



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



2019-3029
Officer-Involved Critical Incident – Richland County Jail

Investigative Activity: Information Provided/Obtained
Involves: ██████████ (O)
Date of Activity: 11/27/2019
Activity Location: ██████████ ██████████ – Business – 597 Park Avenue East, Mansfield, OH 44905, Richland 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 Deputy Lieutenant Sheriff ██████████ ██████████ 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 Deputy Lieutenant Sheriff ██████████ ██████████ contained 169 total pages.

Performance Evaluations

██████████'s evaluations indicate that his performance "meets" or "exceeds" on every evaluation in his personnel records.

Discipline

██████████ has no discipline action in his personnel records.

Commendations

██████████ has one (1) Office Citation and one (1) Certificate of Appreciation from Richland County Sheriff J. Steve Sheldon, and one (1) letter of appreciation from Shelby Police Chief Lance Combs.

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

Attachments:

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	OLD OT	OWED	OLD HOLID	NEW HOLID	OWED	VAC C.O OI	VAC C.O NI	OWED
	33.23	34.49		49.84	51.74		33.23	34.49				
1/18/2019	\$2,658.40	\$2,759.20	\$100.80			\$0.00	398.74	413.88	\$15.14			\$0.00
2/1/2019	\$2,724.86	\$2,759.20	\$34.34			\$0.00	398.74	413.88	\$15.14			\$0.00
2/15/2019	\$2,658.20	\$2,759.20	\$101.00			\$0.00			\$0.00			\$0.00
3/1/2019	\$2,658.20	\$2,759.20	\$101.00	99.68	103.48	\$3.80			\$0.00			\$0.00
3/15/2019	\$2,658.20	\$2,759.20	\$101.00			\$0.00			\$0.00			\$0.00
3/29/2019	\$2,658.21	\$2,759.20	\$100.99			\$0.00			\$0.00			\$0.00
			\$539.13			\$3.80			\$30.28			\$0.00

TOTAL OWED \$573.21

04/22/2019 14:36
ESPICER

Richland County - LIVE
DETAIL CHECK HISTORY

P 5
prhisrpt

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

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
					CHECK 04/12/2019	TOTALS: NET:	1,942.28	82.00	2,863.09	LOC: 255	ORG: PAYROLL
					EMPLOYEE 000517	TOTALS: NET:	14,568.53	600.00	20,775.92	2,863.09	1,160.44
					GRAND TOTALS:	NET:	14,568.53	600.00	20,775.92	20,775.92	7,484.88

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



RICHLAND COUNTY SHERIFF'S OFFICE
J. STEVE SHELDON

597 Park Ave. East • Mansfield, Ohio 44905

FAX # 419-522-8153 BUSINESS # 419-774-5881

Administration:

Please accept this letter as notification that Lt. [REDACTED] was promoted to Lieutenant on April 19, 2018. His year probation in this new position expires on April 19, 2019. Lt. Boyd will need to be evaluated for clearance of his probationary period.

Thank you for your time and attention to this matter.

Respectfully Submitted,

Sgt. A. Alfrey
Training Sgt.

03/18/2019
[Handwritten signature]
702
[Handwritten signature] 4701



J. Steve Sheldon, Sheriff

*Richland County Sheriff's Office & Civil Division
597 Park Avenue East • 2nd Floor
Mansfield, Ohio 44905
Phone: 419-774-5881 Fax: 419-522-8153
Civil Office: 419-774-3570*

April 19, 2019

To: [REDACTED]

Congratulations! You've successfully met your probationary period as a Lieutenant/Patrol Supervisor on April 19, 2019.

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

You provide many positive qualities to the department:

- Positive Attitude
- Willingness to work
- Eager to learn

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

Sincerely,

J. Steve Sheldon
Richland County Sheriff



Employee Name: [REDACTED]	ID Number:	Watch/Section: C-WATCH	Unit #: [REDACTED]
Rank: Lieutenant	Evaluation Period:	From: To: 10/18 - 4/19	Date: 3.20.19

**SECTION A:
FACTOR CHECKLIST**
(Check the column that most accurately describes the employee's performance).

	Not Satisfactory	Some Improvement Needed	Meets Standards	Exceeds Standards	Does Not Apply
1. Appearance, Attendance, Punctuality					
a. Wear the uniform in compliance with G.O. 15.2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal appearance in compliance with G.O. 15.2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Amount and pattern of sick time complies with G.O. 16.1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Arrives on time for work and leaves at appropriate time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Responds to subpoenas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Operation and Care of Equipment					
a. Inspects the cruiser/work area at the beginning and end of the shift	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Operates equipment in a safe and reasonable manner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Properly reports problems with equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Takes care of personal issued equipment, i.e. pistol, handcuffs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commitment to Office Goals					
a. Takes a lead role in contributing to the overall goals and objectives of the Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Works with supervisors and deputies to build an effective team	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Contributes to Office goals by originating new ideas and methods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is supportive of Office programs and projects	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Holds subordinates and/or others responsible for corrective action	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Maintains and exhibits discretion and integrity at all times when handling confidential information	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Accepts assignments without complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Knowledge of Work					
a. Demonstrates knowledge of Office policies, orders, procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Demonstrates knowledge to interpret and enforce Office policies, orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrates knowledge of ORC and village ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Serves as a resource for above information	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Properly deals with citizen complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ensures that deputies identify, properly preserve, collect and accurately and thoroughly describe evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Problem Solving					
a. Demonstrates logical reasoning patterns and good judgment in the decision making process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identifies and resolves problems effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Suggests new ideas and methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Offers alternative ways of dealing with problem situations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Anticipates problems and prepares resolutions in advance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Remains calm and controlled under varying situations and is able to adapt to new or changing circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Follows up on complaints to appropriate resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Relationships					
a. Recommends or administers appropriate positive or negative discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does not criticize deputies in front of others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Upholds other supervisor orders whenever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Possesses a clear understanding of command responsibilities and functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Recognizes employee dissatisfaction and makes appropriate attempts to counsel and resolve dissatisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Accepts feedback in a positive fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Problems in personal relationship with other personnel does not impair work relationships and guides less experienced deputies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Planning and Organizing					
a. Assigned duties are accepted without complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assigned duties are completed on schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Conducts or delegates inspections of staff and assigned equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Holds subordinates and/or others responsible for corrective action	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Initiates follow-up procedures to ensure corrective action is taken	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Documents and responds appropriately to absences, tardiness, and other disciplinary problems	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Follows up to ensure satisfactory completion of duties	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Delegation decisions produce an equitable distribution of work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Recognizes training needs of subordinates and recommends training schools or seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Written Reports					
a. Written information and written assignments are rarely returned for correction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Submits reports in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Performance evaluations are complete and accurate and submitted on time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Reviews reports and required forms and makes corrections or instructs deputies to make correction to ensure accuracy and completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Reviews reports and makes sure the reports are complete and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Leadership					
a. Actively seeks positive change for the good of the Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trains and guides less experienced deputies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sets an example of professional behavior for other Deputy members	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Kindles esprit de corps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shares responsibilities for organizational successes and failures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Responds to calls when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Exhibits a calm demeanor in stressful situations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Demonstrates ability to take command in emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Trains others for future promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Demonstrates ability to influence, persuade and motivate people to accomplish tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Able to enforce Office policies, orders and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Employee Evaluation					
a. Subordinates receive formal evaluation/counseling in objective manner with constructive suggestions as to how performance can be improved	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Problems as well as exceptional performance are recognized and noted in evaluation and appropriate action is taken	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Recognizes employee dissatisfaction and makes appropriate attempts to counsel and resolve situation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Regularly assesses training, equipment and other needs and takes appropriate steps to satisfy those needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Explains Office policy and procedures, federal, state laws and village ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Formal and informal reprimands are done in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fairly evaluates subordinates job performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: ADDITIONAL PERFORMANCE FACTORS EVALUATED

Overall doing a great job overseeing C-Watch making sure the shift is running properly and addressing the day to day tasks.

SECTION C: RECORD JOB STRENGTHS, SUPERIOR PERFORMANCE, PROGRESS ACHIEVED & CHECKS FROM EXCEEDS STANDARDS COLUMN

Lt. [REDACTED] is always sending me ideas via email, some are being used a lot. He sends a lot of reports back, does a great job making sure they are corrected and grammar is correct.

SECTION D: EXPLAIN CHECKS FROM NOT SATISFACTORY AND SOME IMPROVEMENT NEEDED COLUMNS

Doing good with Goal #1. Goal #2 needs a lot of work, objectives #2 and #3. Make sure voicemail is checked every shift.

SECTION E: RECORD SPECIFIC GOALS OR IMPROVEMENT PROGRAMS TO BE UNDERTAKEN DURING NEXT EVALUATION PERIOD

Make sure you know our 2019 goals and objectives and try to help us meet them. Try to get C-Watch more active. (1) Building checks, not just St. Rt. 39, Ashland Rd, and villages. (2) Try to motivate to get more activity, DUI's, you have a DRE. (3) Try to get more activity in villages.

RATER: I certify this report represents my best judgement

REVIEWER:

Cap [Signature] 3-15-19
(Signature) (Date)

LT. SW Bd #784

(Signature) (Bureau Commander) (Date)

[Signature] 3/15/19
(Signature) (Major) (Date)

[Signature] 3/22/19
(Signature) (Sheriff) (Date)

EMPLOYEE: (Check One)

I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement.

I wish to discuss this report with the Sheriff

EMPLOYEE NAME: [REDACTED]	ID NUMBER: [REDACTED]	WATCH/SECTION: Support	UNIT #: [REDACTED]
RANK: Administrative Sergeant	EVALUATION PERIOD: FROM: TO: October 2016 to April 2017	DATE: 05/10/2017	

SECTION A: FACTOR CHECK LIST (Check the column that most accurately describes the employee's performance.)	Not Satisfactory	Some Improvement Needed	Meets Standards	Exceeds Standards	Does Not Apply
	1. Observance of Work Hours			X	
2. Attendance			X		
3. Grooming & Dress				X	
4. Compliance with Rules			X		
5. Safety Practices			X		
6. Public Contacts				X	
7. Employee Contacts				X	
8. Knowledge of Work			X		
9. Work Judgments			X		
10. Planning & Organizing				X	
11. Job Skill Level			X		
12. Quality of Work			X		
13. Volume of Acceptable Work			X		
14. Meeting Deadlines			X		
15. Accepts Responsibility				X	
16. Accepts Direction				X	
17. Accepts Change			X		
18. Appearance of Work Station			X		
19. Operation and Care of Equipment			X		
20. Work Coordination			X		
21. Initiative			X		
SECTION B: FOR EMPLOYEES WHO SUPERVISE OTHERS					
22. Planning & Organizing			X		
23. Scheduling & Coordinating				X	
24. Training & Instructing			X		
25. Effectiveness				X	
26. Evaluating Subordinates			X		
27. Judgments & Decisions			X		
28. Leadership			X		
29. Operational Economy				X	
30. Supervisory Control			X		

SECTION C: ADDITIONAL PERFORMANCE FACTORS EVALUATED
SECTION D: RECORD JOB STRENGTHS, SUPERIOR PERFORMANCE, PROGRESS ACHIEVED, AND CHECKS FROM EXCEEDS STANDARDS COLUMN
Sgt. Boyd continues to be an asset for our Office. He works well with others and the public.
SECTION E: EXPLAIN CHECKS FROM NOT SATISFACTORY AND SOME IMPROVEMENT NEEDED COLUMNS
SECTION F: RECORD SPECIFIC GOALS OR IMPROVEMENT PROGRAMS TO BE UNDERTAKEN DURING NEXT EVALUATION PERIOD
Sgt. Boyd has met his goal for the evaluation period.
Sgt. Boyd's goal for this evaluation period will be become more integrated in the Dispatch operations and to update and improve our Office equipment inspection program.

EVALUATOR: I certify this report represents my best judgment.

CAPT. 

(Signature, Title)

08/04/2017
(Date)

EMPLOYEE: (check one)

I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement.

I wish to discuss



(Signature)

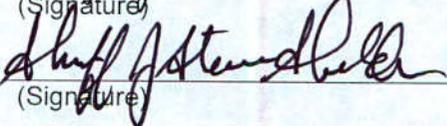


08-04-17
(Date)

REVIEWER:

1. Mrs. J. MMS.
(Signature)

7/25/17
(Date)

2. 

(Signature)

7/25/17
(Date)

3.

(Signature)

(Date)

CERTIFICATE OF APPOINTMENT

OF _____
As _____ LIEUTENANT OF PATROL

Office Sheriff
RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed _____

a suitable and competent person as LIEUTENANT OF PATROL

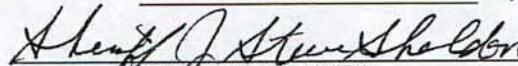
Therein, beginning on the 19TH day of APRIL 2018 and continuing until otherwise ordered.

Said _____

as compensation the sum of \$32.4275 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 19TH day of APRIL 2018


RICHLAND COUNTY
J. STEVE SHELDON SHERIFF

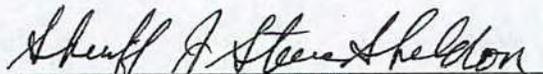
OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

_____ 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.

Sworn to before me and signed in my presence, this 19TH day of APRIL 2018


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*

OFFICE CITATION

LIEUTENANT [REDACTED]

ON BEHALF OF THE SHERIFF'S OFFICE, IT IS MY PLEASURE TO INFORM YOU THAT YOU HAVE BEEN AWARDED THE OFFICE CITATION FOR OUTSTANDING PERFORMANCE UNDER CIRCUMSTANCES INVOLVING PERSONAL RISK IN THE APPREHENSION OF AN ARMED ASSAILANT.

ON 7-16-18 A CALL WAS RECEIVED OF A POSSIBLE SUICIDAL SUBJECT ON APPLE LANE, WEARING BODY ARMOR AND CARRYING A SHOTGUN. VICTIM WAS SUFFERING FROM PTSD. A COMMAND POST WAS SET UP AT MADISON MIDDLE SCHOOL. OFFICERS SET UP A PERIMETER AROUND THE RESIDENCE. HNT HAD ATTEMPTED TO CALL THE SUSPECT BUT HE FAILED TO ANSWER. ONTARIO POLICE DEPARTMENT USED A DRONE TO SEARCH A LARGE PINE TREE IN SUSPECT'S FRONT YARD WHERE THE SUSPECT WAS FOUND. SUSPECT WAS ORDERED OUT AND ARRESTED. A SHOTGUN WAS LOCATED UNDER THE TREE WHERE THE SUSPECT WAS LYING.

LIEUTENANT [REDACTED], YOUR ACTIONS IN ENSURING THE PROTECTION OF PROPERTY AND SECURITY OF ALL CITIZENS BRING CREDIT UPON YOURSELF AND THE SHERIFF'S OFFICE. THIS INCIDENT WAS A SUCCESS AND THE VICTIM WAS ABLE TO GET THE HELP HE NEEDED. YOUR EFFORTS ARE GREATLY APPRECIATED.

PROFESSIONALLY YOURS,

SHERIFF J. STEVE SHELDON
RICHLAND COUNTY, OHIO



Chief Mark Forster
State Sheriffs' Association



Be It Known that the Sheriff, on the recommendation and approval of the Awards Citations Committee awards to

LIEUTENANT

This
Office Citation

In recognition of the recipient's Outstanding Performance of Duty.

December 8, 2018

Dated:

John Shelton

Sheriff



Employee Maintenance

(circle one)		
ADD	CHANGE	DELETE

Name		Employee#	
Address			
City, State, Zip Code			
Telephone			
Birthdate	Has this person ever been employed by Richland County in the past? Yes or No		
Social Security Number			
Marital Status:			
Sex			
Race			
Title	LT OF PATROL	Class #	
Department Number	LAW	Account #	
Munis Org		Object#	510200
Business Phone Number			
Start Date			
Rehire Date			
Termination Date			
Reason for Termination			

Salary/pay	
Rate/hour	32.4275
Alt Rate/hour	ADD SHIFT R80
Longevity Payment	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status _____

Annual Salary _____

[Handwritten Signature]

Signature

[Handwritten Date: 5/1/18]

Date

EFFECTIVE 4-19-2018

ON DAYS OFF ON 4-3-2018 AND 4-4-2018

Comments

CERTIFICATE OF APPOINTMENT

OF _____
As _____
LIEUTENANT OF PATROL

Office Sheriff
RICHLAND COUNTY

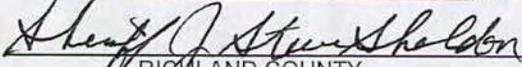
THIS IS TO CERTIFY that the undersigned being of opinion that the business of this office requires it, has appointed _____

a suitable and competent person as LIEUTENANT OF PATROL

Therein, beginning on the 19TH day of APRIL 2018
and continuing until otherwise ordered.

Said _____
as compensation the sum of \$32.4275 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 19TH day of APRIL 2018

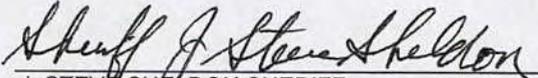

RICHLAND COUNTY
J. STEVE SHELDON SHERIFF

OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.
_____ 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.

Sworn to before me and signed in my presence, this 19TH day of APRIL 2018


J. STEVE SHELDON SHERIFF
Richland County

Future Changes



RICHLAND COUNTY
Enrollment/Change Form

Department Name: RCSO-Law
Employee Number: [REDACTED]

CHECK ONE: OPEN ENROLLMENT NEW HIRE CHANGE Date of Change: 01-01-2017 Date of Hire: 11/29/95 Effective Date: 01-01-2017

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]

Coverage Selection:	First Name:	Last Name:	Initial:	Social Sec. #	Relationship:	Birth Date:	Age:	Sex:
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

BUYOUT DEDUCTIBLE

High
 Low

BENEFIT SELECTIONS

MEDICAL	DENTAL	VISION
<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + CHILD(REN) <input type="checkbox"/> EMPLOYEE + FAMILY	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + CHILD(REN) <input type="checkbox"/> EMPLOYEE + FAMILY	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + CHILD(REN) <input type="checkbox"/> EMPLOYEE + FAMILY

I have read and understand the terms and conditions of the plan and agree to the best of my knowledge and belief. I realize that any material misstatement, misrepresentation or omission of information may be grounds for voiding or retroactive termination of coverage, and may allow for recovery of claims paid.

X SIGNATURE OF EMPLOYEE: [REDACTED] Date: 11-4-16

FLEXIBLE SPENDING

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

SIGNATURE: [REDACTED] Date: 11-4-16

PERSONNEL ACTION
STATE OF OHIO

AGENCY FROM **Richland Co. Sheriff Office**

DIVISION OR INSTITUTION

UNIT OR OFFICE

NO.

5238850

NAME FROM	NAME FROM	NAME FROM	SEX	DATE OF BIRTH	NO. OF YEARS	DEGREE	EDUCATION	MAJOR
(LAST)	(FIRST)	(MI.)	M	MO DAY YR				

TO ADDRESS FROM

(STREET) (CITY) (STATE) (ZIP CODE) (COUNTY)

EFFECTIVE DATE	PAYROLL NUMBER	POSITION CONTROL NO.	BARG UNIT	FLAG	SOCIAL SECURITY NUMBER	HQ. COUNTY
MO DAY YR	FROM:					
11 29 95	TO:					

CLASS TITLE	CLASS NO	RANGE	STEP	BASE RATE	LONG	SUPPL	SUPPL	TOTAL	STATUS
FROM: Correction Officer 1	33211	14	B	8.00	P				

<p>APPOINTMENT</p> <input type="checkbox"/> 0 EMERGENCY ENDS _____	<p>CHANGE</p> <input type="checkbox"/> 1 PROMOTION	<p>SEPARATION</p> <input type="checkbox"/> 1 RESIGNED - REGULAR _____ WRITTEN _____ ORAL	<p>INTERRUPTION</p> <input type="checkbox"/> 1 MILITARY LEAVE ENDS _____
<input checked="" type="checkbox"/> 1 FULL TIME PERMANENT	<input type="checkbox"/> 2 DEMOTION	<input type="checkbox"/> 2 RETIRED	<input type="checkbox"/> 2 PERSONAL LEAVE ENDS _____
<input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS _____	<input type="checkbox"/> 3 LATERAL CLASS CHANGE	<input type="checkbox"/> 3 DISABILITY RETIREMENT	<input type="checkbox"/> 3 SUSPENSION ENDS _____
<input type="checkbox"/> 3 FULL TIME SEASONAL ENDS _____	<input type="checkbox"/> 4 TRANSFER WITHIN AGENCY	<input type="checkbox"/> 4 DECEASED	<input type="checkbox"/> 6 SEASONAL ENDS _____
<input type="checkbox"/> 4 PART TIME PERMANENT	<input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES	<input type="checkbox"/> 5 REMOVED	<input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS _____
<input type="checkbox"/> 5 PART TIME TEMPORARY ENDS _____	<input type="checkbox"/> 6 CIVIL SERVICE STATUS	<input type="checkbox"/> 6 PROBATIONARY REMOVAL	<input type="checkbox"/> 11 UNION LEAVE ENDS _____
<input type="checkbox"/> 6 PART TIME SEASONAL ENDS _____	<input type="checkbox"/> 7 NAME	<input type="checkbox"/> 7 LAID OFF	<input type="checkbox"/> 12 END A17 _____
<input type="checkbox"/> 7 INTERMITTENT	<input type="checkbox"/> 8 APPOINTMENT CHANGE TO _____	<input type="checkbox"/> 8 UNCLASSIFIED TERMINATION	<input type="checkbox"/> 13 END A18 _____
<input type="checkbox"/> 8 FIXED TERM SALARIED ENDS _____	<input type="checkbox"/> 9 DISPLACEMENT	<input type="checkbox"/> 9 OTHER (SEE REMARKS)	<p>REINSTATEMENT</p> <input type="checkbox"/> 1 FROM SEPARATION
<input type="checkbox"/> 9 FIXED TERM PER DIEM	<input type="checkbox"/> 10 RATE	<input type="checkbox"/> 10 CANCEL APPOINTMENT	<input type="checkbox"/> 2 FROM INTERRUPTION
<input type="checkbox"/> 10 APPT. DATE CORRECTED	<input type="checkbox"/> 11 REASSIGNMENT	<input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY _____	<input type="checkbox"/> 3 BY PERSONNEL BD. OF REVIEW
<input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL	<input type="checkbox"/> 12 POSITION CHANGED	<input type="checkbox"/> 13 INTERIM SEPARATION	<input type="checkbox"/> 4 BY COURT ORDER
<input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL	<input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS _____ CLASS _____ RATE _____ STEP _____	<input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING	<input type="checkbox"/> 5 SEPARATION RESCINDED
<input type="checkbox"/> 13 PART TIME INTERIM INTERNAL	<input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL DECISION	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 7 BY GRIEVANCE
<input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL	<input type="checkbox"/> 22 CANCEL INTERIM		<input type="checkbox"/> 8 BY ARBITRATION AWARD
<input type="checkbox"/> 16 UNIT 11, 12 INTERIM EXTERNAL	<input type="checkbox"/> 23 SERVICE CHANGE		<input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE _____
<input type="checkbox"/> 17 ESTABLISHED TERM REGULAR	<input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT		<input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE _____
<input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR	<input type="checkbox"/> 30 H.Q. COUNTY CHANGE		<p>DAS TIME STAMP</p>
	<input type="checkbox"/> 35 UNINTERRUPTED SEPARATION/ APPOINTMENT		
	<input type="checkbox"/> OTHER - SEE REMARKS		

DATE OF LAST PROMOTION	CERTIFICATION NO.	DATE OF CONTINUOUS SERVICE	BUDGETED HOURS
------------------------	-------------------	----------------------------	----------------

REMARKS:

<input type="checkbox"/> ALL ITEMS CONTAINED ON PRE-HIRE FORM HAVE BEEN COMPLETED APPROVAL OF APPOINTING AUTHORITY (SIGNATURE) <i>James A. Stierhoff</i> JAMES A. STIERHOFF, SHERIFF DATE 11-29-95	STATE PERSONNEL DIVISION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> NOTED CERTIFICATION _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------

PERSONNEL ACTION

STATE OF OHIO

AGENCY FROM Richland Co. Sheriff Office

UNIT OR OFFICE

NO.

5238850

NAME FROM TO ADDRESS FROM TO

EFFECTIVE DATE FROM TO PAYROLL NUMBER POSITION CONTROL NO. BARG UNIT FLAG SOCIAL SECURITY NUMBER HQ. COUNTY

CLASS TITLE FROM TO CLASS NO RANGE STEP BASE RATE LONG SUPPL SUPPL TOTAL STATUS

APPOINTMENT CHANGE SEPARATION INTERRUPTION REINSTATEMENT

DATE OF LAST PROMOTION CERTIFICATION NO. DATE OF CONTINUOUS SERVICE BUDGETED HOURS

REMARKS: no layoff list 55, 12/4/95

APPROVAL OF APPOINTING AUTHORITY (SIGNATURE) DATE APPROVED DISAPPROVED NOTED

SIGNATURE OF RELEASING AUTHORITY DATE SIGNATURE OF DIRECTOR OF ADMINISTRATIVE SERVICES DATE



Employee Maintenance

(circle one)

ADD **Change** **Delete**

Name [REDACTED]

Address [REDACTED]

City, State, Zip Code [REDACTED]

Telephone [REDACTED]

Birthdate [REDACTED]

Social Security Number [REDACTED]

Marital Status: [REDACTED]

Sex [REDACTED]

Race [REDACTED]

Title [REDACTED]

Employee # [REDACTED]

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

Department Number 350

Business Phone Number Account #

Start Date

Rehire Date

Termination Date

Reason for Termination

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Salary/pay	
Rate/hour \$	27.8400
Alt Rate/hour	
Wage Factor	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

Steve Sheldon
Signature

12/19/13
Date

EFFECTIVE 12/19/13

Comments



Employee Maintenance

(circle one)		
ADD	Change	Delete

Name: [REDACTED]
 Address: _____
 City, State, Zip Code: _____
 Telephone: _____
 Birthdate: _____
 Social Security Number: _____
 Marital Status: _____
 Sex: _____
 Race: _____
 Title: _____
 Department Number: 350
 Business Phone Number: _____
 Start Date: _____
 Rehire Date: _____
 Termination Date: _____
 Reason for Termination: _____

Employee # [REDACTED]

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

Account # _____

Salary/pay	
Rate/hour	\$ 27.2700
Alt Rate/hour	
Wage Factor	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status: _____
 Annual Salary: _____

EFFECTIVE 12/20/12

J. Steven Sheldon
 Signature

12/11/13
 Date

Comments

Smooth Feed Sheets™

**Richland Co. Sheriff Office
Appointment/Salary Change Record**

Name: [REDACTED]

New Salary 20.7051 / hour

Effective date 01-01-06

Signed Sherriff J. Steven Sheldon

Smooth Feed Sheets™

**Richland Co. Sheriff Office
Appointment/Salary Change Record**

Name: [REDACTED]

New Salary \$21.4297 / hour

Effective date 01-01-07

Signed Sherriff J. Steven Sheldon

**Richland Co. Sheriff Office
Appointment/Salary Change Record**

Name: [REDACTED]

New Salary \$23.6449 / hour

Effective date 12-24-09

Signed Sherriff J. Steven Sheldon

AVERY® 5163™ 

WWW.AVERY.COM
1-800-GO-AVERY

TrueBlock™ Technology Patent Pending
Use Avery® TEMPLATE 5163™

**Richland Co. Sheriff Office
Appointment/Salary Change Record**

Name: [REDACTED]

New Salary 22.7692 / hour

Effective date 12-24-09

Signed Sherriff J. Steven Sheldon

CERTIFICATE OF APPOINTMENT

OF _____

As Deputy Patrol/Ministerial Officer of the Court

Office Sheriff
RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed _____

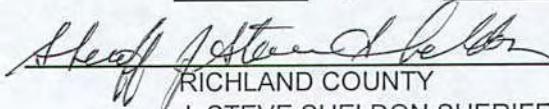
a suitable and competent person as Deputy Patrol/Ministerial Officer of the Court

Therein, beginning on the 3rd day of May 2010
and continuing until otherwise ordered.

Said _____

as compensation the sum of \$20.4923 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 3rd day of May 2010



RICHLAND COUNTY
J. STEVE SHELDON SHERIFF

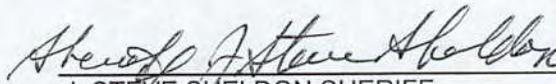
OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

_____ 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.

Sworn to before me and signed in my presence, this 3rd day of May 2010



J. STEVE SHELDON SHERIFF
Richland County

Future Changes

CERTIFICATE OF APPOINTMENT

OF _____

As Deputy Patrol/Ministerial Officer of the Court

Office Sheriff
RICHLAND COUNTY

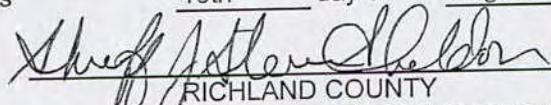
THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed _____ Deputy Patrol/Ministerial Officer of the Court a suitable and competent person as _____

Therein, beginning on the 16th day of August 2009 and continuing until otherwise ordered.

Said _____

as compensation the sum of \$22.9006 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 16th day of August 2009

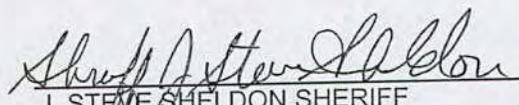

RICHLAND COUNTY
J. STEVE SHELDON SHERIFF

OATH OF OFFICE Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

_____ 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.

Sworn to before me and signed in my presence, this 16th day of August 2009


J. STEVE SHELDON SHERIFF
Richland County

Future Changes

CERTIFICATE OF APPOINTMENT

OF _____

As DEPUTY PATROL/MINISTERIAL OFFICER OF THE COURT

Office Sheriff
RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed _____

a suitable and competent person as _____

Therein, beginning on the 5TH day of JANUARY 2009
and continuing until otherwise ordered.

Said _____

as compensation the sum of _____ 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 5TH day of JANUARY 2009



RICHLAND COUNTY
J. STEVE SHELDON SHERIFF

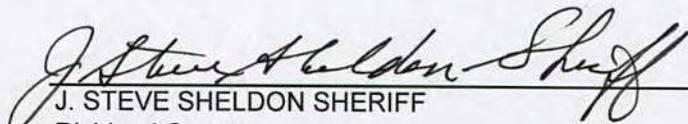
OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

_____ 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.


Sworn to before me and signed in my presence, this 5TH day of JANUARY 2009



J. STEVE SHELDON SHERIFF
Richland County

Future Changes _____

CERTIFICATE OF APPOINTMENT

OF _____

As Deputy Patrol/Ministerial Officer of the Court

Office Sheriff
RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed _____

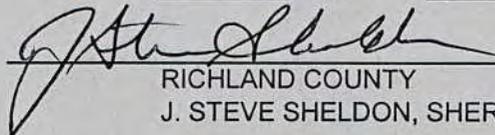
a suitable and competent person as Deputy Patrol/Ministerial Officer of the Court

Therein, beginning on the 1st day of January 2005
and continuing until otherwise ordered.

Said _____

as compensation the sum of \$19.2355 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 1st day of January 2005



RICHLAND COUNTY
J. STEVE SHELDON, SHERIFF

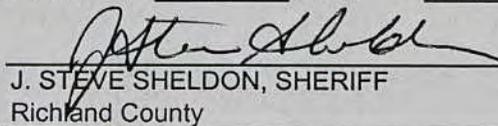
OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

_____ 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.

Sworn to before me and signed in my presence, this 1st day of January 2005



J. STEVE SHELDON, SHERIFF
Richland County

Future Changes

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: _____
New Salary \$18.63 / hour
Effective date 01-01-03 (correction)
Signed James A. Sheriff

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: _____
New Salary _____ / hour
Effective date _____
Signed _____

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: _____
New Salary _____ / hour
Effective date _____
Signed _____

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: _____
New Salary \$19.2355 / hour
Effective date 01-01-04 (correction)
Signed James A. Sheriff

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: _____
New Salary _____ / hour
Effective date _____
Signed _____

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: _____
New Salary _____ / hour
Effective date _____
Signed _____

2004 JAN 21 AM 11:26

CERTIFICATE OF APPOINTMENT

OF _____

As Deputy/Ministerial Officer of the Court

Office Sheriff
RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed _____

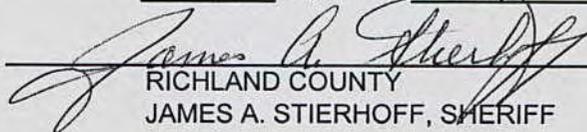
a suitable and competent person as Deputy/Ministerial Officer of the Court

Therein, beginning on the 1st day of January 2003
and continuing until otherwise ordered.

Said _____

as compensation the sum of \$18.0000 per hour _____ 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 1st day of January 2003



RICHLAND COUNTY
JAMES A. STIERHOFF, SHERIFF

OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

_____ 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 _____
of said County.

Sworn to before me and signed in my presence, this _____ day of _____

Smooth Feed Sheets™

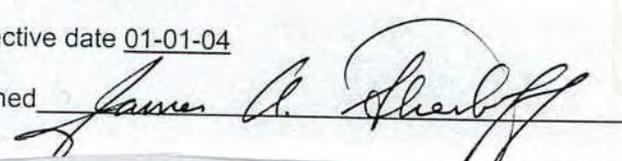
Richland Co. Sheriff Office Appointment/Salary Change Record

Future (

Name: _____

New Salary \$18.6300 / hour

Effective date 01-01-04

Signed 

Richland County, Ohio

CERTIFICATE OF APPOINTMENT OF



as Deputy Sheriff/Ministerial Officer of the Court

In the Office of

Sheriff

SALARY CHANGE: 1-1-00
\$12.5000 HRLY

Jas
JAMES A. STIERHOFF, SHERIFF
SALARY CHANGE: 1-1-01
\$13.9423 HRLY

Jas
JAMES A. STIERHOFF, SHERIFF
SALARY CHANGE: 01-01-02
\$15.3846 HRLY

Jas
JAMES A. STIERHOFF, SHERIFF

The State of Ohio, Richland County, ss.

OATH OF DEPUTY

Rev. Code, Secs. 3.22, 3.23

sworn, says that he will support the Constitution of the United States and the Consti-
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy
in the office of the of said County. *being duly*

Sworn to before me and signed in my presence, this day of 19.....

SALARY CHANGE 10-01-98:

OATH OF DEPUTY

Rev. Code, Sects. 3.22, 3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Consti-
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy
in the office of the _____ of said County. *being duly*

Sworn to before me and signed in my presence, this _____ day of _____ 19_____

Richland County, Ohio

CERTIFICATE OF APPOINTMENT OF



as Deputy Sheriff/Ministerial Officer of the Court

In the Office of

Sheriff

SALARY CHANGE: 1-1-00
\$12.5000 HRLY

[Signature]
JAMES A. STIERHOFF, SHERIFF
SALARY CHANGE: 1-1-01
\$13.9423 HRLY

[Signature]
JAMES A. STIERHOFF, SHERIFF

Richland County, Ohio

CERTIFICATE OF APPOINTMENT OF

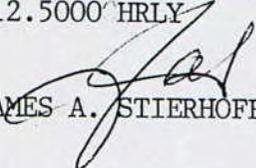


as Deputy Sheriff/Ministerial Officer of the Court

In the Office of

Sheriff

SALARY CHANGE: 1-1-00
\$12.5000 HRLY


JAMES A. STIERHOFF, SHERIFF

The State of Ohio, Richland County, ss.

OATH OF DEPUTY

Rev. Code, Secs. 3.22, 3.23

sworn, says that he will support the Constitution of the United States and the Consti-
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy
in the office of the of said County.

Sworn to before me and signed in my presence, this day of 19

CERTIFICATE OF APPOINTMENT

Of _____ as

* Deputy Sheriff/Ministerial Officer of the Court

Office of Sheriff

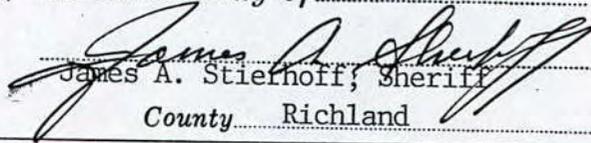
Richland County, Ohio

*THIS IS TO CERTIFY, That the undersigned being of opinion that the business of this office requires it, has appointed _____ a suitable and competent person as * Deputy Sheriff/Ministerial Officer of the Court therein, beginning on the 8th day of February 19 99, and continuing until otherwise ordered.*

Said _____ to receive as compensation the sum of 11.5385 hourly Dollars

(\$11.5385) per annum, payable bi-weekly from the County Treasury upon the warrant of the County Auditor.

Witness my signature and seal of office, this 8th day of February 19 99


James A. Stierhoff, Sheriff
County Richland

* Deputy, Assistant, Clerk, Bookkeeper, or other employe.

CERTIFICATE OF APPOINTMENT

Of _____ as

* Deputy Sheriff/Ministerial Officer of the Court

Office of Sheriff

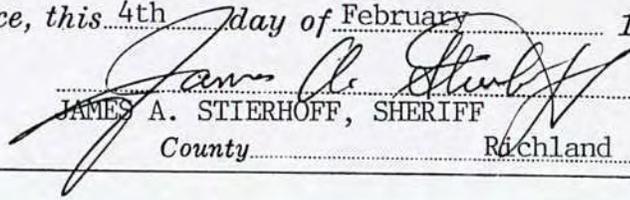
Richland County, Ohio

THIS IS TO CERTIFY, That the undersigned being of opinion that the business of this office requires it, has appointed _____

*a suitable and competent person as * Deputy Sheriff/Ministerial Officer of the Court therein, beginning on the 4th day of February 19 99, and continuing until otherwise ordered.*

*Said _____ to receive as compensation the sum of \$9.615 Dollars
769.20 bi-weekly
(\$ 9.615) per annum, payable bi-weekly from the County Treasury upon the warrant of the County Auditor.*

Witness my signature and seal of office, this 4th day of February 19 99


JAMES A. STIERHOFF, SHERIFF
County Richland

* Deputy, Assistant, Clerk, Bookkeeper, or other employe.

OATH OF DEPUTY

Rev. Code, Sec. 3.22.3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Consti-
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy
in the office of the of said County.

SALARY CHANGE 10-01-98:

\$980.80, 12.26

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF

Sworn to before me and signed in my presence, this day of 19.....

SALARY CHANGE 07/17/98:
\$932.72, 11.659

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF

Richland County, Ohio

CERTIFICATE OF APPOINTMENT OF

[Redacted Name]

Correction Officer 1

as

In the Office of

Sheriff

SALARY CHANGE EFFECTIVE: 03-28-96
\$17,784.00, 684.00, 8.55

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 10-01-96:
\$18,000.00, 692.32, 8.654

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 11-29-96:
\$19,000.00, 730.80, 9.135

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 11-29-97:
\$20,000.00, 769.20, 9.615

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 4/18/98 SALARY & POSITION CHANGE TO CORPORAL:
\$23,000.00, 884.64, 11.058

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF

OATH OF DEPUTY

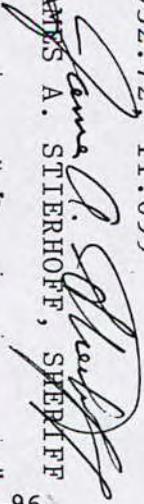
Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Consti-
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy
in the office of the of said County. *being duly*

Sworn to before me and signed in my presence, this day of 19.....
SALARY CHANGE 07/17/98:
\$932.72 11.659

JAMES A. STIERHOFF, SHERIFF



Richland County, Ohio

CERTIFICATE OF APPOINTMENT OF

Correction Officer 1

as

In the Office of

Sheriff

SALARY CHANGE EFFECTIVE: 03-28-96
\$17,784.00, 684.00, 8.55

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 10-01-96:
\$18,000.00, 692.32, 8.654

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 11-29-96:
\$19,000.00, 730.80, 9.135

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 11-29-97:
\$20,000.00, 769.20, 9.615

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 4/18/98 SALARY & POSITION CHANGE TO CORPORAL:
\$23,000.00, 884.64, 11.058

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF

OATH OF DEPUTY

Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Consti-
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy
in the office of the of said County. being duly

Sworn to before me and signed in my presence, this day of 19

Richland County, Ohio .

CERTIFICATE OF APPOINTMENT OF

[Redacted Name]

as Correction Officer 1

In the Office of

Sheriff

SALARY CHANGE EFFECTIVE: 03-28-96
\$17,784.00, 684.00, 8.55

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 10-01-96:
\$18,000.00, 692.32, 8.654

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EFFECTIVE 11-29-97:
\$20,000.00, 769.20, 9.615

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 4/18/98 SALARY & POSITION CHANGE TO CORPORAL:
\$23,000.00, 884.64, 11.058

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF

OATH OF DEPUTY

Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

*sworn, says that he will support the Constitution of the United States and the Consti-
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy
in the office of the of said County.*

Sworn to before me and signed in my presence, this day of 19.....

Richland County, Ohio

CERTIFICATE OF APPOINTMENT OF

[REDACTED]

as Correction Officer 1

In the Office of

Sheriff

SALARY CHANGE EFFECTIVE: 03-28-96
\$17,784.00, 684.00, 8.55

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 10-01-96:
\$18,000.00, 692.32, 8.654

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 11-29-96:
\$19,000.00, 730.80, 9.135

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 11-29-97:
\$20,000.00, 769.20, 9.615

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF

OATH OF DEPUTY
Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Consti-
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy
in the office of the of said County.

Sworn to before me and signed in my presence, this day of 19.....

Richland County, Ohio

CERTIFICATE OF APPOINTMENT OF

[Redacted Name]

as Correction Officer 1

In the Office of

Sheriff

SALARY CHANGE EFFECTIVE: 03-28-96
\$17,784.00, 684.00, 8.55

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 10-01-96:
\$18,000.00, 692.32, 8.654

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF

OATH OF DEPUTY
Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

.....
sworn, says that he will support the Constitution of the United States and the Consti-
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy
in the office of the of said County.

Sworn to before me and signed in my presence, this day of 19.....

Richland County, Ohio

CERTIFICATE OF APPOINTMENT OF

.....

as Correction Officer 1

In the Office of

Sheriff

SALARY CHANGE EFFECTIVE: 03-28-96
\$17,784.00, 684.00, 8.55

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 10-01-96:
\$18,000.00, 692.32, 8.654

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF
EFFECTIVE 11-29-96:
\$19,000.00, 730.80, 9.135

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF

OATH OF DEPUTY

Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

*sworn, says that he will support the Constitution of the United States and the Consti-
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy
in the office of the*.....*of said County.*

Sworn to before me and signed in my presence, this.....*day of*.....*19*.....

Richland County, Ohio

CERTIFICATE OF APPOINTMENT OF

Correction Officer 1

In the Office of

Sheriff

SALARY CHANGE EFFECTIVE: 03-28-96
\$17,784.00, 684.00, 8.55

James A. Stierhoff
JAMES A. STIERHOFF, SHERIFF

CERTIFICATE OF APPOINTMENT

Of _____ as
Correction Officer 1

* _____
Office of Sheriff

Richland County, Ohio

THIS IS TO CERTIFY, That the undersigned being of opinion that the business of this office requires it, has appointed _____

a suitable and competent person as * _____
Correction Officer 1
therein, beginning on the 29th day of November 19 95, and con-
tinuing until otherwise ordered.

Said _____ to receive
as compensation the sum of Sixteen thousand six hundred fourty 00/100 Dollars

(^{640.00 biwly 8.00 hrly}
\$16,640.00) per annum, payable bi-weekly from the County Treasury upon
the warrant of the County Auditor.

Witness my signature and seal of office, this 29th day of November 19 95


JAMES A. STIERHOFF, SHERIFF
Richland
County

* Deputy, Assistant, Clerk, Bookkeeper, or other employe.

CERTIFICATE OF APPOINTMENT

Of _____ as

* Deputy Sheriff/Ministerial Officer of the Court

Office of Sheriff

Richland County, Ohio

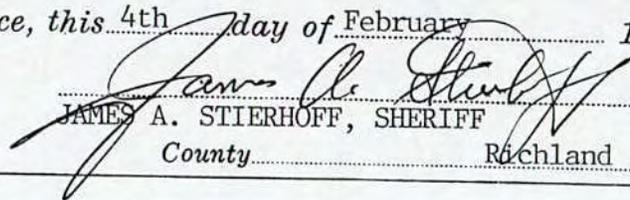
THIS IS TO CERTIFY, That the undersigned being of opinion that the business of this office requires it, has appointed _____

*a suitable and competent person as * Deputy Sheriff/Ministerial Officer of the Court therein, beginning on the 4th day of February 19 99, and continuing until otherwise ordered.*

Said _____ to receive as compensation the sum of \$9.615 Dollars

769.20 bi-weekly (\$ 9.615) per annum, payable bi-weekly from the County Treasury upon the warrant of the County Auditor.

Witness my signature and seal of office, this 4th day of February 19 99


JAMES A. STIERHOFF, SHERIFF
County Richland

* Deputy, Assistant, Clerk, Bookkeeper, or other employe.

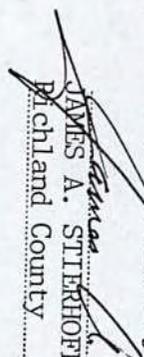
OATH OF DEPUTY

Rev. Code, Secs. 3.22, 3.23

The State of Ohio, Richland County, ss.

sworn, says that he will support the Constitution of the United States and the Consti-
tution of the State of Ohio, and that he will faithfully discharge the duties of Deputy
in the office of the Sheriff of said County. being duly

Sworn to before me and signed in my presence, this 4th day of February 1999.


JAMES A. STIERHOFF, SHERIFF
Richland County

Richland County, Ohio
CERTIFICATE OF APPOINTMENT OF
[REDACTED]
as Deputy Sheriff/Ministerial Officer of the Court
In the Office of Sheriff



Employee Maintenance

(circle one)		
ADD	CHANGE	DELETE

Name [REDACTED]

Address [REDACTED]

City, State, Zip Code [REDACTED]

Telephone [REDACTED]

Birthdate [REDACTED]

Social Security Number [REDACTED]

Marital Status: [REDACTED]

Sex [REDACTED]

Race [REDACTED]

Title [REDACTED]

Department Number [REDACTED]

Munis Org [REDACTED]

Business Phone Number [REDACTED]

Start Date [REDACTED]

Rehire Date [REDACTED]

Termination Date [REDACTED]

Reason for Termination [REDACTED]

Employee# [REDACTED]

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

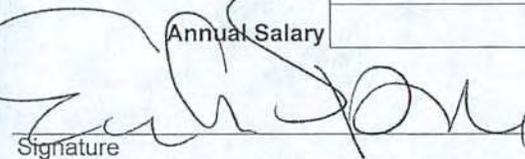
Class #	
Account #	
Object#	

Salary/pay	
Rate/hour	28.8000
Alt Rate/hour	
Longevity Payment	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status [REDACTED]

Annual Salary [REDACTED]


Signature

2/7/17
Date

NEW RATE _____

EFFECTIVE 12-17-2015 _____

Comments _____



Employee Maintenance

(circle one)		
ADD	CHANGE	DELETE

Name	<div style="background-color: black; width: 100px; height: 15px;"></div>	Employee#	<div style="background-color: black; width: 30px; height: 15px;"></div>	
Address				
City, State, Zip Code				
Telephone	Has this person ever been employed by			
Birthdate	Richland County in the past? Yes or No			
Social Security Number				
Marital Status:				
Sex				
Race				
Title	Class #			
Department Number	Account #			
Munis Org	Object#			
Business Phone Number				
Start Date				
Rehire Date				
Termination Date				

Salary/pay	
Rate/hour	29.1400
Alt Rate/hour	
Longevity Payment	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status _____
 Annual Salary _____

 Signature

2/7/17

 Date

NEW RATE _____
 EFFECTIVE 12-15-2016 _____

 Comments



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

SERGEANT [REDACTED]

ON BEHALF OF THE SHERIFF'S OFFICE, IT IS MY PLEASURE TO INFORM YOU THAT YOU HAVE BEEN AWARDED A CERTIFICATE OF APPRECIATION FOR YOUR OUTSTANDING PERFORMANCE IN THE RESPONSE AND INVESTIGATION OF AN AGGRAVATED MENACING COMPLAINT INVOLVING AN ARMED ASSAILANT.

ON JULY 31ST, 2017 OUR OFFICE RECEIVED A REPORT OF AN ARMED PERSON THREATENING THE LIFE OF THE BUSINESS OWNER. THE SUSPECT FLED THE BUSINESS AND WAS LOCATED IN THE AREA BY RESPONDING DEPUTIES. HE WAS TAKEN INTO CUSTODY WITHOUT FURTHER INCIDENT. INVESTIGATIVE INFORMATION LEAD INVESTIGATORS TO THE CLEAR FORK RIVER WHERE TWO FIREARMS HAD BEEN DISCARDED. WITH THE ASSISTANCE OF DIVE TEAM PERSONNEL, BOTH FIREARMS WERE RECOVERED. RESPONDING DEPUTIES AND MAJOR CRIMES DETECTIVES COMPLETED AN EXHAUSTIVE CRIMINAL INVESTIGATION RESULTING IN THE RECOVERY OF THE FIREARM USED IN THE COMMISSION OF THE CRIME AND AN ADDITIONAL FIREARM, FOUND TO BE STOLEN.

YOUR ACTIONS IN ENSURING THE PROTECTION OF PROPERTY AND SECURITY OF ALL CITIZENS BRING CREDIT UPON YOURSELF AND THE SHERIFF'S OFFICE. YOUR EFFORTS ARE GREATLY APPRECIATED.

PROFESSIONALLY YOURS,

SHERIFF J. STEVE SHELDON
RICHLAND COUNTY, OHIO



check date	RATES	\$28.41	\$28.80			\$28.80		\$43.20		\$28.80							
	REG HOURS	reg paid	new reg	OWED	HOUDAY HOUR	holiday paid	new holid	OWED	OT HOURS	OT paid	New OT	OWED	URS VAC	Ci vac	cash pr	New VAC	OWED
1/8/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				0.00	0				\$31.20
1/22/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				0.00	0				\$31.20
2/5/2016	80	\$2,272.80	\$2,304.00	\$31.20	12	\$340.92	345.6	\$4.68				\$0.00	0				\$35.88
2/19/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
3/4/2016	80	\$2,272.80	\$2,304.00	\$31.20	12	\$340.92	\$345.60	\$4.68				\$0.00	0				\$35.88
3/18/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
4/1/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
4/15/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
4/29/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
5/13/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
5/27/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
6/10/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
6/24/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00	7	\$298.31	\$302.40	\$4.09	0				\$35.29
7/8/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
7/22/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00	1.5	\$63.92	\$64.80	\$0.88	0				\$32.08
8/5/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
8/19/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
9/2/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
9/16/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
9/30/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
10/14/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
10/28/2016	80	\$2,272.80	\$2,304.00	\$31.20	12	\$340.92	\$345.60	\$4.68				\$0.00	0				\$35.88
11/11/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
11/25/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
12/9/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
12/23/2016	80	\$2,272.80	\$2,304.00	\$31.20	0			\$0.00				\$0.00	0				\$31.20
																	\$830.21
		\$27.00	\$29.14			holiday rate	\$29.14			OT rate	\$43.71		\$0.00	0			\$58.40
1/6/2017	80	\$2,272.80	\$2,331.20	\$58.40	0			\$0.00				\$0.00	0				\$58.40
1/20/2017	80	\$2,272.80	\$2,331.20	\$58.40	0			\$0.00				\$0.00	0				\$58.40
2/3/2017	80	\$2,272.80	\$2,331.20	\$58.40	12	\$340.92	\$349.68	\$8.76				\$0.00	0		\$0.00		\$67.16
																	\$183.96

total due \$1,014.17



03/20/2017 13:23
ESPICER

Richland County - LIVE
DETAIL CHECK HISTORY

P 3
prhisrpt

BY EMPLOYEE NAME
01/08/2016 to 02/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
-----	-----	------	-----	-----	-------	----------	-------	--------	-----	------	----------	----------

LOC: 255 ORG: PAYROLL

			255		000047168							
			255		000047168							
			255		000047168							
			255		000047168							
			255		000047168							
			255		000047168							
			255		000047168							
01755000	536300		255		000047168							
01755010	536400		255		000047168							
01755020	536500		255		000047168							
01755040	533530		255		000047168							

CHECK 03/18/2016 TOTALS: NET: 1,544.32 80.00 2,272.80 2,272.80 1,070.15

Check Date: 04/01/2016

02550000	510200		255	2020	000048386	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000048386	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000048386	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000048386	110 SALARY	7.00	198.87				
02550000	510200		255	2020	000048386	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000048386	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000048386	110 SALARY	2.00	56.82				
02550000	510200		255	2020	000048386	110 SALARY	3.00	85.23				
02550000	510200		255	2020	000048386	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000048386	300 VAC	8.00	227.28				
02550000	510200		255	2020	000048386	300 VAC	8.00	227.28				
02550000	510200		255	2020	000048386	565 CTU	1.00	28.41				
02550000	510200		255	2020	000048386	565 CTU	1.00	28.41				
02550000	510200		255	2020	000048386	565 CTU	2.00	56.82				

			255		000048386							
			255		000048386							
			255		000048386							
			255		000048386							
			255		000048386							
			255		000048386							
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			255		000048386							
			255		000048386							
			255		000048386							
01755000	536300		255		000048386							
01755010	536400		255		000048386							
01755020	536500		255		000048386							
01755040	533530		255		000048386							

CHECK 04/01/2016 TOTALS: NET: 1,544.31 80.00 2,272.80

Check Date: 04/15/2016

02550000	510200		255	2020	000049592	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000049592	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000049592	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000049592	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000049592	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000049592	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000049592	110 SALARY	7.00	198.87				
02550000	510200		255	2020	000049592	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000049592	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000049592	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000049592	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000049592	565 CTU	1.00	28.41				

03/20/2017 13:23
ESPICER

Richland County - LIVE
DETAIL CHECK HISTORY

P 4
prhisrpt

BY EMPLOYEE NAME
01/08/2016 to 02/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
-----	-----	------	-----	-----	-------	----------	-------	--------	-----	------	----------	----------

LOC: 255 ORG: PAYROLL

			255		000049592							
			255		000049592							
			255		000049592							
			255		000049592							
			255		000049592							
			255		000049592							
			255		000049592							
			255		000049592							
01755000	536300		255		000049592							
01755010	536400		255		000049592							
01755020	536500		255		000049592							
01755040	533530		255		000049592							
CHECK 04/15/2016 TOTALS:					NET:		1,544.33	80.00		2,272.80		

Check Date: 04/29/2016

02550000	510200		255	2020	000050798	110 SALARY	7.00	198.87				
02550000	510200		255	2020	000050798	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000050798	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000050798	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000050798	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000050798	110 SALARY	6.50	184.67				
02550000	510200		255	2020	000050798	110 SALARY	6.50	184.67				
02550000	510200		255	2020	000050798	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000050798	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000050798	565 CTU	1.00	28.41				
02550000	510200		255	2020	000050798	565 CTU	1.50	42.62				
02550000	510200		255	2020	000050798	565 CTU	1.50	42.62				
02550000	510200		255	2020	000050798	565 CTU	1.50	42.62				
			255		000050798							
			255		000050798							
			255		000050798							
			255		000050798							
			255		000050798							
			255		000050798							
01755000	536300		255		000050798							
01755010	536400		255		000050798							
CHECK 04/29/2016 TOTALS:					NET:		1,649.29	80.00		2,272.83		

Check Date: 05/13/2016

02550000	510200		255	2020	000051998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000051998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000051998	110 SALARY	6.50	184.67				
02550000	510200		255	2020	000051998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000051998	110 SALARY	6.00	170.46				
02550000	510200		255	2020	000051998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000051998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000051998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000051998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000051998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000051998	300 VAC	2.00	56.82				
02550000	510200		255	2020	000051998	565 CTU	1.50	42.62				
			255		000051998							
			255		000051998							

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Richland County - LIVE
DETAIL CHECK HISTORY

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BY EMPLOYEE NAME
01/08/2016 to 02/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
											LOC: 255	ORG: PAYROLL
			255		000051998							
			255		000051998							
			255		000051998							
			255		000051998							
			255		000051998							
01755000	536300		255		000051998							
01755010	536400		255		000051998							
01755020	536500		255		000051998							
01755040	533530		255		000051998							
CHECK 05/13/2016 TOTALS:					NET:		1,544.33	80.00		2,272.81		
Check Date: 05/27/2016												
02550000	510200		255	2020	000053198	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000053198	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000053198	110 SALARY	6.50	184.67				
02550000	510200		255	2020	000053198	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000053198	110 SALARY	4.00	113.64				
02550000	510200		255	2020	000053198	110 SALARY	6.00	170.46				
02550000	510200		255	2020	000053198	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000053198	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000053198	300 VAC	4.00	113.64				
02550000	510200		255	2020	000053198	300 VAC	8.00	227.28				
02550000	510200		255	2020	000053198	300 VAC	8.00	227.28				
02550000	510200		255	2020	000053198	300 VAC	2.00	56.82				
02550000	510200		255	2020	000053198	565 CTU	1.50	42.62				
			255		000053198							
			255		000053198							
			255		000053198							
			255		000053198							
			255		000053198							
			255		000053198							
			255		000053198							
			255		000053198							
01755000	536300		255		000053198							
01755010	536400		255		000053198							
01755020	536500		255		000053198							
01755040	533530		255		000053198							
CHECK 05/27/2016 TOTALS:					NET:		1,544.32	80.00		2,272.81		
Check Date: 06/10/2016												
02550000	510200		255	2020	000054414	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000054414	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000054414	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000054414	110 SALARY	7.25	205.97				
02550000	510200		255	2020	000054414	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000054414	110 SALARY	6.00	170.46				
02550000	510200		255	2020	000054414	300 VAC	2.00	56.82				
02550000	510200		255	2020	000054414	550 H	8.00	227.28				
02550000	510200		255	2020	000054414	565 CTU	0.75	21.31				
02550000	510200		255	2020	000054414	570 RATOU	8.00	227.28				
02550000	510200		255	2020	000054414	570 RATOU	8.00	227.28				
02550000	510200		255	2020	000054414	570 RATOU	8.00	227.28				
			255		000054414							

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Richland County - LIVE
DETAIL CHECK HISTORY

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BY EMPLOYEE NAME
01/08/2016 to 02/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
											LOC: 255	ORG: PAYROLL
			255		000054414							
			255		000054414							
			255		000054414							
			255		000054414							
			255		000054414							
			255		000054414							
01755000	536300		255		000054414							
01755010	536400		255		000054414							
01755020	536500		255		000054414							
01755040	533530		255		000054414							
CHECK 06/10/2016 TOTALS:				NET:			1,544.32	80.00	2,272.			
Check Date: 06/24/2016												
02550000	510200		255	2020	000055612	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000055612	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000055612	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000055612	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000055612	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000055612	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000055612	215 OT	1.00	42.62				
02550000	510200		255	2020	000055612	215 OT	6.00	255.69				
02550000	510200		255	2020	000055612	300 VAC	8.00	227.28				
02550000	510200		255	2020	000055612	300 VAC	8.00	227.28				
02550000	510200		255	2020	000055612	570 RATOU	8.00	227.28				
02550000	510200		255	2020	000055612	570 RATOU	8.00	227.28				
			255		000055612							
			255		000055612							
			255		000055612							
			255		000055612							
			255		000055612							
			255		000055612							
			255		000055612							
			255		000055612							
			255		000055612							
01755000	536300		255		000055612							
01755010	536400		255		000055612							
01755020	536500		255		000055612							
01755040	533530		255		000055612							
CHECK 06/24/2016 TOTALS:				NET:			1,748.37	87.00	2,571.11			
Check Date: 07/08/2016												
02550000	510200		255	2020	000056810	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000056810	110 SALARY	7.00	198.87				
02550000	510200		255	2020	000056810	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000056810	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000056810	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000056810	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000056810	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000056810	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000056810	500 PE	8.00	227.28				
02550000	510200		255	2020	000056810	500 PE	8.00	227.28				
02550000	510200		255	2020	000056810	565 CTU	1.00	28.41				
			255		000056810							
			255		000056810							

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Richland County - LIVE
DETAIL CHECK HISTORY

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BY EMPLOYEE NAME
01/08/2016 to 02/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
											LOC: 255 ORG: PAYROLL	
			255		000056810							
			255		000056810							
			255		000056810							
			255		000056810							
			255		000056810							
01755000	536300		255		000056810							
01755010	536400		255		000056810							
01755020	536500		255		000056810							
01755040	533530		255		000056810							
CHECK 07/08/2016 TOTALS:					NET:		1,544.32	80.00	2,272.8			
Check Date: 07/22/2016												
02550000	510200		255	2020	000057998	110 SALARY	3.00	85.23				
02550000	510200		255	2020	000057998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000057998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000057998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000057998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000057998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000057998	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000057998	215 OT	1.50	63.92				
02550000	510200		255	2020	000057998	300 VAC	5.00	142.05				
02550000	510200		255	2020	000057998	300 VAC	8.00	227.28				
02550000	510200		255	2020	000057998	300 VAC	8.00	227.28				
02550000	510200		255	2020	000057998	550 H	8.00	227.28				
			255		000057998							
			255		000057998							
			255		000057998							
			255		000057998							
			255		000057998							
			255		000057998							
			255		000057998							
			255		000057998							
01755000	536300		255		000057998							
01755010	536400		255		000057998							
01755020	536500		255		000057998							
01755040	533530		255		000057998							
CHECK 07/22/2016 TOTALS:					NET:		1,588.04	81.50	2,336.72			
Check Date: 08/05/2016												
02550000	510200		255	2020	000059193	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000059193	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000059193	110 SALARY	6.00	170.46				
02550000	510200		255	2020	000059193	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000059193	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000059193	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000059193	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000059193	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000059193	300 VAC	8.00	227.28				
02550000	510200		255	2020	000059193	300 VAC	2.00	56.82				
02550000	510200		255	2020	000059193	300 VAC	8.00	227.28				
			255		000059193							
			255		000059193							
			255		000059193							

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Richland County - LIVE
DETAIL CHECK HISTORY

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BY EMPLOYEE NAME
01/08/2016 to 02/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
											LOC: 255 ORG: PAYROLL	
			255		000059193							
			255		000059193							
			255		000059193							
			255		000059193							
01755000	536300		255		000059193							
01755010	536400		255		000059193							
01755020	536500		255		000059193							
01755040	533530		255		000059193							
CHECK 08/05/2016 TOTALS:				NET:			1,544.32	80.00	2,272.			
Check Date: 08/19/2016												
02550000	510200		255	2020	000060390	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000060390	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000060390	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000060390	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000060390	110 SALARY	4.00	113.64				
02550000	510200		255	2020	000060390	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000060390	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000060390	110 SALARY	6.00	170.46				
02550000	510200		255	2020	000060390	110 SALARY	6.00	170.46				
02550000	510200		255	2020	000060390	300 VAC	2.00	56.82				
02550000	510200		255	2020	000060390	300 VAC	2.00	56.82				
02550000	510200		255	2020	000060390	400 SICK	8.00	227.28				
02550000	510200		255	2020	000060390	565 CTU	4.00	113.64				
			255		000060390							
			255		000060390							
			255		000060390							
			255		000060390							
			255		000060390							
			255		000060390							
			255		000060390							
01755000	536300		255		000060390							
01755010	536400		255		000060390							
01755020	536500		255		000060390							
01755040	533530		255		000060390							
CHECK 08/19/2016 TOTALS:				NET:			1,544.32	80.00	2,272.80			
Check Date: 09/02/2016												
02550000	510200		255	2020	000061587	400 SICK	8.00	227.28				
02550000	510200		255	2020	000061587	400 SICK	8.00	227.28				
02550000	510200		255	2020	000061587	400 SICK	8.00	227.28				
02550000	510200		255	2020	000061587	400 SICK	8.00	227.28				
02550000	510200		255	2020	000061587	400 SICK	8.00	227.28				
02550000	510200		255	2020	000061587	400 SICK	8.00	227.28				
02550000	510200		255	2020	000061587	400 SICK	8.00	227.28				
02550000	510200		255	2020	000061587	400 SICK	8.00	227.28				
02550000	510200		255	2020	000061587	400 SICK	8.00	227.28				
			255		000061587							
			255		000061587							
			255		000061587							
			255		000061587							

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Richland County - LIVE
DETAIL CHECK HISTORY

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BY EMPLOYEE NAME
01/08/2016 to 02/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
											LOC: 255	ORG: PAYROLL
			255		000061587							
			255		000061587							
			255		000061587							
01755000	536300		255		000061587							
01755010	536400		255		000061587							
01755020	536500		255		000061587							
01755040	533530		255		000061587							
			CHECK 09/02/2016	TOTALS:	NET:		1,544.31	80.00	2,272.80			
Check Date: 09/16/2016												
02550000	510200		255	2020	000062777	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000062777	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000062777	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000062777	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000062777	110 SALARY	5.00	142.05				
02550000	510200		255	2020	000062777	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000062777	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000062777	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000062777	300 VAC	3.00	85.23				
02550000	510200		255	2020	000062777	400 SICK	8.00	227.28				
02550000	510200		255	2020	000062777	400 SICK	8.00	227.28				
			255		000062777							
			255		000062777							
			255		000062777							
			255		000062777							
			255		000062777							
			255		000062777							
			255		000062777							
01755000	536300		255		000062777							
01755010	536400		255		000062777							
01755020	536500		255		000062777							
01755040	533530		255		000062777							
			CHECK 09/16/2016	TOTALS:	NET:		1,544.32	80.00	2,272.80			
Check Date: 09/30/2016												
02550000	510200		255	2020	000063968	110 SALARY	7.00	198.87				
02550000	510200		255	2020	000063968	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000063968	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000063968	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000063968	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000063968	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000063968	110 SALARY	4.00	113.64				
02550000	510200		255	2020	000063968	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000063968	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000063968	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000063968	400 SICK	4.00	113.64				
02550000	510200		255	2020	000063968	500 PE	8.00	227.28				
02550000	510200		255	2020	000063968	565 CTU	1.00	28.41				
02550000	510200		255	2020	000063968	711 SPEC D	0.00	100.00				
			255		000063968							
			255		000063968							
			255		000063968							
			255		000063968							

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Richland County - LIVE
 DETAIL CHECK HISTORY

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BY EMPLOYEE NAME
 01/08/2016 to 02/03/2017

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
											LOC: 255 ORG: PAYROLL	
			255		000073151							
			255		000073151							
			255		000073151							
01755000	536300		255		000073151							
01755010	536400		255		000073151							
01755020	536500		255		000073151							
01755040	533530		255		000073151							
CHECK 01/20/2017			TOTALS:	NET:		2,005.69	80.00	2,872.80				
Check Date: 02/03/2017												
02550000	510200		255	2020	000074240	110 SALARY	6.00	170.46				
02550000	510200		255	2020	000074240	110 SALARY	6.00	170.46				
02550000	510200		255	2020	000074240	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000074240	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000074240	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000074240	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000074240	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000074240	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000074240	110 SALARY	8.00	227.28				
02550000	510200		255	2020	000074240	300 VAC	2.00	56.82				
02550000	510200		255	2020	000074240	300 VAC	2.00	56.82				
02550000	510200		255	2020	000074240	550 H	12.00	340.92				
02550000	510200		255	2020	000074240	711 SPEC D	0.00	300.00				
02550000	510200		255	2020	000074240	935 SHR AT	0.00	100.00				
			255		000074240							
			255		000074240							
			255		000074240							
			255		000074240							
			255		000074240							
			255		000074240							
			255		000074240							
			255		000074240							
01755000	536300		255		000074240							
01755010	536400		255		000074240							
01755020	536500		255		000074240							
01755040	533530		255		000074240							
CHECK 02/03/2017			TOTALS:	NET:		2,081.04	92.00	3,013.72				
EMPLOYEE TOTALS:			NET:		51,195.35	2,388.50	74,440.58				74,440.58	31,810.44
GRAND TOTALS:			NET:		51,195.35	2,388.50	74,440.58				74,440.58	31,810.44

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

EMPLOYEE NAME: [REDACTED]	ID NUMBER: [REDACTED]	WATCH/SECTION: Support	UNIT #: [REDACTED]
RANK: Administrative Sergeant	EVALUATION PERIOD: FROM: TO: October 2015 to April 2016		DATE: 04/28/2016

	Not Satisfactory	Some Improvement Needed	Meets Standards	Exceeds Standards	Does Not Apply
SECTION A: FACTOR CHECK LIST (Check the column that most accurately describes the employee's performance.)					
1. Observance of Work Hours			X		
2. Attendance			X		
3. Grooming & Dress				X	
4. Compliance with Rules			X		
5. Safety Practices			X		
6. Public Contacts				X	
7. Employee Contacts				X	
8. Knowledge of Work			X		
9. Work Judgments			X		
10. Planning & Organizing				X	
11. Job Skill Level			X		
12. Quality of Work			X		
13. Volume of Acceptable Work			X		
14. Meeting Deadlines			X		
15. Accepts Responsibility				X	
16. Accepts Direction				X	
17. Accepts Change			X		
18. Appearance of Work Station			X		
19. Operation and Care of Equipment			X		
20. Work Coordination			X		
21. Initiative			X		
SECTION B: FOR EMPLOYEES WHO SUPERVISE OTHERS					
22. Planning & Organizing			X		
23. Scheduling & Coordinating				X	
24. Training & Instructing			X		
25. Effectiveness				X	
26. Evaluating Subordinates					X
27. Judgments & Decisions			X		
28. Leadership			X		
29. Operational Economy				X	
30. Supervisory Control			X		

SECTION C: ADDITIONAL PERFORMANCE FACTORS EVALUATED
SECTION D: RECORD JOB STRENGTHS, SUPERIOR PERFORMANCE, PROGRESS ACHIEVED, AND CHECKS FROM EXCEEDS STANDARDS COLUMN
Sgt. Boyd has taken on the new role of the Administrative Sergeant to include overseeing the personnel of our Dispatch operation. He will be challenged with this new task and will need to utilize many of his skills to meet the demands of this new position.
SECTION E: EXPLAIN CHECKS FROM NOT SATISFACTORY AND SOME IMPROVEMENT NEEDED COLUMNS
SECTION F: RECORD SPECIFIC GOALS OR IMPROVEMENT PROGRAMS TO BE UNDERTAKEN DURING NEXT EVALUATION PERIOD
Sgt. Boyd has met his goal for the evaluation period.
Sgt. Boyd's goal for this evaluation period will be to familiarize himself with the Dispatch operation and begin the process of drafting Dispatch policy.

EVALUATOR: I certify this report represents my best judgment.

CAPT. *[Signature]*
(Signature, Title) 05/07/2016 (Date)

EMPLOYEE: (check one)

I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement.

I wish to discuss this report with the Sheriff

[Signature] 
(Signature) 5-3-16 (Date)

REVIEWER:

1. *[Signature]* *[Signature]*
(Signature) 7/24/17 (Date)

2. *[Signature]*
(Signature) 7/31/17 (Date)

3. _____
(Signature) (Date)

EMPLOYEE NAME: [REDACTED]	ID NUMBER: [REDACTED]	WATCH/SECTION: Support	UNIT #: [REDACTED]
RANK: Administrative Sergeant	EVALUATION PERIOD: FROM: April 2016 TO: October 2016		DATE: 10/12/2016

	Not Satisfactory	Some Improvement Needed	Meets Standards	Exceeds Standards	Does Not Apply
SECTION A: FACTOR CHECK LIST (Check the column that most accurately describes the employee's performance.)					
1. Observance of Work Hours			X		
2. Attendance			X		
3. Grooming & Dress				X	
4. Compliance with Rules			X		
5. Safety Practices			X		
6. Public Contacts				X	
7. Employee Contacts				X	
8. Knowledge of Work			X		
9. Work Judgments			X		
10. Planning & Organizing				X	
11 Job Skill Level			X		
12. Quality of Work			X		
13. Volume of Acceptable Work			X		
14. Meeting Deadlines			X		
15. Accepts Responsibility				X	
16. Accepts Direction				X	
17. Accepts Change			X		
18. Appearance of Work Station			X		
19. Operation and Care of Equipment			X		
20. Work Coordination			X		
21. Initiative			X		
SECTION B: FOR EMPLOYEES WHO SUPERVISE OTHERS					
22. Planning & Organizing			X		
23. Scheduling & Coordinating				X	
24. Training & Instructing			X		
25. Effectiveness				X	
26. Evaluating Subordinates					X
27 Judgments & Decisions			X		
28. Leadership			X		
29. Operational Economy				X	
30. Supervisory Control			X		

SECTION C: ADDITIONAL PERFORMANCE FACTORS EVALUATED
SECTION D: RECORD JOB STRENGTHS, SUPERIOR PERFORMANCE, PROGRESS ACHIEVED, AND CHECKS FROM EXCEEDS STANDARDS COLUMN <p>Sgt. Boyd has done well with assisting with the Dispatch Operation. He works well with others and is always ready to help where needed.</p>
SECTION E: EXPLAIN CHECKS FROM NOT SATISFACTORY AND SOME IMPROVEMENT NEEDED COLUMNS
SECTION F: RECORD SPECIFIC GOALS OR IMPROVEMENT PROGRAMS TO BE UNDERTAKEN DURING NEXT EVALUATION PERIOD <p>Sgt. Boyd has met his goal for the evaluation period.</p> <p>Sgt. Boyd's goal for this evaluation period will be to continue to assist with Dispatch Operations and to bring up to date the towed/abandoned vehicle files.</p>

EVALUATOR: I certify this report represents my best judgment.

CAPT. [Signature]
(Signature, Title)

11/16/2016
(Date)

EMPLOYEE: (check one)

I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement.

I wish to discuss this report with the Sheriff.

[Signature] [Redacted]
(Signature)

11-16-16
(Date)

REVIEWER:

1. [Signature]
(Signature)

7/24/17
(Date)

2. [Signature]
(Signature)

7/31/17
(Date)

3. _____
(Signature)

(Date)

EMPLOYEE NAME: [REDACTED]	ID NUMBER: [REDACTED]	WATCH/SECTION: Training	UNIT #: [REDACTED]
EVALUATION PERIOD: FROM: April 2015 – TO: October 2015		DATE: 10/19/2015	

	Not Satisfactory	Some Improvement Needed	Meets Standards	Exceeds Standards	Does Not Apply
SECTION A: FACTOR CHECK LIST (Check the column that most accurately describes the employee's performance.)					
1. Observance of Work Hours			X		
2. Attendance			X		
3. Grooming & Dress				X	
4. Compliance with Rules			X		
5. Safety Practices			X		
6. Public Contacts				X	
7. Employee Contacts				X	
8. Knowledge of Work			X		
9. Work Judgments			X		
10. Planning & Organizing				X	
11. Job Skill Level			X		
12. Quality of Work			X		
13. Volume of Acceptable Work			X		
14. Meeting Deadlines			X		
15. Accepts Responsibility				X	
16. Accepts Direction				X	
17. Accepts Change			X		
18. Appearance of Work Station			X		
19. Operation and Care of Equipment			X		
20. Work Coordination			X		
21. Initiative			X		
SECTION B: FOR EMPLOYEES WHO SUPERVISE OTHERS					
22. Planning & Organizing				X	
23. Scheduling & Coordinating				X	
24. Training & Instructing			X		
25. Effectiveness			X		
26. Evaluating Subordinates					X
27. Judgments & Decisions			X		
28. Leadership			X		
29. Operational Economy				X	
30. Supervisory Control					X

SECTION C: ADDITIONAL PERFORMANCE FACTORS EVALUATED
SECTION D: RECORD JOB STRENGTHS, SUPERIOR PERFORMANCE, PROGRESS ACHIEVED, AND CHECKS FROM EXCEEDS STANDARDS COLUMN
Sgt. Boyd has improved his knowledge of his assigned duties. He maintains a good relationship with co-workers and the public. He is able to manage his responsibilities with ease.
SECTION E: EXPLAIN CHECKS FROM NOT SATISFACTORY AND SOME IMPROVEMENT NEEDED COLUMNS
SECTION F: RECORD SPECIFIC GOALS OR IMPROVEMENT PROGRAMS TO BE UNDERTAKEN DURING NEXT EVALUATION PERIOD
Sgt. Boyd has met his goal. He has assisted with the initial phases of OSSI.
Sgt. Boyd's goal for this evaluation period will be to continue to assist with the implementation of OSSI and to assist with the Administrative Sergeant's responsibilities until the position may be filled.

EVALUATOR: I certify this report represents my best judgment.

CADET. [Signature]
(Signature, Title)

10/19/2015
(Date)

REVIEWER:

1. [Signature]
(Signature)

7/24/17
(Date)

EMPLOYEE: (check one)

I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement.

I wish to discuss this report with the Sheriff.

[Signature]
(Signature)



5-3-16
(Date)

2. [Signature]
(Signature)

7/31/17
(Date)

3. _____
(Signature)

(Date)



Employee Maintenance

(circle one)		
ADD	CHANGE	DELETE

Name	[REDACTED]	Employee#	[REDACTED]
Address			
City, State, Zip Code			
Telephone			
Birthdate		Has this person ever been employed by Richland County in the past? Yes or No	
Social Security Number			
Marital Status:			
Sex			
Race			
Title		Class #	
Department Number		Account #	
Munis Org		Object#	
Business Phone Number			
Start Date			
Rehire Date			
Termination Date			

Salary/pay	
Rate/hour	29.1400
Alt Rate/hour	
Longevity Payment	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status _____
 Annual Salary _____
 Signature *[Handwritten Signature]*

Date 2/7/17

NEW RATE _____
 EFFECTIVE 12-15-2016 _____

 Comments _____



Employee Maintenance

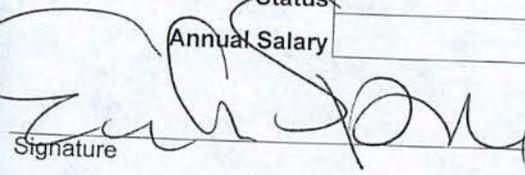
(circle one)		
ADD	CHANGE	DELETE

Name	[REDACTED]	Employee#	[REDACTED]
Address			
City, State, Zip Code			
Telephone			
Birthdate		Has this person ever been employed by Richland County in the past? Yes or No	
Social Security Number			
Marital Status:			
Sex			
Race			
Title		Class #	
Department Number		Account #	
Munis Org		Object#	
Business Phone Number			
Start Date			
Rehire Date			
Termination Date			
Reason for Termination			

Salary/pay	
Rate/hour	28.8000
Alt Rate/hour	
Longevity Payment	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status	
Annual Salary	


Signature

2/7/17
Date

NEW RATE _____
EFFECTIVE 12-17-2015 _____
Comments _____



RICHLAND COUNTY SHERIFF'S OFFICE
J. STEVE SHELDON, SHERIFF
597 Park Ave East • Mansfield, Ohio 44905

Date: 01-05-2017

To: Capt. Sweat

From: [REDACTED]

Subject: REQUEST FOR SECONDARY EMPLOYMENT

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

Name of Employer: Lucas Local Schools

Address of Employer: 84 Lucas North Rd Lucas, OH

Telephone Number: 419-892-2338

Hours of Work: 2-3 hours/day

Days of Week of Employment: 6

Type of Work Performed: JV Baseball coach

Does business have a liquor permit? YES NO Permit #: _____

EMPLOYER - Answer the following questions:

A. Is the officer / employee covered by Worker's Compensation? YES NO

B. Is the officer / employee covered by Liability Insurance? YES NO

Insured by Ohio School Plan

Larry W. Lifer, Lucas.
Signature of Employer

[REDACTED]
Signature of Applicant

Disapproved / Approved CAPT. [Signature] Date: 01/19/2017
Bureau Commander

Disapproved / Approved Sheriff J. Steve Sheldon Date: 1/24/17
Sheriff

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

1105 10 01



Employee Maintenance

(circle one)	
ADD	Change

Name: [Redacted]
 Address: [Redacted]
 City, State, Zip Code: [Redacted]
 Telephone: [Redacted]
 Birthdate: [Redacted]
 Social Security Number: [Redacted]
 Marital Status: [Redacted]
 Sex: [Redacted]
 Race: [Redacted]
 Title: [Redacted]
 Department Number: 350
 Munis Org: 0255 0000
 Business Phone Number: [Redacted]
 Start Date: [Redacted]
 Rehire Date: [Redacted]
 Termination Date: [Redacted]
 Reason for Termination: [Redacted]

Employee#: [Redacted]

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

Class # [Redacted]
 Account # [Redacted]
 Object# 510200

Salary/pay	
Rate/hour	28.41
Alt Rate/hour	
Longevity Payment	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status: [Redacted]
 Annual Salary: [Redacted]

Chris Spiller
 Signature

Date: 12/23/14

EFFECTIVE 12-18-2014

 Comments

OFFICIAL USE ONLY

Medical Premium Amount Bi-Weekly _____
Dental Premium Amount Bi-Weekly _____

DEDUCTIBLE
High _____
Low _____



RICHLAND COUNTY
Enrollment/Change Form

Department Name: RCSO - Law
Employee Number: [REDACTED]

CHECK ONE: OPEN ENROLLMENT NEW HIRE CHANGE

OTHER CHANGES: 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)

Date of Change: 01-01-2016 Date of Hire: 11-29-95 Effective Date: 1-1-16

EMPLOYEE/DEPENDENT DATA

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

ADDRESS: [REDACTED] City: [REDACTED] State: [REDACTED] # of new ID Cards: 2

Marital Status: [REDACTED] DOB: 04-12-1974 Male Female

Selection:	First Name:	Last Name:	Initial:	Social Sec. #	Relationship:	Birth Date:	Age:	Sex:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

BENEFIT SELECTIONS

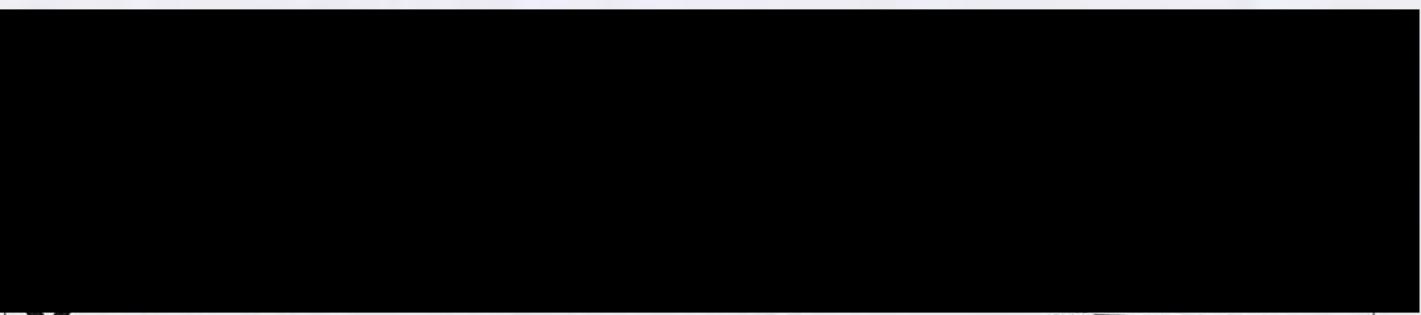
MEDICAL	SINGLE	FAMILY	BUYOUT	DENTAL	ANGLE	IP & 1	FAMILY
[REDACTED]							

I DECLINE dental coverage offered for myself and my eligible dependents.
 I DECLINE medical coverage offered for myself and my eligible dependents.

Authorization: I hereby certify that this information on the application is true and accurate to the best of my knowledge and belief. I realize that any material misstatement, misrepresentation or omission may constitute grounds for voiding or retroactive termination of coverage, and may allow for recovery of claims paid.

SIGNATURE OF EMPLOYEE: [REDACTED] Date: 10-16-15

FLEXIBLE SPENDING



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

SIGNATURE: [REDACTED] Date: 10-16-15



J. Steve Sheldon, Sheriff

*Richland County Sheriff's Office & Civil Division
597 Park Avenue East • 2nd Floor
Mansfield, Ohio 44905
Phone: 419-774-5881 Fax: 419-522-8153
Civil Office: 419-774-3570*

April, 2014

To: Sergeant [REDACTED]

From: Sheriff Sheldon

Congratulations! On April 11, 2014 you successfully met your probationary period as a Patrol Sergeant.

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

Sincerely,


J. Steve Sheldon
Richland County Sheriff



EMPLOYEE NAME: [REDACTED]	ID NUMBER:	WATCH/SECTION A	UNIT #: [REDACTED]
RANK: SERGEANT	EVALUATION PERIOD:	FROM: OCT 2013 TO: APRIL 2014	DATE: 03-10-14

SECTION A: FACTOR CHECK LIST (Check the column that most accurately describes the employee's performance.)	Not Satisfactory	Some Improvement Needed	Meets Standards	Exceeds Standards	Does Not Apply
	1. Observance of Work Hours			X	
2. Attendance			X		
3. Grooming & Dress			X		
4. Compliance with Rules			X		
5. Safety Practices			X		
6. Public Contacts			X		
7. Suspect Contacts			X		
8. Employee Contacts			X		
9. Knowledge of Work			X		
10. Work Judgments			X		
11. Planning & Organizing				X	
12. Job Skill Level			X		
13. Quality of Work			X		
14. Volume of Acceptable Work				X	
15. Meeting Deadlines			X		
16. Accepts Responsibility			X		
17. Accepts Direction			X		
18. Accepts Change			X		
19. Effectiveness Under Stress			X		
20. Appearance of Work Station			X		
21. Operation and Care of Equipment			X		
22. Work Coordination			X		
23. Initiative			X		
SECTION B: FOR EMPLOYEES WHO SUPERVISE OTHERS					
24. Planning & Organizing			X		
25. Scheduling & Coordinating			X		
26. Training & Instructing			X		
27. Effectiveness			X		
28. Evaluating Subordinates			X		
29. Judgments & Decisions			X		
30. Leadership			X		
31. Operational Economy			X		
32. Supervisory Control			X		

SECTION C: ADDITIONAL PERFORMANCE FACTORS EVALUATED

ORIGINAL

SECTION D: RECORD JOB STRENGTHS, SUPERIOR PERFORMANCE, PROGRESS ACHIEVED, AND CHECKS FROM EXCEEDS STANDARDS COLUMN

STEVE IS DOING A GOOD JOB WITH NEW OFFICERS AND WORKING WITH ONLY 3 MOST OF THE TIME WHEN STEVE SEE OFFICER'S NOT CARRYING THEIR PART OF THE WORK HE CORRECTS THE PROBLEM

SECTION E: EXPLAIN CHECKS FROM NOT SATISFACTORY AND SOME IMPROVEMENT NEEDED COLUMNS

REVIEW THE PAPERWORK AND MAKE SURE IT ALL CORRECT

SECTION F: RECORD SPECIFIC GOALS OR IMPROVEMENT PROGRAMS TO BE UNDERTAKEN DURING NEXT EVALUATION PERIOD

IF AND WHEN POSSIBLE NEEDS TO RIDE WITH HIS OFFICER'S NEEDS TO PUT IN FOR FREE SCHOOLS TO BETTER HIMSELF HAVE HIS OFFICER'S PUT IN FOR SCHOOLS TO HELP THEM

EVALUATOR: I certify this report represents my best judgment.

(Signature, Title) (Date)

EMPLOYEE: (check one)

I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement.

I wish to discuss this report with the evaluator.

(Signature) 3-20-14
(Date)

REVIEWER:

1. [Signature] 03/17/2014
(Signature) (Date)

2. MAJON JEWIS 3/24/2014
(Signature) (Date)

3. [Signature] 3/29/14
(Signature) (Date)

4. [Signature] 3/31/14
(Signature) (Date)

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

Department Number: 650
 Employee Number: [REDACTED]

CHECK ONE: OPEN ENROLLMENT NEW HIRE CHANGE Date of Change: _____ Date of Hire: 11-29-95 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)

EMPLOYEE/DEPENDENT DATA

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

DOB: 04-12-74 (Male/Female)

Coverage Selection:	Eligible Dependents	First Name:	Last Name:	Initial:	Social Sec. #	Relationship:	Birth Date:	Sex:
[REDACTED]								

BENEFIT SELECTIONS

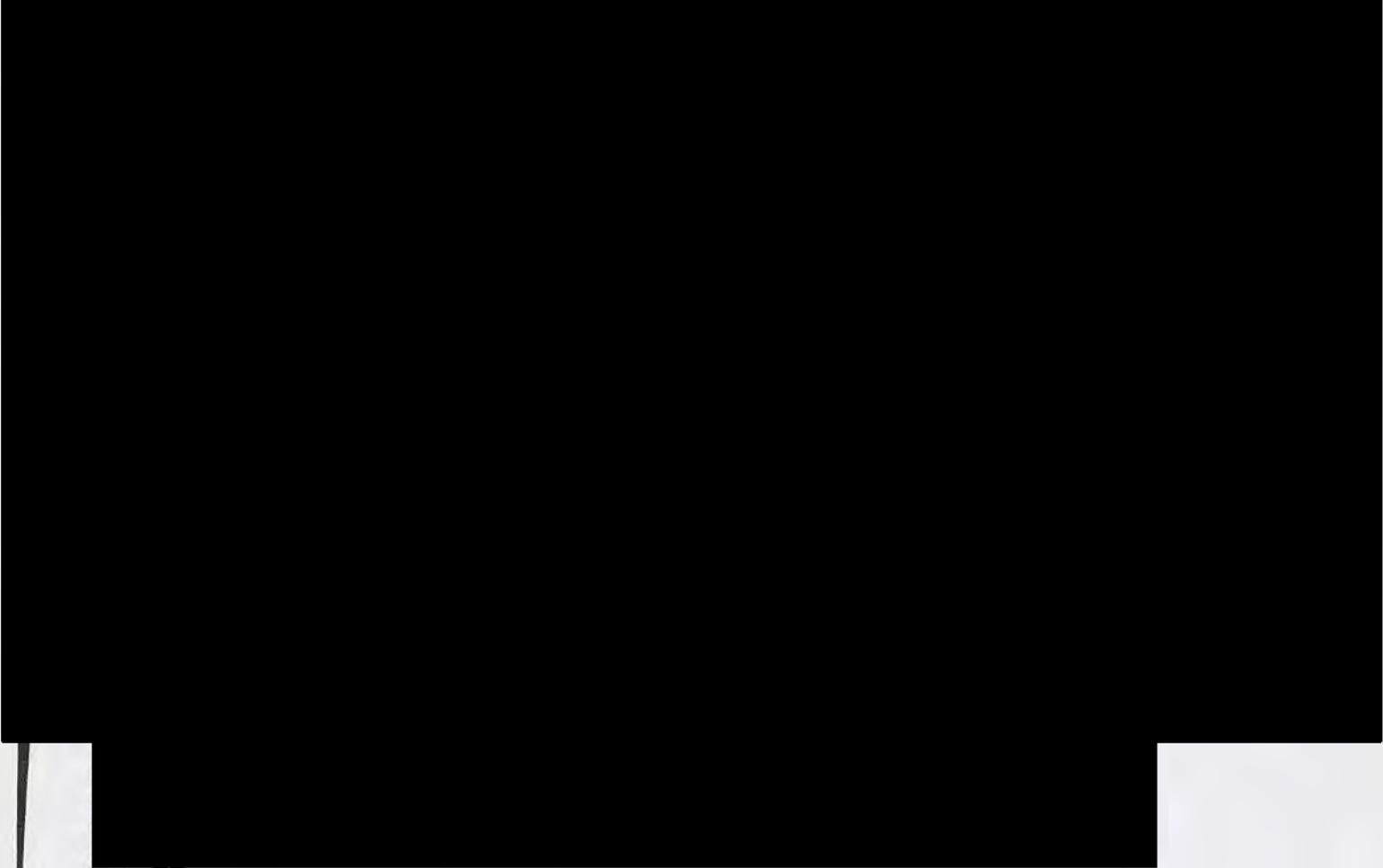
MEDICAL SINGLE FAMILY BUY-OUT **DENTAL** SINGLE EMP & I FAMILY

[REDACTED]

[REDACTED]

Authorization: I hereby certify that this information on the application is true and accurate to the best of my knowledge and belief. I realize that any material misstatement, misrepresentation or omission or fraud, may be grounds for voiding or retroactive termination of coverage, and may allow for recovery of claims paid.

X SIGNATURE OF EMPLOYEE: _____ Date: 10-28-12



FLEX **X** I have been given the opportunity to participate in a Section 125 Flexible Spending Account, but decline participation.
 SIGNATURE _____ DATE 10-28-12

D. Section C: Additional Performance Factors Evaluated—Use this section to provide a narrative evaluation of any Performance Factors that should be evaluated but are not included in Sections A or B.

SECTION C: ADDITIONAL PERFORMANCE FACTORS EVALUATED

E. Section D: Record Job Strengths, Superior Performance, Progress Achieved, and Checks From Exceeds Standards Column—Describe outstanding qualities or performances when check marks are placed in the "Exceeds Standards" column, and record other progress or improvements in performance resulting from employee's efforts to reach previously set goals.

SECTION D: RECORD JOB STRENGTHS, SUPERIOR PERFORMANCE, PROGRESS ACHIEVED, AND CHECKS FROM EXCEEDS STANDARDS COLUMN

F. Section E: Explains Checks from Not Satisfactory and Some Improvement Needed Columns—Describe specific work performance deficiencies or job behavior when check marks are placed in the "Not Satisfactory" and "Some Improvement Needed" columns.

SECTION E: EXPLAIN CHECKS FROM NOT SATISFACTORY AND SOME IMPROVEMENT NEEDED COLUMNS

G. Section F: Record Specific Goals or Improvement Programs To Be Undertaken During Next Evaluation Period. Describe any goals that have been set for the employee to improve job performance. The goals should be realistic and consistent with the employee's abilities.

SECTION F: RECORD SPECIFIC GOALS OR IMPROVEMENT PROGRAMS TO BE UNDERTAKEN DURING NEXT EVALUATION PERIOD

H. Evaluator:

EVALUATOR: I certify this report represents my best judgment.

Signature lines for Evaluator with handwritten signatures and date 05-01-13.

I. Employee: After discussing the Performance Evaluation Report with the Evaluator, the employee shall check the appropriate box and fill in the "Employee Signature" and "Date" portions of this section.

EMPLOYEE:

- Checkboxes for "I certify that this report has been discussed with me." and "I wish to discuss this report with the Sheriff."

Employee signature line with redacted name and date 05-05-13.

J. Reviewer: When the Performance Evaluation Report is forwarded through the chain of command to the Sheriff, each supervisor in that chain of command shall review the report and place their signature on the next blank signature line.

REVIEWER:

Four numbered signature lines for reviewers with handwritten signatures, titles (e.g., LT, CAPTAIN, MAJ, Sheriff), and dates (e.g., 5-11-13, 05/13/13, 05-14-13, 12-08-13).



OHIO PEACE OFFICER TRAINING COMMISSION &

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully completed the advanced training course

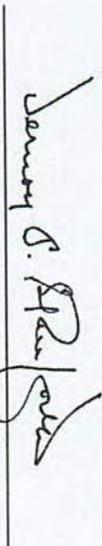
01-004-13-03: First Line Supervision

at the Ohio Peace Officer Training Academy given

November 4 - 7, 2013



Mike DeWine
Attorney General



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Mary E. Davis, Interim Executive Director
Ohio Peace Officer Training Commission

EMPLOYEE NAME: [REDACTED]	ID NUMBER: [REDACTED]	WATCH/SECTION: Training	UNIT #: [REDACTED]
RANK: Training Sergeant	EVALUATION PERIOD: FROM: TO: October 2014 to April 2015		DATE: 04/08/2015

SECTION A: FACTOR CHECK LIST (Check the column that most accurately describes the employee's performance.)	Not Satisfactory	Some Improvement Needed	Meets Standards	Exceeds Standards	Does Not Apply
1. Observance of Work Hours			X		
2. Attendance				X	
3. Grooming & Dress				X	
4. Compliance with Rules			X		
5. Safety Practices			X		
6. Public Contacts			X		
7. Employee Contacts				X	
8. Knowledge of Work			X		
9. Work Judgments			X		
10. Planning & Organizing				X	
11. Job Skill Level			X		
12. Quality of Work			X		
13. Volume of Acceptable Work			X		
14. Meeting Deadlines			X		
15. Accepts Responsibility				X	
16. Accepts Direction				X	
17. Accepts Change			X		
18. Appearance of Work Station			X		
19. Operation and Care of Equipment			X		
20. Work Coordination			X		
21. Initiative			X		
SECTION B: FOR EMPLOYEES WHO SUPERVISE OTHERS					
22. Planning & Organizing				X	
23. Scheduling & Coordinating				X	
24. Training & Instructing			X		
25. Effectiveness			X		
26. Evaluating Subordinates					X
27. Judgments & Decisions			X		
28. Leadership			X		
29. Operational Economy				X	
30. Supervisory Control					X

SECTION C: ADDITIONAL PERFORMANCE FACTORS EVALUATED

[Empty space for additional performance factors]

SECTION D: RECORD JOB STRENGTHS, SUPERIOR PERFORMANCE, PROGRESS ACHIEVED, AND CHECKS FROM EXCEEDS STANDARDS COLUMN

Sgt. [REDACTED] continues to improve his knowledge of his assigned duties. He is on time and has developed a good rapport with fellow employees. His organizational and coordination skills are above average.

SECTION E: EXPLAIN CHECKS FROM NOT SATISFACTORY AND SOME IMPROVEMENT NEEDED COLUMNS

[Empty space for explaining checks from Not Satisfactory and Some Improvement Needed columns]

SECTION F: RECORD SPECIFIC GOALS OR IMPROVEMENT PROGRAMS TO BE UNDERTAKEN DURING NEXT EVALUATION PERIOD

Sgt. [REDACTED] has met his goal. He has identified and implemented changes within his area of responsibilities.

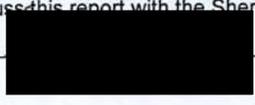
Sgt. [REDACTED]'s goal for this evaluation period will be to assist with the implementation of OSSI and to assist with the Administrative Sergeant's responsibilities until the position may be filled.

EVALUATOR: I certify this report represents my best judgment.

CAPT. *[Signature]*
(Signature, Title) 04/16/2015
(Date)

EMPLOYEE: (check one)

- I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement.
- I wish to discuss this report with the Sheriff.

[Signature] 
(Signature) 04-16-15
(Date)

REVIEWER:

1. MAJOR MBS. 5/5/15
(Signature) (Date)

2. *[Signature]* 5/11/15
(Signature) (Date)

3. _____
(Signature) (Date)

EMPLOYEE NAME: [REDACTED]	ID NUMBER: [REDACTED]	WATCH/SECTION: Training	UNIT #: [REDACTED]
Training Sergeant		EVALUATION PERIOD: FROM: April 2014 TO: October 2014	DATE: 10/07/2014

	Not Satisfactory	Some Improvement Needed	Meets Standards	Exceeds Standards	Does Not Apply
SECTION A: FACTOR CHECK LIST (Check the column that most accurately describes the employee's performance.)					
1. Observance of Work Hours			X		
2. Attendance				X	
3. Grooming & Dress				X	
4. Compliance with Rules			X		
5. Safety Practices			X		
6. Public Contacts			X		
7. Employee Contacts				X	
8. Knowledge of Work			X		
9. Work Judgments			X		
10. Planning & Organizing				X	
11. Job Skill Level			X		
12. Quality of Work			X		
13. Volume of Acceptable Work			X		
14. Meeting Deadlines			X		
15. Accepts Responsibility				X	
16. Accepts Direction				X	
17. Accepts Change			X		
18. Appearance of Work Station			X		
19. Operation and Care of Equipment			X		
20. Work Coordination			X		
21. Initiative			X		
SECTION B: FOR EMPLOYEES WHO SUPERVISE OTHERS					
22. Planning & Organizing				X	
23. Scheduling & Coordinating				X	
24. Training & Instructing			X		
25. Effectiveness			X		
26. Evaluating Subordinates					X
27. Judgments & Decisions			X		
28. Leadership			X		
29. Operational Economy			X		
30. Supervisory Control					X

SECTION C: ADDITIONAL PERFORMANCE FACTORS EVALUATED

SECTION D: RECORD JOB STRENGTHS, SUPERIOR PERFORMANCE, PROGRESS ACHIEVED, AND CHECKS FROM EXCEEDS STANDARDS COLUMN

Sgt. Boyd has taken well to his new position. He is on time and has developed a good rapport with fellow employees. His organizational and coordination skills are above average.

SECTION E: EXPLAIN CHECKS FROM NOT SATISFACTORY AND SOME IMPROVEMENT NEEDED COLUMNS

SECTION F: RECORD SPECIFIC GOALS OR IMPROVEMENT PROGRAMS TO BE UNDERTAKEN DURING NEXT EVALUATION PERIOD

Sgt. Boyd's goal for this evaluation period is to complete a review of our Training Section operation. In doing so, provide a report as to our strengths and deficiencies and implement an action plan to address the deficiencies.

Shelby Police Department
31 Mack Avenue
Shelby, Ohio 44875
419-347-2242
Fax: 419 347-2512



Charles E. Roub, Jr.
Chief of Police

4-8-15

Sheriff J. Steve Sheldon

Re: Court of Appeals visit of 3-17-15

Sheriff,

I wanted to convey to you my utmost appreciation for the assistance provided by your staff in planning, coordinating, providing manpower and communications for a rare visit by the Fifth District Court of Appeals at the Kehoe Center.

Chief Deputy Masi was immediately responsive to my issues and requests and was a catalyst in getting things done. Captain Zehner told me that they would do whatever we wanted and needed by way of support for the event. He even got Dick Miller involved and they provided a MARCS repeater and MARCS radios for all security personnel, once we realized that MARCS, our P25 radios or even cellular telephones would not work inside the basement of the Kehoe Center.

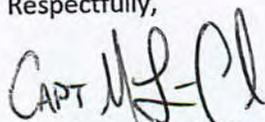
The following deputies were present and assisted us, and they were both easy to work with and exceptionally professional and I hope that you extend our sincere thank you for the assistance they provided:

Chief Deputy Masi
Capt Zehner
Capt Sweat
Sgt [REDACTED]
Sgt Viars
Dep Lantz

I stopped at the event, and even observed Dep Lantz having students remove their hats during the court session. He was very professional and courteous.

It is this type of cooperation in law enforcement that forges strong, positive relationships, and allows us all to get the job done successfully together. Without the assistance of your staff, I am certain that we would not have had a successful event. I am truly and sincerely appreciative of their work. Thank you, and thanks to your staff.

Respectfully,


Capt M. Lance Combs

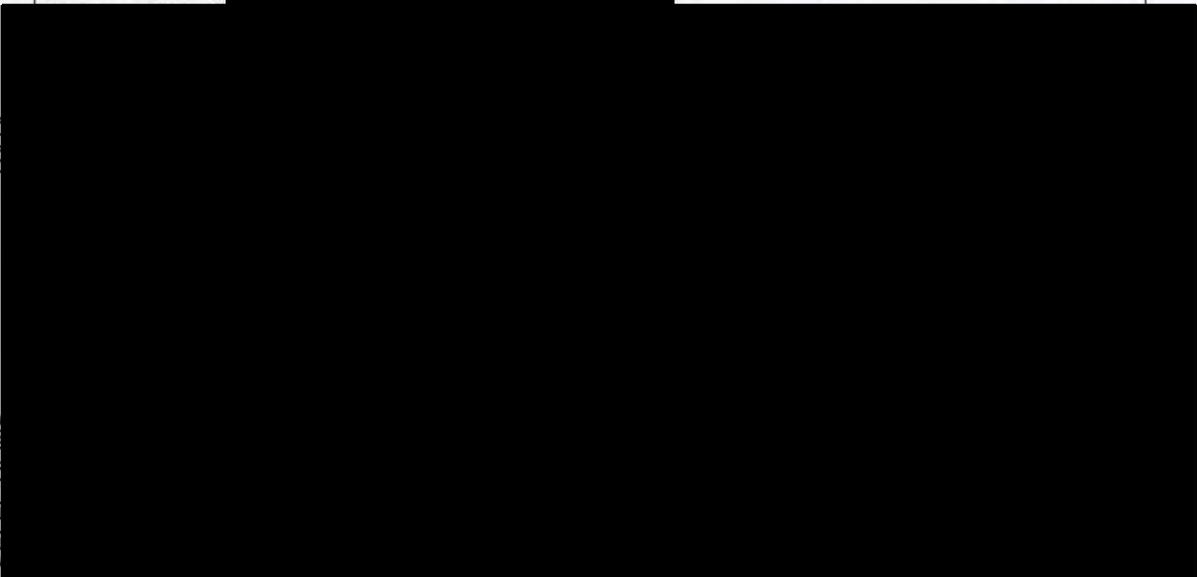
RICHLAND COUNTY Enrollment/Change Form
(use ballpoint pen and press firmly)

Department Number: 0350
Employee Number: [REDACTED]

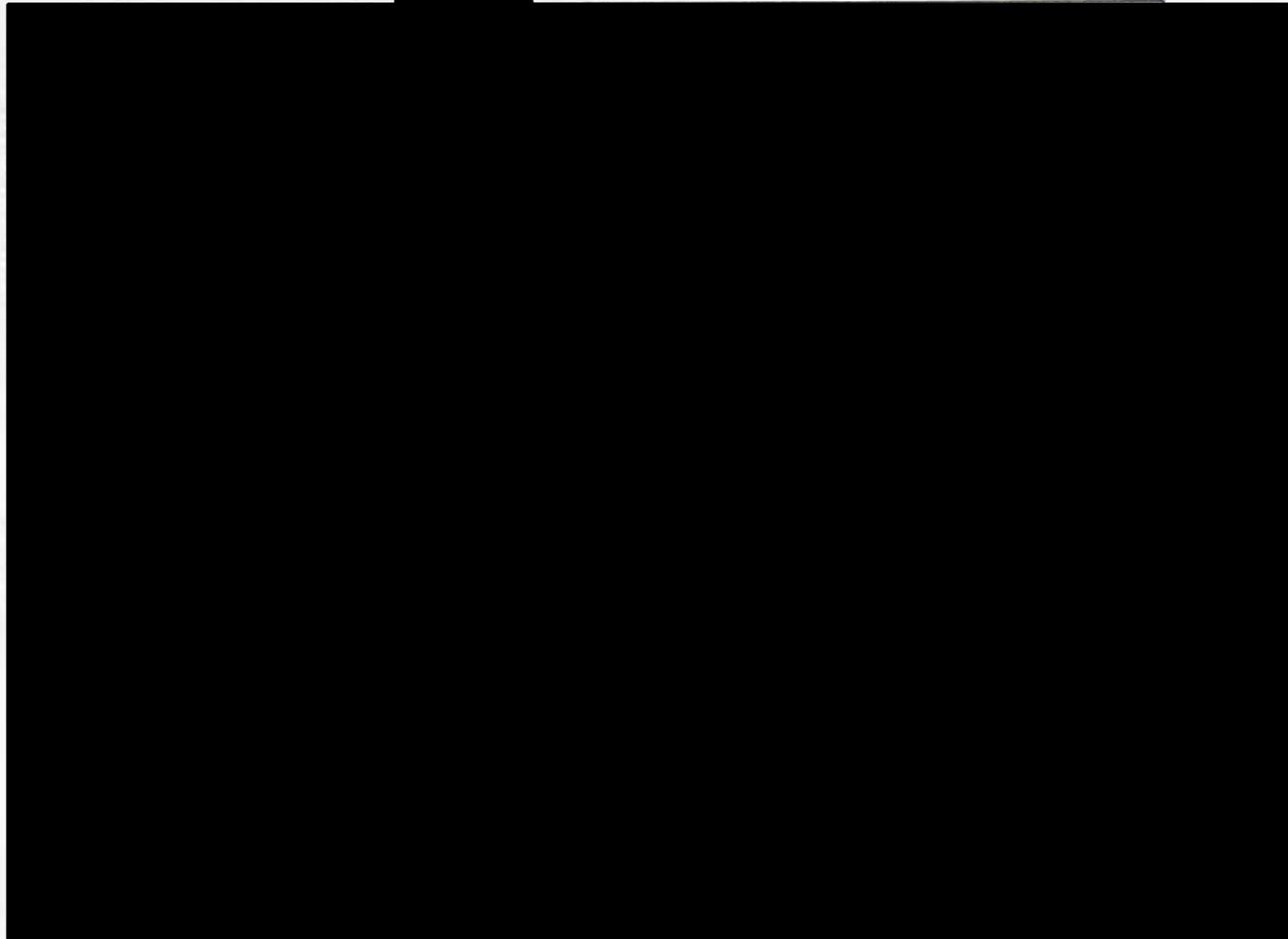
OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE Date of Change:	Date of Hire:	Effective Date:
	<i>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</i>		
	<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous		
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce *If marriage, state previous name		
<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)			

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

EMPLOYEE/DEPENDENT
BENEFIT SELECTIONS



X SIGNATURE OF EMPLOYEE: _____ Date: 10-21-13



FLEXI **X** I have been given the opportunity to participate in the Section 125 Flexible Spending Account, but decline participation.
SIGNATURE _____ DATE 10-21-13

INTER-OFFICE COMMUNICATION

TO:	757	DATE:	08-08-14	
FOR:		EFFECTIVE DATE:		
FROM:	██████	DIVISION:		
SUBJECT:	Flex hours			
REF:	<input checked="" type="checkbox"/> MESSAGE	<input type="checkbox"/> SPECIAL DETAIL	<input type="checkbox"/> ASSIGNMENT	<input type="checkbox"/> INTELLIGENCE INFORMATION

Capt. Sweat,

I will be flexing two days a week for the next four weeks due to dive training in Columbus. I will be working four extra hours on Monday evenings from appx. 1800-2200 hours and then will secure on Friday afternoon at 1200 hours. This will be done following the trainings on the listed dates: August 11th, 18th, 25th and September 8th. If you have any questions please let me know. Thanks.

Sgt. ██████████



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: [REDACTED]
DATE OF PROMOTION: April 11, 2013
TO THE POSITION OF: Sergeant Patrol
SUBJECT: Probationary Period

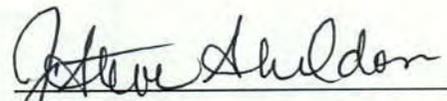
All employees awarded a vacancy shall serve a one-year probation period.

An employee selected shall be considered to have qualified for the position when he/she satisfactorily performs the required duties with proper training by supervision, and when, he/she has completed the appropriate probationary period.

Should an employee not satisfactorily complete the probationary period for a position acquired through job posting, he/she shall be returned to his/her former position with no prejudice.

The probationary reduction shall not be subject to grievance.

OFFICER: Sgt [REDACTED]
DATE: 07-01-13


Steve Sheldon
Richland County Sheriff



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 DEPUTY SHERIFF SERGEANT, TO WHICH I HAVE BEEN APPOINTED ACCORDING TO LAW AND TO THE BEST OF MY ABILITIES.

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

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

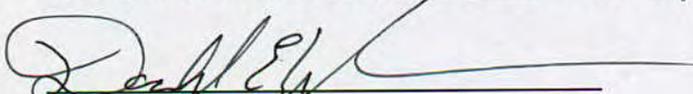


PRINTED NAME OF MEMBER



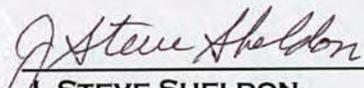
SIGNATURE OF MEMBER

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, IN AND FOR THE COUNTY OF RICHLAND, THIS 11th DAY OF April, 2013.



NOTARY PUBLIC

SWORN TO AND SUBSCRIBED BEFORE ME, SHERIFF, IN AND FOR THE COUNTY OF RICHLAND, THIS 11 DAY OF April, 2013.



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.



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*

COPY

December 5, 2012

This letter is to inform you that [REDACTED] has no pending internal investigations or disciplinary actions by this Agency. This Officer has no Lautenberg Amendment Violations. This agency is aware of and condones this officer's participation in the U.S. Marshals Northern Ohio Violent Fugitive Task Force, and supports this Special Deputation.

Sincerely,

J. Steve Sheldon
Richland County Sheriff



From: [REDACTED]/richland
 To: Adrienne Hoover/richland@Richland

Date: Thursday, September 27, 2012 10:29PM

Subject: Re:

History: This message has been replied to.

Pat G.
 FYI

Hi Adrienne, I didn't know how to do an original email, so I just replied with this one. My home phone number is going to be terminated by Wednesday, **October 3rd**. I will be using my cell phone from now on, [REDACTED] don't know if you have to post it somewhere or what. Thanks. [REDACTED]

----- Adrienne Hoover/richland wrote: -----

To: Jeff Alfrey/richland@Richland, [REDACTED]richland@Richland, Brent Broom/richland@Richland, Robert Caltrider/richland@Richland, Richard Eichinger/richland@Richland, Raymond Frazier/richland@Richland, William Gordon/richland@Richland, Brian Gunder/richland@Richland, Brad Henderson/richland@Richland, Charles Hosey/richland@Richland, Adrienne Hoover/richland@Richland, Gary Kiener/auditor/richland@Richland, Duane Kilgore/richland@Richland, Scott Kotterman/richland@Richland, Joe Lewis/richland@Richland, Bob Mack/richland@Richland, Matt Mayer/richland@Richland, Jeff McBride/richland@Richland, James Nicholson/richland@Richland, John Nicholson/richland@Richland, Bruce Osborn/richland@Richland, Mike Patrlja/richland@Richland, Danny Rogers/auditor/richland@Richland, Dave Satterfield/auditor/richland@Richland, Steve Schivinski/richland@Richland, James Sweat/richland@Richland, James P Sweat/richland@Richland, Mike Viars/richland@Richland, Jeff Winbigler/richland@Richland, Don Zehner/auditor/richland@Richland
 From: Adrienne Hoover/richland
 Date: 08/22/2012 02:54PM
 Subject:

attached is an updated copy of the radio frequencies.

Adrienne Hoover
 Richland County Sheriff's Office
 597 Park Avenue East
 Mansfield, Ohio 44905
 419-774-5608 Main
 419-774-3561 Direct
 419-522-8153 Fax

[attachment "RADIO FREQUENCY.pdf" removed by Steve Boyd/richland]



Employee Maintenance

(circle one)

ADD **Change** Delete

Name [REDACTED]

Address [REDACTED]

City, State, Zip Code [REDACTED]

Telephone [REDACTED]

Birthdate [REDACTED]

ocial Security Number [REDACTED]

Marital Status: [REDACTED]

Sex [REDACTED]

Race [REDACTED]

Title [REDACTED]

Department Number 350

Business Phone Number [REDACTED]

Start Date [REDACTED]

Rehire Date [REDACTED]

Termination Date [REDACTED]

Employee # [REDACTED]

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

Account # [REDACTED]

Salary/pay [REDACTED]

Rate/hour [REDACTED]

Alt Rate/hour [REDACTED]

Wage Factor [REDACTED]

Annual Hours [REDACTED]

Shift [REDACTED]

Full/Part [REDACTED]

STRS [REDACTED]

PERS [REDACTED]

Direct Dep. Route # [REDACTED]

Direct Dep. Account # [REDACTED]

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Status [REDACTED]

Annual Salary [REDACTED]

Employee to receive 17.31 hrs. from line
 item #337, 62.69 hrs. from line item #3502

Pat Mallory
Signature

07-03-12
Date

Comments

COPY

From: Steve Sheldon/auditor/richland
To: Steve Sheldon/auditor/richland@Richland

Date: Wednesday, May 30, 2012 09:45AM
Subject: Union Day

Sheriff,

I hereby request a union day for myself and deputies Bruce Osborn, Joe Lewis and [REDACTED]
Thank you deputy Nicholson #748.

for Thursday 5-31-12 →

Approved
JH 701

INTER-OFFICE COMMUNICATION

TO:	Major Fortney	DATE:	04-03-12
FOR:		EFFECTIVE DATE:	04-08-12
FROM:	Deputy [REDACTED]	DIVISION:	Patrol
SUBJECT:			
REF:	<input checked="" type="checkbox"/> MESSAGE <input type="checkbox"/> SPECIAL DETAIL <input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> INTELLIGENCE INFORMATION		

Major Fortney,

In reference to our conversation, the date that I will be starting A-Watch is 04-08-12. Both A-Watch and C-Watch supervisors have been advised of this as well, and this will require no overtime on any shift. Once this is signed by you, it will need to be forwarded to Pat Galliway for payroll purposes. Thank you.

Deputy [REDACTED]

[Handwritten signature]
[REDACTED]

OK

702

INTER-OFFICE COMMUNICATION

TO:	Pat Galliway	DATE:	04-02-12
FOR:		EFFECTIVE DATE:	
FROM:	Deputy [REDACTED]	DIVISION:	
SUBJECT:			
REF:	<input checked="" type="checkbox"/> MESSAGE <input type="checkbox"/> SPECIAL DETAIL <input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> INTELLIGENCE INFORMATION		

Pat,

Myself and Deputy Gunder are going to trade shifts, if approved by the supervisors and Major Fortney, on 04-12-12. I will be going to A-Watch and Gunder will be staying on B-Watch. This trade will last until 05-24-12. In this trade I will be switching rotations, and may have to work 8 days in a row and just wanted to make sure I had that right and wasn't messing something up. I am going to request from Major Fortney that I start A-Watch after my RDO's on 04-06-12 and 04-07-12, to avoid working C-Watch on 04-11-12, then having to work A-Watch on 04-12-12. If you could let me know as far as the days of work that I will need, just to double check myself, I'd appreciate it. As soon as I have confirmation on the trade as well as the request for the early switch, I'll let you know. Thanks. If it helps you check the days of work, I will be going to Sgt. Gordon's rotation.

Deputy [REDACTED]

Deputy [REDACTED]

INTER-OFFICE COMMUNICATION

TO: A-Watch & B-Watch Supervisor	DATE: 04-02-12
FOR:	EFFECTIVE DATE: 04-12-12
FROM: Deputy [REDACTED] & Gunder	DIVISION: Patrol
SUBJECT:	
REF: <input checked="" type="checkbox"/> MESSAGE <input type="checkbox"/> SPECIAL DETAIL <input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> INTELLIGENCE INFORMATION	

Myself and Deputy Gunder would like to trade shifts for approximately 6 weeks. The trade would go into effect on 04-12-12, which is the shift change, with this officer going to A-Watch and Deputy Gunder staying on B-Watch. The trade would end on 05-24-12, with each officer going to their respective shifts. I will be typing up paperwork to give to Major Fortney for his approval, as well as, Pat Gallaway for payroll purposes. If you have any questions please contact myself or Deputy Gunder. Thank you.

Deputy [REDACTED] & Deputy Gunder #752

OK *[Signature]* 4/2/12

OK SGT. *[Signature]* #757 04/02/2012

OK *[Signature]* #701

INTER-OFFICE COMMUNICATION

COPY
(TO PAT GALLAGHER)

TO: Sgt. Viars and Sgt. Nicholson DATE: 12-15-11
FOR: EFFECTIVE DATE: 01-02-12
FROM: Deputy [REDACTED] DIVISION:
SUBJECT:
REF: MESSAGE SPECIAL DETAIL ASSIGNMENT INTELLIGENCE INFORMATION

Sgt. Viars and Sgt. Nicholson,

I will be switching my day off from 01-03-12 to 01-02-12. I have jury selection this date and will schedule myself 0800-1600 hrs on 01-03-12. If I get excused from the jury, I will finish working the rest of my shift this date. If you have any questions please let me know. Thanks.

Deputy [REDACTED]

Deputy [REDACTED]

INTER-OFFICE COMMUNICATION

TO: PAG

DATE: 11-2-11

FOR:

EFFECTIVE DATE:

FROM: [REDACTED]

DIVISION:

SUBJECT:

REF: MESSAGE SPECIAL DETAIL ASSIGNMENT INTELLIGENCE INFORMATION

PAG,

I WORKED A STEP GRANT ON 10-31-11 FROM 1900-2300 HOURS. I HAD DEPUTY GUNDER WORK FROM 2200-2300 HOURS FOR ME TO AVOID USING ANY COMP TIME. THERE SHOULD HAVE BEEN A COPY PLACED IN YOUR MAILBOX, BUT I'M ASSUMING YOU DIDN'T RECEIVE IT. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME. THANKS.

DEPUTY [REDACTED]

Deputy
[REDACTED]

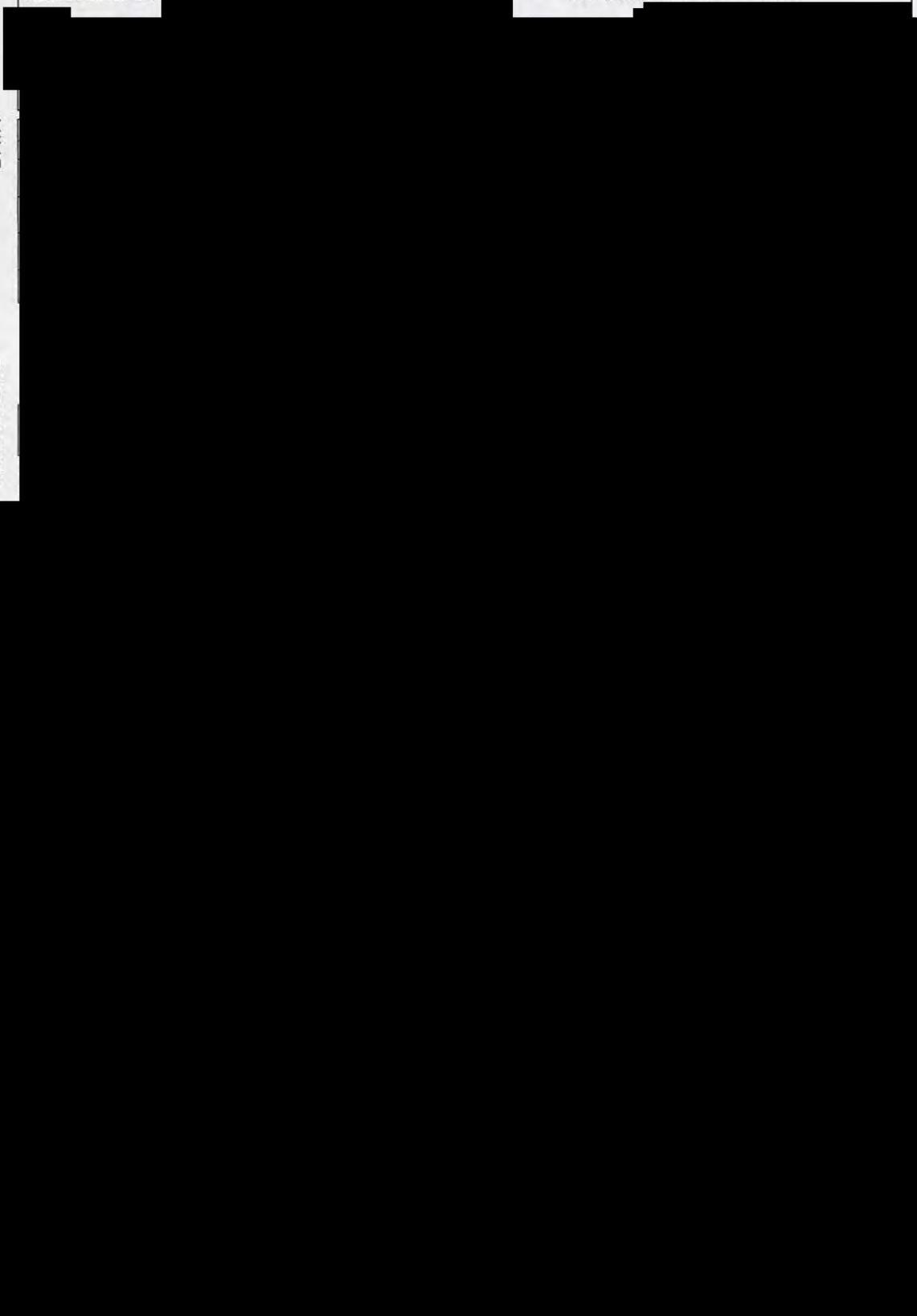
RICHLAND COUNTY Enrollment/Change Form
(use ballpoint pen and press firmly)

Department Number: 0350
Employee Number: [REDACTED]

CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE		11-29-95	01-01-12
<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous			
<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce *If marriage, state previous name			
<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)			

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

EMPLOYEE/DEPENDENT DATA
BENEFIT SELECTIONS



COPY

FLEXIBLE SIGNATURE _____ DATE _____
I have been given the _____ Section 125 Flexible Spending Account, but decline participation.
SIGNATURE _____ DATE 10-31-11

Richland County Sheriffs Office
55 E. 2nd street
Mansfield, Ohio 44904

March,2001

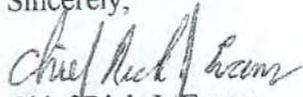
Dear Employer,

This is to formally notify you that, [REDACTED] is a member of the Monroe Twp./ Lucas Fire Department as a volunteer firefighter/ EMT. Pursuant to HB203 that takes effect on March 15, 2001, I am notifying you of his/her status. HB 203 in part reflects the following change to the Ohio Revised Code:

To enact section 4113.41 of the Revised Code to prohibit an employer from terminating an employee who is a volunteer firefighter or volunteer provider of emergency medical services when that employee misses or is late to work because of an emergency to which the employee was dispatched as a volunteer firefighter or volunteer provider of emergency medical services.

Thank you for your support in this matter as we continue to attempt to provide for the emergency needs of citizens in our area.

Sincerely,


Chief Rick J. Evans

4113.41 Absence by volunteer firefighter or emergency medical services provider.

(A) No employer shall terminate an employee who is a member of a volunteer fire department, or who is employed by a political subdivision of this state as a volunteer firefighter, or who is a volunteer provider of emergency medical services because that employee, when acting as a volunteer firefighter or a volunteer provider of emergency medical services, is absent from or late to the employee's employment in order to respond to an emergency prior to the time the employee is to report to work. An employer may charge any time that an employee who is a volunteer firefighter or a volunteer provider of emergency medical services loses from employment because of the employee's response to an emergency against the employee's regular pay.

(B) An employee who is a volunteer firefighter or volunteer provider of emergency medical services shall do all of the following:

(1) Not later than thirty days after receiving certification as a volunteer firefighter or a volunteer provider of emergency services, submit to the employee's employer a written notification signed by the chief of the volunteer fire department with which the employee serves, or the medical director or chief administrator of the cooperating physician advisory board of the emergency medical organization with which the employee serves, to notify the employer of the employee's status as a volunteer firefighter or volunteer provider of emergency services;

(2) Make every effort to notify the employee's employer that the employee may report late to or be absent from work due to the employee's dispatch to an emergency.

If notification of dispatch to an emergency cannot be made either due to the extreme circumstances of the emergency or the inability to contact the employer, then the employee shall submit to the employee's employer a written explanation from the chief of the volunteer fire department with which the employee serves, or the medical director or chief administrator of the cooperating physician advisory board of the emergency medical service organization with which the employee serves, as applicable, to explain why prior notice was not given.

(C) At the employer's request, an employee who loses time from the employee's employment to respond to an emergency shall provide the employer with a written statement from the chief of the volunteer fire department or the medical director or chief administrator of the cooperating physician advisory board of the emergency medical service organization, as applicable, stating that the employee responded to an emergency and listing the time of that response.

(D) An employee who is a member of a volunteer fire department, or who is employed by a political subdivision of this state as a volunteer firefighter, or who is a volunteer provider of emergency medical services shall notify that employee's employer when the employee's status as a volunteer firefighter or volunteer provider of emergency medical services changes, including when the employee's status as a volunteer firefighter or volunteer provider of emergency medical services is terminated.

(E) If an employer purposely violates division (A) of this section, the employee may bring a civil action for reinstatement to the employee's former position of employment, payment of back wages, and full reinstatement of fringe benefits and seniority rights. An action to enforce this section shall be commenced within one year after the date of the violation in the court of common pleas of the county where the place of employment is located.

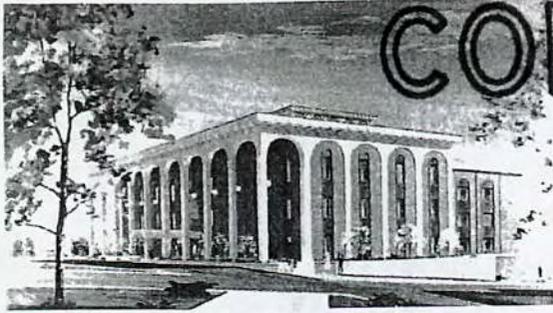
(F) As used in this section:

(1) "Emergency" means going to, attending to, or coming from a fire, hazardous or toxic materials spill and cleanup, medical emergency, or other situation that poses an imminent threat of loss of life or property to which the fire department or provider of emergency medical services has been or later could be dispatched.

(2) "Emergency medical services" and "emergency medical service organization" have the same meanings as in section 4765.01 of the Revised Code.

(3) "Volunteer firefighter" has the same meaning as in section 146.01 of the Revised Code.

Effective Date: 03-05-2001



Richland County Courthouse

**OFFICE OF THE PROSECUTOR
RICHLAND COUNTY, OHIO**

JAMES J. MAYER, JR.

38 South Park - Second Floor

Mansfield, Ohio 44902

Phone: (419) 774-5676

Fax: (419) 774-5589

June 9, 2011

Sheriff Steve Sheldon
Richland County Sheriff's Dept.
597 Park Avenue East, 2nd Floor
Mansfield, Ohio 44905

Dear Sheriff Sheldon:

You have asked whether Ohio Revised Code Section 124.1310 applies to county employees. The answer is no. This section of law only applies to state employees and there are no analogous statutes for county employees.

Should you have any further questions or concerns, please contact me.

Sincerely,

NANCY H. MASSIE

Assistant Prosecuting Attorney

NHM/adc

COPY

OFFICE OF THE PROSECUTOR
RICHLAND COUNTY, OHIO



Richland County Courthouse

JAMES J. MAYER, JR.

**38 South Park - Second Floor
Mansfield, Ohio 44902
Phone: (419) 774-5676
Fax: (419) 774-5589**

June 9, 2011

Sheriff Steve Sheldon
Richland County Sheriff's Dept.
597 Park Avenue East, 2nd Floor
Mansfield, Ohio 44905

Dear Sheriff Sheldon:

You have asked whether Ohio Revised Code Section 124.1310 applies to county employees. The answer is no. This section of law only applies to state employees and there are no analogous statutes for county employees.

Should you have any further questions or concerns, please contact me.

Sincerely,

NANCY H. MASSIE
Assistant Prosecuting Attorney

NHM/adc

INTER-OFFICE COMMUNICATION

ORIGINAL

TO: MAJOR DALE FORTNEY DATE: 04-25-11
FOR: ABOVE EFFECTIVE DATE: 04-25-11
FROM: CAPTAIN NJ BAKER DIVISION: PATROL
SUBJECT: DEPUTY ██████████ SICK LEAVE
REF: MESSAGE SPECIAL DETAIL ASSIGNMENT INTELLIGENCE INFORMATION

ON FRIDAY APRIL 22, 2011 AT 1520 HOURS, THIS OFFICER MET WITH DEPUTY ██████████ IN REGARDS TO HIS SICK LEAVE USAGE FOR THE FOLLOWING:

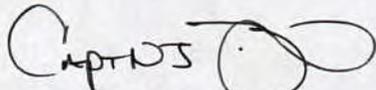
05/29/10	SATURDAY	WITH TIME OFF
10/18/10	MONDAY	WITH TIME OFF
11/21/10	SUNDAY	WITH TIME OFF
03/06/11	SUNDAY	WITH TIME OFF

DEPUTY ██████████ WAS ABLE TO BRING IN SICK LEAVE EXCUSES FOR THE FOLLOWING DATES:

DEPUTY ██████████ WAS ON HIS (4) DAY OFF DURING 05-25-10 THROUGH 05-28-10. DEPUTY ██████████ WAS SEEN BY DR. THOMAS R. SAWYER ON 05-27-10. DEPUTY ██████████ PRESENTED AN EXCUSE SHOWING THAT HE WAS SEEN BY A PHYSICIAN.

DEPUTY ██████████ WAS SEEN BY DR. SAWYER ON FRIDAY NOVEMBER 19 AND WEDNESDAY NOVEMBER 24. DEPUTY ██████████ WAS ON HIS REGULAR DAYS OFF ON NOVEMBER 19 AND 20. DEPUTY ██████████ WAS OFF SICK ON SUNDAY NOVEMBER 21, 2010 WHICH IS COVERED BY THE SICK LEAVE EXCUSE BY DR. SAWYER.

DEPUTY ██████████ SHOULD BE REMOVED OFF THE RICHLAND COUNTY SHERIFF'S OFFICE SICK LEAVE ABUSE LIST. DEPUTY ██████████ HAS TWO REMAINING INCIDENCES OF SICK LEAVE IN CONJUNCTION WITH HIS DAYS OFF. DEPUTY ██████████ WAS COUNSELED REGARDING THE COUNTY'S SICK LEAVE POLICY.


CAPTAIN NJ BAKER

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

Department Number: 0350
Employee Number: [REDACTED]

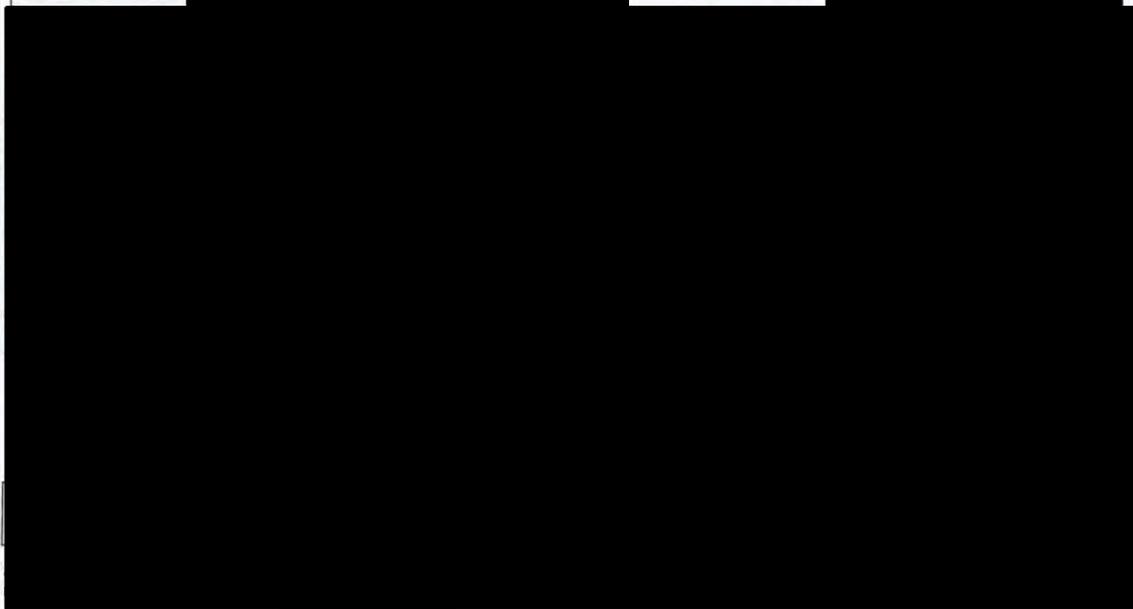
OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire: <u>11-29-95</u>	Effective Date: <u>01-01-11</u>
	<i>CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE</i>			
	<input type="checkbox"/> CHANGE NAME/ADDRESS, state previous			
	<input type="checkbox"/> ADD/CANCEL DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce *If marriage, state previous name			
<input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status <input type="checkbox"/> Other (explain)				

COPY

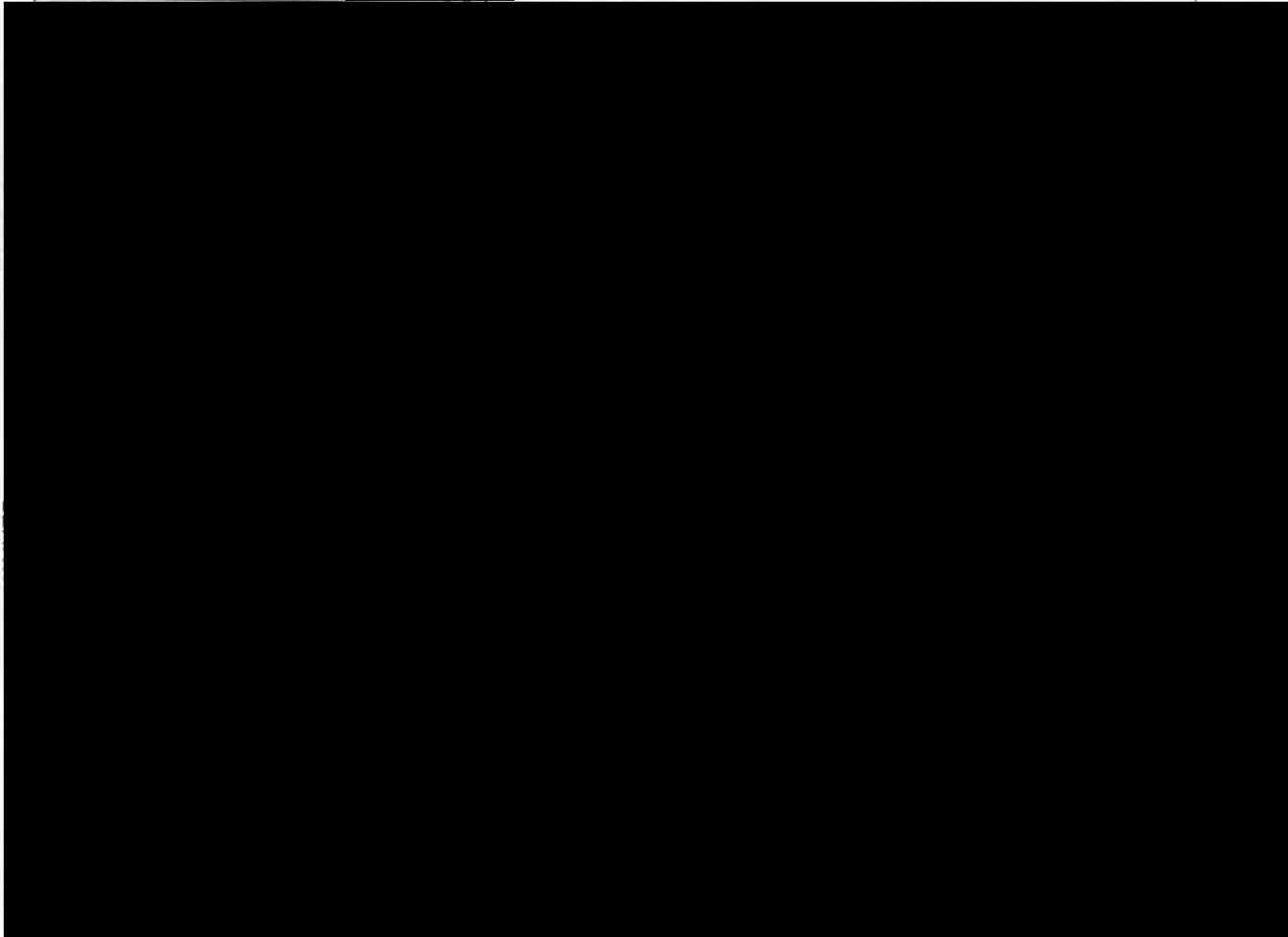
EMPLOYEE/DEPENDENT DATA

BENEFIT SELECTIONS

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



SIGNATURE OF EMPLOYEE: _____ Date: 10-28-10



FLEX

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

SIGNATURE _____ DATE 10-28-10

INTER-OFFICE COMMUNICATION

ORIGINAL

TO: CAPT. BAKER AND SGT. ZEHNER DATE: 02-21-11
FOR: EFFECTIVE DATE: 03-11-11
FROM: DEPUTY [REDACTED] DIVISION:
SUBJECT:
REF: MESSAGE SPECIAL DETAIL ASSIGNMENT INTELLIGENCE INFORMATION

721 AND 711,

I AM REQUESTING THAT ON 03-11-11 I CHANGE MY HOURS OF WORK TO 0800-1600 HRS. I WAS REQUESTED BY THE LUCAS SCHOOLS FIFTH GRADE TEACHER TO COME IN AND TALK WITH THE TWO CLASSES ABOUT DRINKING AND SHOWING THEM A MOVIE. AS THE LUCAS DEPUTY, I DID THIS EVERY YEAR WITH THE CLASS. THE FIRST CLASS WILL BE FROM ABOUT 0900 TO 1015 HRS. AND THE SECOND CLASS FROM APPX. 1300 TO 1415 HRS. THIS OFFICER WILL WEAR NORMAL UNIFORM AND HANDLE CALLS WHILE NOT AT THE SCHOOL. THE TEACHER HAS ALSO ASKED IN APPX. 3 TO 4 WEEKS AFTER THAT IF I CAN COME IN AND DO THE SAME WITH TOBACCO USE. IF YOU COULD LET ME KNOW AS SOON AS POSSIBLE SO I CAN LET MISS CROUSE KNOW, I WOULD APPRECIATE IT. THANK YOU.

DEPUTY [REDACTED]

Deputy [REDACTED]

2/23/11

ok: CAPT J. Baker 02-22-11 1430hrs.



Employee Maintenance

ADD	(circle one) Change	Delete
-----	-------------------------------	--------

Name

Address

City, State, Zip Code

Telephone

Birthdate

ocial Security Number

Marital Status:

Sex

Race

Title

Department Number

Business Phone Number

Start Date

Rehire Date

Termination Date

Employee#

Salary/pay

Rate/hour

Alt Rate/hour

Wage Factor

Annual Hours

Shift

Full/Part

STRS

PERS

Direct Dep. Route #

Direct Dep. Account #

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

Reason for Termination	<input type="text"/>			
TAXES	Code	Dep	TY	Add On
Federal				
State				
City				
Status	<input type="text"/>			
Annual Salary	<input type="text"/>			

Account #

Pay salary out of line item #337.5237.510200

Comments

Signature *Jel M. Jones*

Date 10/27/10

28.

--



DOH: 11-29-95		Deputy Status 2-4-99			land County Payroll Form			
Pay Period	Date Paid	Gross Amount			Additional		HOLIDAYS WORKED	
		Regular	COR. PAY	OVERPAY	HOLIDAY	COR HOL PAY		OVERPAY
1	01/01/10	1,276.84						
2	01/15/10	1,947.59	1,877.54	70.05				
3	01/29/10	1,947.59	1,877.54	70.05				
4	02/12/10	1,947.59	1,877.54	70.05				
5	02/26/10	1,947.59	1,877.54	70.05				
6	03/12/10	1,947.59	1,877.54	70.05				
7	03/26/10	1,947.59	1,877.54	70.05				
Y.T.D.				420.30			\$ 420.30	
							TOTAL OVERPAYED	

INTER-OFFICE COMMUNICATION

E

ORIGINAL

TO: SGT. NICHOLSON

DATE:

FOR:

EFFECTIVE DATE: 10-6-10

FROM: DEPUTY [REDACTED]

DIVISION: PATROL

SUBJECT:

REF: MESSAGE SPECIAL DETAIL ASSIGNMENT INTELLIGENCE INFORMATION

SGT. NICHOLSON,

I WILL BE WORKING FROM 1000-1800 HOURS ON 10-6-10. THIS IS DONE TO WORK ON A FOLLOW-UP AT THE MADISON JR. HIGH SCHOOL. THANK YOU.

DEPUTY [REDACTED]

Sgt. Nichol 712

ok: *Capt WJ*

10-06-10



J. Steve Sheldon, Sheriff

Richland County Sheriff's Office & Civil Division

597 Park Avenue East • 2nd Floor

Mansfield, Ohio 44905

Phone: 419.774.5881 Fax: 419.522.8153

Civil Office: 419.774.3570

March 18, 2010

To: [REDACTED]

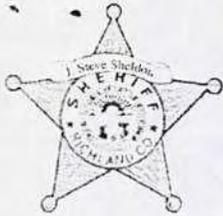
It is with sincere regret that I am informing you that it has become necessary to lay you off from your position of Deputy Sheriff with the Richland County Sheriff's Office effective April 9, 2010.

Sincerely,

A handwritten signature in cursive script that reads "J. Steve Sheldon".

J. Steve Sheldon
Richland County Sheriff

[REDACTED] 03-22-10



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

I, [REDACTED], do hereby agree to waive my right to a twenty-one (21) day lay-off notice and have my lay-off effective March 30, 2010.

I, _____, do not wish to waive my twenty-one (21) day lay-off notice and my lay-off will be effective April 8, 2010.

[REDACTED] e

03-25-10
Date

[REDACTED]
- 112 Hours
- will come in

Pending on COBRA

Richland County Jail

73 East Second Street • Mansfield, Ohio 44902
Phone: 419.774.5678 Fax: 419.774.5646





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

DATE: April 5, 2010

TO: Bookkeeping Department
Richland County

FROM: J. Steve Sheldon, Sheriff
Richland County

RE: [REDACTED] - Lay Off

[REDACTED] began employment with the Richland County Sheriff's Office on 11-29-95 and laid off on 03-30-10.

Therefore he is entitled to the following for the pay period of 03-18-10 through 03-30-10:

Regular Hours	72.00
Overtime Hours	0.00
Holiday Hours -	8.00
Personal Days -	16.00
RATO Days -	16.00
Comp Time Hours -	82.33
Vacation Hours	81.56
Sick Leave Hours	0.00
SICK LEAVE FOR RECORD ONLY	835.44

Your assistance in this matter is appreciated.

Sincerely,

J. Steve Sheldon, Sheriff
Richland County



LAY ¹⁵ 03-18-09 RECALLED 08-16-09

D.O.H. 11-29-95

LAY-OFF 03-30-10

22.4692 Reg HRS: 72 = \$1689.78 (\$23.4692 R70)

OT HRS:

23.6449 Holiday: 8 HRS ^{PRESIDENTS DAY} \$194.76 (\$24.3449 R70)

PERSMAL: 16 HRS \$389.52

RATO: 16 HRS \$389.52

COMP: 82.33 HRS \$2004.32

COMP BALANCE as of 12-31-09: 20.83 HRS

COMP BALANCE as of 01-01-10: 68.83 HRS

VACATION 81.56 HRS \$1985.57

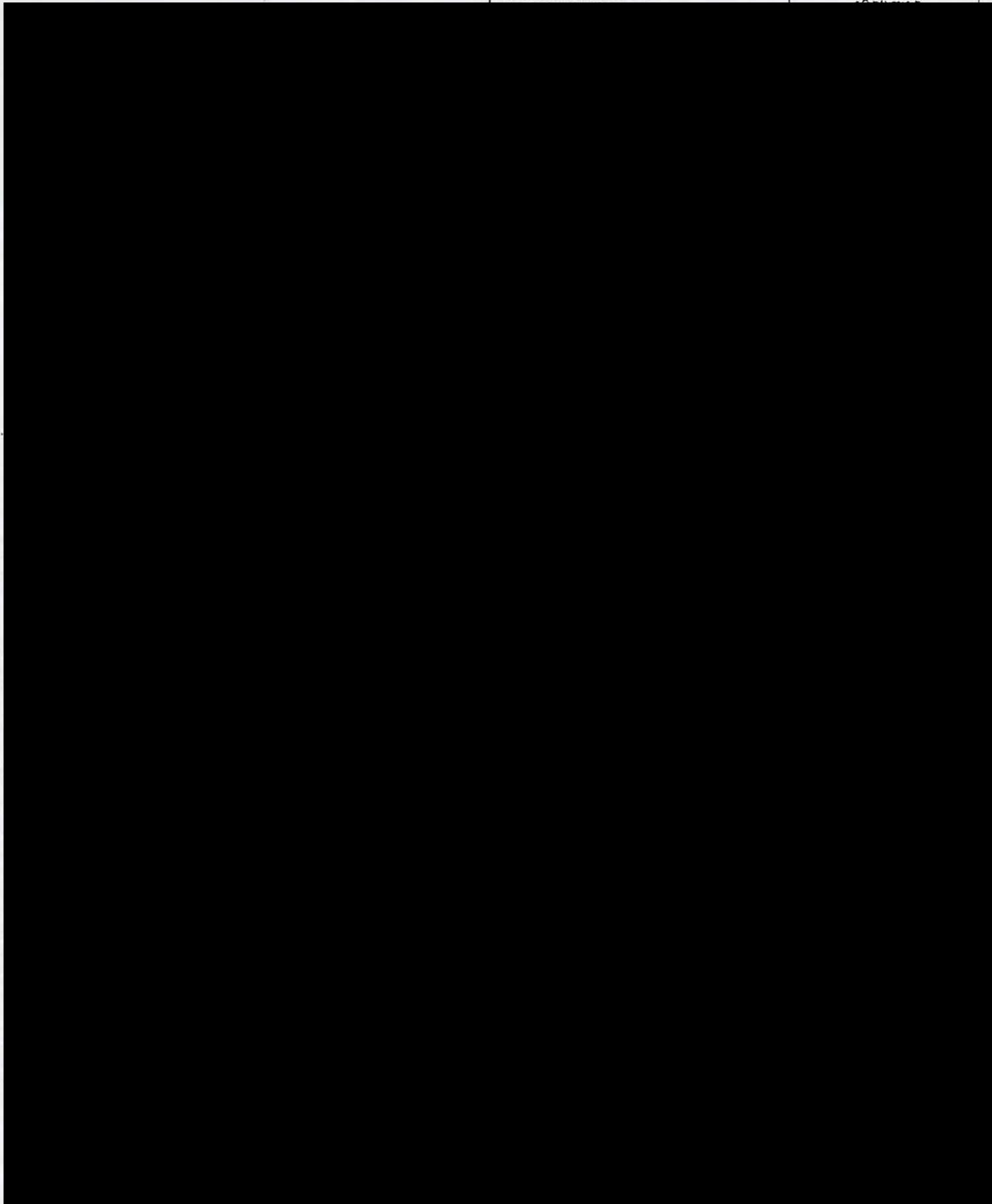
SICK FOR RECORD ONLY: 838.44

used 32 hrs sick leave this day

ALL MONIES PAID OUT
OF Line Item 350

Group Insurance Change Report

American United Life Insurance Company
One American Square, P.O. Box 6123
Indianapolis, IN 46206-6123
(800) 553-5318 Telephone



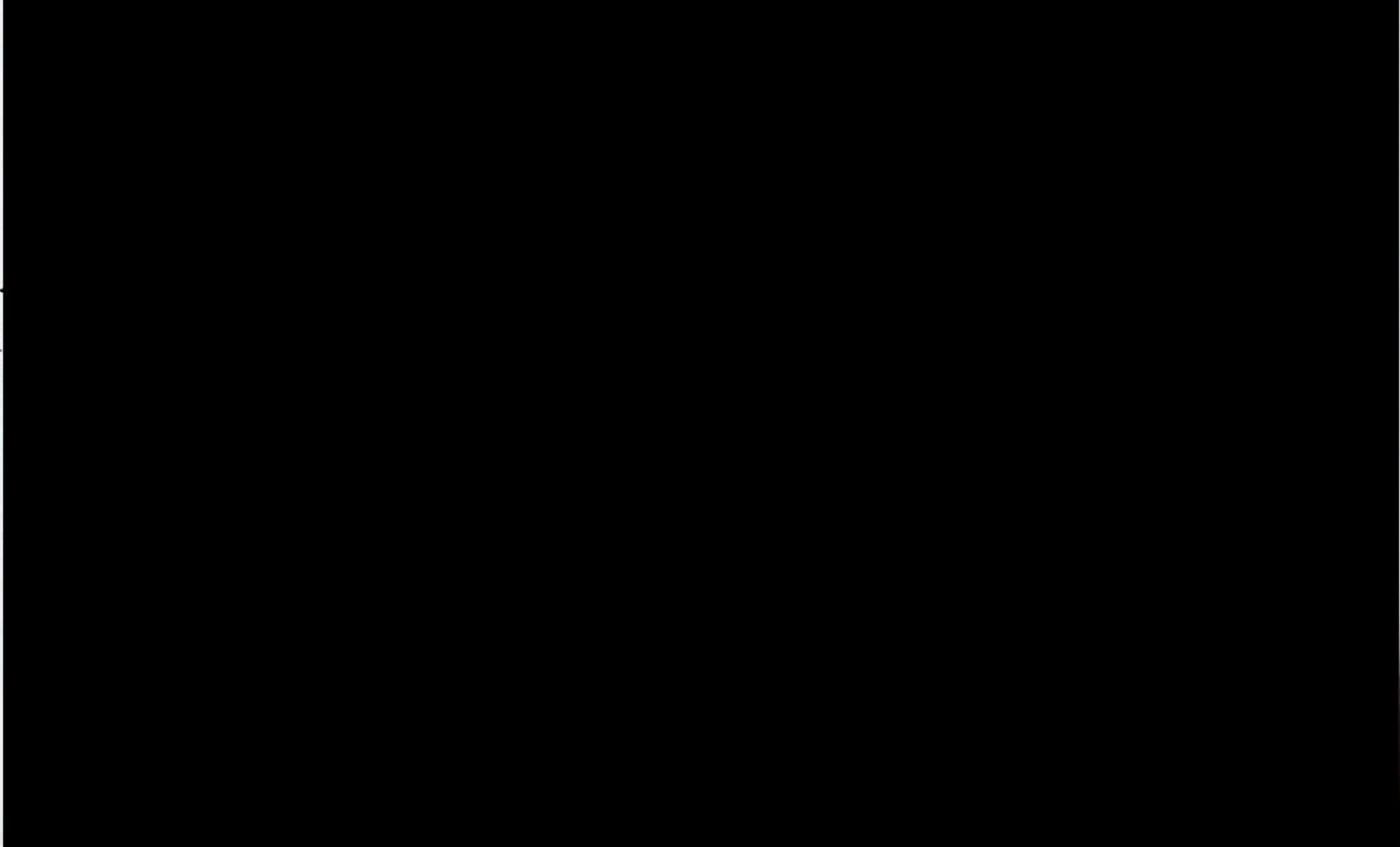
Anthem

GROUP NAME: Richland County Employee Benefit Plan



CHECK ONE

DEPARTMENT/AGENCY: Richland County Sheriff's Office



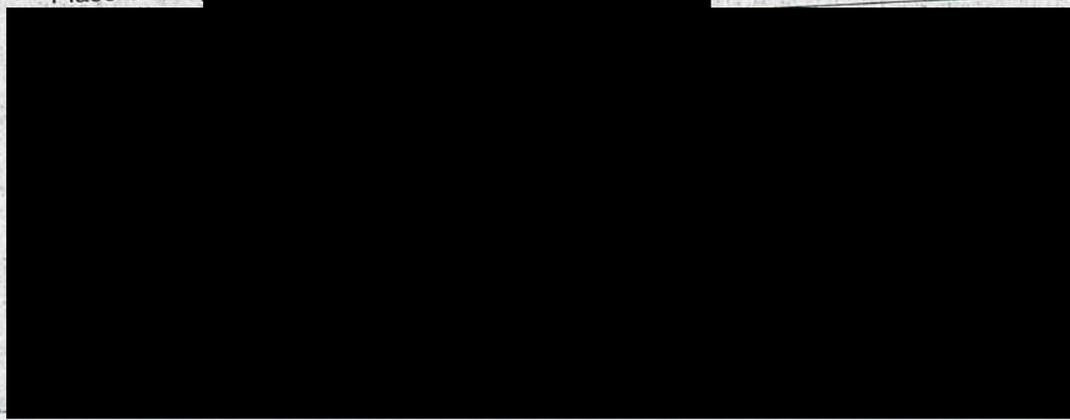


AUTHORIZATION FOR DUES DEDUCTION
FRATERNAL ORDER OF POLICE, OHIO LABOR COUNCIL, INC.
222 E. Town St., Columbus, Ohio 43215
1-800-FOP-OLCI

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 Employment RICHLAND COUNTY SHERIFF'S OFFICE





RICHARD CORDRAY

OHIO ATTORNEY GENERAL

NOTICE OF PEACE OFFICER APPOINTMENT/TERMINATION (mark appropriate box)

Appointment Appointment Status Change (e.g., reserve to full/parttime) Termination Correction to Record - highlight correction(s)

Personal Information Disclosure Statement - Pursuant to the Federal Privacy Act (Public Law 93-579), notice is hereby given for the request of personal information. The Ohio Peace Officer Training Commission and Academy require personal information for the purpose of accurately recording training, agency/school affiliation, and testing information. Your Social Security Number will not be disclosed to individuals or agencies except in accordance with state and federal law and policy of the Ohio Peace Officer Training Commission and the Office of the Attorney General of the State of Ohio. Failure to provide any of the requested information may result in an incomplete training record and certain services may be delayed.

INSTRUCTIONS

- Completion of this Notice form is required within 10 days of appointment or termination for all peace officers as defined in ORC 109.71(A).
- Use this Notice to report new appointments, appointment status changes, corrections (including name changes), and terminations.
- Sections A, B, and E must be completed, then complete Section C and pages 2 and 3 or Section D as appropriate.
- Please type or legibly print (in ink) all required information.
- Mail or fax this Notice to OPOTC at the below address within 10 days of such actions, as required by Ohio Revised Code 109.761.

A. OFFICER INFORMATION			
1. SOCIAL SECURITY NUMBER [REDACTED]	2. NAME (Last) (First) (Middle) [REDACTED]	3. BIRTHDATE (mm/dd/yyyy) 04/12/1974	
4. GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. ALIAS (Last) (First) (Middle) [REDACTED]	6. HOME PHONE NUMBER () () ()	
7. DRIVER'S LICENSE # [REDACTED]	8. HOME STREET/MAILING ADDRESS (#/Street/PO Box) (City) (County Name) (State) (Zip Code) [REDACTED]		

B. AGENCY INFORMATION			
9. AGENCY NAME Richland County Sheriff's Office	10. APPOINTING AUTHORITY'S NAME & TITLE J. Steve Sheldon, Sheriff	11. AGENCY PHONE NUMBER 419 774-5608	
12. AGENCY STREET/MAILING ADDRESS (#/Street/PO Box) (City) (County Name) (State) (Zip Code) 597 Park Avenue East Mansfield Richland Ohio 44905			

C. APPOINTMENT INFORMATION			
13. APPOINTMENT DATE (mm/dd/yyyy)	14. CURRENT RANK Special Deputy	15. TITLE/ POSITION Special Deputy	16. ORC SECTION 311.04
17. APPOINTMENT STATUS (mark appropriate box) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input checked="" type="checkbox"/> Special		18. APPOINTEE'S FIRST PEACE OFFICER APPOINTMENT? <input type="checkbox"/> yes (Complete all of page 2) <input checked="" type="checkbox"/> no (Complete pages 2 and 3 - an update evaluation will occur)	

D. TERMINATION INFORMATION	
19. TERMINATION DATE (mm/dd/yyyy)	20. REASON FOR TERMINATION (mark appropriate box) <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Felony Conviction <input type="checkbox"/> Other

E. ATTESTATION OF REPORTING OFFICIAL		
I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry. The personnel records of this agency substantiate the information on this form.		
SIGNATURE OF REPORTING OFFICIAL <i>J. Steve Sheldon</i>	NAME & TITLE OF REPORTING OFFICIAL (Typed or Printed Legibly) J. Steve Sheldon, Sheriff	DATE 03-19-09



PEACE OFFICER APPOINTMENT AND OATH OF OFFICE*

If first appointment: SCHOOL NAME _____ SCHOOL # _____

I. TO BE COMPLETED BY APPOINTEE AND APPOINTING AUTHORITY:

On this date, you are hereby appointed as a peace officer to serve as a Special Deputy
for the Richland County Sheriff's Office pursuant to 311.04
department name position/title ORC Section

As such, you shall swear or affirm the following:

I, [Redacted], do solemnly swear or affirm that I will support the

Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio,
and the Laws and Ordinances of Richland County and to the
political subdivision

best of my ability will discharge the duties of the office of Special Deputy
[Redacted] Appointee 03/19/2009 Date of Appointment (mm/dd/yyyy)

II. TO BE COMPLETED BY APPOINTING AUTHORITY:

By signing below, I hereby swear or affirm that the above named individual is appointed to the
above position pursuant to the authority vested in me by 311.04, and
ORC Section

that the individual has personally appeared before me and signed this oath in my presence.

[Signature] Signature of Appointing Authority J. Steve Sheldon, Sheriff Typed/Printed Name of Appointing Authority and Title

NOTARY:

Sworn to and subscribed before me this 19 day of MARCH, 2009

in the county of Richland and the state of Ohio.

[Signature]
Signature of Notary/Attorney/Clerk of Courts

My commission expires



Affix seal here
ERIC G. BOSKO
Notary Public
In and for the State of Ohio
My Commission Expires
March 19, 2013

* If you submit a department oath of office, the document must include the officer's name, date of appointment, ORC section under which you are appointed and the signature and title of the appointing authority (mayor, safety director, chief of police, etc.) as listed in the ORC section under which you are appointed.

OHIO PEACE OFFICER APPOINTMENT HISTORY

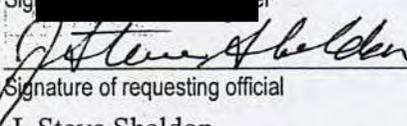
OFFICER'S NAME _____ SSN: _____

BASIC TRAINING SCHOOL NAME _____ From: _____ To: _____
Beginning Date Ending Date

1. Appointed by: <u>Richland County Sheriff's Office</u> <u>Richland</u> <small>Agency Name County Name</small>
From: <u>02/04/99</u> To: <u>03/19/2009</u> Position title: <u>Deputy</u> <small>Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)</small>
Appointment status: <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special
2. Appointed by: _____ <small>Agency Name County Name</small>
From: _____ To: _____ Position title: _____ <small>Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)</small>
Appointment status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special
3. Appointed by: _____ <small>Agency Name County Name</small>
From: _____ To: _____ Position title: _____ <small>Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)</small>
Appointment status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special
4. Appointed by: _____ <small>Agency Name County Name</small>
From: _____ To: _____ Position title: _____ <small>Month/Date/Year Month/Date/Year (Deputy, Reserve Officer, Etc.)</small>
Appointment status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special

5. THIS SECTION TO BE COMPLETED BY THE OFFICER AND AN AGENCY OFFICIAL IN THE PRESENCE OF A NOTARY PUBLIC/ATTORNEY/CLERK OF COURTS.

This is to certify that we understand that the above information will be used to determine whether the officer requires any mandated/update training and that the information set forth in this form is true and accurate to the best of our knowledge. All requested information has been researched for accuracy and, where applicable or necessary, documentation has been attached for purposes of verification and/or explanation. It is understood that, should any of the provided information be discovered inaccurate, it will void the determination made from this request. Further, it is also understood that submission of false information submitted to a governmental organization in pursuit of certification is a violation of section 2921.13 of the Ohio Revised Code.

_____ Sig _____  Signature of requesting official J. Steve Sheldon Typed name of requesting official	<u>Richland County Sheriff's Office</u> Name of requesting agency <u>597 Park Avenue East</u> Mailing address of requesting agency <u>Mansfield, Ohio 44905</u> Mailing address (continued)
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Sworn to and subscribed before me this 19 day of March
 in the county of Richland and the state of Ohio.

 Signature of Notary/Attorney/Clerk of Courts

My commission expires _____



ERIC G. BOSKO
 Notary Public
 In and for the State of Ohio
 My Commission Expires
March 19, 2013

TrueBlock™ Technology Patent Pending
Use Avery® TEMPLATE 5163™

**Richland Co. Sheriff Office
Appointment/Salary Change Record**

Name: [REDACTED] _____

New Salary LAY OFF / hour

Effective Date 03-30-10

Signed: *Sheriff J. Stewart*

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
OFFICE OF UNEMPLOYMENT COMPENSATION
DETERMINATION OF UNEMPLOYMENT COMPENSATION BENEFITS**

JFS-83000 11/04/2008

Claimant's Name [REDACTED]		Social Security Number [REDACTED]	Determination Identification Number 217469151-1
Benefit Year Beginning Date 03/22/2009	Benefit Year Ending Date 03/20/2010	Application Date 03/23/2009	Date Issued 03/30/2009
RICHLAND COUNTY AUDITOR 50 PARK AVE E MANSFIELD, OH 44902		ODJFS Office Zanesville Processing Center PO Box 1150 Zanesville, OH 43702-0000 Phone: (866) 217-0008 Fax: (740) 450-0075	
Employer's Name RICHLAND COUNTY AUDITOR		UC Account Number 0802170009	

THIS NOTICE IS A DETERMINATION OF AN INITIAL APPLICATION FOR UNEMPLOYMENT BENEFITS, ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 4141.28(D) & (E), OHIO REVISED CODE

The Ohio Department of Job and Family Services has ALLOWED the claimant's application for unemployment compensation benefits with a benefit year that begins 03/22/2009. During this one-year benefit period, the claimant's benefits rights are as follows:

Weekly Benefit Amount is: **\$503.00**
 Dependency Class is: **C**
 Total Benefits Payable Amount is: **\$13,078.00**

The claimant's employment during the base period, **10/01/2007 to 09/30/2008** met the weeks and wages eligibility requirement. The chart below shows the employer's Total Amount Chargeable and Proportional Charge with each base period employer, which were used to determine the claimant's benefit rights.

Employer Name	Total Amount Chargeable	Proportional Charge
RICHLAND COUNTY AUDITOR	\$13,078.00	100.0000 %

An issue regarding the claimant's reason for separation, affecting benefits beginning on 03/18/2009, was adjudicated as follows. In accordance with Section 4141.29 of the Ohio Revised Code this agency finds that the claimant is totally unemployed from RICHLAND COUNTY AUDITOR due to a lack of work.

Interested Parties: [REDACTED]

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.



APPEAL RIGHTS: If you do not agree with this determination, you may file an appeal by mail or fax to the ODJFS office provided. You may also file an appeal online at <https://unemployment.ohio.gov>. The appeal should include the determination ID number, name, claimant's social security number, and any additional facts and/or documentation to support the appeal. **TO BE TIMELY, YOUR APPEAL MUST BE RECEIVED/POSTMARKED NO LATER THAN 04/20/2009** (21 calendar days after the 'Date Issued'). If the 21st day falls on a Saturday, Sunday, or legal holiday, your deadline has already been extended to include the next scheduled work day. If you do not file your appeal within the 21-day calendar period, include a statement with the date you received the determination and your reason for filing late. If your appeal is late due to a physical or mental condition, provide certified medical evidence that your condition prevented you from filing within the 21-day period. In order for your appeal to be considered timely, it must be received/postmarked no later than 21 calendar days after the ending date of the physical or mental condition. **If unemployed**, claimants should continue to file weekly claims for benefits while the determination is under appeal. For additional information, call the ODJFS automated telephone system at 1-877-644-6562 and select the General Information option or visit the agency's website at <https://unemployment.ohio.gov>. Claimants may also review the **Worker's Guide to Unemployment Compensation**.



Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.

Allowed Application Definitions

Benefit Year Beginning Date - This date establishes the effective date of this application.

Weekly Benefit Amount - This is the amount of benefits potentially payable for a week of total unemployment. It represents fifty percent of the claimant's average weekly wage for all base period employment, not to exceed the amount specified in Section 4141.30(B), Ohio Revised Code, for the claimant's dependency.

Dependency Class - This designation is assigned in accordance with the schedule established by law and remains in effect for the benefit year.

- Class A-1 - Indicates either that the claimant did not list any dependents or that one or more of his/her dependents has been disallowed for any of the following reasons:
 - Identity of dependent(s) could not be verified;
 - Amount of support contributed by the claimant does not meet requirements;
 - Spouse's income exceeds requirement to qualify as a dependent;
 - Child listed is not a birth child, step-child, or adopted child;
 - Child listed is over 18 years of age with no physical/mental handicap.
- Class A-2 - Indicates that the claimant's spouse has an overlapping benefit year with allowed dependents.
- Class A-3 - Indicates that the claimant listed dependent(s), but base period wages were insufficient to qualify for a higher benefit amount.
- Class B - Indicates one or two eligible dependents.
- Class C - Indicates three or more eligible dependents.

Total Benefits Payable - This is the total amount of benefits that can be paid to the claimant during the benefit year. The total is computed by multiplying the weekly benefit amount by 20 (for the first 20 qualifying weeks in the base period), plus one times the weekly benefit amount for each additional qualifying week. Total benefits cannot exceed 26 times the weekly benefit amount.

Employer's Amount Chargeable - This is the amount of benefits that is potentially chargeable to each employer's account.

Employer's Proportion Charge - Employers are charged proportionally, based on the wages paid to the claimant by each employer during the base period. This amount is the percentage of the claimant's benefit entitlement that may be charged to each account.

Base Period Employment History - The base period includes the first four of the last five completed calendar quarters, prior to the benefit year beginning date. If the **Alternate Base Period** was used, the base period includes the four most recently completed calendar quarters prior to the benefit year beginning date.

Employer Name - All employers for whom the claimant worked during the base period are listed.

Total Base Period Wages - This figure reflects total earnings in the base period with the corresponding employer(s).

Total Qualifying Weeks - This is the number of weeks in the base period in which the claimant earned or was paid wages with the base period employers.

For additional information, employers may refer to the **Ohio Unemployment Compensation Guide**; claimants may refer to the **Workers' Guide to Unemployment Compensation**.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.





J. Steve Sheldon, Sheriff

Richland County Sheriff's Office & Civil Division
597 Park Avenue East • 2nd Floor
Mansfield, Ohio 44905
Phone: 419-774-5881 Fax: 419-522-8153
Civil Office: 419-774-3570

March 5, 2009

To: [Redacted]

03-05-09

It is with sincere regret that I am informing you that it has become necessary to lay you off from your position of Deputy Sheriff with the Richland County Sheriff's Office effective March 19, 2009.

Sincerely,

J. Steve Sheldon
Richland County Sheriff

Richland Co. Sheriff Office
Appointment/Salary Change Record

Name: [Redacted]

Lay-Off

Effective Date 03-19-09

Signed:





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*

DATE: March 18, 2009

TO: Bookkeeping Department
Richland County

FROM: J. Steve Sheldon, Sheriff
Richland County

RE: [REDACTED] - Lay Off

[REDACTED] began employment with the Richland County Sheriff's Office on 11-29-95 and laid off on 03-19-09.

Therefore he is entitled to the following for the pay period of 03-05-09 through 03-18-09:

Regular Hours	80.00
Overtime Hours	8.00
Holiday Hours – Pres. Day 09	8.00
Personal Days – 4	32.00
RATO Days – 4	32.00
Comp Time Hours – earned 2008/2009	53.32
Vacation Hours	240.12
Sick Leave Hours	0.00
SICK LEAVE FOR RECORD ONLY	919.52

Your assistance in this matter is appreciated.

Sincerely,

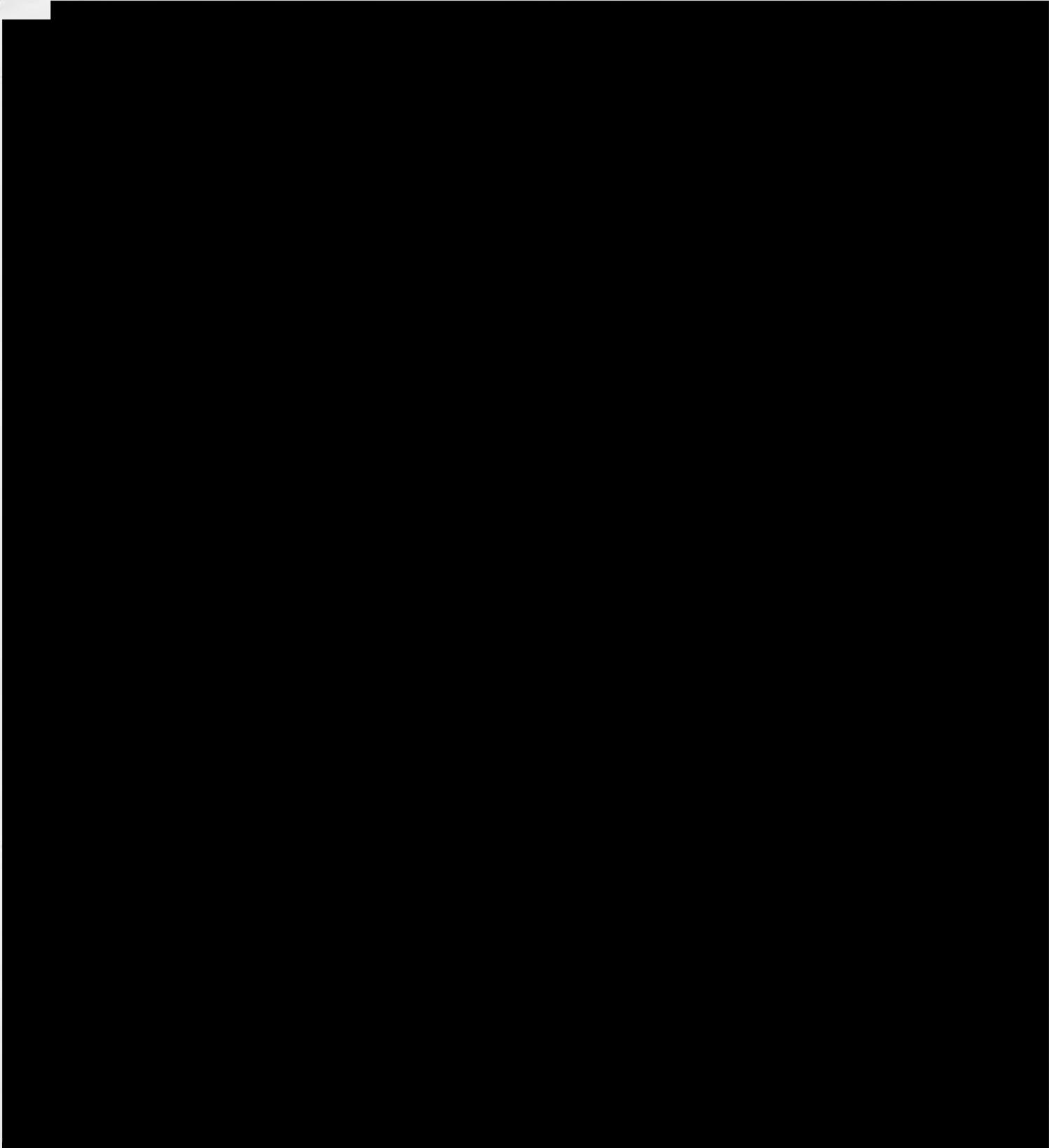
J. Steve Sheldon, Sheriff
Richland County

Comp time balance as of 12-31-08 17.07 hrs.
Personal and rato days earned 01-01-09
Overtime hours are for grant
Pay off to include shift



Group Insurance Change Report

*American United Life Insurance Company®
One American Square, P.O. Box 6123
Indianapolis, IN 46206-6123
(800) 553-5318 Telephone
(317) 285-1565 Fax*





D.O.H. 11-29-95

AY 03-18-09 RECALLED 08-16-09

LAY-OFF 03-30-10

22.4692 Reg HRS: 72 = \$1689.78 (\$23.4692 R70)

OT HRS:

23.6449 Holiday: 8 HRS PRESIDENTS DAY \$194.76 (\$24.3449 R70)

PERSMAL: 16 HRS \$389.52

RATO: 16 HRS \$389.52

COMP: ~~82.33 HRS~~ \$2004.32 Line F 74

~~COMP BALANCE as of 12-31-09: 20.83 HRS 82.33~~

~~COMP BALANCE as of 01-01-10: 68.83 HRS~~

VACATION 81.56 HRS \$1985.57 Line J 75

~~SICK FOR RECORD ONLY: 838.44 835.44~~

~~35~~
used 32 hrs sick leave this day

ALL MONIES PAID OUT
OF Line Item 350

(-420.30)
OVERPAID

COMP time	08-27-09	BALANCE
82.33	03-30-09 03-30-10	82.33
		HRS

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

Department Number: 350
Employee Number: [REDACTED]

CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
CHECK ALL APPROPRIATE BOXES BELOW FOR CHANGE			
<input type="checkbox"/> Reinstatement above indicated coverage with no lapse <input type="checkbox"/> Change name/address			
<input type="checkbox"/> ADD DEPENDENT(S): <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order *If marriage, state previous name			
<input type="checkbox"/> CANCEL DEPENDENT(S): <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status			

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

EMPLOYEE/DEPENDENT DATA

BENEFIT SELECTIONS

OTHER INSURANCE

WAIVER

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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*

August 13, 2009

TO: Mansfield Municipal Building
Tax Division
30 N. Diamond Street
Mansfield, OH 44902

FROM: Sheriff J. Steve Sheldon
Richland County Sheriff Office
597 Park Avenue East
Mansfield, OH 44905

RE: Employees outside Corporate Limits of Mansfield

Attached please find the following listing of employee(s) who reside outside the corporate limits of Mansfield, Ohio. The list only pertains to supervisors and deputies.

If further assistance is needed, please contact our office at the above number.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Steve Sheldon".

J. Steve Sheldon, Sheriff

Enc.
JSS/pag





J. Steve Sheldon, Sheriff

*Richland County Sheriff's Office & Civil Division
597 Park Avenue East • 2nd Floor
Mansfield, Ohio 44905
Phone: 419-774-5881 Fax: 419-522-8153
Civil Office: 419-774-3570*

March 5, 2009

To: [REDACTED]

03-05-09

It is with sincere regret that I am informing you that it has become necessary to lay you off from your position of Deputy Sheriff with the Richland County Sheriff's Office effective March 19, 2009.

Sincerely,

J. Steve Sheldon
Richland County Sheriff



INTER-OFFICE COMMUNICATION

TO: CHIEF REEVES	DATE: 02-27-09
FOR:	EFFECTIVE DATE:
FROM: DEPUTY [REDACTED]	DIVISION: PATROL
SUBJECT: UNION DAY	
REF: <input type="checkbox"/> MESSAGE <input type="checkbox"/> SPECIAL DETAIL <input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> INTELLIGENCE INFORMATION	

CHIEF REEVES,

ON TUESDAY MARCH 3RD, I WILL BE ON MY REGULAR DAY OFF. WE WILL BE HAVING A UNION MEETING THAT DAY AND I WOULD LIKE TO CHANGE MY DAYS OFF. I WILL BE TAKING SUNDAY, MARCH 1ST, AS MY RDO AND WILL BE WORKING TUESDAY, MARCH 3RD, FROM 0800-1600 HOURS. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME. THANK YOU.

DEPUTY [REDACTED]



APPROVED
02-27-09
Chief

INTER-OFFICE COMMUNICATION

TO:	CHIEF REEVES	DATE:	01-10-06
FOR:		EFFECTIVE DATE:	
FROM:	DEPUTY [REDACTED]	DIVISION:	PATROL
SUBJECT:			
REF:	<input type="checkbox"/> MESSAGE	<input type="checkbox"/> SPECIAL DETAIL	<input type="checkbox"/> ASSIGNMENT
		<input type="checkbox"/> INTELLIGENCE INFORMATION	

CHIEF REEVES,

I AM SCHEDULED FOR A CLASS ON THURSDAY JANUARY 26TH AND FRIDAY JANUARY 27TH. BOTH OF THESE DAYS ARE MY REGULAR DAYS OFF. INSTEAD OF TAKING THE OVERTIME PAY OR COMP TIME, I WILL FLEX MY DAYS OFF TO THE 28TH AND 29TH OF JANUARY. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THIS OFFICER. THANK YOU.

DEPUTY [REDACTED]

*Approved
Chief
1-10-06
1334 HES*

INTER-OFFICE COMMUNICATION

TO:	CHIEF REEVES	DATE:	08-08-07
FOR:		EFFECTIVE DATE:	
FROM:	DEPUTY KOCHIS, 746	DIVISION:	PATROL
SUBJECT:	UNION DAY		
REF:	<input type="checkbox"/> MESSAGE <input type="checkbox"/> SPECIAL DETAIL <input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> INTELLIGENCE INFORMATION		

CHIEF,

I AM REQUESTING TO HAVE A CONTRACT COMMITTEE MEETING ON 08-16-07 (THURSDAY, ALL HANDS DAY) FOR AN 8 HOUR SESSION. THIS TO GET US PREPARED FOR THE UP INCOMING CONTRACT NEGOTIATION. DEPUTIES THAT WILL BE ATTENDING THIS MEETING WILL BE, MYSELF, DEPUTY EICHINGER, DEPUTY SNAY, **DEPUTY** [REDACTED]

THANK YOU,

CHUCK KOCHIS, 746

COPY

CC, 721

*Approved
08-08-07
Chief* *0700 hrs*

INTER-OFFICE COMMUNICATION

TO: CHIE REEVES	DATE: 03-27-07
FOR:	EFFECTIVE DATE:
FROM: DEPUTY KOCHIS, 746	DIVISION: CP
SUBJECT: UNION TRAINING	
REF: <input type="checkbox"/> MESSAGE <input type="checkbox"/> SPECIAL DETAIL <input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> INTELLIGENCE INFORMATION	

CHIEF,

I AM REQUESTING TO HAVE MYSELF, DEP. EICHINGER, DEP. [REDACTED], DEP. SNAY, BE ABLE TO ATTEND UNION BUSINESS TRAINING ON APRIL 17, 2007 (TUESDAY). THE OHIO LABOR COUNCIL AT THE LOCAL FOP LODGE IS PUTTING ON THIS TRAINING. TRAINING TIMES ARE 0900-1700HRS.

THANK YOU, *Dep Kochis 746*
DEPUTY CHUCK KOCHIS

*Approved
03-29-07 1151 Hes
Chief*

COPY

INTER-OFFICE COMMUNICATION

TO:	CHIEF REEVES	DATE:	03-16-07
FOR:		EFFECTIVE DATE:	
FROM:	DEPUTY [REDACTED]	DIVISION:	PATROL
SUBJECT:			
REF:	<input type="checkbox"/> MESSAGE <input type="checkbox"/> SPECIAL DETAIL <input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> INTELLIGENCE INFORMATION		

CHIEF REEVES,

ON THURSDAY MARCH 22ND, THE LUCAS SCHOOL DISTRICT WILL BE CONDUCTING THEIR LOCKDOWN DRILLS AT ALL THREE SCHOOLS. THE SUPERINTENDENT HAS ASKED IF I WOULD BE ABLE TO ATTEND THESE DRILLS AND ASSIST HIM AND THE PRINCIPALS. THIS IS ON MY RDO, BUT TO AVOID OVERTIME I WILL FLEX MY HOURS ON SATURDAY, MARCH 24TH. I WILL WORK THURSDAY, MARCH 22ND FROM 1200-1600 HOURS AND ON SATURDAY, MARCH 24TH, FROM 0800-1200 HOURS. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME. THANK YOU.

DEPUTY [REDACTED]

Deputy [REDACTED]

*Approved
03-16-07 10:52 hrs
Chief*

INTER-OFFICE COMMUNICATION

TO: CHIEF REEVES	DATE: 03-16-07
FOR:	EFFECTIVE DATE:
FROM: DEPUTY [REDACTED]	DIVISION: PATROL
SUBJECT:	
REF: <input type="checkbox"/> MESSAGE <input type="checkbox"/> SPECIAL DETAIL <input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> INTELLIGENCE INFORMATION	

CHIEF REEVES,

I WILL BE TRAINING FIREARMS ON WEDNESDAY MARCH 21ST, WHICH IS MY RDO. TO AVOID THE OVERTIME, I AM GOING TO SWITCH MY RDO TO MONDAY MARCH 19TH, AND MY NORMAL WORK DAY WILL BE THE 21ST FROM 0800-1600 HOURS FOR TRAINING. I HAVE CHECKED THE SCHEDULE AND THERE IS NO MANPOWER ISSUES. THANK YOU.

DEPUTY [REDACTED]

Deputy [REDACTED]

*Approved
03-16-07 0831 Hrs
Chief*

INTER-OFFICE COMMUNICATION

ORIGINAL

TO: CAPT. BAKER
DATE: 10-19-06
FOR:
EFFECTIVE DATE:
FROM: DEPUTY [REDACTED]
DIVISION: PATROL
SUBJECT: TASER SCHOOL
REF: MESSAGE SPECIAL DETAIL ASSIGNMENT INTELLIGENCE INFORMATION

CAPT. BAKER,

ON WEDNESDAY NOVEMBER 15TH AND THURSDAY NOVEMBER 16TH, I WILL BE ATTENDING A TASER INSTRUCTOR COURSE. BOTH OF THESE DAYS ARE MY RDO'S. TO AVOID THE PAYMENT OF OVERTIME OR ACCUMULATION OF COMP TIME I WILL SWITCH MY DAYS OFF. MY REGULAR DAYS OFF FOR THIS WEEK WILL BE MONDAY NOVEMBER 13TH AND SATURDAY NOVEMBER 18TH AND WILL BE SCHEDULED FOR REGULAR DUTY ON THE 15TH AND 16TH.

ALSO, SGT. SHOOK WILL BE ATTENDING THE SAME COURSE AND THE MANPOWER IS SUFFICIENT FOR BOTH DAYS. THE SCHEDULE IN THE PATROL BUREAU WILL BE MARKED AS TRAINING DAYS FOR BOTH OF US. THANK YOU.

DEPUTY [REDACTED]

Deputy [REDACTED]

Approved 10-19-06 *Capt. [Signature]*

(LF) ✓ 10-19-06

INTER-OFFICE COMMUNICATION

TO: SGT. WENTZ

DATE: 06-09-06

FOR:

EFFECTIVE DATE:

FROM: DEPUTY [REDACTED]

DIVISION: PATROL

SUBJECT:

REF: MESSAGE SPECIAL DETAIL ASSIGNMENT INTELLIGENCE INFORMATION

SGT. WENTZ,

I WILL BE WORKING ON SUNDAY JUNE 11TH, 2006, FROM 0800-1230 HOURS. I WORKED ON FRIDAY, JUNE 9TH FROM 0730-1100 HOURS. FRIDAY WAS MY DAY OFF, SO I FLEXED MY DAYS TO AVOID OVERTIME. THANK YOU.

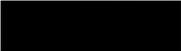
DEPUTY [REDACTED]

Deputy [REDACTED]

ORIGINAL

CAPT. BAKER,

ON THURSDAY, APRIL 27TH I WILL BE INSTRUCTING FIREARMS WITH DEPUTY FRAZIER FROM 0800-1600 HRS. ALSO ON FRIDAY, APRIL 28TH AND SATURDAY, APRIL 29TH, I WILL BE ATTENDING THE DEFENSIVE TACTICS TRAINING WITH SGT. KRAUSMAN. BOTH THE 28TH AND 29TH ARE MY RDO'S. INSTEAD OF TAKING PAY OR COMP FOR BOTH DAYS, I WILL FLEX ONE OF MY DAYS OFF TO SUNDAY, APRIL 30TH. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME. THANK YOU.

DEPUTY 

04-21-06

Approved Capt. Baker

CHIEF REEVES,

I AM ATTENDING A SCHOOL ON FEBRUARY 27TH AND 28TH AND ALSO ON MARCH 7TH AND 8TH. THESE DAYS ARE ON MY REGULAR DAYS OFF. INSTEAD OF TAKING COMP TIME OR PAY I WILL FLEX MY DAYS OFF TO MARCH 3RD THROUGH THE 6TH. ALSO, I WILL BE IN A SCHOOL ON MARCH 9TH WHICH IS MY REGULAR DAY OFF, AND WILL SWITCH MY DAYS OFF TO MARCH 12TH. THANK YOU FOR YOUR TIME.

DEPUTY [REDACTED]

COPY TO:
LT. ARBAUGH
PAT GALLIWAY

*Approved
03-02-06
Chief
1345has*

INTER-OFFICE COMMUNICATION

TO: CHIEF REEVES	DATE: 01-10-06
FOR:	EFFECTIVE DATE:
FROM: DEPUTY [REDACTED]	DIVISION: PATROL
SUBJECT:	
REF: <input type="checkbox"/> MESSAGE <input type="checkbox"/> SPECIAL DETAIL <input type="checkbox"/> ASSIGNMENT <input type="checkbox"/> INTELLIGENCE INFORMATION	

CHIEF REEVES,

I AM SCHEDULED FOR A CLASS ON THURSDAY JANUARY 26TH AND FRIDAY JANUARY 27TH. BOTH OF THESE DAYS ARE MY REGULAR DAYS OFF. INSTEAD OF TAKING THE OVERTIME PAY OR COMP TIME, I WILL FLEX MY DAYS OFF TO THE 28TH AND 29TH OF JANUARY. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THIS OFFICER. THANK YOU.

DEPUTY [REDACTED]

*Approved
Chief* *1-10-06
1334 HES*

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

Department Number: 350
Employee Number: [REDACTED]

OTHER CHANGES	CHECK ONE: <input checked="" type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE	Date of Change:	Date of Hire:	Effective Date:
	<input type="checkbox"/> Reinststate above indicated coverage with no lapse <input type="checkbox"/> Change name/address		<u>11-29-95</u>	<u>01-01-06</u>
	<input type="checkbox"/> ADD DEPENDENT(S); <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order *If marriage, state previous name			
	<input type="checkbox"/> CANCEL DEPENDENT(S); <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Age Limit <input type="checkbox"/> Change in student status			

NAME OF EMPLOYEE:	First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED]	Social Security #: [REDACTED]
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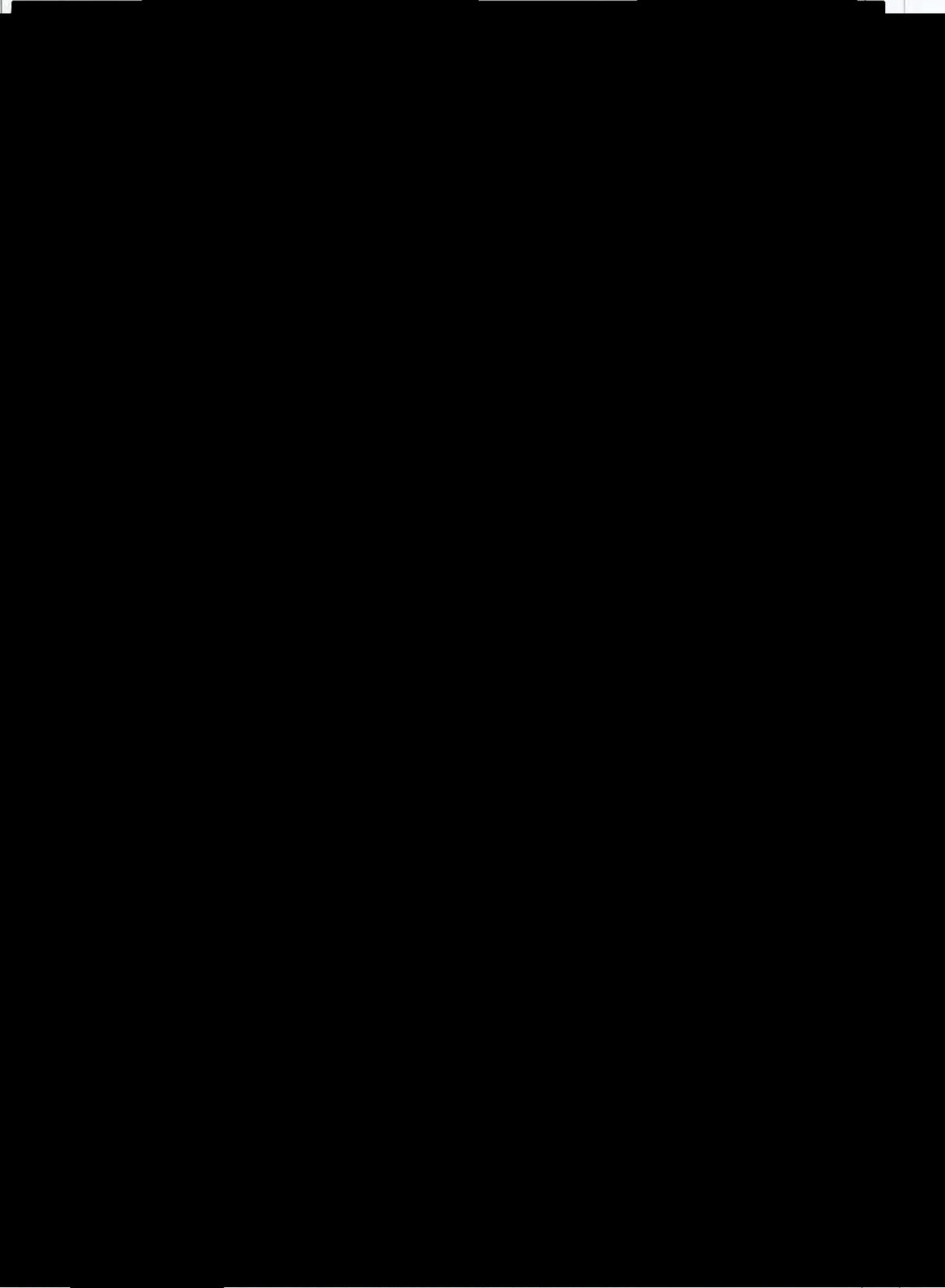
EMPLOYEE/DEPENDENT DATA

BENEFIT SELECTIONS

OTHER INSURANCE

WAIVER

Other
On the
Provid
Policy
If you
Emplo
Reason
<input type="checkbox"/> Age
Waiver
Check
Name
Emplo
Check
Name
Emplo

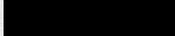


SIGNATURE: _____ DATE: 11-15-05

721,

I WILL BE ATTENDING A MENTAL HEALTH SEMINAR ON THURSDAY AND FRIDAY THE 26TH AND 27TH OF MAY. THE 27TH IS MY REGULAR DAY OFF, SO INSTEAD OF TAKING OVERTIME OR COMP TIME FOR THIS DAY, I'VE CHECKED THE SCHEDULE, AND I WOULD LIKE TO TRADE MY DAY OFF TO SUNDAY THE 29TH. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME. THANK YOU.

2005 MAY 25 11:01

DEPUTY 

Approved : Capt NJ 
05-25-05