200		254	2030	000076373	887 SB .80	8.00	170.80				
			254		000076373							
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			254		000076373							
			254		000076373							
			254		000076373							
27525500	533530		254		000076373							
27525500	536300		254		000076373							
27525500	536400		254		000076373							
27525500	536500		254		000076373							
CHECK 03/03/2017 TOTALS:					NET:	1,099.15	88.00	1,708.00				
EMPLOYEE TOTALS:					NET:	34,548.89	2,580.50	53,869.77			53,869.77	26,163.78
GRAND TOTALS:					NET:	34,548.89	2,580.50	53,869.77			53,869.77	26,163.78

** END OF REPORT - Generated by ERIKA SPICER **

17-123

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 10-26-17

VIOLATION

Date Violation Occurred: October 15, 2017 Personnel Complaint Number: 2017-123

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy 18.13 Tardy

Description of Violation:
That on the date listed, you arrived to work after your scheduled starting time in violation of Richland County Sheriff's Office Policy 18.13. This is your 1st violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be considered active by management for six (6) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of Person Issuing Reprimand

Lieutenant
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[redacted]
Employee's Signature

10-26-17
Date

cc: Employee
Appointing Authority

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

Name: [redacted]
Last First Middle

Present Rank/Classification: Corrections

Request for Shift Preference:

First Choice: C

Second Choice: B

Third Choice: A

Request for Rotation Preference:

A Watch: 1st: Bottom 2nd: Middle 3rd: Top

B Watch: 1st: Bottom 2nd: Middle 3rd: Top

C Watch: 1st: Bottom 2nd: Middle 3rd: Top

[redacted]

9-15-17
Date

1785

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 8-3-17

VIOLATION

Date Violation Occurred: July 17, 2017 Personnel Complaint Number: 2017-085

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 13

Description of Violation:
That on the date listed, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 16.1 (Sick Leave), Section G (Sick Leave Use and Abuse), viii (Pattern Abuse), when you called off sick on July 23, 2016, October 30, 2016 and July 17, 2017 in conjunction with time off. Furthermore, you are required to produce a physician's verification statement for all subsequent illnesses. . This is your 2nd violation.

(Attach Additional sheets if necessary)

This Written Reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be considered active by management for **twelve (12)** months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Capt. C. Blue
Signature of Person Issuing Reprimand

JAIL ADMINISTRATOR
Title

I hereby acknowledge that a copy of the above record of Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

8-3-17
Date

cc: Employee
Appointing Authority

Name: [redacted]
Unit #: [redacted]

Review Period: October 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: Officer [redacted] was written up for a late P.O.C. Officer [redacted] will make sure she logss all the POCs she does in the future

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:

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: Officer [redacted] is good about making Greivances available to inmates

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

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

   Explain: Officer [redacted] is good at diffusing 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:

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:

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 [redacted] is always respectful.

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

OVERALL EVALUATION

Total Points: 12

Rater: Sgt. Collier Date: 3-15-17 Comments:

Lieutenant/Staff Lieutenant: [illegible] Date: 3-17-17 Comments:

Jail Administrator: Capt. [illegible] Date: 3/24/17 Comments:

Well done. Keep it up!

Employee Signature [redacted] Date: 4.2.17 Comments:

I have read the above: I have 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 _____.

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

CERTIFICATE OF APPRECIATION

CORRECTION OFFICER [redacted],

IT IS MY PLEASURE TO INFORM YOU ON BEHALF OF THE SHERIFF'S OFFICE THAT YOU HAVE BEEN AWARDED A CERTIFICATE OF APPRECIATION FOR EXCEPTIONAL PERFORMANCE OF DUTY.

ON JULY 14, 2016 FIVE INMATES IN THE JAIL OVERDOSED ON DRUGS AT THE SAME TIME, WHICH RESULTED IN A VERY HIGH STRESS INCIDENT. THE OFFICERS INVOLVED PERFORMED A GREAT JOB IN HANDLING THE SITUATION WHILE MAINTAINING ORDER IN A CHAOTIC SITUATION.

THESE OFFICERS WERE ALSO PIVOTAL IN PROVIDING INFORMATION THAT LED TO A POSITIVE ID OF THE INMATE WHO CONVEYED THE DRUGS INTO THE FACILITY.

OFFICER [redacted], YOUR ABILITY TO WORK AS PART OF A TEAM AND MAINTAIN A SECURE FACILITY ATTESTS TO YOUR EXPERIENCE AS A TRUE PROFESSIONAL. YOUR DEDICATION TO THE RICHLAND COUNTY JAIL IS TRULY APPRECIATED.

PROFESSIONALLY YOURS,

Sheriff J. Steve Sheldon

SHERIFF J. STEVE SHELDON
RICHLAND COUNTY, OHIO

Richland County Jail
73 East Second Street • Mansfield, Ohio 44902
Phone: 419-774-5678 Fax: 419-774-5646

WITH GOD ALL THINGS ARE POSSIBLE

STATE MOTTO

16-202

DISCIPLINARY AGREEMENT

To: [redacted], Correction Officer

From: J. Steve Sheldon, Sheriff

Re: Agreed Discipline following December 31, 2016 Incident

On December 31, 2016, CO [redacted] exhibited unsatisfactory work and failed to maintain a required standard of performance by failing to log all items in the key box. This is her 3rd Group I # 17 violation in the past twelve (12) months.

This agreement is intended to memorialize that CO [redacted] and her union representatives have agreed to waive her right to file a grievance over any discipline issued as a result of this incident and instead accept for four (4) hours to be deducted from her paid leave as a result of her actions on December 31, 2016.

[redacted] _____ 3/7/17
Date

Brian K [illegible] _____ 3/1/17
FOP Representative Date

J Steve Sheldon - Sheriff _____ 2/28/17
J. Steve Sheldon, Sheriff Date

16-198

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 1/25/17

VIOLATION

Date Violation Occurred: December 15, 2016 Personnel Complaint Number: 2016-198

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy Group I Number 17

Description of Violation:
That on the date listed, you exhibited unsatisfactory work and failed to maintain a required standard of performance when you failed to complete personal observation checks on inmates in the jail as required. This is your 2nd Group I # 17 violation.

(Attach Additional sheets if necessary)

This Written Reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be considered active by management for **twelve (12)** months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of Person Issuing Reprimand

Lieutenant
Title

I hereby acknowledge that a copy of the above record of Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

1-25-17
Date

cc: Employee
Appointing Authority

16-20

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [redacted]

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

5:30 a.m. on January 27, 2017 at the Richland County Jail

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

That on December 31, 2016, you exhibited unsatisfactory work and failed to maintain a required standard of performance when you failed to log all items in the key box. This is your third 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.

Employer Signature

1-12-17
Date

Proof of Service

I served the above notice on Tina Mahon on the 25 day of January, 2017.

Sgt. Mahon
Name

Sergeant
Title

[redacted]

1-25-17
Date

Im waving my 5 day notice, will continue with my Hearing Jan. 27 @ 0530.

RICHLAND county OHIO

Employee Maintenance

(circle one)
ADD Change

Name	[redacted]
Address	
City, State, Zip Code	
Telephone	
Birthdate	
Social Security Number	
Marital Status:	
Sex	
Race	
Title	
Department Number	349
Munis Org	27525500
Business Phone Number	
Start Date	
Rehire Date	
Termination Date	
Reason for Termination	
Status	
Annual Salary	

Employee# [redacted]

Has this person ever been employed by Richland County in the past? Yes or No

Class #	
Account #	[redacted]
Object#	510200

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Salary/pay	
Rate/hour	20.55
Alt Rate/hour	
Longevity Payment	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

Signature

12/23/14
Date

EFFECTIVE 12-18-2014

Comments

Name: [redacted]
Unit #: [redacted]

Review Period: April 16 to October 16
Review Deadline Date: 9-30-16

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.*

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: Officer [redacted] Observed a Mannequin constructed from a jumpsuit and blankets. the mannequin was never taken apart. Officer [redacted] was written up for this.

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.*

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

   Above + 2 Meets + 1 Does Not Meet + 0

   Explain:

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:

6. 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.*

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: Officer [redacted] is good about completing paperwork on time.

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 [redacted] is always respectful with co-workers and supervisors.

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

OVERALL EVALUATION

Total Points: 11

Rater: Sgt. Collier Date: _____ Comments:

Lieutenant/Staff Lieutenant: _____ Date: 10-10-16 Comments:

Jail Administrator: _____ Date: 10/13/16 Comments:

Employee Signatur[redacted] Date: 10-6-16 Comments:

I have read the above: I have ~~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 _____.

Form R-8

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 8-18-16

VIOLATION

Date Violation Occurred: July 29, 2016

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 13

Description of Violation: That on the date listed, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 3.1.17 (Contraband Control), Procedural Guidelines, D by not confiscating contraband, notifying the Shift Supervisor or writing a report as required. This is your 2nd Group I # 13 violation.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be considered active by management for twelve (12) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Capt. C. B[illegible]

Signature of Supervisor Issuing Reprimand

Jail Administrator

Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]

Employee's Signature

8-18-16

Date

cc: Employee
Supervisor
Appointing Authority

Form R-8

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 8-18-16

VIOLATION

Date Violation Occurred: July 29, 2016

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 13

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(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be considered active by management for twelve (12) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Capt. C. B[illegible]

Signature of Supervisor Issuing Reprimand

Jail Administrator

Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]

Employee Signature

8-18-16

Date

cc: Employee
Supervisor
Appointing Authority

Form R-7

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 8-5-16

VIOLATION

Date Violation Occurred: July 19, 2016

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 13

Description of Violation: That on the date listed, you negligently failed to observe a rule, regulation, policy or directive when you took breaks totaling forty-three (43) minutes when policy allows for two (2) fifteen (15) minute breaks per eight hour shift. This is your 1st violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be considered active by management for six (6) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of person issuing reprimand

Lieutenant
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[redacted]
Employee's Signature

8-5-16
Date

cc: Employee
Supervisor
Appointing Authority

OFFICIAL USE ONLY
Medical Premium Amount Bi-Weekly_____
Dental Premium Amount Bi-Weekly_____

DEDUCTIBLE
High_____
Low_____

RICHLAND COUNTY OHIO

RICHLAND COUNTY
Enrollment/Change Form

Department Name: Jail
Employee Number: [redacted]

CHECK ONE: ☒ OPEN ENROLLMENT ☐ NEW HIRE ☐ CHANGE	Date of Change:	Date of Hire: 10-22-2007	Effective Date: 1-1-2016

OTHER CHANGES

CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE

☐ 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)

EMPLOYEE/DEPENDENT DATA

NAME OF EMPLOYEE: First: [redacted] Middle: [redacted] Last: [redacted] Social Security #: [redacted]

[redacted]

Coverage | Eligible Dependents

Selection: | First Name: | [redacted]

BENEFIT SECLECTIONS

[redacted]

FLEXIBLE SPENDING

X I have been [redacted] nding Account, but decline participation.

SIGNATURE [redacted] Date 10/19/15

RICHLAND COUNTY SHERIFF'S OFFICE
"PERSONNEL COMPLAINT REPORT"

☐ Internal Complaint
☐ External Complaint

DATE/ TIME REPORTED	DATE/TIME OF INCIDENT	DATE/TIME BECAME AWARE OF INCIDENT
02-24-16/2320 hrs.	01-02-16/2149 hrs.	02-09-16/0054 hrs.

COMPLAINANT'S NAME	ADDRESS	PHONE NUMBER:
Lt. Misty Young	RCSO-Jail	419-774-7870

TYPE OF COMPLAINT	PLACE OF OCCURRENCE
	RCSO-Jail

DESCRIPTION OF COMPLAINT:

A POC was logged at 2049 hrs. the next was not logged until 2221 hrs. on 01-02-16.

PERSON(S) INVOLVED IN INCIDENT:

NAME:	VIOLATOR	WITNESS	CIVILIAN
Lt. Misty Young		X	☐
Sgt. Mark Collier	☐	X	☐
Officer Amanda Paxton			☐
Officer [redacted]			☐
Sgt. [redacted]	☐	X	☐
Sgt. Donald Bigler	☐	X	☐

NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.

1. On 01-02-16 Officer [redacted] was scheduled early car and came into work at 2130 hrs. Her job duty as early car is to complete an official headcount. Once the early car completes the headcount they give the count to the supervisor to which the supervisor logs the official headcount. (See attached policies 3.1.10 Headcount and 3.1.3 Logs and record keeping) On this particular day the last POC was logged at 2049 hrs. during B-watch's shift. (B-watch's shift is during the hours of 1400 hrs. and 2200 hrs.) This POC was completed and logged by Officer Paxton, who was B-watch's early car and was off shift at 2130 hrs. An Official Headcount was logged at 2150 hrs. by the shift supervisor Sgt. [redacted] The next POC was then logged at 2221 hrs. on C-watch's shift by Officer [redacted] (C-watch begins at 2200 hrs.)

2. I spoke with Officer [redacted], Sgt. Collier, Sgt. Bigler, and Lt. Myers above the above incident. It is unclear to me as to who the PC should be issued to. Looking at policy the early car is responsible for an Official Headcount which is not the same definition as a POC. With B-watch not ending until 2200 hrs. are they responsible for the last POC or should the C-watch's early car be held responsible? If there is an issue with the count the early car officer is responsible for finding the problem with the count not verifying that the last POC by a previous shift is completed on time. To me it looks as if the B-watch officer, Officer Paxton was relying on the C-watch early car officer to complete her last POC for the night.

3. My suggestion to this incident is to make sure all officers are aware that an Official Headcount does not have the same definition as a POC and that they verify that a POC is done during that last hour of their shift. For instance a POC should be logged after 2100 hrs. for B-watch and C-watch should make sure their POC is logged after 0500 hrs. If an Official Headcount is classified as a POC then it needs to be wrote in policy that way.

***NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF $1,000.**

COMPLAINANT'S SIGNATURE	INVESTIGATING OFFICER	DATE
Lt. M. Young	Lt. M. Young	2-24-16

ADMINISTRATION USE ONLY:		
Complaint Number: 2016-020		
Employee: _____ Group _____ Number _____		
Prior Active Discipline:	Yes ☐ No ☐	Date: _____ Group _____ Number _____
Description:		

Shift Log Report
RICHLAND COUNTY SHERIFF'S OFFICE
Event POC - Location JA3W

Run Date/Time : 02/09/2016 - 00:54
From 01/01/2016 - To 01/09/2016
From (time) 00:00 - To (time) 23:59

Date-Time / Event	Officer / Description	Location / Comment
Personalobservationchecks/Security Check	**SECURED BY [redacted] AND 7C60**	
01/03/2016-02:54	[redacted]	Jail 3rd Floor West
Personalobservationchecks/Security Check	**3RD FLOOR FEMALES SECURED BY [redacted]**	
01/03/2016-01:56	[redacted]	Jail 3rd Floor West
Personalobservationchecks/Security Check	**3RD FLOOR FEMALES SECURED BY [redacted]**	
01/03/2016-00:58	[redacted]	Jail 3rd Floor West
Personalobservationchecks/Security Check	**3RD FLOOR FEMALES SECURED BY [redacted]**	
01/03/2016-00:01	[redacted]	Jail 3rd Floor West
Personalobservationchecks/Security Check	**3RD FLOOR FEMALES SECURED BY [redacted]**	
01/02/2016-23:13	[redacted]	Jail 3rd Floor West
Personalobservationchecks/Security Check	**3RD FLOOR FEMALES SECURED BY [redacted]**	
01/02/2016-22:21	[redacted]	Jail 3rd Floor West
Personalobservationchecks/Security Check	**3RD FLOOR FEMALES SECURED BY [redacted]**	
01/02/2016-20:49	Apaxton	Jail 3rd Floor West
Personalobservationchecks/Security Check	**3RD FLR WEST SECURED BY 7C36 AND 7C94**	
01/02/2016-19:50	Apaxton	Jail 3rd Floor West
Personalobservationchecks/Security Check	**3RD FLR WEST SECURED BY 7C36 LATE DUE TO INCIDENT #54540**	
01/02/2016-18:48	Apaxton	Jail 3rd Floor West
Personalobservationchecks/Security Check	**3RD FLR WEST SECURED BY 7C94 AND NURSE**	
01/02/2016-18:08	Apaxton	Jail 3rd Floor West
Personalobservationchecks/Security Check	**3RD FLR WEST SECURED BY 7C36 AND 7C26**	
01/02/2016-17:10	Apaxton	Jail 3rd Floor West

Shift Log Report
RICHLAND COUNTY SHERIFF'S OFFICE
Event - Location

Run Date/Time : 02/09/2016 - 01:26
From 01/02/2016 - To 01/02/2016
From (time) 20:49 - To (time) 22:21

Date-Time Event	Officer Description	Location Comment
Key Control Log	**ACCOUNTED FOR**	
01/02/2016-22:00 **Shift Opened**	McOoper **CR5**	Jail 2nd Floor West
01/02/2016-22:00 **Key Control Log**	[redacted] [redacted] **HAS 36/38 KEYS**	Jail 3rd Floor West
01/02/2016-22:00 **Key Control Log**	[redacted] **ALL KEYS ACCOUNTED CONTROL 2**	Jail 3rd Floor West
01/02/2016-21:58 **Taser**	Jodell **C WATCH**	Jail 1st Floor [redacted] **OSBUN-25** [redacted] **ALI-21** **HOWARD-23** [redacted]
01/02/2016-21:58 **Shift Opened**	[redacted] **ALL KEYS ACCOUNTED FOR**	Jail 2nd Floor East
01/02/2016-21:54 **Suicide Check**	[redacted] **ALL OK**	Booking Area **1B9-MOORE,MATTIS 1B15-TACKETT,ASHLEY**
01/02/2016-21:50 **Personalobservationchecks/Security Check**	[redacted] **BOOKING ALL** [redacted]	Booking Area
01/02/2016-21:50 **Offical Head Count**	Jodell **C WATCH**	Jail 1st Floor **3C11-12 3C1-6 3D1-6 3D11-21 3B10-25 3B12-11 3B15-26 2C11-13 2C1-6 2D1-3 2D11-8 2A1-12 2A13-6 2B1-4 2B10-25 2B12-13 2B15-20 BOOKIN-8 225 TOTAL**
01/02/2016-21:45 **Suicide Check**	Ddewalt **MOORE AND TACKETT ALL OK**	Booking Area
01/02/2016-21:44 **Personalobservationchecks/Security Check**	Dhillier **2ND FLOOR EAST BY 81**	Jail 2nd Floor East

SECURITY AND CONTROL		
3.1.3 Logs and other Record-Keeping Systems		**Creation Date: 03.30.08**
Effective Date: 04.23.13	**Revision Date: 04.23.13**	**Review Date: 01.27.15**
References: ***SJO 5120:1-8-03 B 5-7, 10d***		
By Order of the Sheriff _____		

POLICY

It is the policy of the Richland County Jail to maintain a complete system of records documenting important operational features of the jail and its security programs. These records are internal documents of the jail and are considered confidential.

PROCEDURAL GUIDELINES

A. Shift Supervisors will ensure that jail logs and/or incident reports are maintained on the following subject areas:
   1. Inmate disciplinary actions.
   2. Inmate population and counts.
   3. Admissions and releases of inmates.
   4. Personal Observation Checks (POC) will be performed on all shifts within every (60) minutes. Personal Observation Checks shall be conducted at varying times and shall be documented after completion by the officer performing the check. A POC is defined as a visual check by an officer or supervisor who observes inmates and their immediate surroundings without the use of mechanical or electronic, visual or audio monitoring equipment. A POC is performed in such a manner that allows the observing staff to identify the health, safety, and security status of the inmates and permits immediate personal interaction or response to any situation.
      a. Inmates placed on watch will be on (10) minute checks.
   5. Movement inside and outside the jail.
   6. Use of force or use chemical agents. All use of force incidents shall be reviewed by Jail Administration.
   7. Critical incidents (ex. fires, man made disasters).
   8. Feeding times.
   9. Inmate vandalism.
   10. Medical treatment to inmates.
   11. Inmate Recreation
   12. Hour outs for disciplinary segregation.
   13. Exchange and/or cleaning of bed linens, blankets, fatigues, personal laundry.
   14. Passing and collecting of razors to inmates.
   15. ER Transports
   16. Fire Drills
   17. Exterminator Visits
   18. Key Counts
   19. Official Headcounts

B. Logs will be maintained to reflect the activities of each post or other area on a shift-by-shift basis and to document routine information, emergency situations, unusual incidents, and other pertinent information regarding inmates and activities on the post.

C. All log entries will include the date, time and indicate the person making the entry. When a supervisor enters an area, they are expected to review and make an entry on the log.

SECURITY AND CONTROL		
3.1.10 Inmate Physical Headcount		**Creation Date: 03.30.08**
Effective Date: 10.16.14	**Revision Date: 01.28.15**	**Review Date: 01.28.15**
References: ***SJO 5120:1-8-03 B6***		
By Order of the Sheriff _____		

POLICY

It is the policy of the Richland County Jail to maintain safe, secure jail operations through a comprehensive system of 24-hour inmate accountability that includes counts, record-keeping systems, and other internal supervision programs.

PROCEDURAL GUIDELINES

A. Inmate physical head counts and accountability procedures are the backbone of supervision. All inmates are subject to count procedures on a schedule that is established by the Jail Administrator and coordinated with record-keeping systems on master population reports.

B. Inmates will never be permitted to participate in the preparation, documentation, or operation of the count process or in the preparation of picture cards or other accountability or identification records.

C. Official Headcounts
   1. Official headcounts are conducted (3) times a day with each count not exceeding (9) hours between them. An official headcount shall be completed prior to or at the beginning of each shift. The Shift Supervisor will certify each count after it is taken by the officers at shift change and verified as correct against the official count records of the jail.
   2. Each business day, a designated officer will forward to the Jail Administrator a daily roster containing the jail counts by unit and inmate category. Weekend and holiday count summaries will be provided to these officials the next working day.
   3. All inmates will be counted simultaneously, including those out of the jail on work or study release, furlough, writ, or other categories of temporary release. Although inmates may generally move freely within their housing units, all movement will cease before the count begins and remain suspended until the total count is clear and correct. Other than life-threatening emergencies, there will be no inmate movement during official counts; such movement must be kept to a minimum and immediately reported to the officer responsible for the count.
   4. While counting, officers will allow nothing short of an emergency to distract them.
   5. Official counts will be held three times a day, ensuring there is one official count at the start of each shift.

D. Unofficial Counts – Unofficial counts will take place at each meal.

E. General Count Guidelines
   1. Each count must be made accurately and promptly. If there is any doubt as to a count's correctness, staff will be required to recount. Inmates must be visually identified on each count.
   2. A report of each count will be given to the Shift Supervisor. All reports will then be checked and coordinated to verify that the total jail count is correct and all inmates are present.

3. The count will not be cleared until all inmates are accounted for and all unit and area counts are reconciled. No inmate movement out of the count area is permitted until the officer accepting the count announces the count is correct and clear.

F. Count Records
   1. Count records will be maintained in WebJamin in Shift Log Entries. They will be based on the picture identification book and the name board which will enable staff to determine the assignment of all inmates at all times and to conduct an emergency count at any time. The Shift Supervisor will log in the Shift Logs in WebJamin the counts for each respective housing unit and the total inmate count.
   2. The control room officer for their respective area will maintain the master count and must be given up-to-the-minute information regarding all inmate housing moves, work assignment changes, releases for work or school, admissions to the hospital, commitments, releases, temporary releases, and any other changes that could affect accountability.
   3. Count records will be sufficiently detailed so as to allow reconstruction of any count for up to thirty days after the count was taken.

G. Housing Unit Procedures
   1. Officers must be positive they see a living, breathing, human body before counting an inmate as present.
   2. The counting officers will remain on the floor counted until the count is verified as correct.
   3. When making night counts, lights may be turned on to have enough light on the inmate to ensure that an inmate is actually being counted; the officer must see living, breathing flesh.
   4. If an inmate is in the wrong count area, he or she will be escorted to the correct count area. The officer in that area will count again and recall the count to the Shift Supervisor accepting the count.

H. Out-counts
   1. Out-counts are counts that are not conducted in quarters or normal counting areas.
   2. Out-counts will be authorized by the Shift Supervisor for inmates who must be counted in the food service department.

I. Count Slips – At the end of each shift, the control room officer will accurately complete a count slip to give to the early officer for the official count.

J. Emergency Counts
   1. An emergency count is an official count taken at other than one of the times specified for a regular official count when an inmate is suspected of being missing or for other purposes.
   2. In an emergency count, all inmates will be returned to their assigned housing units at once and will be counted there.
   3. In the event of a major disturbance, a count must be taken once it is under control to determine that no one has escaped or is in hiding. For that reason, the control room officer will maintain counts that reflect the unit assignments of all inmates at all times.

K. Picture Counts – Picture counts may be necessary in the event of an escape. In such cases, the staff member taking the count will verify each inmate's identity using unit picture cards. The control room officer will regularly review all picture cards on file to ensure they accurately

portray inmates' likeness; when necessary, inmates will be sent to the receiving area to have new sets of pictures taken. These will then be distributed to all locations with pictures on file.

L. Transportation Counts
   1. When escorting inmates, staff must conduct counts to ensure the proper number of inmates is in custody.
   2. Before groups of inmates are confined to seats, they will be placed in a line and, as their names are called, they will pass by the officer giving their name. Another count will be taken after all inmates are seated in the vehicle.

M. Inmate Identification Systems
   1. A master picture card system containing information on all inmates in the jail will be maintained in the supervisor's office.
   2. Staff will make all individual cell and bed assignments using the WebJamin Classification System. Only a Shift Supervisor may authorize housing unit changes.

N. Supervision
   1. In addition to count procedures, direct staff supervision is critical to jail security.
   2. Staff will be on duty in housing areas and other critical posts twenty-four hours a day so as to be able to supervise, observe, and interact with inmates.
   3. Officers will actively patrol housing units and must be alert to unusual incidents, changes in types of inmate interaction, or other signs of unusual activity in the jail. Officers will observe inmates at least once every (60) minutes. Personal Observation Checks shall be conducted at varying times and shall be documented after completion by the officer performing the check in the post log.

Name: [redacted] Review Period: Oct 15 to April 16
Unit #: [redacted] Review Deadline Date: 4-28-16

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.*

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: Officer [redacted] is good about calling supervisors about any issues.

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.*

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

   Above + 2 Meets + 1 Does Not Meet + 0

   Explain: Officer [redacted] is respected by all inmates for her credibility.

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:

6. 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.*

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: Officer [redacted] is timely with her duties and special assignments.

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: Sgt. Collier Date: 4-27-16 Comments:

Lieutenant/Staff Lieutenant: [illegible] Date: 5-4-16 Comments:

Jail Administrator: Capt [illegible] Date: 5/5/16 Comments:

Employee Signature: [redacted] Date: 4-27-16 Comments:

I have read the above: I have ✓ 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: [redacted]
Unit #:
☑ Bi-Annual Review

Review Period: 4-1-15 to 9-30-15
Review Deadline Date: 10-7-15

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: Officer [redacted] informs me of potential problems in the Pods before any actual problems occur.

2. Consistently completes required security rounds and documents as appropriate.
   ☐ Above + 2 ☐ Meets + 1 ☑ Does Not Meet + 0
   Explain: Officer [redacted] is receiving a P/I for a missed PoC on 9-3/9-4-15

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:

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:

6. Makes prudent and sound decisions and takes appropriate action to diffuse problem situations.
   ☑ Above + 2 ☐ Meets + 1 ☐ Does Not Meet + 0
   Explain: Officer [redacted] always tries to diffuse any problem situation before it gets out of control.

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

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: Tina Mahon

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

5:30 a.m. on November 19, 2015 at the Richland County Jail

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

That on September 3, 2015, you exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks in the jail as required. This is your 4th 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.

Employer Signature

10-15-15
Date

Proof of Service

I served the above notice on Tina Mahon on the 19 day of October, 2015.

Name

Lt. Corrections
Title

[redacted]
Employee Signature

10/19/15
Date

DISCIPLINARY AGREEMENT

To: [redacted] Correction Officer

From: J. Steve Sheldon, Sheriff

Re: Agreed Discipline following September 3, 2015 Incident

On September 3, 2015, CO [redacted] exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks in the jail as required. This is her 4th Group I # 17 violation in the past twelve (12) months.

This agreement is intended to memorialize that CO [redacted] and her union representatives have agreed to waive her right to file a grievance over any discipline issued as a result of this incident and instead accept a four (4) day suspension without pay to be served on the following dates: December 7, 8, 17 and 18, 2015 as a result of her actions on September 3, 2015.

[redacted] 12-5-15

CO Tina Mahon Date

12/8/15

FOP Representative Date

Sheriff J Steve Sheldon 12/01/15

J. Steve Sheldon, Sheriff Date

Name [redacted] _____ Review Period: October to ~~April~~ March 2015
Unit # [redacted] Review Deadline Date: _____

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:

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:

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:

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

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

   Explain: Officer [redacted] is good at diffusing 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:

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:

   officer [redacted] is timely and accurate with reports.

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 [redacted] is very respectful.

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

OVERALL EVALUATION

Total Points: 13

Rater: Sgt. [illegible] Date: 3.23.15 Comments:

Lieutenant/Staff Lieutenant: [illegible] Date: 4.22.15 Comments:

Jail Administrator: Capt. [illegible] Date: 4/22/15 Comments:

Employee Signature: [redacted] Date: 4.22.15 Comments:

I have read the above: I have 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 _____.

Form R-8

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 9-22-15

VIOLATION

Date Violation Occurred: July 27, 2015

Location Where Violation Occurred:

Type of Violation Group I Number 13

Description of Violation:

That on July 27, 2015, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 16.1 – Sick Leave Policy, Section G, # 3 which requires you to pro0duce a physician's verification statement for all illnesses after being disciplined for sick leave abuse.
This is your 2nd Group I # 13 violation.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of Supervisor Issuing Reprimand

Lieutenant
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]

9/22/15
Date

cc: Employee
Supervisor
Appointing Authority

Form R-8

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 5-20-15

VIOLATION

Date Violation Occurred: April 1, 2015

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 17

Description of Violation:
That on the date listed, you exhibited unsatisfactory work and failed to maintain a required standard of performance by not following proper procedure when moving an inmate. This is your 2nd Group I # 17 violation.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of Supervisor Issuing Reprimand

JAIL ADMINISTRATOR
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

5/20/15
Date

cc: Employee
Supervisor
Appointing Authority

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [redacted]

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

5:30 a.m. on June 12, 2015 at the Richland County Jail

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

That on May 11, 2015, you exhibited unsatisfactory work and failed to maintain a required standard of performance by failing to sign post orders as required. 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.

Employer Signature

6-5-15
Date

Proof of Service

I served the above notice on Tina Mahon on the 6 day of June, 2015.

Sgt. [illegible]
Name

Corrections Sergeant
Title

[redacted]

6/6/15
Date

Form R-7

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 6-5-15

VIOLATION

Date Violation Occurred: April 13, 2015

Location Where Violation Occurred:

Type of Violation Group I Number 13

Description of Violation: That on the date listed, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically Policy 16.1 (Sick Leave Policy), F (Sick Leave Use and Abuse), 2 (Unauthorized Uses), c by failing to provide a physician's verification as required. This is your 1st Group I # 13 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of person issuing reprimand

Lieutenant

Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[redacted]

Employee's Signature

6/5/15

Date

cc: Employee
Supervisor
Appointing Authority

DISCIPLINARY AGREEMENT

To: [redacted] Correction Officer

From: J. Steve Sheldon, Sheriff

Re: Agreed Discipline following May 11, 2015 Incident

On May 11, 2015, CO [redacted] exhibited unsatisfactory work and failed to maintain a required standard of performance by failing to sign post orders as required. This is the third offense in the past twelve (12) months.

This agreement is intended to memorialize that CO [redacted] and her union representatives have agreed to waive her right to file a grievance over any discipline issued as a result of this incident and instead accept that eight (8) hours to be deducted from CO [redacted]s accrued vacation or compensatory time as a result of her actions on May 11, 2015.

[redacted] _____ 6/14/15

Date

_____ 6/13/15

Union Representative Date

_____ 06/16/15

J. Steve Sheldon, Sheriff Date

DISCIPLINARY AGREEMENT

To: [redacted], Correction Officer

From: J. Steve Sheldon, Sheriff

Re: Agreed Discipline following May 11, 2015 Incident

On May 11, 2015, CO [redacted], exhibited unsatisfactory work and failed to maintain a required standard of performance by failing to sign post orders as required. This is the third offense in the past twelve (12) months.

This agreement is intended to memorialize that CO [redacted] and her union representatives have agreed to waive her right to file a grievance over any discipline issued as a result of this incident and instead accept that eight (8) hours to be deducted from CO [redacted]s accrued vacation or compensatory time as a result of her actions on May 11, 2015.

[redacted] 6/14/15

Date

Union Representative 6/13/15

Date

J. Steve Sheldon, Sheriff 06/16/15

Date

Form R-7

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 5/18/15

VIOLATION

Date Violation Occurred: April 6, 2015

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 17

Description of Violation: That on the date listed, 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 as required. This is your 1st Group I # 17 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Capt CB

Signature of person issuing reprimand

JAIL ADMINISTRATOR

Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[redacted]

Employee's Signature

5/18/15

Date

cc: Employee
Supervisor
Appointing Authority

Form R-7

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 9-8-14

VIOLATION

Date Violation Occurred: 8/11/2013; 10/6/2013 & 7/13/2014

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 13

Description of Violation: That on the dates listed above, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 16.1 (Sick Leave), F, 2, h, 4 by committing sick leave pattern abuse by calling off three Sundays in the past twelve months. Pursuant to this policy, you are required to produce a physician's verification statement for all subsequent illnesses.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Capt. C[illegible]
Signature of person issuing reprimand

CAPTAIN
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[redacted]
Employee's Signature

9/15/14
Date

cc: Employee
Supervisor
Appointing Authority

Received by D. Smith 9/8
Brian K[illegible]

Name: [redacted]
Unit #: [redacted]

Review Period: 4/14 to 9/14
Review Deadline Date: 10/3/14

☒ 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: Officer [redacted] completes her POC's and has been doing a good job of documenting them

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:

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:

6. 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.*

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 [redacted] got a write up for Sick leave abuse.

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 ☐ Does Not Meet + 0
    Explain:

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

OVERALL EVALUATION

Total Points: 9

Rater: Sgt James Date: 9/18/14 Comments:

Officer [redacted] is a hard worker and has improved her logging of POC's

Lieutenant/Staff Lieutenant: [signature] Date: 10-6-14 Comments:

Jail Administrator: Capt [signature] Date: 10/6/14 Comments:

Employee Signatu[redacted] Date: 9.24.14 Comments:

I have read the above: ☐ I have ☑ 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 _____.

Form R-8

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 5-15-14

VIOLATION

Date Violation Occurred: March 18, 2014

Location Where Violation Occurred:

Type of Violation Group I Number 13

Description of Violation:
That on the date listed above you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 16.1 Sick Leave Policy, F (Sick Leave Use and Abuse) , 2 (Unauthorized Uses), g by calling off sick without a zero (0) leave balance. This is your 2nd Group I # 13 offense.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Capt. C. S.
Signature of Supervisor Issuing Reprimand

CAPTAIN
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

5/15/14
Date

cc: Employee
Supervisor
Appointing Authority

SETTLEMENT AGREEMENT

To: [redacted]

From: J. Steve Sheldon, Sheriff

On November 30, 2013, CO [redacted] exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks on inmates. This was her sixth (6th) active violation.

The Sheriff (Employer) and the Fraternal Order of Police (Union), believe it is in the best interests of the parties to resolve the present disciplinary matter.

NOW, THEREFORE, the parties agree as follows:

1. By signing this Agreement, the Union agrees to withdraw the pending grievance regarding this matter for the violation on November 30, 2013.
2. By signing this Agreement, the Employee agrees to accept that six of the ten day suspension she received without pay for the Group I # 17 violation on November 30, 2013. The Employee will be reimbursed for four (days) or thirty-two (32) hours.
3. The Employee acknowledges that, prior to signing this Agreement, she was provided with the opportunity to consult with her Union representative and/or legal counsel of her choice and that she is voluntarily entering into this Agreement and not relying on any representation made by the Sheriff's Office except as expressly provided herein.
4. The parties acknowledge that this Agreement constitutes a single integrated agreement expressing the entire agreement between the parties. There are no other agreements, written or oral, express or implied, between the parties thereto concerning the subject matter of this Agreement.
5. The Employee expressly agrees and waives any right to challenge the validity of this Agreement in the event that litigation is necessary regarding the interpretation of this Agreement, each side shall bear their own costs of suit and attorneys' fees regardless of who is the prevailing party. This Agreement is entered into in the State of Ohio and the rights and obligations of the parties hereunder shall be construed and enforced in accordance with the laws of the State of Ohio.

J Steve Sheldon - Sheriff — 10/03/14

J. Steve Sheldon, Sheriff — Date

[redacted] — 10-1-14

Employee — Date

Brian K Lively — 10-1-14

Union Representative — Date

Form R-7

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 9-8-14

VIOLATION

Date Violation Occurred: 8/11/2013; 10/6/2013 & 7/13/2014

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 13

Description of Violation: That on the dates listed above, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 16.1 (Sick Leave), F, 2, h, 4 by committing sick leave pattern abuse by calling off three Sundays in the past twelve months. Pursuant to this policy, you are required to produce a physician's verification statement for all subsequent illnesses.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Capt. C[illegible]
Signature of person issuing reprimand

CAPTAIN
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[redacted]
Employee's Signature

9/15/14
Date

cc: Employee
Supervisor
Appointing Authority

Received by [illegible] 9/8
[illegible]

RICHLAND COUNTY SHERIFF'S OFFICE
"PERSONNEL COMPLAINT REPORT"

XX Internal Complaint
☐ External Complaint

DATE/ TIME REPORTED	DATE/TIME OF INCIDENT	DATE/TIME BECAME AWARE OF INCIDENT
8/12/14	7/13/14	8/12/14

COMPLAINANT'S NAME	ADDRESS	PHONE NUMBER:
Sgt James	73 E 2nd St Mansfield, OH 44902	419-774-7864

TYPE OF COMPLAINT	PLACE OF OCCURRENCE
Sick Leave Abuse	Richland County Jail

DESCRIPTION OF COMPLAINT:
Officer [redacted] Called off 3 Sundays in a 1 year period. 8/11/13, 10/6/13, and 7/13/14

PERSON(S) INVOLVED IN INCIDENT:

NAME:	VIOLATOR	WITNESS	CIVILIAN
Sgt James	☐	X☐	☐
Officer [redacted]	X☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.

1. Officer [redacted] called off 3 Sundays in a 1 year period. 8/11/13, 10/613, and 7/13/14. 2. Officer [redacted] stated that she turned in a Doctors slip but it was not dated for the Sunday 7/13/14 it was dated for the day after. 3. Make sure doctors slips are dated correctly in the future.

***NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF $1,000.**

COMPLAINANT'S SIGNATURE	INVESTIGATING OFFICER	DATE
Sgt James 7079		8/12/14

ADMINISTRATION USE ONLY:

Complaint Number: _____

Employee: _____ Group _____ Number _____

Prior Active Discipline: Yes ☐ No ☐ Date: _____ Group _____ Number _____

OPERS Ohio Public Employees Retirement System
277 East Town Street Columbus, Ohio 43215-4642 1-888-400-0965 www.opers.org

October 9, 2014

Employer: 2245-08

Amanda Zody
Richland County
50 Park Ave E
Mansfield, OH 44902

Dear Amanda Zody,

This is in reference to the settlement agreement for [redacted] and your request for an earnable salary determination.

Per Ohio Revised Code, Section 145.01, and the Ohio Administrative Code 145-1-26, payments made pursuant to final court order, arbitration, or personnel board of review order, where a member or retiree is reinstated without interruption or loss of time to the former position of employment and payments are awarded as actual back wages or salary for the full period of reinstatement are earnable salary.

Employer and member contributions on the award of back wages or salary shall be paid in the same amount as would have been contributed if the member or retiree had been reported to OPERS during the period of reinstatement and not offset by other wages or unemployment compensation.

Upon review of the settlement agreement for [redacted] it is determined earnable salary and contributions are to be submitted. Ms. [redacted]s 10 day suspension is to be reduced to a 6 day suspension and she will be compensated for four days or thirty-two hours.

If you have any questions, please feel free to contact your Employer Outreach Representative at 1-888-400-0965 or e-mail us at employeroutreach@opers.org.

Sincerely,

Molly Bland
Employer Compliance Specialist
Ohio Public Employees Retirement System

MTB/02

EARNDET

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [redacted]

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

9:30 a.m. on June 4, 2014 at the Richland County Jail

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

That on November 30, 2013, 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 sixth 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.

Capt. C. [illegible] — 5/22/14

Employer Signature — Date

Proof of Service

I served the above notice on Tina Mahon on the 24 day of May, 2014.

[illegible] K. Mellis

[redacted] — Sergeant

Name — Title

[redacted] — 5/22/14

Date

Form R-8

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 5-15-14

VIOLATION

Date Violation Occurred: March 18, 2014

Location Where Violation Occurred:

Type of Violation Group I Number 13

Description of Violation:
That on the date listed above you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, Policy 16.1 Sick Leave Policy, F (Sick Leave Use and Abuse) , 2 (Unauthorized Uses), g by calling off sick without a zero (0) leave balance. This is your 2nd Group I # 13 offense.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Capt. C. B.
Signature of Supervisor Issuing Reprimand

CAPTAIN
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

5/15/14
Date

cc: Employee
Supervisor
Appointing Authority

RICHLAND COUNTY SHERIFF'S OFFICE
"PERSONNEL COMPLAINT REPORT"

XX Internal Complaint
☐ External Complaint

DATE/ TIME REPORTED	DATE/TIME OF INCIDENT	DATE/TIME BECAME AWARE OF INCIDENT
6/30/14	5/16/14	6/16/14

COMPLAINANT'S NAME	ADDRESS	PHONE NUMBER:
Captain Christopher Blunk	73 East 2nd Street, Mansfield, Ohio, 44902	419.774.3283

TYPE OF COMPLAINT	PLACE OF OCCURRENCE
Wages Garnished	Jail

DESCRIPTION OF COMPLAINT: Officer [redacted]'s wages were garnished in March-May 2013 and in May 2014.

PERSON(S) INVOLVED IN INCIDENT:

NAME:	VIOLATOR	WITNESS	CIVILIAN
Officer [redacted]	XX	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.

(1) In March 2013 the Richland County Sheriff's Office received information that Officer [redacted]'s wages were going to be garnished (ex. A-1). On 3/4/13 I had a discussion with her in reference to this issue (ex. A-3) warning her that she was in violation of department policy if she would have her wages garnished. Records show that Officer [redacted]'s wages were garnished from March-May 2013 (ex. A-2). On May 1, 2014 the Richland County Sheriff's Office again received information that Officer [redacted]'s wages were going to be garnished (ex. A-4). On May 16, 2014 Officer [redacted]'s wages were garnished (ex. A-5).

(2) Officer [redacted] was warned in 2013 that to have your wages garnished was a violation of department policy. After a second occasion that Officer [redacted]'s wages were garnished, disciplinary action is necessary for Officer [redacted] according to county policy.

***NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF $1,000.**

COMPLAINANT'S SIGNATURE	INVESTIGATING OFFICER	DATE
Capt. CB		7/2/14

ADMINISTRATION USE ONLY:

Complaint Number: _____

Employee: _____ Group _____ Number _____

Prior Active Discipline: Yes ☐ No ☐ Date: _____ Group _____ Number _____

Description:

ORDER AND NOTICE OF GARNISHMENT
AND ANSWER OF EMPLOYER

Ex. A-1

Case No. [redacted]

ASHLAND MUNICIPAL COURT
ERIC J. AKERS, CLERK
ATTN: GARNISHMENT
1209 EAST MAIN ST.
ASHLAND, OH 44805
PHONE: (419) 289-8137

The State of Ohio
County of Ashland, ss

Debt Recovery Solutions of Ohio, Inc., Judgment Creditor

vs.

[redacted], Judgment Debtor

FILED
2013 FEB 25 PM 1:55
ASHLAND MUNICIPAL COURT
ASHLAND, OHIO
BY

File Stamp

SECTION A. COURT ORDER AND NOTICE OF GARNISHMENT

To: Richland County Sheriff Dept. 50 Park Ave. Mansfield, Ohio 44901, Garnishee

The judgment creditor in the above case has filed an affidavit, satisfactory to the undersigned, in this court stating that you may owe the judgment debtor money for personal earnings.

You are therefore ordered to complete the "ANSWER OF EMPLOYER (GARNISHEE)" in Section B of this form. Return one completed and signed copy of this form to the clerk of this court within five (5) business days after you receive this order of garnishment. Deliver one completed and signed copy of this form and the accompanying documents entitled "NOTICE TO THE JUDGMENT DEBTOR" and "REQUEST FOR HEARING" to the judgment debtor. Keep the other completed and signed copy of this form for your files.

The *total* probable *amount now due* on this judgment is:	$ 1179.11
The total probable amount now due includes the unpaid portion of the judgment in favor of the judgment creditor, which is:	$ 731.15
2% processing fee that the Court retains	$ 23.12
Interest on that judgment and, if applicable, pre-judgment interest relative to that judgment at the rate of: 3% per annum payable until that judgment is satisfied in full;	$ 253.84
Court costs in the amount of:	$ 171.00

This order of garnishment of personal earnings is a continuous order that generally requires you to withhold a specified amount, calculated each pay period at the statutory percentage, of the judgment debtor's personal disposable earnings during each pay period, as determined in accordance with the "INTERIM REPORT AND ANSWER OF GARNISHEE," from the judgment debtor's personal disposable earnings during each pay period of the judgment debtor commencing with the first full pay period beginning after you receive the order until the judgment in favor of the judgment creditor and the associated court costs, judgment interest, and, if applicable, prejudgment interest awarded to the judgment creditor as described above have been paid in full. You generally must pay that specified amount, calculated each pay period at the statutory percentage, to the clerk of this court within thirty (30) days after the end of each pay period of the judgment debtor and must include with that specified amount calculated each pay period at the statutory percentage an "INTERIM REPORT AND ANSWER OF GARNISHEE" substantially in the form set forth in §2716.07 of the Ohio Revised Code. A copy of the "INTERIM REPORT AND ANSWER OF GARNISHEE" is attached to this order of garnishment of personal earnings, and you may photocopy it to use each time you pay the specified amount to the clerk of this court. You are permitted to deduct a processing fee of up to three (3) dollars from the judgment debtor's personal disposable earnings for any pay period of the judgment debtor that an amount was withheld for that

Ex. A-2

DETAIL CHECK REGISTER - RICHLAND COUNTY
PAY PERIOD ENDING DATE 24 APR 2013 - CHECK DATE 03 MAY 2013

EMP#	DEPT	NAME			PAY	DESC	HOURS	RATE	AMOUNT	CITY CTR	ACCT	DESC
[redacted]	0349	[redacted]			R	REG	80.00	19.0473	1523.78		50082	JAIL EMPLOYE
		DEDS	012456	ACCR 1			80.00		1523.78			

TYPE	CODE	GROSS	PICKUP	AMOUNT	YTD AMT
WWW	PERS	1523.78		152.38	1371.42
WWW	ALL1	1523.78		34.58	311.22
WWW	HLTH	1523.78		54.00	486.00
WWW	SUPR	1523.78		14.79	133.11
WWW	AU	1523.78		14.50	130.50
WWW	UNF2	1523.78		17.68	159.12
WWW	GFEE	1523.78		3.00	12.00
WWW	GAASH	1523.78		240.42	1179.11
WNW	DD$	1523.78		20.00	180.00
FWT	FWT	1268.03		160.35	1547.07
SWT	OH	1268.03		33.82	324.98
CWT	MAN	1420.41		24.86	232.49
WWW	MED	1420.41		20.60	192.65
WYW	DDCK	1523.78		732.80	7954.36

CLASS/CD		EARNED	USED	BALANCE
S	S2	4.600	0.000	33.79
V	VR2	4.600	0.000	38.91

FROM : 04/11/13 TO : 04/24/13 PAID: 05/03/13
WEEKS: 2.0000 OJFS: 2 CK# : D18112

GROSS: 1523.78 DED : 1523.78 NET : 0.00
YTD 14214.03 14214.03 0.00

EMP#	DEPT	NAME	PAY	DESC	HOURS	RATE	AMOUNT	CITY CTR	ACCT	DESC

Ex. A-3

3/4/13

Re: [redacted] - Garnishment of Wages

On Tuesday March 12, 2013 I talked with Officer [redacted] about her wages being garnished. Richland County received notice that Officer [redacted]s wages were going to be garnished. I discussed with her that she was in violation of policy if her wages were garnished. She told me that she was having some financial problems but that this should have been taken care of and that she would look into it to correct the problem. I advised [redacted] that we would not be following through with discipline at this time to allow her a chance to fix the issue at hand.

Officer Donald Bigler was present at this meeting upon [redacted]'s request for union representation.

Lt. Christopher L. Blunk

ORDER AND NOTICE OF GARNISHMENT
AND ANSWER OF EMPLOYER

Ex. A-4

Case No. [redacted]

ASHLAND MUNICIPAL COURT
Afton R. Smith, CLERK
ATTN: GARNISHMENT
1209 EAST MAIN ST.
ASHLAND, OH 44805
PHONE: (419) 289-8137

The State of Ohio
County of Ashland, ss

Debt Recovery Solutions of Ohio, Inc., Judgment Creditor

vs.

[redacted], Judgment Debtor

2014 APR 24 PM 4:58
ASHLAND MUNICIPAL COURT
ASHLAND, OHIO
BY

File Stamp

SECTION A. COURT ORDER AND NOTICE OF GARNISHMENT

To: Richland County Sheriff, 50 Park Ave, Mansfield OH 44907, Garnishee

The judgment creditor in the above case has filed an affidavit, satisfactory to the undersigned, in this court stating that you may owe the judgment debtor money for personal earnings.

You are therefore ordered to complete the "ANSWER OF EMPLOYER (GARNISHEE)" in Section B of this form. Return one completed and signed copy of this form to the clerk of this court within five (5) business days after you receive this order of garnishment. Deliver one completed and signed copy of this form and the accompanying documents entitled "NOTICE TO THE JUDGMENT DEBTOR" and "REQUEST FOR HEARING" to the judgment debtor. Keep the other completed and signed copy of this form for your files.

The *total* probable *amount now due* on this judgment is: $ 5060.01.
The total probable amount now due includes the unpaid portion of the judgment in favor of the judgment creditor, subject to:
2% processing fee that the Court retains $ 99.22
Interest on that judgment and, if applicable, pre-judgment interest relative to that judgment at the rate of: 3%;
per annum payable until that judgment is satisfied in full;
Court costs in the amount of: $ 195.00;

This order of garnishment of personal earnings is a continuous order that generally requires you to withhold a specified amount, calculated each pay period at the statutory percentage of the judgment debtor's disposable earnings during each pay period, as determined in accordance with the "INTERIM REPORT AND ANSWER OF GARNISHEE," from the judgment debtor's personal disposable earnings during each pay period of the judgment debtor commencing with the first full pay period beginning after you receive the order until the judgment in favor of the judgment creditor and the associated court costs, judgment interest, and, if applicable, prejudgment interest awarded to the judgment creditor as described above have been paid in full. You generally must pay that specified amount, calculated each pay period at the statutory percentage, to the clerk of this court within thirty (30) days after the end of each pay period of the judgment debtor and must include with that specified amount calculated each pay period at the statutory percentage an "INTERIM REPORT AND ANSWER OF GARNISHEE" substantially in the form set forth in §2716.07 of the Ohio Revised Code. A copy of the "INTERIM REPORT AND ANSWER OF GARNISHEE" is attached to this order of garnishment of personal earnings, and you may photocopy it to use each time you pay the specified amount to the clerk of this court. You are permitted to deduct a processing fee of up to three (3) dollars from the judgment debtor's personal disposable earnings for any pay period of the judgment debtor that an amount was withheld for that order (the processing fee is not a part of the court costs). You are not required to file with the court the "INTERIM REPORT AND ANSWER OF GARNISHEE" for any pay period of the judgment debtor for which

Ex. A-5

DETAIL CHECK REGISTER - RICHLAND COUNTY
PAY PERIOD ENDING DATE 07 MAY 2014 - CHECK DATE 16 MAY 2014

[redacted] 0349 [redacted]

DEDS	013456	ACCR	1	R V	REG V	72.00	20.0500	1443.60		50082	JAIL EMPLOYE
						8.00	20.0500	160.40		50082	JAIL EMPLOYE
						80.00		1604.00			

TYPE	CODE	GROSS	PICKUP	AMOUNT	YTD AMT
WWW	PERS	1604.00		160.40	1671.95
WWW	ALL1	1604.00		34.58	345.80
WWW	HLTH	1604.00		56.50	565.00
WWW	SUPR	1604.00		14.79	147.90
WWW	ASSNT	1604.00		14.50	130.50
WWW	UNF2	1604.00		17.89	178.90
WWW	GFEE	1604.00		* 3.00	3.00
WWW	GAASH	1604.00		* 297.12	297.12
WNW	DD$	1604.00		20.00	200.00
FWT	FWT	1337.73		170.23	1768.44
SWT	OH	1337.73		33.20	339.98
CWT	MAN	1498.13		29.96	305.75
WWW	MED	1498.13		21.72	227.05
WYW	DDCK	1604.00		730.11	9776.06

CLASS/CD		EARNED	USED	BALANCE
S	S2	4.600	0.000	16.82
V	VR2	4.600	8.000	59.11

FROM : 04/24/14 TO : 05/07/14 PAID: 05/16/14
WEEKS: 2.0000 OJFS: 2 CK# : D52339

GROSS: 1604.00 DED : 1604.00 NET : 0.00
YTD 16719.44 15971.95 747.49

Ex. A-5

RECORD OF SUSPENSION

Date: 08.08.2014 **Department:** Richland County Sheriff's Office

Employee's Name / Title: [redacted] / Correction Officer

VIOLATION:

Date violation occurred: November 30, 2014

Location where violation occurred: Richland County Jail

Date(s) of prior written reprimands(s): 4/30, 5/2, 5/4, 5/8, 6/15, 7/23, ~~20/13~~ 2013 fall, 3/18/14

Date(s) if prior suspensions(s): 8/1/2013; 8/2/2013

Type of Violation: **Group:** I **Number:** 17

Description of Violation:

That on November 30, 2013, 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 6th violation.

Date of Pre-Disciplinary Conference: May 19, 2014

Was the employee represented? Yes **If so, by whom?** Brian Smiley

Date(s) that suspension without pay will occur: September 1, 2, 3, 4, 7, 8, 9, 10, 11, 12, 2014.

This suspension is issued as a corrective measure in an effort to help you improve your conduct. This suspension will be removed from your personnel file after eighteen (18) months. Any further violations could result in more severe disciplinary actions.

Leon Sheldon - Sheriff 8-08-14

Signature of Appointing Authority **Date**

I hereby acknowledge that a copy of the above Order of Suspension has been given to me this day.

[redacted] 8/8/14

Signature of Employee **Date**

RICHLAND COUNTY SHERIFF'S OFFICE
"PERSONNEL COMPLAINT REPORT"

XX Internal Complaint
☐ External Complaint

DATE/ TIME REPORTED	DATE/TIME OF INCIDENT	DATE/TIME BECAME AWARE OF INCIDENT
6/30/14	5/16/14	6/16/14

COMPLAINANT'S NAME	ADDRESS	PHONE NUMBER:
Captain Christopher Blunk	73 East 2nd Street, Mansfield, Ohio, 44902	419.774.3283

TYPE OF COMPLAINT	PLACE OF OCCURRENCE
Wages Garnished	Jail

DESCRIPTION OF COMPLAINT: Officer [redacted]'s wages were garnished in March-May 2013 and in May 2014.

PERSON(S) INVOLVED IN INCIDENT:

NAME:	VIOLATOR	WITNESS	CIVILIAN
Officer [redacted]	XX	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.

(1) In March 2013 the Richland County Sheriff's Office received information that Officer [redacted]'s wages were going to be garnished (ex. A-1). On 3/4/13 I had a discussion with her in reference to this issue (ex. A-3) warning her that she was in violation of department policy if she would have her wages garnished. Records show that Officer [redacted]'s wages were garnished from March-May 2013 (ex. A-2). On May 1, 2014 the Richland County Sheriff's Office again received information that Officer [redacted]'s wages were going to be garnished (ex. A-4). On May 16, 2014 Officer [redacted]'s wages were garnished (ex. A-5).

(2) Officer [redacted] was warned in 2013 that to have your wages garnished was a violation of department policy. After a second occasion that Officer [redacted]'s wages were garnished, disciplinary action is necessary for Officer [redacted] according to county policy.

***NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF $1,000.**

COMPLAINANT'S SIGNATURE	INVESTIGATING OFFICER	DATE
Capt. CB		7/2/14

ADMINISTRATION USE ONLY:

Complaint Number: 14-049

Employee: _____ Group _____ Number _____

Prior Active Discipline: Yes ☐ No ☐ Date: _____ Group _____ Number _____

Description:

ORDER AND NOTICE OF GARNISHMENT
AND ANSWER OF EMPLOYER

EX. A-1

Case No. [redacted]

ASHLAND MUNICIPAL COURT
ERIC J. AKERS, CLERK
ATTN: GARNISHMENT
1209 EAST MAIN ST.
ASHLAND, OH 44805
PHONE: (419) 289-8137

The State of Ohio
County of Ashland, ss

Debt Recovery Solutions of Ohio, Inc., Judgment Creditor

vs.

[redacted], Judgment Debtor

FILED
2013 FEB 25 PM 1:55
ASHLAND MUNICIPAL COURT
ASHLAND, OHIO
BY

File Stamp

SECTION A. COURT ORDER AND NOTICE OF GARNISHMENT

To: Richland County Sheriff Dept. 50 Park Ave. Mansfield, Ohio 44901, Garnishee

The judgment creditor in the above case has filed an affidavit, satisfactory to the undersigned, in this court stating that you may owe the judgment debtor money for personal earnings.

You are therefore ordered to complete the "ANSWER OF EMPLOYER (GARNISHEE)" in Section B of this form. Return one completed and signed copy of this form to the clerk of this court within five (5) business days after you receive this order of garnishment. Deliver one completed and signed copy of this form and the accompanying documents entitled "NOTICE TO THE JUDGMENT DEBTOR" and "REQUEST FOR HEARING" to the judgment debtor. Keep the other completed and signed copy of this form for your files.

The *total* probable *amount now due* on this judgment is:	$ 1179.11
The total probable amount now due includes the unpaid portion of the judgment in favor of the judgment creditor, which is:	$ 731.15
2% processing fee that the Court retains	$ 23.12
Interest on that judgment and, if applicable, pre-judgment interest relative to that judgment at the rate of: 3% per annum payable until that judgment is satisfied in full;	$ 253.84
Court costs in the amount of:	$ 171.00

This order of garnishment of personal earnings is a continuous order that generally requires you to withhold a specified amount, calculated each pay period at the statutory percentage, of the judgment debtor's personal disposable earnings during each pay period, as determined in accordance with the "INTERIM REPORT AND ANSWER OF GARNISHEE," from the judgment debtor's personal disposable earnings during each pay period of the judgment debtor commencing with the first full pay period beginning after you receive the order until the judgment in favor of the judgment creditor and the associated court costs, judgment interest, and, if applicable, prejudgment interest awarded to the judgment creditor as described above have been paid in full. You generally must pay that specified amount, calculated each pay period at the statutory percentage, to the clerk of this court within thirty (30) days after the end of each pay period of the judgment debtor and must include with that specified amount calculated each pay period at the statutory percentage an "INTERIM REPORT AND ANSWER OF GARNISHEE" substantially in the form set forth in §2716.07 of the Ohio Revised Code. A copy of the "INTERIM REPORT AND ANSWER OF GARNISHEE" is attached to this order of garnishment of personal earnings, and you may photocopy it to use each time you pay the specified amount to the clerk of this court. You are permitted to deduct a processing fee of up to three (3) dollars from the judgment debtor's personal disposable earnings for any pay period of the judgment debtor that an amount was withheld for that

Ex. A-3

3/4/13

Re: [redacted] - Garnishment of Wages

On Tuesday March 12, 2013 I talked with Officer [redacted] about her wages being garnished. Richland County received notice that Officer [redacted]'s wages were going to be garnished. I discussed with her that she was in violation of policy if her wages were garnished. She told me that she was having some financial problems but that this should have been taken care of and that she would look into it to correct the problem. I advised [redacted] that we would not be following through with discipline at this time to allow her a chance to fix the issue at hand.

Officer Donald Bigler was present at this meeting upon [redacted]'s request for union representation.

Lt. Christopher L. Blunk

ORDER AND NOTICE OF GARNISHMENT
AND ANSWER OF EMPLOYER

Ex. A-4

Case No. [redacted]

ASHLAND MUNICIPAL COURT
Afton R. Smith, CLERK
ATTN: GARNISHMENT
1209 EAST MAIN ST.
ASHLAND, OH 44805
PHONE: (419) 289-8137

The State of Ohio
County of Ashland, ss

Debt Recovery Solutions of Ohio, Inc., Judgment Creditor

vs.

[redacted], Judgment Debtor

2014 APR 24 PM 4:5
ASHLAND MUNICIPAL COURT
ASHLAND, OHIO
BY
File Stamp

SECTION A. COURT ORDER AND NOTICE OF GARNISHMENT

To: Richland County Sheriff, 50 Park Ave, Mansfield OH 44907, Garnishee

The judgment creditor in the above case has filed an affidavit, satisfactory to the undersigned, in this court stating that you may owe the judgment debtor money for personal earnings.

You are therefore ordered to complete the "ANSWER OF EMPLOYER (GARNISHEE)" in Section B of this form. Return one completed and signed copy of this form to the clerk of this court within five (5) business days after you receive this order of garnishment. Deliver one completed and signed copy of this form and the accompanying documents entitled "NOTICE TO THE JUDGMENT DEBTOR" and "REQUEST FOR HEARING" to the judgment debtor. Keep the other completed and signed copy of this form for your files.

The *total* probable *amount now due* on this judgment is: $ 5060.01.
The total probable amount now due includes the unpaid portion of the judgment in favor of the judgment creditor [illegible]
2% processing fee that the Court retains $ 99.22
Interest on that judgment and, if applicable, pre-judgment interest relative to that judgment at the rate of: 3%;
per annum payable until that judgment is satisfied in full;
Court costs in the amount of: $ 195.00;

This order of garnishment of personal earnings is a continuous order that generally requires you to withhold a specified amount, calculated each pay period at the statutory percentage, of the judgment debtor's personal disposable earnings during each pay period, as determined in accordance with the "INTERIM REPORT AND ANSWER OF GARNISHEE," from the judgment debtor's personal disposable earnings during each pay period of the judgment debtor commencing with the first full pay period beginning after you receive the order until the judgment in favor of the judgment creditor and the associated court costs, judgment interest, and, if applicable, prejudgment interest awarded to the judgment creditor as described above have been paid in full. You generally must pay that specified amount, calculated each pay period at the statutory percentage, to the clerk of this court within thirty (30) days after the end of each pay period of the judgment debtor and must include with that specified amount calculated each pay period at the statutory percentage an "INTERIM REPORT AND ANSWER OF GARNISHEE" substantially in the form set forth in §2716.07 of the Ohio Revised Code. A copy of the "INTERIM REPORT AND ANSWER OF GARNISHEE" is attached to this order of garnishment of personal earnings, and you may photocopy it to use each time you pay the specified amount to the clerk of this court. You are permitted to deduct a processing fee of up to three (3) dollars from the judgment debtor's personal disposable earnings for any pay period of the judgment debtor that an amount was withheld for that order (the processing fee is not a part of the court costs). You are not required to file with the court the "INTERIM REPORT AND ANSWER OF GARNISHEE" for any pay period of the judgment debtor for which

Ex. A-5

DETAIL CHECK REGISTER - RICHLAND COUNTY
PAY PERIOD ENDING DATE 07 MAY 2014 - CHECK DATE 16 MAY 2014

[redacted] 0349 [redacted]

DEDS 013456 ACCR 1 R V REG V

72.00	20.0500	1443.60	50082	JAIL EMPLOYE
8.00	20.0500	160.40	50082	JAIL EMPLOYE
80.00		1604.00		

TYPE	CODE	GROSS	PICKUP	AMOUNT	YTD AMT
WWW	PERS	1604.00		160.40	1671.95
WWW	ALL1	1604.00		34.58	345.80
WWW	HLTH	1604.00		56.50	565.00
WWW	SUPR	1604.00		14.79	147.90
WWW	ASSNT	1604.00		14.50	130.50
WWW	UNF2	1604.00		17.89	178.90
WWW	GFEE	1604.00		* 3.00	3.00
WWW	GAASH	1604.00		* 297.12	297.12
WNW	DD$	1604.00		20.00	200.00
FWT	FWT	1337.73		170.23	1768.44
SWT	OH	1337.73		33.20	339.98
CWT	MAN	1498.13		29.96	305.75
WWW	MED	1498.13		21.72	227.05
WYW	DDCK	1604.00		730.11	9776.06

CLASS/CD		EARNED	USED	BALANCE
S	S2	4.600	0.000	16.82
V	VR2	4.600	8.000	59.11

FROM : 04/24/14 TO : 05/07/14 PAID: 05/16/14
WEEKS: 2.0000 OJFS: 2 CK# : D52339

GROSS: 1604.00 DED : 1604.00 NET : 0.00
YTD 16719.44 15971.95 747.49

Ex. A-5

INTER-OFFICE COMMUNICATION

TO: ERICA SPICER

FOR:

FROM: OFFICER [redacted]

SUBJECT: PERSONEL FILE

REF:

DATE: 06-03-2014

EFFECTIVE DATE:

DIVISION:
CORRECTIONS

☒ MESSAGE ☐ SPECIAL DETAIL ☐ ASSIGNMENT ☐ INTELLIGENCE INFORMATION

TO WHOM IT MAY CONCERN,

I OFFICER [redacted] WOULD LIKE TO HAVE ALL EXPIRED DISCIPLINARY PAPERWORK REMOVED FROM MY PERSONEL FILE. IF YOU HAVE ANY QUESTIONS PLEASE CALL ME AT X [redacted]

THANK YOU
OFFICER [redacted]

er (the processing fee is not a part of the court costs). You are not required to file with the court the INTERIM REPORT AND ANSWER OF GARNISHEE" for any pay period of the judgment debtor for which an amount from the judgment debtor's personal disposable earnings during that pay period was not withheld for that order.

This order of garnishment of personal earnings generally will remain in effect until one of the following occurs:

(1) The total probable amount due on the judgment as described above is paid in full as a result of your withholding of the specified amount, calculated each pay period at the statutory percentage, from the judgment debtor's personal disposable earnings during each pay period of the judgment debtor that commenced with the first full pay period beginning after you received the order.

(2) The judgment creditor or the judgment creditor's attorney files with this court a written notice that the total probable amount due on the judgment as described above has been satisfied or the judgment creditor or the judgment creditor's attorney files a written request to terminate this order of garnishment and release you from the mandate of this order of garnishment.

(3) A municipal or county court appoints a trustee for the judgment debtor and issues to you an order that stays this order of garnishment of personal earnings.

(4) A federal bankruptcy court issues to you an order that stays this order of garnishment of personal earnings.

(5) A municipal or county court or a court of common pleas issues to you another order of garnishment of personal earnings that relates to the judgment debtor and a different judgment creditor, and Ohio or federal law provides the other order with a higher priority than this order.

(6) A municipal or county court or a court of common pleas issues to you another order of garnishment of personal earnings that relates to the judgment debtor and a different judgment creditor and does not have a higher priority than this order.

(7) The judgment creditor or the judgment creditor's attorney files with this court a written request to terminate and release the order of garnishment, and as a result, the order of garnishment will cease to remain in effect.

Under any of the circumstances listed above, you are required to file with this court a "FINAL REPORT AND ANSWER OF GARNISHEE" substantially in the form set forth in §2716.08 of the Ohio Revised Code. A copy of the "FINAL REPORT AND ANSWER OF GARNISHEE" is attached to this order of garnishment of personal earnings. Under the circumstances listed in (5) and (6) above, you must cease processing this order of garnishment after the expiration of the full pay period within which the one hundred eighty-second (182) day after you began processing it falls.

Special stacking, priority of payment, and manner of payment rules apply when a garnishee receives multiple orders of garnishment with respect to the same judgment debtor. These rules are set forth in §2716.041 of the Ohio Revised Code. An employer guide to processing continuous orders of garnishment is included with this order of garnishment. You should become familiar with these rules.

Witness my hand and the seal of this court this 26th day of Feb, 2013.

Judge, Ashland Municipal Court

RICHLAND COUNTY SHERIFF'S OFFICE
"PERSONNEL COMPLAINT REPORT"

XX Internal Complaint
☐ External Complaint

DATE/ TIME REPORTED	DATE/TIME OF INCIDENT	DATE/TIME BECAME AWARE OF INCIDENT
06/11/14 @ 07:22	06/11/14 @ 07:07	06/11/14 @ 06:00

COMPLAINANT'S NAME	ADDRESS	PHONE NUMBER:
Lt. Katina Douglas	RCSO	419-774-7870

TYPE OF COMPLAINT	PLACE OF OCCURRENCE
This Officer Did not follow Policy 18.13/ Contract 29.03	Richland County Jail

DESCRIPTION OF COMPLAINT: This Officer failed to report off work on time, she was 1 hour and 7 min late.

PERSON(S) INVOLVED IN INCIDENT:

NAME:	VIOLATOR	WITNESS	CIVILIAN
Officer [redacted]	X	☐	☐
Lt. Katina Douglas #7c31	☐	X	☐
Sgt. Kristin Gillis #7c35	☐	X	☐

NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.

1. Officer [redacted] reported off work 1 hour, and 7 min late.
2. After speaking with officer [redacted] she advised that when Sgt. Collier stated "I'll see you Thursday in a text" she just assumed that she had the time off. Although I asked her if she requested for Sgt. Collier to fill her out a time off slip, and she advised no she did not. Sgt. Collier also advised that she did not request for him to fill out a time off slip.
3. I suggest that officer [redacted] is specific with her request, and that she gets clarification from the supervisor in the future to avoid any further discipline.

***NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF $1,000.**

COMPLAINANT'S SIGNATURE	INVESTIGATING OFFICER	DATE
[signature]		6-11-14

ADMINISTRATION USE ONLY:

Complaint Number: 14-043

Employee: _____ Group _____ Number _____

Prior Active Discipline: Yes ☐ No ☐ Date: _____ Group _____ Number _____

Description:

06-11-2014:

On 6-9-2014 Officer [redacted] sent a text message to me asking for Tuesday, 6-10-2014 off as a RATO day. I called Sgt. M. Young, and had her check the schedule for Tuesday, 6-10-2014. I then texted Officer [redacted], and stated that I approved her day for "tomorrow" and also said 'Ill see you Thursday", due to myself being tired, and not thinking about it. Officer [redacted] did not ask for Wednesday, June 11, 2014 off. I did not say anything specific about her being off on Wednesday, June 11, 2014. This ends my involvement in this matter.

Sgt. M. Collier

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [redacted]

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

1:00 p.m. on May 19, 2014

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

That on November 30, 2013, 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 sixth 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.

Capt. C[illegible] — 5/8/14

Employer Signature — Date

Proof of Service

I served the above notice on Tina Mahon on the 8th day of MAY, 2014.

C[illegible] — CAPT.

Name — Title

[redacted] — 5/8/14

Employee Signature — Date

RICHLAND COUNTY Enrollment/Change Form

(use ballpoint pen and press firmly)

Department Number: 349
Employee Number: [redacted]

CHECK ONE: ☒ OPEN ENROLLMENT ☐ NEW HIRE ☐ CHANGE	Date of Change:	Date of Hire: 10-22-06	Effective Date: 1-1-14

OTHER CHANGES

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)

EMPLOYEE/DEPENDENT DATA

NAME OF EMPLOYEE [redacted] Social Security #: [redacted]

BENEFIT SELECTIONS

OTHER INSURANCE

Other i
On the
Provide
Policy/
If you
Employ
Reaso
☐ Age

WAIVER

Waiver
Check:
Name o
Employ
Check:
Name o
Employ
Check
☐ I cer
wish to
If I am
provide
if a dep
I reque
Applica

FLEXIBLE SPENDING

X SIGNATURE _____ DATE _____

I have been given the opportunity to enroll in the Section 125 Flexible Spending Account, but decline participation.

SIGNATURE [redacted] DATE 10-22-13

Name: [redacted] Review Period: 10/13 to 3/14
Unit #: [redacted] Review Deadline Date: 4/1/14

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: officer [redacted] does her walk throughs consistently but occasionally forgets to log them.

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:

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:

6. 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.*

7. Consistently follows post orders, policies and procedures.

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

   Explain:

   Occasionally forgets to log POC's

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: Has not been written up for pattern abuse during this period.

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) Does Not Meet + 0

    Explain:

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

Officer [redacted] always stays busy and carries out her duties on time.

OVERALL EVALUATION

Total Points: 9

Rater: Sgt James Date: 3/5/14 Comments:

Officer [redacted] works hard and does what is asked of her. She is improving on her POC logging.

Lieutenant/Staff Lieutenant: [signature] Date: 3.27.14 Comments:

Jail Administrator: Capt [signature] Date: 3/31/14 Comments:

Employee Signature: [redacted] Date: 3-9-14 Comments:

6 month goal

To improve in my logging POC's, To have my file clean of any write ups of any kind. To become a field training officer.

5-10 year goal

Continue my career in law enforcement and possibly become/stay a field training officer.

I have read the above: I have X 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 Enrollment Change Form

(use ballpoint pen and press firmly)

Employee Number: [redacted]

CHECK ONE: ❑ OPEN ENROLLMENT ❑ NEW HIRE ☒ CHANGE	Date of Change:	Date of Hire: 10-22-07	Effective Date: 1-1-13

OTHER CHANGES

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 EMPLOY[redacted] First: [redacted] Middle: [redacted] Last: [redacted] Social Security # [redacted]

[redacted]

DATA

SELECTIONS

FLE[redacted]

SIGNATU[redacted] DATE [redacted]

Form R-7

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 1/15/14 7:45 A.M.

VIOLATION

Date Violation Occurred: November 26, 2013

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 13

Description of Violation: That by the date listed above, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office my not reading and signing Post Order 6 as directed. This is your 1st Group I # 13 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Lt CB

Signature of person issuing reprimand

Lt.

Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[redacted]

Employee's Signature

1-15-14

Date

cc: Employee
Supervisor
Appointing Authority

Form R-7

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 1/15/14 7:45 A.M.

VIOLATION

Date Violation Occurred: November 26, 2013

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 13

Description of Violation: That by the date listed above, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office my not reading and signing Post Order 6 as directed. This is your 1st Group I # 13 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Lt CB

Signature of person issuing reprimand

Lt.

Title

I hereby acknowledge that a copy of the above record of Ins[redacted] given to me on this date.

Employee's Signature

1-15-14

Date

cc: Employee
Supervisor
Appointing Authority

SETTLEMENT AGREEMENT

To: [redacted]

From: J. Steve Sheldon, Sheriff

On July 23, 2013, CO [redacted] exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks on inmates. This was her 4th violation.

On August 2, 2013, CO [redacted] exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks on inmates. This was her 5th violation.

The Sheriff (Employer) and the Fraternal Order of Police (Union), believe it is in the best interests of the parties to resolve the present disciplinary matter.

NOW, THEREFORE, the parties agree as follows:

1. By signing this Agreement, the Employer agrees to withdraw the pending disciplinary action for the violation on August 8, 2013.
2. By signing this Agreement, the Employee agrees to accept that twenty-four (24) hours will be deducted from her paid leave for the Group I # 17 violations on July 23, 2013 and August 2, 2013.
3. By signing this Agreement, the Union waives any right to file a grievance regarding the above referenced disciplinary action.
4. The Employee acknowledges that, prior to signing this Agreement, she was provided with the opportunity to consult with her Union representative and/or legal counsel of her choice and that she is voluntarily entering into this Agreement and not relying on any representation made by the Sheriff's Office except as expressly provided herein.
5. The parties acknowledge that this Agreement constitutes a single integrated agreement expressing the entire agreement between the parties. There are no other agreements, written or oral, express or implied, between the parties thereto concerning the subject matter of this Agreement.
6. The Employee expressly agrees and waives any right to challenge the validity of this Agreement in the event that litigation is necessary regarding the interpretation of this Agreement, each side shall bear their own costs of suit and attorneys' fees regardless of who is the prevailing party. This Agreement is entered into in the State of Ohio and the rights and obligations of the parties hereunder shall be construed and enforced in accordance with the laws of the State of Ohio.

J Steve Sheldon - Sheriff — 10-10-13

J. Steve Sheldon, Sheriff — Date

[redacted] — 10-8-13

Employee — Date

Donald Rich — 10-2-13

Union Representative — Date

FOP Staff Representative

Date

Form R-8

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 5/9/13

VIOLATION

Date Violation Occurred: April 30, 2013

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 17

Description of Violation: That on the date listed above, you exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks on inmates. This is your 2nd Group I # 17 offense.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of Supervisor Issuing Reprimand

CAPTAIN
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

5/9/13
Date

cc: Employee
Supervisor
Appointing Authority

ORIGINAL

RICHLAND COUNTY SHERIFF'S OFFICE
"PERSONNEL COMPLAINT REPORT"

DATE/TIME REPORTED	LOCATION OF INTERVIEW	COMPLAINT NO
04/24/2011		11-018

COMPLAINANT'S NAME	RESIDENCE ADDRESS	RES. PHONE	BUS. PHONE
LT YOUNG			

TYPE OF COMPLAINT	PLACE OF OCCURRENCE	DATE	TIME
SICK LEAVE PATTERN ABUSE			

BRIEF DESCRIPTION OF COMPLAINT:

ON 4/24/2011, IT WAS DISCOVERED THAT OFFICER [redacted] WAS IN VIOLATION OF 16.1 (SICK LEAVE POLICY) FOR PATTERN ABUSE. OFFICER [redacted] HAS USED SICK LEAVE SIX TIMES IN CONJUNCTION TO TIME OFF AND THREE TIMES ON SUNDAYS. THE FOLLOWING IS A LIST OF THE DAYS: 7/11/2010 (RDO 7/12/2010), 8/30//2010 (RDO 8/31/2010), 9/25/2010 (RDO 9/26/2010), 1/16/2011 (RDO 1/15/2011), 2/9/2011 (RDO 2/8/2011), AND 3/4/2011 (RDO 3/5/2011). THE THREE FOLLOWING SUNDAYS USED FOR SICK LEAVE WERE: 7/11/2010, 8/29/2010, AND 1/16/2011.

OFFICER(S) INVOLVED:

NAMES	BUREAU	UNIT NO.
OFFICER [redacted]	CORRECTIONS	7C8

NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.

***NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF $1,000.**

COMPLAINANT'S SIGNATURE	INVESTIGATING OFFICER	DATE
Lt Young		4/24/11

EMPLOYEE DISCIPLINE INCIDENT REPORT

Date: 4/24/11	Department: RCSO /corrections
Employee Name: [redacted]	Title: Officer
Person Completing: James Young	Title: Lieutenant
Contact #: (419) 774-7864	Email: James Young /richland
Date of Incident: 4/24/11	Date Became Aware: 4/24/11

Policy/Contract Section/Work Rule/Rule/Directive Violated:

16.1 Sick Leave Policy

Date / Violation of Prior Discipline: NONE

Description of Incident:

ON 4/24/2011, IT WAS DISCOVERED THAT OFFICER [redacted] WAS IN VIOLATION OF 16.1 (SICK LEAVE POLICY) FOR PATTERN ABUSE. OFFICER [redacted] HAS USED SICK LEAVE SIX TIMES IN Conjunction TO TIME OFF AND THREE TIMES ON SUNDAYS. THE FOLLOWING IS A LIST OF THE DAYS: 7/11/2010 (RDO 7/12/2010), 8/30//2010 (RDO 8/31/2010), 9/25/2010 (RDO 9/26/2010), 1/16/2011 (RDO 1/15/2011), 2/9/2011 (RDO 2/8/2011), AND 3/4/2011 (RDO 3/5/2011). THE THREE FOLLOWING SUNDAYS USED FOR SICK LEAVE WERE: 7/11/2010, 8/29/2010, AND 1/16/2011.

**** Please attach copies of any documentation to support this incident****

Lt J Y — **Signature of Person Completing**

4/24/11 — **Date**

To be completed by Human Resources

Date Received by HR:	**Deadline to Act:**

NOTES:

ACTION TAKEN:

SETTLEMENT AGREEMENT

To: [redacted]

From: J. Steve Sheldon, Sheriff

On July 23, 2013, CO [redacted] exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks on inmates. This was her 4th violation.

On August 2, 2013, CO [redacted] exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks on inmates. This was her 5th violation.

The Sheriff (Employer) and the Fraternal Order of Police (Union), believe it is in the best interests of the parties to resolve the present disciplinary matter.

NOW, THEREFORE, the parties agree as follows:

1. By signing this Agreement, the Employer agrees to withdraw the pending disciplinary action for the violation on August 8, 2013.
2. By signing this Agreement, the Employee agrees to accept that twenty-four (24) hours will be deducted from her paid leave for the Group I # 17 violations on July 23, 2013 and August 2, 2013.
3. By signing this Agreement, the Union waives any right to file a grievance regarding the above referenced disciplinary action.
4. The Employee acknowledges that, prior to signing this Agreement, she was provided with the opportunity to consult with her Union representative and/or legal counsel of her choice and that she is voluntarily entering into this Agreement and not relying on any representation made by the Sheriff's Office except as expressly provided herein.
5. The parties acknowledge that this Agreement constitutes a single integrated agreement expressing the entire agreement between the parties. There are no other agreements, written or oral, express or implied, between the parties thereto concerning the subject matter of this Agreement.
6. The Employee expressly agrees and waives any right to challenge the validity of this Agreement in the event that litigation is necessary regarding the interpretation of this Agreement, each side shall bear their own costs of suit and attorneys' fees regardless of who is the prevailing party. This Agreement is entered into in the State of Ohio and the rights and obligations of the parties hereunder shall be construed and enforced in accordance with the laws of the State of Ohio.

J Steve Sheldon - Sheriff — 10-10-13

J. Steve Sheldon, Sheriff — Date

[redacted] — 10-8-13

Employee — Date

Donald Bill — 10-2-13

Union Representative — Date

ORIGINAL

Form R-7

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: _____

VIOLATION

Date Violation Occurred: October 27, 2012

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy 18.13 Tardiness

Description of Violation: That on the date listed above you arrived to work after your scheduled starting time which is in violation of the Richland County Sheriff's Office Policy 18.13 (Tardiness). This is your 1st offense.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of person issuing reprimand

Sheriff
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[redacted]
Employee's Signature

11-15-12
Date

cc: Employee
Supervisor
Appointing Authority

ORIGINAL Form R-8

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: _____

VIOLATION

Date Violation Occurred: November 8, 2012

Location Where Violation Occurred: Richland County Jail

Type of Violation Policy 18.13 Tardiness

Description of Violation:

That on the date listed above you arrived to work after your scheduled starting time which is in violation of the Richland County Sheriff's Office Policy 18.13 (Tardiness).

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Steve Shelden
Signature of Supervisor Issuing Reprimand

Sheriff
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

11-16-12
Date

cc: Employee
Supervisor
Appointing Authority

Form R-8

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 5/9/13

VIOLATION

Date Violation Occurred: April 30, 2013

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 17

Description of Violation: That on the date listed above, you exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks on inmates. This is your 2nd Group I # 17 offense.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of Supervisor Issuing Reprimand

CAPTAIN
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

5/9/13
Date

cc: Employee
Supervisor
Appointing Authority

DISCIPLINARY AGREEMENT

To: [redacted] Correction Officer

From: J. Steve Sheldon, Sheriff

ORIGINAL

Date: April 18, 2012

Re: Agreed Discipline following March 28, 2012 Incident

On March 28, 2012, CO [redacted] willfully disregarded a rule, regulation, policy or directive of the Richland County Sheriff's Office, specifically, when she failed to release an inmate per Supervisor directive . This is a Group II # 7 offense.

This agreement is intended to memorialize that CO [redacted] and her representatives have agreed to waive her right to file a grievance over any discipline issued as a result of this incident and instead accept a one (1) day suspension with eight (8) hours to be deducted from CO [redacted]'s accrued vacation or compensatory time as a result of her actions on March 28, 2012.

[redacted] 4-26-12

Date

Union Representative 4-20-12

Date

J. Steve Sheldon, Sheriff 4-19-12

Date

Form R-8

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: 5/9/13

VIOLATION

Date Violation Occurred: April 30, 2013

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 17

Description of Violation: That on the date listed above, you exhibited unsatisfactory work and failed to maintain a required standard of performance by not properly conducting personal observation checks on inmates. This is your 2nd Group I # 17 offense.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of Supervisor Issuing Reprimand

CAPTAIN
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

5/9/13
Date

cc: Employee
Supervisor
Appointing Authority

ORIGINAL Form R-8

RICHLAND COUNTY SHERIFF'S OFFICE
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Written Reprimand was Issued: _____

VIOLATION

Date Violation Occurred: August 22, 2012

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 13

Description of Violation:

That on August 22, 2012, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's office by violating Sick Leave Policy 16.1 (Sick Leave), F (Sick Leave Use and Abuse), 2 (Unauthorized Uses), c (Failure to provide a physician's verification, return to work release or medical documentation when required. Pursuant to this policy, you are required to produce a physician's verification statement for all subsequent illnesses.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of Supervisor Issuing Reprimand

Sheriff
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

10/19/12
Date

cc: Employee
Supervisor
Appointing Authority

Form R-7

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted]

Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued:

VIOLATION

Date Violation Occurred: 7/16/11, 12/3/11, 1/7/12, 4/21/12 – Saturday
7/21/11, 1/5/12, 2/2/12, 2/23/12, 4/12/12 – Thursday
11/22/11, 1/25/12, 4/24/12 - WTO

Location Where Violation Occurred: Richland County Jail

Type of Violation Group I Number 13

Description of Violation: That on the dates listed above, you negligently failed to observe a rule, regulation, policy or directive of the Richland County Sheriff's Office by violating Sick Leave Policy 16.1, F, 2, h, 4 & 6. Pursuant to this policy, you are required to produce a physician's verification statement for all subsequent illnesses.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Signature of person issuing reprimand

Sheriff
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

[redacted]
Employee's Signature

6-1-12
Date

cc: Employee
Supervisor
Appointing Authority

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [redacted]

This notice is provided to you to advise that a pre-disciplinary conference will be held at 9:30am at the Richland County Jail on April 18, 2012 to provide you with an opportunity to respond to the following disciplinary charges.

That on March 28, 2012 you willfully disregarded a rule, regulation, policy or directive of the Richland County Jail when you failed to release an inmate per Supervisor directive.

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.

MAJ. [signature] — Employer

04-10-12 — Date

Proof of Service

I served the above notice on Tina Mahon on the 13 day of April, 2012

[redacted] — Lt. Corrections Officer — Title

[redacted] — 4-13-12 — Date

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [redacted]

This notice is provided to you to advise that a pre-disciplinary conference will be held at 9:30am at the Richland County Jail on April 18, 2012 to provide you with an opportunity to respond to the following disciplinary charges.

That on March 28, 2012 you willfully disregarded a rule, regulation, policy or directive of the Richland County Jail when you failed to release an inmate per Supervisor directive.

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.

Captain J. Musi
Employer

4-11-12
Date

Proof of Service

I served the above notice on Tina Mahon on the 11th day of April, 2012

Sgt. [illegible]
Name

Sgt.
Title

[redacted]

4-11-12
Date

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [redacted]

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

12:00 p.m. on February 18, 2014

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

That on November 30, 2013, 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 sixth 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.

Lt CBL — 1/27/14

Employer Signature — Date

Proof of Service

I served the above notice on Tina Mahon on the 27 day of January, 2014.

Lt James Young — Lt

Name — Title

[redacted] — 1-27-14

Employee Signature — Date

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [redacted]

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

12:00 p.m. on February 18, 2014

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

That on November 30, 2013, 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 sixth 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.

Lt CBL
Employer Signature

1/27/14
Date

Proof of Service

I served the above notice on Tina Mahon on the 27 day of January, 2014.

Lt James Young
Name

Lt
Title

[redacted]
Employee Signature

1-27-14
Date

FRATERNAL ORDER OF POLICE,
OHIO LABOR COUNCIL,INC.
222 EAST TOWN STREET
COLUMBUS, OHIO 43215-4611
(614) 224-5700
FAX (614) 224-5775
1-800-FOP-OLCI

O.L.C. Unit _____ Employer _____
O.L.C. Grievance No. _____ Address _____
Phone No. _____

GRIEVANCE REPORT FORM

PLEASE PRINT OR TYPE

A copy of this form
Must be sent to the
O.L.C. Office-IMMEDIATELY

Please have your Associate
call your Staff Represenative
When filing a grievance

Name of Grievant [redacted] Badge No. [redacted]
Grievant address [redacted] Phone No. [redacted]
Classification Corrections Assignment Corrections
Shift B-Watch Date of appointment 10-22-07
Immediate Supervisor at time of incident SLAY (MATHEWS)
O.L.C Represenative Garrick Date and time 11-22-11
Grievance first discussed with Garrick Date and time 11-22-11
Article and section number of contract violation 10-01 JUST CAUSE
Statement of grievance (Give times,dates,who,what,when,where,why, and how):
ON 11-10-11 I SERVED A ONE DAY SUSPENSION THAT VIOLATED THE ABOVE LISTED SECTION OF THE COLLECTIVE BARAGAINING AGREEMENT

Remedy requested:
Meeting Requested w/ J.A. & Have this improper action removed from personal file, and be made whole economic and other
Grievant's signature [redacted] Date and time 11-23-11 @ 2130

STEP ONE
Received by Joe MASI, CAPTAIN Date and time 11/28/11 AT 0900 HOURS
Respondent name and Title
Date of meeting 12/5/2011 Time 1:30 pm Place JAIL CONFERENCE ROOM
Step one
response Please see attached.

Joe MASI, CAPTAIN 12.09.11 1:20pm
Name and Title Date and time
Received by [signature] 12-09-11 1:22pm
Grievant Date and time
ANSWER IS: Accepted _____ Rejected _____

Meeting requested w/ Sheriff Sheldon

Rec'd 11/28

STEP TWO if applicable

Received by Sheriff Shelden Date and time 12/12/11 @ 9:50 AM

Respondent name and Title

Date of meeting 12.14.2011 Time 9:30am Place Jail

Step one response Please see attached

Name and Title Sheriff Shelden 12-14-11 @ 1200

Date and time

Received by Tina Mahon 12-14-11 @ 1325

Grievant Date and time

ANSWER IS: Accepted ✓ **Rejected**

STEP THREE if applicable

Received by Date and time

Respondent name and Title

Date of meeting Time Place

Step one response

Name and Title Date and time

Received by Date and time

Grievant

ANSWER IS: Accepted **Rejected**

STEP FOUR if applicable

Received by Date and time

Respondent name and Title

Date of meeting Time Place

Step one response

Name and Title Date and time

Received by Date and time

Grievant

ANSWER IS: Accepted **Rejected**

F.O.P./O.L.C. intention to arbitrate (Yes) ✓ (No) Signature

STEP 2 GRIEVANCE RESPONSE

To: [redacted]

From: J. Steve Sheldon, Sheriff

Date: December 14, 2011

A Step 2 grievance hearing was held on December 14, 2011 at the Richland County Jail. Present at the hearing were grievant [redacted], FOP representative David Garrick, Director of Human Resources Kelly Cicolani and Steve Sheldon, Sheriff.

Union Position:

The grievant and her representative stated multiple times that they are not disputing the merits of the disciplinary action received by the grievant, however, they believe that the disciplinary action is invalid as it was not signed by the Sheriff according to procedure.

Employer Position:

The Sheriff concedes that the written disciplinary action was not signed by him, however, this does not have any bearing on the fact that the disciplinary action taken against the grievant was with just cause as was admitted to by the grievant and her representative. For this reason, it is the Sheriff's position that the disciplinary action taken is valid.

Employer Decision:

Based upon the foregoing and as there was no violation of the Collective Bargaining Agreement, this grievance is denied.

Sincerely,

J. Steve Sheldon

J. Steve Sheldon, Sheriff

RECORD OF SUSPENSION OF THREE DAYS OR LESS (Form R-8A)

Date: 11/4/2011 **Department:** Richland County Jail

Employee's Name / Title: [redacted] Correction Officer

VIOLATION:

Date violation occurred: September 22, 2011

Location where violation occurred: Richland County Jail

Date(s) of prior verbal warning(s): Not applicable

Date(s) if prior written reprimand(s): Not applicable

Type of Violation: **Group:** II **Number:** 7

Description of Violation:

That on September 22, 2011, you willfully disregarded a rule, regulation, policy or directive of the Richland County Sheriff's Office when you violated Policy 1.3.11 (Standards of Employee Conduct) when you accepted something from an inmate.

Date of Pre-Disciplinary Conference: Waived in writing 10/31/11

Was the employee represented? Yes **If so, by whom?** David Garrick

Date(s) that suspension without pay will occur: November 10, 2011

This suspension is issued as a corrective measure in an effort to help you improve your conduct. This suspension will be removed from your personnel file after eighteen (18) months. Any further violations could result in more severe disciplinary actions.

Sheriff Steve Sheldon 12-07-11

Captain [illegible] 11/6/2011

Employer Signature **Date**

I hereby acknowledge that a copy of the above Order of Suspension has been given to me this day.

[redacted] 11/6/11

Signature of Employee **Date**

FILE

NOTICE OF PRE-DISCIPLINARY CONFERENCE

TO: [redacted]

This notice is provided to you to advise that a pre-disciplinary conference will be held at **2:15p.m.** on **November 3, 2011** at the Richland County Jail to provide you with an opportunity to respond to the following disciplinary charges.

That on September 22, 2011, you willfully disregarded a rule, regulation, policy or directive of the Richland County Sheriff's Office when you violated Policy 1.3.11 – Standards of Employee Conduct when you accepted something from an inmate. This is a Group II # 7 offense.

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.

MAJ. Dale Fortney

Major Dale Fortney

10-26-11

Date

Proof of Service

I served the above notice on Tina Mahon on the 29th day of October, 2011.

Sgt. M. Young

Name

Corr. Sgt.

Title

[redacted]

Employee Signature

10-29-11

Date

PRE-DISCIPLINARY HEARING REPORT

To: J. Steve Sheldon, Sheriff

From: Kelly Anne Cicolani, Director of Human Resources

Re: [redacted]

A pre-disciplinary hearing was scheduled for CO [redacted] on November 3, 2011 at 2:15pm. On October 31, 2011 at 4:02p.m., however, Major Fortney received an email from FOP Representative David Garrick stating they wished to waive the pre-disciplinary hearing.

Due to this fact, this matter has been evaluated based upon the investigation conducted by Captain Masi.

Ms. [redacted] has been charged with the Group II # 7 offense of willfully disregarding a rule, regulation, policy or directive of the Sheriff's Office as the result of her accepting a tattoo from an inmate which violates Policy 1.3.11- Standards of Employee conduct.

During the investigatory interview, CO [redacted] admitted to accepting a tattoo from an inmate with her name and that of her fiancé.

Conclusion and Recommendation:

Based upon the fact that CO [redacted] admitted to accepting something from an inmate and this is a clear violation of policy, it is my conclusion that there is just cause to support this violation. Furthermore, it is my recommendation to proceed with disciplinary action in accordance with the policies set forth by the Richland County Sheriff's Office.

Respectfully submitted,

Kelly Anne Cicolani, Director of Human Resources

Form R-7

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Correction Officer

Date Instruction & Cautioning was Issued: 5-15-11

VIOLATION

Date Violation Occurred: 7/11/10; 8/29/10; 8/30/10; 9/25/10; 1/16/11; 2/9/11; 3/4/11

Location Where Violation Occurred: N/A

Type of Violation Group 1 Number 13

Description of Violation: That on the dates listed above, you negligently failed to observe a rule, regulation, policy or directive of the Sheriff's Office by violating Sick Leave Policy 16.1, F, 2, h. Pursuant to this policy, you are required to produce a physician's verification statement for all subsequent illnesses.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, providing you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Sgt C McMahama
Signature of person issuing reprimand

Sgt.
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me this date.

[redacted]
Employee's Signature

5/15/11
Date

cc: Employee
Supervisor
Appointing Authority

Form R-7

RICHLAND COUNTY SHERIFF'S DEPARTMENT
INSTRUCTION & CAUTIONING

Employee's Name: [redacted] Employee's Classification: Corrections

Date Instruction & Cautioning was Issued: 9/29/09

VIOLATION

Date Violation Occurred: 9/23/09

Location Where Violation Occurred: Jail

Type of Violation Group 1 Number 21

- ☐ Incompetency
- ☐ Inefficiency
- ☐ Dishonesty
- ☐ Drunkenness
- ☐ Immoral Conduct
- ☐ Insubordination
- ☐ Neglect of Duty
- ☐ Failure of Good Behavior
- ☐ Misfeasance
- ☐ Nonfeasance
- ☐ Discourteous Treatment of the Public
- ☒ Other : Explain Below

Description of Violation
Tardiness: SOP.18.3: On the above date you were to work on time but you were tardy to you assigned post.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be maintained by management for six (6) months, and will be destroyed thereafter, providing you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

J Steve Sheldon
Signature of person issuing reprimand

Sheriff
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me this date.

[redacted]
Employee's Signature

10-3-09
Date

cc: Employee
Supervisor
Appointing Authority

RICHLAND COUNTY SHERIFF'S OFFICE
"PERSONNEL COMPLAINT REPORT"

☒ Internal Complaint
☐ External Complaint

DATE/TIME REPORTED	LOCATION OF INTERVIEW	COMPLAINT NO
09/23/09 18:00		053-09

COMPLAINANT'S NAME	RESIDENCE ADDRESS	RES. PHONE	BUS. PHONE
Officer Mahon	RCSO		(419) 774-5678

TYPE OF COMPLAINT	PLACE OF OCCURRENCE	DATE	TIME
Unsatisfactory Work Performance Tardy	Jail	09/23/09	14:04

BRIEF DESCRIPTION OF COMPLAINT:
On the above date Officer [redacted] reported to her post at 14:04 which was approximately 4 min late.

OFFICER(S) INVOLVED:

NAMES	BUREAU	UNIT NO.
Tina [redacted]	Corrections	[redacted]

NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.

***NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF $1,000.**

COMPLAINANT'S SIGNATURE	INVESTIGATING OFFICER	DATE

B-WATCH ASSIGNMENT

DAY: Wednesday **09/23/09**

CR 1 – [redacted]

CR 2 – BENAVIDES

3 M/R – [redacted]

3 RO – ~~SMITH~~,BRADFORD,FLETCHER(3RD FLOOR HC) CF/RJ

CR 4 – MCKEE

CR 5 – VITCUSKY(2ND Floor HC) RJ

2 M/R – REEF mr

2 RO – WUKELA,~~GARRICK~~,COLLIER Garrick MC. DW

MC – WILES M.W.

LBY – HEMPFIELD

BKG – SHANEYFELT J. S.

BKG – WILSON

SUP – ~~SGT.BLUNK(FLOORS)~~/SGT.SLAY(BOOKIN) K.S.

SHAKEDOWN:
2A1/2D1/2C1/2C11

GARRICK
COLLIER
SMITH
BRADFORD
WUKELA
FLETCHER

BOOKING:
SHANYFELT
WILSON(REPORT)

Office Copy

Form R-8

RICHLAND COUNTY SHERIFF'S DEPARTMENT
WRITTEN REPRIMAND

Employee's Name: [redacted] Employee's Classification: Corrections

Date Written Reprimand was Issued: 10/13/09

VIOLATION

Date Violation Occurred: 10/8/09

Location Where Violation Occurred: Jail

Type of Violation Group 1 Number 21

- ☐ Incompetency
- ☐ Inefficiency
- ☐ Dishonesty
- ☐ Drunkenness
- ☐ Immoral Conduct
- ☐ Insubordination
- ☒ Neglect of Duty
- ☐ Failure of Good Behavior
- ☐ Misfeasance
- ☐ Nonfeasance
- ☐ Discourteous Treatment of the Public
- ☒ Other : Explain Below

Description of Violation:

Tardiness: (Personnel Complaint Report 058-09) Officer Mahon you were late to your assigned Post on the above date.

(Attach Additional sheets if necessary)

This written reprimand was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Written Reprimand will be maintained by management for twelve (12) months, and will be destroyed thereafter, providing you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

J Steve Sheldon
Signature of person Issuing Reprimand

Sheriff
Title

I hereby acknowledge that a copy of the above record of the Written Reprimand has been given to me on this date.

[redacted]
Employee's Signature

10/15/09
Date

cc: Employee
Supervisor
Appointing Authority

RICHLAND COUNTY SHERIFF'S OFFICE
"PERSONNEL COMPLAINT REPORT"

DATE/TIME REPORTED	LOCATION OF INTERVIEW		COMPLAINT NO
10/08/09 1900	RCSO JAIL		058-09
COMPLAINANT'S NAME	RESIDENCE ADDRESS	RES. PHONE	BUS. PHONE
Lt James Myers			

TYPE OF COMPLAINT	PLACE OF OCCURRENCE	DATE	TIME
TARDINESS	RCSO JAIL	10/08/09	1400

BRIEF DESCRIPTION OF COMPLAINT:

On the above date and time officer [redacted] came to the office to check her assigned post at 1400 making her late to her assigned post(control room 2) that she was due to be at by 1400 I asked Officer [redacted] why she was late and she advised her watch was set wrong nothing further

OFFICER(S) INVOLVED:

NAMES	BUREAU	UNIT NO.
[redacted]	Corrections	[redacted]

NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.

***NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF $1,000.**

COMPLAINANT'S SIGNATURE	INVESTIGATING OFFICER	DATE

RICHLAND COUNTY SHERIFF'S OFFICE
"PERSONNEL COMPLAINT REPORT"

DATE/TIME REPORTED	LOCATION OF INTERVIEW	COMPLAINT NO
10/08/09 1900	RCSO JAIL	058-09

COMPLAINANT'S NAME	RESIDENCE ADDRESS	RES. PHONE	BUS. PHONE
Lt James Myers			

TYPE OF COMPLAINT	PLACE OF OCCURRENCE	DATE	TIME
TARDINESS	RCSO JAIL	10/08/09	1400

BRIEF DESCRIPTION OF COMPLAINT:
On the above date and time officer [redacted] came to the office to check her assigned post at 1400 making her late to her assigned post(control room 2) that she was due to be at by 1400 I asked Officer [redacted] why she was late and she advised her watch was set wrong nothing further

OFFICER(S) INVOLVED:

NAMES	BUREAU	UNIT NO.
[redacted]	Corrections	[redacted]

NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.

***NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF $1,000.**

COMPLAINANT'S SIGNATURE	INVESTIGATING OFFICER	DATE

RICHLAND COUNTY SHERIFF'S OFFICE
"PERSONNEL COMPLAINT REPORT"

☒ Internal Complaint
☐ External Complaint

DATE/TIME REPORTED	LOCATION OF INTERVIEW	COMPLAINT NO
09/23/09 18:00		053-09

COMPLAINANT'S NAME	RESIDENCE ADDRESS	RES. PHONE	BUS. PHONE
Officer [redacted]	RCSO		(419) 774-5678

TYPE OF COMPLAINT	PLACE OF OCCURRENCE	DATE	TIME
Unsatisfactory Work Performance Tardy	Jail	09/23/09	14:04

BRIEF DESCRIPTION OF COMPLAINT:
On the above date Officer [redacted] reported to her post at 14:04 which was approximately 4 min late.

OFFICER(S) INVOLVED:

NAMES	BUREAU	UNIT NO.
[redacted]	Corrections	[redacted]

NUMBER AND SEGREGATE THE FOLLOWING (1) DETAILS OF COMPLAINT AS STATED BY COMPLAINANT (2) INTERVIEWER'S REMARKS (3) INVESTIGATION SUGGESTIONS.

***NOTICE: UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, FALSIFICATION IS A CRIMINAL ACT, WHICH MAY BE SUBJECT TO PROSECUTION. PUNISHABLE BY UP TO 6 MONTHS CONFINEMENT AND A FINE OF $1,000.**

COMPLAINANT'S SIGNATURE	INVESTIGATING OFFICER	DATE

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.

[redacted]
Name printed

[redacted]
Name signed

11.10.13
Date

K. Gillis
Witness printed

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.

[redacted]

PRINTED NAME OF MEMBER

[redacted]

SIGNATURE OF MEMBER

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, IN AND FOR THE COUNTY OF RICHLAND, THIS 21st DAY OF March, 2013.

Shirley A. Dowdy
NOTARY PUBLIC

MY COMMISSION EXPIRES
9-12-2015

SWORN TO AND SUBSCRIBED BEFORE ME, SHERIFF, IN AND FOR THE COUNTY OF RICHLAND, THIS 21st DAY OF March, 2013.

J. Steve Sheldon
J. 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.

[redacted]

Employee Printed Name

2/22/13
Date

[redacted]

Employee Signature

I have issued this job description to the employee.

Supervisor Signature

2/22/13
Date

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

MAJ

Administrator Signature

02-07-13
Date

Mike DeWine
Ohio Attorney General

October 28, 2013

[redacted]

NO BCI&I RECORD ON FILE
AUTHENTICATION NO. CS0019413A3C3357

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: [redacted]

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

Mike DeWine
Ohio Attorney General

October 28, 2013

[redacted]

NO FBI RECORD ON FILE
AUTHENTICATION NO. CS0019413A3C3357
ICN: E2013280000000205789

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: [redacted]

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

North Central State College

This is to certify that
the Board of Trustees of North Central State College
upon the recommendation of the Faculty, has conferred upon

[redacted]

the degree of

Associate in Applied Science

Criminal Justice

Given at Mansfield, Ohio, this month of March
two thousand and six.

NORTH CENTRAL STATE COLLEGE 1969 NC

CHAIR, BOARD OF TRUSTEES

PRESIDENT OF THE COLLEGE

From: Carla McManama/richland
To: Pat Galliway/richland@Richland
Cc: Joe Masi/richland@Richland, Katina Mathews/richland@Richland, Chris Blunk/richland@Richland, Ed Dulaney/auditor/richland@Richland, James Young/richland@Richland

---

Date: Tuesday, December 06, 2011 01:01AM
Subject: [redacted]

Hi Pat!

Capt. Masi would like [redacted] moved to a-watch on the middle rotation please. I figured her days off to be 12/06 and 12/07, work 12/08 and 12/09, then fall into middle rotations rdos of 12/10 and 12/11. If you could make speedshift reflect this, I would appreciate it. Also she has requested holidays for 12/08 and 12/09, as soon as they are approved by a b-watch supervisor, they will send them to you. Thanks!

RICHLAND COUNTY Enrollment/Change Form

(use ballpoint pen and press firmly)

Department Number: 0349

Employee Number: [redacted]

CHECK ONE: ❑ OPEN ENROLLMENT ❑ NEW HIRE ❑ CHANGE	Date of Change:	Date of Hire: 11-21-07	Effective Date:

OTHER CHANGES

CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE

☒ CHANGE NAME/ADDRESS, state previous [redacted]

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

❑ Death ❑ Age Limit ❑ Change in student status ❑ Other (explain)

EMPLOYEE/DEPENDENT DATA

NAME OF EMPLOYEE [redacted] ocial Security [redacted]

BENEFIT ELECTIONS

OTHER INSURANCE

WAIVER

FL

SIGNATURE [redacted] DATE 11-2-10

RICHLAND county OHIO

Employee Maintenance

(circle one)
ADD Change Delete

Name	[redacted]
Address	
City, State, Zip Code	
Telephone	
Birthdate	
ocial Security Number	
Marital Status:	
Sex	
Race	
Title	Correction Officer
Department Number	50082
Business Phone Number	
Start Date	
Rehire Date	
Termination Date	
eason for Termination	

Employee # [redacted]

Has this person ever been employeed by Richland County in the past? Yes or No

Account # [redacted]

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status	
Annual Salary	

Salary/pay	
Rate/hour	$ 19.0473
Alt Rate/hour	
Wage Factor	
Annual Hours	
Shift	$0.70
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

Signature

9/1/2011
Date

Raise Eff.: 09-01-11
Comments

RICHLAND COUNTY Enrollment/Change Form

(use ballpoint pen and press firmly)

Department Number: US 44

Employee Number: [redacted]

CHECK ONE: X OPEN ENROLLMENT ❑ NEW HIRE ❑ CHANGE	Date of Change:	Date of Hire: 10-22-07	Effective Date: 01-01-2012

OTHER CHANGES

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 EMPLOYE[redacted] Social Security #: [redacted]

EMPLOYEE/DEPENDENT DATA

[redacted]

BENEFIT SELECTIONS

OTHER INSURANCE

WAIVER

FLEXIBLE SPENDING

[redacted]

SIGNATURE Lina Mahon DATE 11-1-11

Richland Co. Payroll Forn

[redacted]					
DOH: 10-22-07		Gross Amount			
Pay Period	Date Paid	Regular	Corr Pay	Overpay	Comments
1	01/01/10	1,109.18			
2	01/15/10	1,285.23	1,239.70	45.53	
3	01/29/10	1,285.23	1,239.70	45.53	
4	02/12/10	1,285.23	1,239.70	45.53	BP owed for error in 2009 wages
5	02/26/10	1,285.23	1,239.70	45.53	
6	03/12/10	1,285.23	1,239.70	45.53	
7	03/26/10	1,285.23	1,239.70	45.53	TOTAL OVERPAYED
Y.T.D.				273.18	$ 273.18

2. [redacted]

INTER-OFFICE COMMUNICATION

TO:	SHERIFF J. STEVE SHELDON	DATE:	01-08-10
FOR:		EFFECTIVE DATE:	01-08-10
FROM:	GARRY MILLS	DIVISION:	CORRECTIONS
SUBJECT:	**GRIEVANCES**		
REF:	☒ MESSAGE ☐ SPECIAL DETAIL ☐ ASSIGNMENT ☐ INTELLIGENCE INFORMATION		

AS OF THE ABOVE DATE THE TWO GRIEVANCES THAT REFER TO STEP INCREASE AND PERCENTAGE INCREASE FILED BY CHARLES BRADFORD, [redacted] AND JOHN JONES. THESE GRIEVANCES WILL NOT LONGER BE PURSUED BY THE ABOVE LISTED PARTIES AND THE F.O.P., DUE TO THE AGREEMENT THAT HAS BEEN REACHED BETWEEN THE EMPLOYEES AND THE SHERIFF. IT IS UNDERSTOOD THAT THE EMPLOYEES WILL RECEIVE BACK PAY ON THESE ISSUES AS MUTUALLY AGREED UPON BY BOTH PARTIES.

[redacted]

CHARLES BRADFORD

JOHN JONES

GARRY MILLS F.O.P./OLC
UNION VICE ASSOCIATE

Back Pay For Corrections

Pay	Date Paid	Regular	New Regular	Old R70	New R70	Difference	Overtime	New OT	OT Difference	Holiday	Holiday Difference	Bonus	TOTAL
[redacted]			14.0232		14.7232								
2	01/16/09	1,109.18	1,177.86		-	68.68	759.09	806.10	47.01	110.92	6.87	100.00	
3	01/30/09	1,109.18	1,177.86		-	68.68	665.51	706.71	41.20	55.46	3.43		
4	02/13/09	1,109.18	1,177.86		-	68.68	166.38	176.68	10.30		-		
5	02/27/09	1,109.18	1,177.86		-	68.68	499.13	530.04	30.91		-		
6	03/13/09	1,109.18	1,177.86		-	68.68	-	-	-		-		
7	03/27/09	1,109.18	1,177.86		-	68.68	-	-	-		-		
8	04/10/09	1,109.18	1,177.86		-	68.68	-	-	-		-		
9	04/24/09	1,109.18	1,177.86		-	68.68	-	-	-		-		
10	05/08/09	1,109.18	1,177.86		-	68.68	166.38	176.68	10.30		-		
11	05/22/09	1,109.18	1,177.86		-	68.68	-	-	-		-		
12	06/05/09	1,109.18	1,177.86		-	68.68	-	-	-	55.46	3.43		
13	06/19/09	1,109.18	1,177.86		-	68.68	-	-	-		-		
14	07/03/09	1,109.18	1,177.86		-	68.68	-	-	-		-		
15	07/17/09	1,109.18	1,177.86		-	68.68	-	-	-		-		
16	07/31/09	1,109.18	1,177.86		-	68.68	-	-	-		-		
17	08/14/09	1,109.18	1,177.86		-	68.68	-	-	-		-		
18	8/28/2009	1,109.18	1,177.86		-	68.68	-	-	-		-		
19	9/11/2009	1,109.18	1,177.86		-	68.68	-	-	-		-		
20	9/25/2009	1,109.18	1,177.86		-	68.68	-	-	-		-		
21	10/9/2009	1,109.18	1,177.86		-	68.68	-	-	-		-		
22	10/23/2009	1,109.18	1,177.86		-	68.68	-	-	-		-		
23	11/6/2009	1,109.18	1,177.86		-	68.68	-	-	-		-		
24	11/20/2009	1,109.18	1,177.86		-	68.68	218.37	231.94	13.57		-		
25	12/4/2009	1,109.18	1,177.86		-	68.68	-	-	-		-		
26	12/18/2009	1,109.18	1,177.86		-	68.68	-	-	-	55.46	3.43		
27	1/1/2010	1,109.18	1,177.86		-	68.68	-	-	-		-		
						1,785.58			**153.28**		**17.16**		

$ 1,956.02
Back Pay Owed

Back Pay For Corrections

Comments	reg	r70	OT + Grant OT	Holiday	On Call FTO	Gross	Annum	Longevity Additional	Hourly	1.5	Gross
36.50 hrs. OT/4 hrs. Christmas/4 hrs. New Yrs./Attn.Bonus	80		36.50	8.00		1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
32 hrs. OT/4 hrs. MLK	80		32.00	4.00		1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
8 hrs. OT	80		8.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
24 hrs. OT	80		24.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
	80		0.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
	80		0.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
	80		0.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
	80		0.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
8 hrs. OT	80		8.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
	80		0.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
4 hrs. Memorial Day	80		0.00	4.00		1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
	80		0.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
	80		0.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
	80		0.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
	80		0.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
	80		0.00			1,109.18	28,838.68	0	13.8648	20.7971	1,177.86
	80		0.00			1,109.18	28,838.68	1	13.8652	20.7978	1,177.86
	80		0.00			1,109.18	28,838.68	2	13.8657	20.7986	1,177.86
	80		0.00			1,109.18	28,838.68	3	13.8662	20.7993	1,177.86
	80		0.00			1,109.18	28,838.68	4	13.8667	20.8000	1,177.86
	80		0.00			1,109.18	28,838.68	5	13.8672	20.8007	1,177.86
	80		0.00			1,109.18	28,838.68	6	13.8676	20.8015	1,177.86
10.50 hrs. OT	80		10.50			1,109.18	28,838.68	7	13.8681	20.8022	1,177.86
	80		0.00			1,109.18	28,838.68	8	13.8686	20.8029	1,177.86
4 hrs. Thanksgiving	80		0.00	4		1,109.18	28,838.68	9	13.8691	20.8036	1,177.86
	80		0.00			1,109.18	28,838.68	10	13.8696	20.8043	1,177.86

Annum	Longevity Additional	Hourly	1.5
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	0	14.7232	22.0848
30,624.26	1	14.7237	22.0855
30,624.26	2	14.7242	22.0862
30,624.26	3	14.7246	22.0870
30,624.26	4	14.7251	22.0877
30,624.26	5	14.7256	22.0884
30,624.26	6	14.7261	22.0891
30,624.26	7	14.7266	22.0898
30,624.26	8	14.7270	22.0906
30,624.26	9	14.7275	22.0913
30,624.26	10	14.7280	22.0920

RICHLAND COUNTY Enrollment/Change Form
(use ballpoint pen and press firmly)

Department Number: 349
Employee Number: [redacted]

COPY

CHECK ONE: ☒ OPEN ENROLLMENT ❑ NEW HIRE ❑ CHANGE	Date of Change: 10-23-09	Date of Hire: 10-21-07	Effective Date: 1-1-10

OTHER CHANGES

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 EMPLOY[redacted] Social Security #: [redacted]

EMPLOYEE/DEPENDENT DATA

BENEFIT SELECTIONS

OTHER INSURANCE

WAIVER

FLEXIBL

SIGNATURE [redacted] DATE

I have been g[redacted]25 Flexible Spending Account, but decline participation.

SIGNATURE [redacted] DATE 10/23/09

RICHLAND COUNTY
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

[redacted]

Richland County Sheriff

REQUEST FOR SECONDARY EMPLOYMENT

Date: 5-7-09

To: Sheriff's

From: [redacted]

Application is hereby made for secondary employment at the below-named firm:

Employer Name: Foundations For Living 1451 Lucas Rd

Employer Address: ST Rt. 39 MANSFIELD, OHIO

Telephone Number: 419-589-5511 Hours of work: ~~PART TIME~~ PRN

Days of Week of Employment: ~~PART TIME~~ PRN (on-call)

Type of Work Performed: YOUTH CARE SPECIALIST

Does business have a liquor permit? NO Permit # _____

*** EMPLOYER *** Answer the following questions:

A. Is officer covered by worker's compensation? ☒ Yes ☐ No
B. Is officer covered by liability insurance? ☐ Yes ☒ No

Insured by: State funded workers Comp.; facility carries liability

[redacted]

☐ Disapproved ☒ Approved Bureau Commander Date: 6-22-09

☐ Disapproved ☒ Approved Sheriff Date: _____

NOTE: THE EMPLOYEE WILL NOT BE REPRESENTING THE SHERIFF'S OFFICE, NOT DOING DUTIES OR FUNCTION AS A DEPUTY SHERIFF AND NOT WORKING MORE THAN 20 HOURS PER WEEK WHILE WORKING IN THIS CAPACITY.

RICHLAND COUNTY Enrollment/Change Form
(use ballpoint pen and press firmly)

Department Number: 349
Employee Number: [redacted]

COPY

CHECK ONE: ☒ OPEN ENROLLMENT ☐ NEW HIRE ☐ CHANGE	Date of Change:	Date of Hire: 10·22·07	Effective Date: 1-1-2008

OTHER CHANGES

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

EMPLOYEE/DEPENDENT DATA

NAME OF EMPLOYEE: First: Middle: Last: Social Security #:

BENEFIT SELECTIONS

OTHER INSURANCE

Other Hea
On the da
Provide na
Policy/cer
If you and
Employee
Reason fo
☐ Age ☐

WAIVER

Waiver of
Check:
Name of p
Employer
Check:
Name of p
Employer
Check
☐ I certify
wish to ap
If I am de
provided t
if a depen
I request
Applicant

FLEXIBLE SPENDING

I have been give Spending Account, but decline participation.

SIGNATURE [redacted] DATE 10·22·07

AUTHORIZATION FOR DUES DEDUCTION

$15.55

FRATERNAL ORDER OF POLICE, OHIO LABOR COUNCIL, INC.

222 E. Town St., Columbus, Ohio 43215

1-800-FOP-OLCI

I, the undersigned, hereby authorize 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.

(PLEASE PRINT)

Place of [redacted] Richland County Sheriffs Department

Name [redacted]

[redacted]

Present card to your Auditor

[redacted]

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 [redacted]

Date 10·22·07

Date of Revision Copy Issued: 01/2007

NOTE: Return signed acknowledgement to Pat Galliway

RICHLAND COUNTY Enrollment/Change Form

(use ballpoint pen and press firmly)

COPY

Department Number: 349

Employee Number:

CHECK ONE: ❑ OPEN ENROLLMENT ☒ NEW HIRE ❑ CHANGE	Date of Change:	Date of Hire: 10·22·07	Effective Date: 12-1-2007

OTHER CHANGES

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

EMPLOYEE/DEPENDENT DATA

NAME OF EMP[redacted] Social Security [redacted]

BENEFIT SELECTIONS

OTHER INSURANCE

WAIVER

FLEXIB

SIGNATURE _____ DATE _____

I have been [redacted] Spending Account, but decline participation.

SIGNATUR[redacted] DATE 10·22·07

RICHLAND COUNTY Enrollment/Change Form

(use ballpoint pen and press firmly)

Department Number: 349

Employee Number:

COPY

CHECK ONE: ☒ OPEN ENROLLMENT ☐ NEW HIRE ☐ CHANGE	Date of Change:	Date of Hire: 10·22·07	Effective Date: 1-1-2008

OTHER CHANGES

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

EMPLOYEE/DEPENDENT DATA

NAME OF EMPL[redacted] Middle: Last: Social Security #: [redacted]

BENEFIT SELECTIONS

OTHER INSURANCE

WAIVER

FLEX

I have been g[redacted]

SIGNATURE [redacted] DATE 10·22·07

Richland County Sheriff

REQUEST FOR SECONDARY EMPLOYMENT

Date: 1-17-08

To: MAJOR PAXTON

From: CORRECTION OFFICER TINA MAHON

Application is hereby made for secondary employment at the below-named firm:

Employer Name: MANSFIELD CITY POLICE DEPT.

Employer Address: 30 N. DIAMOND ST.

Telephone Number: 419-755-9788 Hours of work: ?

Days of Week of Employment: UNKNOWN - VARIES

Type of Work Performed: CORRECTIONS

Does business have a liquor permit? NO Permit #

*** EMPLOYER *** Answer the following questions:

A. Is officer covered by worker's compensation? ☐ Yes ☐ No
B. Is officer covered by liability insurance? ☐ Yes ☐ No

Insured by:

Signature of Employer

[redacted]

Signature of Applicant

☐ Disapproved ☒ Approved Bureau Commander Date: 1-21-08

☐ Disapproved ☒ Approved Sheriff Date: 1-22-08

NOTE: THE EMPLOYEE WILL NOT BE REPRESENTING THE SHERIFF'S OFFICE, NOT DOING DUTIES OR FUNCTION AS A DEPUTY SHERIFF AND NOT WORKING MORE THAN 20 HOURS PER WEEK WHILE WORKING IN THIS CAPACITY.

CITY OF MANSFIELD

30 N. Diamond St.
Mansfield, Ohio 44902

SANDRA CONVERSE • FINANCE DIRECTOR

Phone (419) 755-9781
Fax (419) 755-9405

November 8, 2007

[redacted]

Re: Employment Hire and Termination Date
Also Accrued Sick Balance
For [redacted]

The above employee was employed full-time with the City of Mansfield from 04/12/06 thru 10/19/07.

She has a sick leave balance of **151.87 hrs.**

If you have any questions or need further information please contact our office at (419) 755-9784.

Respectfully,

Sandra Converse /saw

Sandra Converse
Finance Director

/saw

OK gd 7701

American United Life Insurance Company® Group Enrollment Form COPY

AUL

"NEW EMPLOYEE" PROCESSING
PERSONAL DATA

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

1. NAME: [redacted]
LAST (BETCHEL) FIRST MIDDLE

INSIDE CITY ____
OUTSIDE CITY X

2. ADDRESS: [redacted]

3. PHONE NO: [redacted]

4. DATE OF BI [redacted]

11. EVER ON PERS? YES X NO___ (If yes, date began): 4·12·06

12. OHIO OPERATOR'S LICENSE NUMBER: [redacted]

13. HOSPITALIZATION: Single Plan _____ Family Plan X

[redacted]

15. A Medicare Tax of 1.45% is deducted of full-time and part-time employees.

DATE: 10·22·07 SIGNATURE: [redacted]

[redacted]

SOCIAL SECURITY
[redacted]
THIS NUMBER HAS BEEN ESTABLISHED FOR
[redacted]
SIGNATURE

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $850 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.

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 of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated 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/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.

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 2007. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A _____

B Enter "1" if:
- You are single and have only one job; or
- 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 $1,000 or less.

. . B _____

C 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 _____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 $57,000 ($85,000 if married), enter "2" for each eligible child.
- If your total income will be between $57,000 and $84,000 ($85,000 and $119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. G _____

H 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.) ► H _____

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($25,000 if married) see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**

Department of the Treasury

Employee's Withholding Allowance Certificate

► **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2007

[redacted]

Notice to Employee

1. 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.

2. 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.

3. 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.

please detach here

Ohio Department of TAXATION

Employee's Withholding Exemption Certificate

IT-4
Rev. 12/00

Print Full Nan[redacted] Social Security Number [redacted]

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.

[redacted]

SIGNATURE

10·22·07

DATE

Corrections

POSITION

[redacted]

OPERS LAW ENFORCEMENT

EMPOLYEE'S NAME [redacted]

IS THE EMPLOYEE FULL TIME YES NO

DOES EMPLOYEE HAVE PEACE OFFICER'S TRAINING SCHOOL CERT. YES NO

IF YES PLEASE ENCLOSE A COPY OF THE CERTIFICATE

WAS EMPLOYEE HIRED AFTER 3-4-1975 YES 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

1. 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

Social Security Number
[redacted]

Last Name [redacted] First Name [redacted] MI [redacted]

Street or Mailing Address [redacted] Apt. Number

Date Of Birth
Month Day Year
08 02 1965

Gender
Male [ ] Female [X]

Yes No [redacted]

Work Phone Number
419 774 [illegible] 7856

[redacted]

E-mail Address

Section 2 - Current Employment Information

First date salary earned from which OPERS retirement contributions are deducted:

Month Day Year
10 22 2007

Full-Time [X] Part-Time [ ]

Employee Title
CORRECTIONS OFFICER

Please turn page to complete remainder of form.

Section 3 - Prior Service Information

1. Have you previously worked in public employment in Ohio? Yes [X] No [ ] If "yes," give first date of service: Month 04 Day 12 Year 2006

If "yes," which employer(s) MANSFIELD CITY POLICE DEPARTMENT

2. Do you have previous public service for which OPERS contributions were not submitted? Yes [ ] No [X]
If "Yes," and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed *Certification of Unreported Public Service (Form AA)*.

3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from of any of the following retirement systems? *(If applicable, check Refunded, Receiving a Disability Benefit, or Receiving a Retirement Benefit.)*

	Yes	No	Refunded	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Public Employees Retirement Systems (OPERS)		X			
State Teachers Retirement Systems (STRS)		X			
School Employees Retirement System (SERS)		X			
Ohio Police and Fire Pension Fund (OP&F)		X			
State Highway Patrol Retirement System (HPRS)		X			
Cincinnati Retirement System (CRS)		X			

Section 4 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

[redacted] Month 10 Day 22 Year 2007

[redacted]not print or type.)

Section 5 - Employer Certification

Employer Name

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 [ ]

I hereby certify that Tina Mahon (Employee Name) began 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

OHIO PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

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, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME [redacted]	FIRST NAM[redacted]	MIDD[redacted]AL

[redacted]

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
   Yes No

2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
   Yes No

3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
   Yes No

PUBLIC EMPLOYMENT - CONTINUED

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

   Yes (No)

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 (No)

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 (No)

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.

[redacted]

Signature

10.22.07

Date

American United Life Insurance Company® Group Enrollment Form

02-13-06

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

Employee Na[redacted] Employee ID#

Employer Name RICHLAND COUNTY SHERIFFS DEPT. 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 Employee [redacted] Date 10·22·07

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.

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:

1. Limitations on pre-existing conditions exclusion periods. This Plan will continue to apply the pre-existing conditions provision.

2. Special enrollment periods for individuals (and dependents) losing other coverage. This Plan will continue to allow enrollment under current contract language.

3. 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.

Name: [redacted] Date: 10-22-07

Witness: Alisa M. Stanley Date: 10/22/2007
(By Employer Representative)

INTERNAL SCHEDULE C

Full Name [redacted]

Department: SHERIFF Position: CORRECTIONS

Addres [redacted]

OH DI [redacted]

I understand that as a condition of driving a County-owned/leased vehicle or my 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?** NO
2. **Been involved in any accidents either at fault or not at fault?** NO
3. **Been arrested for any traffic related incidents?** NO
4. **Had any traffic violations other than overtime parking?** NO

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 business 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.

[redacted]

Signature

10·22·07

Date

RICHLAND county OHIO

Employee Maintenance

(circle one)

ADD Change Delete

Name	[redacted]
Address	
City, State, Zip Code	
Telephone	
Birthdate	
ocial Security Number	
Marital Status:	
Sex	
Race	
Title	
Department Number	349
usiness Phone Number	
Start Date	
Rehire Date	
Termination Date	
eason for Termination	
Status	
Annual Salary	

Employee # [redacted]

Has this person ever been employeed by Richland County in the past? Yes or No

Account #

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Salary/pay	
Rate/hour	$ 20.0500
Alt Rate/hour	
Wage Factor	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

EFFECTIVE 12/19/13

Comments

Steve Sheldon

Signature

12/19/13

Date

RICHLAND county OHIO

Employee Maintenance

(circle one)

ADD Change Delete

Name	[redacted]
Address	
City, State, Zip Code	
Telephone	
Birthdate	
ocial Security Number	
Marital Status:	
Sex	
Race	
Title	
Department Number	349
usiness Phone Number	
Start Date	
Rehire Date	
Termination Date	
eason for Termination	
Status	
Annual Salary	

Employee # [redacted]

Has this person ever been employeed by Richland County in the past? Yes or No

Account #

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Salary/pay	
Rate/hour	$ 19.5500
Alt Rate/hour	
Wage Factor	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

EFFECTIVE 12/20/12

Comments

Signature

12/11/13

Date

CERTIFICATE OF APPOINTMENT

OF [redacted]

As Correction Officer

Office Sheriff
RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed [redacted]

a suitable and competent person as Correction Officer

Therein, beginning on the 22nd day of October 2007
and continuing until otherwise ordered.

Said [redacted]

as compensation the sum of $12.0513 dollars
($) per hour payable bi-weekly from the County Treasury upon the warrant of the County Auditor.
Witness my signature and seal of office, this 22nd day of October 2007

RICHLAND COUNTY
J. STEVE SHELDON SHERIFF

OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

[redacted] being duly sworn, says that he/she will support the Constitution of the United States and the Constitution of the State of Ohio, and that he will faithfully discharge the duties of Deputy in the office of the Sheriff of said County.

[redacted]

Sworn to before me and signed in my presence, this 22nd day of October 2007

J. STEVE SHELDON SHERIFF
Richland County

Future Changes

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

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

[redacted]
Job Applicant

10-22-07
Date

Richland County Jail
55 East Second Street • Mansfield, Ohio 44902
Phone: 419-774-5678 Fax: 419-774-5646

STATE MOTTO

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: [redacted]

New Salary $13.1647 / hour

Effective Date 12/25/08

Signed: Sheriff J. Steve Shelden

AVERY® Shipping Labels

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: [redacted]

New Salary _____ / hour 12.7503

Effective date 10-22-08

Signed J. Steve Shelden

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: [redacted]

New Salary 15.3654 / hour

Effective date 12-23-10

Signed J. Steve Shelden

AVERY® 5163™ www.avery.com 1-800-GO-AVERY

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: [redacted]

New Salary 15.3654 / hour

Effective date 12-24-09

Signed Sheriff J. Steve Shelden

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: [redacted]

New Salary 14.7963 / hour

Effective date 12-24-09

Signed Sheriff J. Steve Shelden

LATERAL TRANSFER MPD

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: 07-18-07

CORRECTIONS

Position Applied For: _____ Department: SHERIFF

Name: [redacted] [redacted] [redacted]
Last First

Address: [redacted]

Phone Num

If hired, when would you be available to begin?: Anytime

Have you filed an application with Richland County before: NO Date: N/A

Have you worked for Richland County before? NO If yes, when? N/A

In which department? N/A

Do you have any relatives currently employed by Richland County? NO

If yes, in what department? N/A

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 _____

Have you ever been convicted of a felony? Yes _____ No ✓

If yes, please explain: _____

Do you possess a valid Driver's License? Yes ✓ No _____

If yes, what is the license number? [redacted]

MILITARY SERVICE INFORMATION:

Branch of Service: N/A

Highest Rank Achieved: N/A Job Title: N/A

Duties: N/A

Total Length of Service Time: N/A

Reserve or National Guard Status: N/A

EDUCATION:

EDUCATION:	High School	College	Graduate / Professional
School Name	ASHLAND HIGH SCHOOL	NORTHCENTRAL STATE COLLEGE	
School Address	1440 KING RD ASHLAND OHIO	2441 KENWOOD DR. MANSFIELD, OHIO	
Diploma/Degree	Yes	Yes ASSOCIATES	
Describe Course of Study	GENERAL	Criminal JUSTICE	
Grade Point	AVERAGE	ABOVE AVERAGE	
Specialized Training:			

EMPLOYMENT HISTORY:

Account for ALL times in the past TEN years, including periods of unemployment. Indicate name used if other than signature on this application. Begin with PRESENT position or occupation. In addition, list any other qualifying experience in the last ten years. If you need more room, use a separate piece of paper. A resume is welcome in addition to this application, however, it may not be substituted for any part of this application.

☐ Company Name / Address: MANSFIELD CITY POLICE DEPARTMENT 30 W. DIAMOND ST. MANSFIELD OHIO 44902

Phone #: 419-755-9788 Fax #: N/A Ending Salary: $9.26

Your Title: CORRECTIONS Dates worked: From: 04-12-06 to PRESENT

Your Duties: FINGERPRINTING/MUGSHOTS/ASHOO COMPUTER ENTRY/BOOKING PROCESS/ RECORD KEEPING/TAKING REPORTS/PAT DOWNS/SAFETY PRACTICES/PRISONER Release

Reason for Leaving:

☐ Company Name / Address: CARALISTAR CUSTOM PACKAGING 600 UNION ST. ASHLAND, OH 44805

Phone #: N/A Fax #: N/A Ending Salary: 11.02

Your Title: QUALITY CONTROL TECHNICIAN Dates worked: From: 9-20-00 to 5-28-03

Your Duties: OVERSAW PRINTING-DIECUTTING-PACKAGING Production/ INSPECTED PRODUCTION START TO FINISH.

Reason for Leaving: PLANT SHUT DOWN

☐ Company Name / Address: BRETHERN CARE 1998 CENTER ST. ASHLAND OHIO 44805

Phone #: (419) 289-1585 Fax #: N/A Ending Salary: $7.31

Your Title: Dietary AIDE Dates worked: From: 4-98 to 9-00

Your Duties: FOOD PREPARATION/SERVING MEALS/STOCKING

Reason for Leaving: BETTER EMPLOYMENT

☐ Company Name / Address: JOHNSON BROTHERS RUBBER 30 W. BUCKEYE ST. WEST SALEM OHIO 44287

Phone #: (419) 945-2682 Fax #: N/A Ending Salary: $8.65

Your Title: PRESS OPERATOR Dates worked: From: 9-92 to 9-97

Your Duties: Running MOLDED PRESSES

Reason for Leaving: PREGNANCY

Place a check next to any employer whom you do not wish to be contacted.

SKILLS:

Typing: ✓ **WPM:** 50 **Shorthand:** N/A **WPM:** N/A

Computers: AS400

CURRENT SPECIAL LICENSES:

Type: N/A **State:** N/A **Number:** N/A

Type: N/A **State:** N/A **Number:** N/A

List other special equipment or machinery operated in previous jobs: N/A

RELEASE AND AUTHORIZATION

****PLEASE READ CAREFULLY****

I certify that all statements contained herein or at any step of the employment process are true, complete and correct to the best of my knowledge. I understand that a false answer or material omissions may be grounds for dismissal from Richland County.

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: [redacted] **Date:** 7-18-07

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

APPLICANT SCHEDULE C

Full Name: [redacted]

Address: [redacted]

OH DL # [redacted]
(T

I understand that as a condition of driving a county-owned/leased vehicle or my 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?** NO
2. **Been involved in any accidents either at fault or not at fault?** NO
3. **Been arrested for any traffic related incidents?** NO
4. **Had any traffic violations other than overtime parking?** NO

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.

[redacted] 7-18-07

Signature Date

AFFIRMATIVE ACTION DATA RECORD

As an Equal Opportunity Employer and a recipient of Federal Funding, we comply with government regulations, including Affirmative Action responsibilities where they apply. Employees are treated during the hiring process and employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

(PLEASE PRINT)

Last Name [redacted]	First Name [redacted]	Middle Name [redacted]
[redacted]		State [redacted]

Completion of the following is strictly *optional*. *Your cooperation is voluntary.*

Current Job: CORRECTIONS OFFICER	Birthdate: 8-2-65
Gender: ☐ Male ☒ Female	
Ethnic Origin: ☒ White ☐ Hispanic	☐ Black ☐ Other
☐ American Indian/Alaskan Native	☐ Asian/Pacific Islander
Check one if applicable:	☐ Vietnam Era Veteran ☐ Disabled Individual
	☐ Disabled Veteran

REFERRAL SOURCE: (i.e., Advertisement, Media, Relative, Friend, Employment Agency, Employee of Sheriff's Office, Walk-in, Other)

[redacted] 7-18-07

Signature Date

• *OFFICE USE ONLY* •

Position(s) Applied For Is Open: ☐ Yes ☐ No Date: _____

Position(s) Considered For: _____

Hired - Position: _____ ☐ Yes ☐ No

Start Date: _____

Rev 7/13/01

RICHLAND COUNTY SHERIFF'S OFFICE

CONDITIONAL OFFER OF PROBATIONARY EMPLOYMENT

Dear [redacted]

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.

[redacted] 10/03/07

Applicant Date

Jeffrey Shelton - Sheriff 10/03/07

Witness Date

Truth Verification Release Form

I, [redacted], do hereby voluntarily, without duress, coercion, promise, reward or immunity, submit to examination by the voice stress analysis truth verification technique and release, absolve and forever hold harmless the NITV and Richland Sheriff's Dept, it's servants, agents, and anyone acting in it's behalf, from any and all claims, demands, or other damages from any matter, act or thing arising out of the aforesaid examination. I understand that this examination may be videotaped and I release into the possession of the Richland Sheriff's Dept all materials, recordings and all other documents for the purpose of testimony and/or training.

X [redacted]
Signature

8/15/07
Date

Witnessed:

X [signature]
#727

DI NDI

ADDS NO ADDS

C.V.S.A. INFORMATION SHEET

Date: 8/15/07 Time: 1000

Investigator: Dittrich I.D. _____

Type of case: — Case # _____

Type of test: Pre-Employment

Name: [redacted]

C.V.S.A. Waiver Obtained: ☒ Yes ☐ No

Miranda Waiver Obtained: ☐ Yes ☒ No

Are You Color Blind? ☐ Yes ☒ No

Can you read and write the English language? ☒ Yes ☐ No

How much education to you have: _____

Notes: _____

Female

Richland County Sheriff's Office
Oral Interview Questions
Corrections Entry Level

Appendix I

Assessors Name: CAPT NJ BAKER Candidates Name: [redacted]

Questions	Poor		Average		Excellent		Total
1. Give us a brief idea of what a good corrections officer should be in the way of character, knowledge and physical condition.	40	50	60	(70)	80	90	100
2. What would be the single most important reason to hire you?	40	50	(60)	70	80	90	100
3. I suppose that if I could change one thing about my life I would:	40	50	60	(70)	80	90	100
4. Tell me about a particular challenge in your life and how you overcame it.	40	50	60	(70)	80	90	100

Answer here:

Does candidate mention any of the following: (circle all that apply)

1. Corrections officers live a very public life.
2. Activities must be above reproach.
3. Their careers are bound by a continuing search for knowledge. ✓
4. They must maintain good physical fitness in order to command respect. ✓
5. Even temperament. ✓
6. Loyalty

Answer here:

1. Should indicate evidence of preparation to perform the job.
2. Should indicate a desire to work with people.
3. Should be considered a plus if the candidate obtained education and training to prepare for the job at his own expense and initiative.

Answer here:

GET INTO LAW ENFORCEMENT EARLIER IN MY LIFE

Answer here: SINGLE PARENT ALL MY LIFE; THIS IS A CHALLENGE

Should express pride without being boastful. Should show resourcefulness, creativity or having conquered certain fears.

Richland County Sheriff's Office
Oral Interview Questions
Corrections Entry Level

Appendix I

	Questions	Poor		Average		Excellent		Total
5.	Why do you want to work for the Richland County Sheriff's Office? And if hired where do you see yourself in 5 years, 10 years?	40	50	60	70	(80)	90	100
	Answer here: WOULD LIKE TO STAY IN CORRECTIONS; LOSING JOB AT MPD JAIL, LOOKING TO TRANSFER, AGE IS MY FACTOR							
6	Do you think you could use deadly force on another human being?	40	50	60	70	(80)	90	100
	Answer here: YES							
7.	Are there any things about you that we should be concerned about? NO	40	50	60	70	80	(90)	100
	Answer here:							
8.	I presume you have discussed your goals in joining this department with family and friends. What do they think of your joining our department?	40	50	60	(70)	80	90	100
	Answer here: REALLY WANT THE JOB; HARDWORKER; TEAM PLAYER;							
9.	Who would you rather please in your work, your superior officer or the public?	40	50	60	70	(80)	90	100
	Answer here: PUBLIC; HOW WE ACT REFLECTS ON THE WHOLE AGENCY.							
10.	Are you aware that the divorce rate among law enforcement officers is probably the highest of any occupation? YES How does that make you feel? Why is this such a problem for our profession?	40	50	60	(70)	80	90	100
	Answer here: I REALLY DON'T KNOW; PROBLEM WOULD BE THE LONG HOURS;							

Richland County Sheriff's Office
Oral Interview Questions
Corrections Entry Level

Appendix I

Questions	Poor		Average		Excellent		Total
11. How will your life change if you become a corrections officer?	40	50	60	(70)	80	90	100

Answer here: HAVE BEEN A CORRECTIONS OFFICER THE PAST YEAR & 1/2 AT MPD & NOTHING HAS CHANGED.

Candidate should respond with certainty that he has set goals in is on a path to attain those goals.

Total of All Columns: 810

Average Score:

To derive the average score add all columns and divide by the number of questions asked. _____

Any additional comments:

WOULD NOT MAKE EYE CONTACT WITH INTERVIEWERS; WELL-DRESSED;

Richland County Sheriff's Office
Oral Interview Questions
Corrections Entry Level

Appendix I

Assessors Name: SGT SHOOK Candidates Name [redacted]

Questions	Poor		Average		Excellent		Total
1. Give us a brief idea of what a good corrections officer should be in the way of character, knowledge and physical condition.	40	50	60	(70)	80	90	100
2. What would be the single most important reason to hire you?	40	50	(60)	70	80	90	100
3. I suppose that if I could change one thing about my life I would:	40	50	60	(70)	80	90	100
4. Tell me about a particular challenge in your life and how you overcame it.	40	50	60	70	(80)	90	100

Answer here:

Does candidate mention any of the following: (circle all that apply)

1. Corrections officers live a very public life.
2. Activities must be above reproach.
3. Their careers are bound by a continuing search for knowledge. ✓
4. They must maintain good physical fitness in order to command respect. YES
5. Even temperament. ✓
6. Loyalty

Answer here:

1. Should indicate evidence of preparation to perform the job.
2. Should indicate a desire to work with people.
3. Should be considered a plus if the candidate obtained education and training to prepare for the job at his own expense and initiative.

Answer here:

GET INTO LAW ENFORCEMENT EARLIER

Answer here: BEING A SINGLE PARENT, RAISED (1) SON

Should express pride without being boastful. Should show resourcefulness, creativity or having conquered certain fears.

Richland County Sheriff's Office
Oral Interview Questions
Corrections Entry Level

Appendix I

	Questions	Poor		Average		Excellent		Total
5.	Why do you want to work for the Richland County Sheriff's Office? And if hired where do you see yourself in 5 years, 10 years?	40	50	60	(70)	80	90	100
	Answer here: Will BE Losing JOB w/ city WANTS TO STAY IN CORRECTIONS							
6	Do you think you could use deadly force on another human being?	40	50	60	(70)	80	90	100
	Answer here: IF NO OTHER MEANS, would AVOID THE SITUATION IF POSSIBLE							
7.	Are there any things about you that we should be concerned about?	40	50	60	70	(80)	90	100
	Answer here: NO, NOTHING							
8.	I presume you have discussed your goals in joining this department with family and friends. What do they think of your joining our department?	40	50	(60)	70	80	90	100
	Answer here: REALLY WANT THE JOB TEAM PLAYER HARD WORKER							
9.	Who would you rather please in your work, your superior officer or the public?	40	50	60	70	(80)	90	100
	Answer here: Public, How WE ACT REFLECTS ON THE WHOLE AGENCY							
10.	Are you aware that the divorce rate among law enforcement officers is probably the highest of any occupation? How does that make you feel? Why is this such a problem for our profession?	40	50	60	(70)	80	90	100
	Answer here: BASED ON INDIVIDUAL, DO NOT GET INVOLVED WITH OTHER'S AFFAIRS THE LONG HOURS.							

Richland County Sheriff's Office
Oral Interview Questions
Corrections Entry Level

Appendix I

Questions	Poor		Average		Excellent		Total
11. How will your life change if you become a corrections officer? Would NOT AFFECT FAMILY No PROBLEM NOW. NO PROBLEMS IN FUTURE	40	50	60	70	(80)	90	100

Answer here:

Candidate should respond with certainty that he has set goals in is on a path to attain those goals.

Total of All Columns: 790

Average Score:
To derive the average score add all columns and divide by the number of questions asked. _____

Any additional comments:

Very NERVOUS, Very LITTLE EYE CONTACT WITH EVALUATORS

1½ YEARS AT City JAIL

Richland County Sheriff's Office
Oral Interview Questions
Corrections Entry Level

Appendix I

Assessors Name: Roger Paxton Candidates Name [redacted]

Questions	Poor		Average		Excellent			Total
1. Give us a brief idea of what a good corrections officer should be in the way of character, knowledge and physical condition.	40	50	(60)	70	80	90	100	
2. What would be the single most important reason to hire you?	40	(50)	60	70	80	90	100	
3. I suppose that if I could change one thing about my life I would:	40	(50)	60	70	80	90	100	
4. Tell me about a particular challenge in your life and how you overcame it.	40	50	60	(70)	80	90	100	

1. Answer here:

Does candidate mention any of the following: (circle all that apply)

1. Corrections officers live a very public life.
2. Activities must be above reproach. – Honest
3. Their careers are bound by a continuing search for knowledge.
4. They must maintain good physical fitness in order to command respect. – Treat the same
5. Even temperament.
6. Loyalty

2. Answer here:

1. Should indicate evidence of preparation to perform the job. Unable to really answer.
2. Should indicate a desire to work with people.
3. Should be considered a plus if the candidate obtained education and training to prepare for the job at his own expense and initiative.

3. Answer here:

Get into Law Enforcement: when young

4. Answer here: Single parent.

Should express pride without being boastful. Should show resourcefulness, creativity or having conquered certain fears.

Richland County Sheriff's Office
Oral Interview Questions
Corrections Entry Level

Appendix I

	Questions	Poor		Average			Excellent		Total
5.	Why do you want to work for the Richland County Sheriff's Office? And if hired where do you see yourself in 5 years, 10 years? C.O. Now. City Jail Answer here:	40	50	(60)	70	80	90	100	
6	Do you think you could use deadly force on another human being? Answer here: No other way, use on me, try to avoid	40	50	(60)	70	80	90	100	
7.	Are there any things about you that we should be concerned about? Answer here: No	40	(50)	60	70	80	90	100	
8.	I presume you have discussed your goals in joining this department with family and friends. What do they think of your joining our department? Not a ~~Reach~~ Answer here: Really want the Job.	40	(50)	60	70	80	90	100	
9.	Who would you rather please in your work, your superior officer or the public? Answer here: How we Act	40	50	(60)	70	80	90	100	
10.	Are you aware that the divorce rate among law enforcement officers is probably the highest of any occupation? How does that make you feel? Why is this such a problem for our profession? Answer here: Yes I heard ~~that~~ Long hours.	40	(50)	60	70	80	90	100	

Richland County Sheriff's Office
Oral Interview Questions
Corrections Entry Level

Appendix I

Questions	**Poor**		**Average**		**Excellent**		**Total**
11. How will your life change if you become a corrections officer?	40	(50)	60	70	80	90	100

Answer here: 1½ yrs. C.O. at MRD.

Candidate should respond with certainty that he has set goals in is on a path to attain those goals.

no problem

Total of All Columns: 60

Average Score:

To derive the average score add all columns and divide by the number of questions asked. _____

Any additional comments:

Nurses,

APPLICANT EMPLOYMENT REFERENCE CHECK

Name of applicant: [redacted]

Employer contacted: **Mansfield Police Department**

Person contacted: **Lt. Higgins**

Date of employments: from: **April 12 2006** To: **Present**

First job title? **Corrections**

Last job title? **Same**

Description of job duties, during employment period? **Jail duties, watching feeding, prisoners.**

Did the applicant get along with other employees? **"Ya gets along with every body".**

Applicant's ability to resolve work related problems/ situations? **"She had a disagreement with a coworker, she sat down and talked it out with them."**

Applicants ability to respond to stress / pressure? **"Fine"**

Quality of work? **"She does very well"**

Reliability? **"Very"**

Tardiness? **"NO"**

Sick leave usage? **"Three times two of the days was her kid broke their arm".**

How did applicant deal with public contacts? **"Gets along fine"**

Was applicant ever Rude/ Obnoxious? **"NO'** Explain? **N/A**

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 Clearance why? **N/A**

Did applicant handle anything of monetary value? **"Prisoners items"** Any question of honesty? **"NO"**

Was applicant ever disciplined? **"No"** Why? **N/A**

Did applicant accept constructive criticism? "Ya"

Was applicant easy to supervise? **"Under statement".**

Did applicant ever self-initiate work or ideas? **"Advised a door in the jail needed a plate on it so they would not pick it".**

Other employee acquaintances of applicant? **N/A**

Additional comments? **"Very Good employee"**

Interviewers comments. **Lt. Higgins Spoke very highly of [redacted] and advised that he hates to loose her.**

Deputy R. W Eichinger 709

APPLICANTS REFERENCE CHECK

Name of applicant. [redacted] Person Contacted. **Ronda Zubron**

Address of contact By **Phone**

How long have you personally known the applicant and what capacity? **"Good friend of mine known her four about twenty years".**

When is the last time you saw or spoke to the applicant? **"Yesterday"**

Do you consider the applicant reliable? Why? **"O yes, because she is a good friend, she will do anything for you."**

How would you describe the applicant's temperament? **"Very east going".**

Does the applicant drink? **"Three times", social events"** Light Moderate Heavy Alone with friends
Social events Does not to my knowledge Have you ever seen him intoxicated

Does the applicant gamble? **"NO"**

To your knowledge has the applicant ever used any type of addictive or any type of illegal drugs? **"NO"**

If so what type of drugs? **N/A**

What irritating traits if any are you familiar with? **"I can't think of any".**

Is the applicant loud? **"NO"** Does he Brag? **"NO"**

Is the applicant argumentative? **"NO"** Has the applicant ever over-reacted to minor problems? **"Once or twice, nothing big",**

If yes explain? **N/A**

Does the applicant make friends easily? **"YES"** Does the applicant keep to themselves? **"NO"**

Does the applicant converse freely with others? **"YES"** Is the applicant an extrovert or introvert? **"Extrovert"**

How would you describe the applicant's personal appearance? **"Takes very good care of herself".**

How would your describe the applicants self-pride in relation to their home, children or property? **"Very good mother, takes very good care of her home"**

Does the applicant exhibit close family relationships? **"YES"**

Is there anything in the applicant's background, which could prevent them from functioning in a fair or impartial manner? **"NO"**

Is there anything you may want to add concerning observations about the applicants overall character friendships suitability or non-suitabitlity for a position with the Sheriff's Office? **"NO"**

What is the applicant's best quality or trait? **" I can't think of any, very good person do anything for anybody".**

What is the applicant's worst quality or trait? **"I can't think of any".**

Additional comments? **"NO"**

Interviewers notes? **Mrs. Zubron spoke very highly of [redacted] advised that she was a very good friend and mother.**

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Deputy R. W Eichinger #709

Police Record check

Applicant: [redacted]

Richland County S.O.	No record
Shelby Police Dept.	No record
Ontario Police Dept	No record
Mansfield Police Dept	Speed 49/35 05-25-03
Mansfield Clerk of Courts	Same
Ashland Clerk of Courts	Traffic

Deputy R. W Eichinger #709

Case # [redacted]

(2 Priors)

Name [redacted] SSN [redacted] Fed ID Date of Birth 08-02-1965

Addr [redacted] ASHLAND, OH

OPEN CASES							
[redacted]	[redacted]	[redacted]	03/01/2002	4511.21D1 SPEED 68/55-MM	02/24/2002	FIN	03/01/2002
			WG/WG	16.00 + 40.00			
[redacted]	[redacted]	[redacted]	11/14/1997	SPEED 40/25-MM	11/12/1997	FIN	11/14/1997
			WG/WG	20.00 + 40.00			
							TOTAL

8-8 20 07

I hereby certify the foregoing to be a true and correct copy of the original on file in the ASHLAND MUNICIPAL COURT, Ashland, OH
ERIC J. AHERS, CLERK

by Deputy Clerk