



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



2024-1376

Officer Involved Critical Incident - Interstate 77 Southbound
at Exit 85 , New Philadelphia, OH 44663

Investigative Activity: Personnel and Training File Review
Involves: TCSO [REDACTED] (S)
Activity Date: 06/25/2024
Activity Location: BCI Richfield
Authoring Agent: Special Agent Jesse Bynum #179

Narrative:

On May 28, 2024, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joe Goudy (Goudy) received the personnel file for [REDACTED] [REDACTED] from Tuscarawas County Sheriff's Office (TCSO) Captain Adam Fisher. SA Jesse Bynum reviewed the personnel file and noted the following:

[REDACTED] was a Reserve with TCSO from [REDACTED] to [REDACTED] and has been a full-time Deputy with the TCSO since [REDACTED]

Training:

[REDACTED] attended the Basic Academy (OPOTA) at the Buckeye Career Center on September 4, 2018, and completed it on May 22, 2019. ([REDACTED] - Certificate # [REDACTED])

[REDACTED] received multiple advanced training certificates from the Ohio Peace Officers Training Academy and other training organizations. Notably, in 2022, [REDACTED] participated in trainings titled, "Use of Deadly Force and Legal Guidelines", "Crisis Intervention", "Community Diversity and Procedural Justice", and "Critical Thinking in Use of Force Situations." On April 27, 2023, [REDACTED] completed a 16-hour course titled, "Basic Active Shooter Level 1". In addition, [REDACTED] has completed his annual firearms training to date.

Date Completed	Course Title	Officer Number	Officer
1/24/2022	BCI Lethal Use of Force and OIS Investigations	[REDACTED]	[REDACTED]
2/5/2022	Ethics and Professionalism	[REDACTED]	[REDACTED]
2/11/2022	Use of Deadly Force and Legal Guidelines	[REDACTED]	[REDACTED]
3/11/2022	Officer Wellness Seminar	[REDACTED]	[REDACTED]

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 except as provided by law - a statute, an administrative rule, or any rule of procedure.



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3/30/2022	Domestic Violence Legal Updates		
4/4/2022	Mental Health Response		
4/22/2022	Vicarious Trauma		
4/22/2022	Responding to Sexual Assault		
4/22/2022	Crisis Intervention		
5/6/2022	Biological Evidence Collection for Sexual Assaults		
6/8/2022	Concealed Firearm Carry Changes		
6/8/2022	Custodial Interrogation		
6/8/2022	Hate Crimes		
10/13/2022	Communication Disabilities		
10/13/2022	Hazing		
10/13/2022	Medical Marijuana		
10/13/2022	New and Updated Criminal Charges		
10/13/2022	Ohio Forfeiture Laws		
10/14/2022	Ohio Public Records Law		
10/18/2022	Objective Reasonableness		
10/18/2022	Qualified Immunity		
10/18/2022	Use of Restraints		
10/18/2022	Sexual Assault Investigations		
10/18/2022	Trauma and the Brain		
10/23/2022	Critical Thinking in Use of Force Situations		
10/27/2022	Community Diversity and Procedural Justice		
3/17/2023	Ohio School Threat Assessment		
4/8/2023	Arrest, Search, and Seizure 2023		
5/17/2023	Part 1 - Legal Updates 2023		
5/17/2023	Part 2 - Legal Updates 2023		
7/14/2023	Part 3 - Legal Updates 2023		
8/25/2023	Safe at Home		

██████████ also participated in various E-OPOTA online trainings.

Firearms Qualification:

██████████ qualified with his department-issued duty weapon described as a Smith and Wesson, 9mm, serial number ██████████ on March 20, 2024. This is the same serialized firearm used by ██████████ during the incident.

██████████'s personnel file, training records and firearm qualifications are attached to this report. Please refer to the attachments for further details.

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Prior Internal Investigations:

██████████ had one previously documented Internal Affairs investigations. It was not related to the use of force. The disposition indicated he was counseled on policy, and no further action was taken.

References:

None

Attachments:

1. TCSO ██████████ Payroll (through 1-2-24)
2. TCSO Records for ██████████ (through 5-3-24)
3. TCSO Training Certificates for ██████████
4. TCSO Leave Record for ██████████
5. TCSO Disciplinary Record for ██████████
6. TCSO ██████████
7. TCSO ██████████ Qualification
8. TCSO ██████████ OPOTA Training Records

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PAYROLL EMPLOYEE INFORMATION FORM

This form must be turned in by 3:00pm on the Thursday before Pay Day!!

TYPE OF CHANGE	New Employee	Name Change <small>(Include copy of SS card)</small>	Auditor's Office Use Only
	Rehire/Seasonal	Address Change	
	Transfer/Add Funds	<input checked="" type="checkbox"/> Rate Change	
	Remove from Fund(s)	Job Title Change	
	Retirement	FT/PT Status Change	
	Term - End of Season	Other:	
	Termination/Resignation	<input checked="" type="checkbox"/> Union Raise	

PERSONAL INFO	Employee ID: ██████████ SSN: _____	
	Name: ██████████ ██████ _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last first middle suffix</small>	
	Street Address: _____	
	City, State, Zip: _____	
	D.O.B: _____ Marital Status: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Hire Date: _____ Termination Date: _____ Will there be a pay out? <small>(First day physically at work) (Last day of earnable pay – excluding pay outs) YES NO</small>		

WAGE INFO	Fund: <u>A00</u> Dept: <u>0176</u>	EEOC INFO	<small>(Used for New Hires and Job Title Changes)</small>
	Job Title: ██████████		Job Class (Category): _____
	Pay Rate: From \$ <u>26.23</u> To <u>27.02</u> Pay Status: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary		Job Function: _____
	Pay Frequency: <input checked="" type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly		Ethnic Code: _____
	Average Hours Worked per Week: <u>40</u>		_____
Part-Time: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Seasonal: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Effective Date: ██████████			
<small>(Used for any Wage Changes)</small>			

RETIREMENT INFO	Is this employee an OPERS or other retirement system benefit recipient? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Other retirement systems Include STRS, SERS, OP&F, HPRS & CRS.)</small>	INSURANCE INFO	(Health & BDD Only)
	Retirement Withheld: <input type="checkbox"/> STRS <input type="checkbox"/> OPERS		Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/>
	If OPERS, will this be Full Time Law Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No		EE/CH <input type="checkbox"/> EE/SP <input type="checkbox"/> FAM <input type="checkbox"/>

TAX INFO	Does employee work inside municipality? – If YES, which Municipality _____
	Does employee live inside municipality? – If YES, which Municipality _____
	Courtesy Residence Tax: I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want any additional residence tax withheld from my paycheck.
	School District of Employee's Residence: _____ <small style="display: flex; justify-content: space-around; width: 100%;">Number Name</small>

EMERGENCY INFO		Primary Contact	Secondary Contact
	Name		
	Relationship		
	Phone Number		
	Alternate Phone #		
<small>Relationships: Spouse, Son, Daughter, Father, Mother, Brother, Sister, Uncle, Aunt, Nephew, Niece, Friend</small>			

Auditor's Office Use Only – Payroll Ohio New Hire OPERS AULVol AUL Basic Principal

<div style="display: flex; justify-content: space-between;"> Employee Signature Date </div>	<div style="display: flex; justify-content: space-between;"> Employer Signature Date </div>
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PAYROLL EMPLOYEE INFORMATION FORM

This form must be turned in by 3:00pm on the Thursday before Pay Day!!

TYPE OF CHANGE	New Employee	Name Change (Include copy of SS card)	Auditor's Office Use Only
	Rehire/Seasonal	Address Change	
	Transfer/Add Funds	<input checked="" type="checkbox"/> Rate Change	
	Remove from Fund(s)	Job Title Change	
	Retirement	FT/PT Status Change	
	Term - End of Season	<input checked="" type="checkbox"/> Other: Union Step Raise	
	Termination/Resignation		

PERSONAL INFO	Employee ID: [REDACTED] SSN: _____	
	Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED] <small style="margin-left: 100px;">Last first middle suffix</small>	
	Street Address: _____	
	City, State, Zip: _____	
	D.O.B: _____ Marital Status: ___ MARRIED ___ SINGLE Gender: ___ MALE ___ FEMALE	

WAGE INFO	Fund: A00 Dept: 0176 Job Title: [REDACTED] Pay Rate: From \$ 24.96 To 26.23 Pay Status: <input checked="" type="checkbox"/> Hourly ___ Salary Pay Frequency: <input checked="" type="checkbox"/> Bi-weekly ___ Monthly Average Hours Worked per Week: 40 Part-Time: ___ YES <input checked="" type="checkbox"/> NO Seasonal: ___ YES <input checked="" type="checkbox"/> NO Effective Date: [REDACTED] <small>(Used for any Wage Changes)</small>	EEOC INFO	<small>(Used for New Hires and Job Title Changes)</small> Job Class (Category): _____
			Job Function: _____
			Ethnic Code: _____

RETIREMENT INFO	Is this employee an OPERS or other retirement system benefit recipient? ___ YES ___ NO <small>(Other retirement systems include STRS, SERS, OP&F, HPRS & CRS.)</small> Retirement Withheld: ___ STRS ___ OPERS If OPERS, will this be Full Time Law Enforcement? ___ Yes ___ No	INSURANCE INFO	(Health & BDD Only) Medical Vision Dental SGL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EE/CH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EE/SP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FAM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TAX INFO	Does employee work inside municipality? – If YES, which Municipality _____ Does employee live inside municipality? – If YES, which Municipality _____ Courtesy Residence Tax: I ___ DO ___ DO NOT want any additional residence tax withheld from my paycheck. School District of Employee's Residence: _____ <small style="margin-left: 100px;">Number Name</small>

EMERGENCY INFO		Primary Contact	Secondary Contact
	Name		
	Relationship		
	Phone Number		
	Alternate Phone #		

Relationships: Spouse, Son, Daughter, Father, Mother, Brother, Sister, Uncle, Aunt, Nephew, Niece, Friend

 Auditor's Office Use Only – Payroll Ohio New Hire OPERS AUL/Vol AUL Basic Principal

Employee Signature Date

Employer Signature Date 11/17/2023

PAYROLL EMPLOYEE INFORMATION FORM

This form must be turned in by 3:00pm on the Thursday before Pay Day!!

TYPE OF CHANGE	<input type="checkbox"/> New Employee	<input type="checkbox"/> Name Change (Include copy of SS card)	Auditor's Office Use Only	
	<input type="checkbox"/> Rehire/Seasonal	<input type="checkbox"/> Address Change		
	<input type="checkbox"/> Transfer/Add Funds	<input checked="" type="checkbox"/> Rate Change		
	<input type="checkbox"/> Remove from Fund(s)	<input type="checkbox"/> Job Title Change		
	<input type="checkbox"/> Retirement	<input type="checkbox"/> FT/PT Status Change		
	<input type="checkbox"/> Term - End of Season	<input type="checkbox"/> Other:		
	<input type="checkbox"/> Termination/Resignation	<input checked="" type="checkbox"/> Union Raise		
PERSONAL INFO	Employee ID: [REDACTED] SSN: _____			
	Name: [REDACTED] [REDACTED] _____ middle _____ suffix _____ <small>Last first</small>			
	Street Address: _____			
	City, State, Zip: _____			
	D.O.B: _____ Marital Status: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
Hire Date: _____ Termination Date: _____ Will there be a pay out? <small>(First day physically at work) (Last day of earnable pay – excluding pay outs) YES NO</small>				
WAGE INFO	Fund: A00 Dept: 0176		EEOC INFO	
	Job Title: [REDACTED]			(Used for New Hires and Job Title Changes)
	Pay Rate: From \$ 24.23 To 24.96 Pay Status: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary			Job Class (Category): _____
	Pay Frequency: <input checked="" type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly			Job Function: _____
	Average Hours Worked per Week: 40			Ethnic Code: _____
Part-Time: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Seasonal: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Effective Date: [REDACTED] <small>(Used for any Wage Changes)</small>				
RETIREMENT INFO	Is this employee an OPERS or other retirement system benefit recipient? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Other retirement systems Include STRS, SERS, OP&F, HPRS & CRS.)</small>			
	Retirement Withheld: <input type="checkbox"/> STRS <input type="checkbox"/> OPERS			
	If OPERS, will this be Full Time Law Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
INSURANCE INFO	(Health & BDD Only)			
	Medical Vision Dental			
	SGL	<input type="checkbox"/>	<input type="checkbox"/>	
	EE/CH	<input type="checkbox"/>	<input type="checkbox"/>	
EE/SP	<input type="checkbox"/>	<input type="checkbox"/>		
FAM	<input type="checkbox"/>	<input type="checkbox"/>		
TAX INFO	Does employee work inside municipality? – If YES, which Municipality _____			
	Does employee live inside municipality? – If YES, which Municipality _____			
	Courtesy Residence Tax: I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want any additional residence tax withheld from my paycheck.			
	School District of Employee's Residence: _____ <small>Number Name</small>			
EMERGENCY INFO	Primary Contact		Secondary Contact	
	Name			
	Relationship			
	Phone Number			
	Alternate Phone #			
Relationships: Spouse, Son, Daughter, Father, Mother, Brother, Sister, Uncle, Aunt, Nephew, Niece, Friend				

Auditor's Office Use Only – Payroll Ohio New Hire OPERS AULVol AUL Basic Principal

Employee Signature _____ Date _____

Employer Signature Date 12/22/2023

PAYROLL EMPLOYEE INFORMATION FORM

This form must be turned in by 3:00pm on the Thursday before Pay Day!!

TYPE OF CHANGE	New Employee	Name Change <small>(Include copy of SS card)</small>	Auditor's Office Use Only
	Rehire/Seasonal	<input checked="" type="checkbox"/> Address Change	
	Transfer/Add Funds	Rate Change	
	Remove from Fund(s)	Job Title Change	
	Retirement	FT/PT Status Change	
	Term - End of Season	Other:	
	Termination/Resignation		

PERSONAL INFO	Employee ID: [REDACTED] SSN: _____	
	Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED] <small style="margin-left: 20px;">Last first middle suffix</small>	
	Street Address: [REDACTED]	
	City, State, Zip: [REDACTED]	
	D.O.B: 08/31/1996 Marital Status: ___ MARRIED ___ SINGLE Gender: ___ MALE ___ FEMALE	

WAGE INFO	Fund: _____ Dept: _____	EEOC INFO	<small>(Used for New Hires and Job Title Changes)</small>
	Job Title: _____		Job Class (Category): _____
	Pay Rate: From \$ _____ To _____ Pay Status: ___ Hourly ___ Salary		Job Function: _____
	Pay Frequency: ___ Bi-weekly ___ Monthly		Ethnic Code: _____
	Average Hours Worked per Week: _____		

RETIREMENT INFO	Is this employee an OPERS or other retirement system benefit recipient? ___ YES ___ NO <small>(Other retirement systems Include STRS, SERS, OP&F, HPRS & CRS.)</small>	INSURANCE INFO	(Health & BDD Only)		
	Retirement Withheld: ___ STRS ___ OPERS		Medical	Vision	Dental
	If OPERS, will this be Full Time Law Enforcement? ___ Yes ___ No		SGL	EE/CH	EE/SP

TAX INFO	Does employee work inside municipality? – If YES, which Municipality _____
	Does employee live inside municipality? – If YES, which Municipality _____
	Courtesy Residence Tax: I ___ DO ___ DO NOT want any additional residence tax withheld from my paycheck.
	School District of Employee's Residence: _____ <small style="margin-left: 40px;">Number Name</small>

EMERGENCY INFO	Primary Contact	Secondary Contact
	Name	
	Relationship	
	Phone Number	
	Alternate Phone #	

Relationships: Spouse, Son, Daughter, Father, Mother, Brother, Sister, Uncle, Aunt, Nephew, Niece, Friend

Auditor's Office Use Only – Payroll Ohio New Hire OPERS AUL/Vol AUL Basic Principal

Employee Signature Date

Employer Signature Date 9/12/2022

PAYROLL EMPLOYEE INFORMATION FORM

This form must be turned in by 3:00pm on the Thursday before Pay Day!!

TYPE OF CHANGE	<input type="checkbox"/> New Employee	<input type="checkbox"/> Name Change (Include copy of SS card)	<small>Auditor's Office Use Only</small>
	<input type="checkbox"/> Rehire/Seasonal	<input type="checkbox"/> Address Change	
	<input type="checkbox"/> Transfer/Add Funds	<input checked="" type="checkbox"/> Rate Change	
	<input type="checkbox"/> Remove from Fund(s)	<input type="checkbox"/> Job Title Change	
	<input type="checkbox"/> Retirement	<input type="checkbox"/> FT/PT Status Change	
	<input type="checkbox"/> Term - End of Season	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Termination/Resignation		
PERSONAL INFO	Employee ID: ██████████ SSN: ██████████		
	Name: ██████████ ██████████ ██████████ ██████████ <small>Last first middle suffix</small>		
	Street Address: _____		
	City, State, Zip: _____		
D.O.B: _____ Marital Status: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
Hire Date: <u>09/16/2019</u> Termination Date: _____ Will there be a pay out? <small>(First day physically at work) (Last day of earnable pay – excluding pay outs) YES NO</small>			
WAGE INFO	Fund: <u>A00</u> Dept: <u>0176</u>		EEOC INFO
	Job Title: ██████████		
	Pay Rate: From \$ <u>23.28</u> To <u>24.23</u> Pay Status: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary		
	Pay Frequency: <input checked="" type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly		
	Average Hours Worked per Week: <u>40</u>		
Part-Time: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Seasonal: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(Used for New Hires and Job Title Changes)	
Effective Date: ██████████		Job Class (Category): _____	
(Used for any Wage Changes)		Job Function: _____	
		Ethnic Code: _____	
RETIREMENT INFO	Is this employee an OPERS or other retirement system benefit recipient? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Other retirement systems include STRS, SERS, OP&F, HPRS & CRS.)</small>		
	Retirement Withheld: <input type="checkbox"/> STRS <input type="checkbox"/> OPERS		
	If OPERS, will this be Full Time Law Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
INSURANCE INFO	<small>(Health & BDD Only)</small>		
	<small>Medical Vision Dental</small>		
	SGL	<input type="checkbox"/>	<input type="checkbox"/>
	EE/CH	<input type="checkbox"/>	<input type="checkbox"/>
EE/SP	<input type="checkbox"/>	<input type="checkbox"/>	
FAM	<input type="checkbox"/>	<input type="checkbox"/>	
TAX INFO	Does employee work inside municipality? – If YES, which Municipality _____		
	Does employee live inside municipality? – If YES, which Municipality _____		
	Courtesy Residence Tax: I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want any additional residence tax withheld from my paycheck.		
	School District of Employee's Residence: _____ <small>Number Name</small>		
EMERGENCY INFO	Primary Contact		Secondary Contact
	Name		
	Relationship		
	Phone Number		
	Alternate Phone #		
Relationships: Spouse, Son, Daughter, Father, Mother, Brother, Sister, Uncle, Aunt, Nephew, Niece, Friend			

Auditor's Office Use Only – Payroll Ohio New Hire OPERS AULVol AUL-Basic Principal

Employee Signature Date

Employer Signature Date 2/24/2022

Tuscarawas County HCC

AultCare Open Enrollment Election Form

Effective January 1, 2022 through December 31, 2022

Instructions

1. Choose a medical plan by marking "X" the line under your medical plan choice and across the row from your enrollment category (e.g. single, employee & children, employee & spouse or family).
2. Print and sign your name along with your social security number or AultCare Member ID number and date.
3. The completed forms must be returned to Abby Nutter in the Auditor's Office **no later than December 10th, 2021 by 4:30pm.**
4. If enrolling a dependent not previously covered under this plan or dropping a dependent, you will need to complete an AultCare Enrollment Form. Additional enrollment forms can be picked up from the Auditor's Office.
5. If waiving coverage, complete the waiver section at the bottom of this form and complete the AultCare waiver form.

<u>Medical Plans</u>	\$250/\$500 Deductible <u>PPO Plan</u>	\$200/\$400 Deductible <u>PPO Plan</u>	\$750/\$1,500 Deductible <u>PPO Plan</u>
Single			
Bi-weekly Cost to Employee:	\$41.83	\$20.05	\$18.37
Emp & child(ren)			
Bi-weekly Cost to Employee:	\$74.13	\$40.57	\$33.99
Emp & spouse			
Bi-weekly Cost to Employee:	\$84.07	\$46.05	\$38.58
Family			
Bi-Weekly Cost to Employee:	\$130.11	\$71.27	\$59.70

<table border="0"> <tr> <td style="text-align: center;">\$1,400/\$2,800 Deductible <u>H.S.A. Plan</u></td> <td style="text-align: center;">\$10.27</td> </tr> <tr> <td style="text-align: center;">\$19.59</td> <td></td> </tr> <tr> <td style="text-align: center;">\$22.24</td> <td></td> </tr> <tr> <td style="text-align: center;">\$34.41</td> <td></td> </tr> </table>	\$1,400/\$2,800 Deductible <u>H.S.A. Plan</u>	\$10.27	\$19.59		\$22.24		\$34.41		<p><u>H.S.A. Important Information</u></p> <p>If you elect the H.S.A. plan, are under age 65 and do not participate in another health insurance program, you should be eligible to participate in a H.S.A. In 2022, the County will deposit \$50.00 per month for single coverage and \$100 per month for family coverage (incl. Emp & Child & Emp & Spouse) for any eligible participant electing the H.S.A. plan. If you would like to make additional tax-free deposits into your H.S.A. through payroll deduction, please enter the additional bi-weekly amount you would like withheld or enter -0- if none _____.</p> <p><u>New H.S.A. Participants Only</u> Your H.S.A. bank direct deposit form must be provided to our office by December 27th, 2021 with verification of the account and routing number from your bank.</p>
\$1,400/\$2,800 Deductible <u>H.S.A. Plan</u>	\$10.27								
\$19.59									
\$22.24									
\$34.41									

Employee's Printed Name: _____
 Employee's Signature: _____

Social Security Number or AultCare Member ID: _____
 Date: November 29th, 2021

If you are waiving coverage, please initial box and complete the AultCare application electing to waive coverage included in this packet.

If you are receiving dependent coverage through a member of the Tuscarawas County Healthcare Consortium, print the member's name and office/department on the line below. If not, write "other coverage" on the line below. Please do not leave it blank.

 Member's Name and Office/Department or Other Coverage

that an employee investigate what the permitted uses are before copying or sharing any copyrighted materials. Please consult and implement the procedures outlined in this policy.

Any employee who violates Tuscarawas County copyright policy may be subject to disciplinary action up to and including termination.

Tuscarawas County's Rights with Regard to Computer Systems and Software

Tuscarawas County reserves the right to monitor employee computer systems (including desktop, laptop and handheld devices) and any content stored on an employee's computer system.

Tuscarawas County also reserves the right to remove, delete, modify or otherwise disable access to any materials found to be infringing of copyright.

Any shareware or software to be used on Tuscarawas County's computers must be licensed by Tuscarawas County if they are to be used by an employee, consultant or contractor. For the security and safety of our systems they should also be installed with the permission and assistance of our Information Technology staff. Employees are reminded that all computers, equipment and software supplied by Tuscarawas County are subject to periodic audit.

If an employee is issued a password to access information licensed by Tuscarawas County, the employee is expected to take all reasonable measures to protect the security of the password and not to share the password with anyone.

Handling Copyright Infringement

Tuscarawas County expects its employees to be responsible consumers of copyright-protected materials. We also encourage employees to educate their peers on copyright compliance. If any employee witnesses a potential copyright infringement, please bring the matter to the attention of the individual as well as to Tuscarawas County's IT Director. Employees who illegally reproduce copyright-protected works may be subject to disciplinary action up to and including termination.

I hereby acknowledge that I have read the above policies, and agree to abide by these regulations as established. I acknowledge that a written copy of these policies is available for my reference, through my employer, the Tuscarawas County ADP Board, or the County Information Technology Department.



11/03/21
Date

PAYROLL EMPLOYEE INFORMATION FORM

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TYPE OF CHANGE	<input type="checkbox"/> New Employee	<input type="checkbox"/> Name Change (include copy of SS card)	Auditor's Office Use Only	
	<input type="checkbox"/> Rehire/Seasonal	<input type="checkbox"/> Address Change		
	<input checked="" type="checkbox"/> Transfer/Add Funds	<input type="checkbox"/> Rate Change		
	<input type="checkbox"/> Remove from Fund(s)	<input checked="" type="checkbox"/> Job Title Change		
	<input type="checkbox"/> Retirement	<input type="checkbox"/> FT/PT Status Change		
	<input type="checkbox"/> Term - End of Season	<input type="checkbox"/> Other:		
	<input type="checkbox"/> Termination/Resignation			
PERSONAL INFO	Employee ID: [REDACTED] SSN: _____			
	Name: [REDACTED] [REDACTED] _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last first middle suffix</small>			
	Street Address: _____			
	City, State, Zip: _____			
	D.O.B: _____ Marital Status: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
Hire Date: _____ Termination Date: _____ Will there be a pay out? <small>(First day physically at work) (Last day of earnable pay – excluding pay outs) YES NO</small>				
WAGE INFO	Fund: A00 Dept: 0176		EEOC INFO	
	Job Title: [REDACTED]			(Used for New Hires and Job Title Changes)
	Pay Rate: From \$ 20.74 To 22.08 Pay Status: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary			Job Class (Category): _____
	Pay Frequency: <input checked="" type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly			Job Function: _____
	Average Hours Worked per Week: 40			Ethnic Code: _____
Part-Time: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Seasonal: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Effective Date: [REDACTED] <small>(Used for any Wage Changes)</small>				
RETIREMENT INFO	Is this employee an OPERS or other retirement system benefit recipient? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Other retirement systems include STRS, SERS, OP&F, HPRS & CRS.)</small>			
	Retirement Withheld: <input type="checkbox"/> STRS <input type="checkbox"/> OPERS			
	If OPERS, will this be Full Time Law Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
INSURANCE INFO	(Health & BDD Only)			
	Medical Vision Dental			
	SGL	<input type="checkbox"/>	<input type="checkbox"/>	
	EE/CH	<input type="checkbox"/>	<input type="checkbox"/>	
EE/SP	<input type="checkbox"/>	<input type="checkbox"/>		
FAM	<input type="checkbox"/>	<input type="checkbox"/>		
TAX INFO	Does employee work inside municipality? – If YES, which Municipality _____			
	Does employee live inside municipality? – If YES, which Municipality _____			
	Courtesy Residence Tax: I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want any additional residence tax withheld from my paycheck.			
	School District of Employee's Residence: _____ <small style="display: flex; justify-content: space-around; width: 100%;">Number Name</small>			
EMERGENCY INFO	Primary Contact		Secondary Contact	
	Name			
	Relationship			
	Phone Number			
	Alternate Phone #			
Relationships: Spouse, Son, Daughter, Father, Mother, Brother, Sister, Uncle, Aunt, Nephew, Niece, Friend				

Auditor's Office Use Only – Payroll OPERS AUL/Vol AUL Basic Principal Ohio New Hire

Employee Signature	Date	Employer Signature	1/13/2021 Date
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PAYROLL EMPLOYEE INFORMATION FORM

This form must be turned in by 3:00pm on the Thursday before Pay Day!!

TYPE OF CHANGE	New Employee	Name Change <small>(Include copy of SS card)</small>	Auditor's Office Use Only
	Rehire/Seasonal	Address Change	
	Transfer/Add Funds	<input checked="" type="checkbox"/> Rate Change	
	Remove from Fund(s)	Job Title Change	
	Retirement	FT/PT Status Change	
	Term - End of Season	Other:	
	Termination/Resignation		

PERSONAL INFO	Employee ID: XXXXXXXXXX SSN: _____		
	Name: XXXXXXXXXX XXXXXXXXXX _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last middle suffix</small>		
	Street Address: _____		
	City, State, Zip: _____		
	D.O.B: _____ Marital Status: ___ MARRIED ___ SINGLE Gender: ___ MALE ___ FEMALE		
	Hire Date: _____ Termination Date: _____ Will there be a pay out? <small>(First day physically at work) (Last day of earnable pay – excluding pay outs)</small> YES ___ NO ___		

WAGE INFO	Fund: <u>B55</u> Dept: <u>2710</u>	EEOC INFO	(Used for New Hires and Job Title Changes)
	Job Title: <u>Corrections Officer</u>		Job Class (Category): _____
	Pay Rate: From \$ <u>20.23</u> To <u>20.74</u> Pay Status: <input checked="" type="checkbox"/> Hourly ___ Salary		Job Function: _____
	Pay Frequency: <input checked="" type="checkbox"/> Bi-weekly ___ Monthly		Ethnic Code: _____
	Average Hours Worked per Week: <u>40</u>		
	Part-Time: ___ YES <input checked="" type="checkbox"/> NO Seasonal: ___ YES <input checked="" type="checkbox"/> NO		

RETIREMENT INFO	Is this employee an OPERS or other retirement system benefit recipient? ___ YES ___ NO <small>(Other retirement systems include STRS, SERS, OP&F, HPRS & CRS.)</small>	INSURANCE INFO																			
	Retirement Withheld: ___ STRS ___ OPERS		(Health & BDD Only)																		
	If OPERS, will this be Full Time Law Enforcement? ___ Yes ___ No		<table style="width: 100%; text-align: center;"> <tr> <td></td> <td>Medical</td> <td>Vision</td> <td>Dental</td> </tr> <tr> <td>SGL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>EE/CH</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>EE/SP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>FAM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Medical	Vision	Dental	SGL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE/CH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE/SP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAM	<input type="checkbox"/>
	Medical	Vision	Dental																		
SGL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
EE/CH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
EE/SP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
FAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

TAX INFO	Does employee work inside municipality? – If YES, which Municipality _____
	Does employee live inside municipality? – If YES, which Municipality _____
	Courtesy Residence Tax: I ___ DO ___ DO NOT want any additional residence tax withheld from my paycheck.

EMERGENCY INFO		Primary Contact	Secondary Contact
	Name		
	Relationship		
	Phone Number		
	Alternate Phone #		

Relationships: Spouse, Son, Daughter, Father, Mother, Brother, Sister, Uncle, Aunt, Nephew, Niece, Friend

 Auditor's Office Use Only – Payroll Ohio New Hire OPERS AUL/Vol AUL Basic Principal

_____ Date
Employee Signature

1/5/2021

Employer Signature Date

Tuscarawas County HCC

AultCare Open Enrollment Election Form

Effective January 1, 2021 through December 31, 2021

Instructions

1. Choose a medical plan by marking "X" the line under your medical plan choice and across the row from your enrollment category (e.g. single, employee & children, employee & spouse or family).
2. Print and sign your name along with your social security number or AultCare Member ID number and date.
3. The completed forms must be returned to Andrea in the Auditor's Office **no later than December 14th, 2020 by 4:30pm.**
4. If enrolling a dependent not previously covered under this plan or dropping a dependent, you will need to complete an AultCare Enrollment Form. Additional enrollment forms can be picked up from the Auditor's Office.
5. If waiving coverage, complete the waiver section at the bottom of this form and complete the AultCare waiver form.

Medical Plans

	\$250/\$500 Deductible <u>PPO Plan</u>	\$200/\$400 Deductible <u>PPO Plan</u>	\$750/\$1,500 Deductible <u>PPO Plan</u>
Single			
Bi-weekly Cost to Employee:	\$38.41	\$18.35	\$16.81
Emp & child(ren)			
Bi-weekly Cost to Employee:	\$67.80	\$37.11	\$31.10
Emp & spouse			
Bi-weekly Cost to Employee:	\$76.89	\$42.13	\$35.30
Family			
Bi-Weekly Cost to Employee:	\$119.00	\$65.19	\$54.64

\$1,400/\$2,800 Deductible <u>H.S.A. Plan</u>	<u>H.S.A. Important Information</u>
\$9.41	If you elect the <u>H.S.A. plan</u> , are under age 65 and do not participate in another health insurance program, you should be eligible to participate in a H.S.A. In 2021, the County will deposit \$50.00 per month for single coverage and \$100 per month for family coverage (incl. Emp & Child & Emp & Spouse) for any eligible participant electing the H.S.A. plan. If you would like to make additional tax-free deposits into your H.S.A. through payroll deduction, please enter the additional bi-weekly amount you would like withheld or enter -0- if none.
\$17.93	
\$20.35	
\$31.49	
	<u>New H.S.A. Participants Only</u> Your H.S.A. bank direct deposit form must be provided to our office by December 28 th , 2020.

Employee's Printed Name: _____

Social Security Number or AultCare Member ID: _____

Employee's Signature: _____

Date: _____

If you are waiving coverage, please initial box and complete the AultCare application electing to waive coverage included in this packet.

If you are receiving dependent coverage through a member of the Tuscarawas County Healthcare Consortium, print the member's name and office/department on the line below. If not, write "other coverage" on the line below. Please do not leave it blank.

Member's Name and Office/Department or Other Coverage

Tuscarawas County HCC

AultCare Open Enrollment Election Form

Effective January 1, 2020 through December 31, 2020

Instructions

1. Choose a medical plan by marking "X" the line under your medical plan choice and across the row from your enrollment category (e.g. single, employee & children, employee & spouse or family).
2. Print and sign your name along with your social security number or AultCare Member ID number and date.
3. The completed forms must be returned to Andrea in the Auditor's Office **no later than December 13th, 2019 by 4:30pm.**
4. If enrolling a dependent not previously covered under this plan or dropping a dependent, you will need to complete an AultCare Enrollment Form. Additional enrollment forms can be picked up from the Auditor's Office.
5. If waiving coverage, complete the waiver section at the bottom of this form and complete the AultCare waiver form.

<u>Medical Plans</u>	\$250/\$500 Deductible <u>PPO Plan</u>	\$200/\$400 Deductible <u>PPO Plan</u>	\$750/\$1,500 Deductible <u>PPO Plan</u>
Single			
Bi-weekly Cost to Employee:	\$37.40	\$17.87	\$16.38
Emp & child(ren)			
Bi-weekly Cost to Employee:	\$66.01	\$36.14	\$30.30
Emp & spouse			
Bi-weekly Cost to Employee:	\$74.87	\$41.02	\$34.39
Family			
Bi-Weekly Cost to Employee:	\$115.86	\$63.48	\$53.22

H.S.A. Important Information

If you elect the **H.S.A. plan**, are under age 65 and do not participate in another health insurance program, you should be eligible to participate in a H.S.A. In 2020, the County will deposit \$50.00 per month for single coverage and \$100 per month for family coverage (incl. Emp & Child & Emp & Spouse) for any eligible participant electing the H.S.A. plan. **If you would like to make additional tax-free deposits into your H.S.A. through payroll deduction, please enter the additional bi-weekly amount you would like withheld or enter -0- if none.**

New H.S.A. Participants Only
Your H.S.A. bank direct deposit form must be provided to our office by December 27th, 2020.

Employee's Printed Name: _____

Social Security Number or AultCare Member ID: _____

Employee's Signature: _____

Date: 12/06/19

If you are waiving coverage, please initial box and complete the AultCare application electing to waive coverage included in this packet.

If you are receiving dependent coverage through a member of the Tuscarawas County Healthcare Consortium, print the member's name and office/department on the line below. If not, write "other coverage" on the line below. Please do not leave it blank.

Member's Name and Office/Department or Other Coverage

PAYROLL EMPLOYEE INFORMATION FORM

This form must be turned in by 3:00pm on the Thursday before Pay Day!!

TYPE OF CHANGE	<input type="checkbox"/> New Employee	<input type="checkbox"/> Name Change (Include copy of SS card)	Auditor's Office Use Only
	<input type="checkbox"/> Rehire/Seasonal	<input type="checkbox"/> Address Change	
	<input type="checkbox"/> Transfer/Add Funds	<input checked="" type="checkbox"/> Rate Change	
	<input type="checkbox"/> Remove from Fund(s)	<input type="checkbox"/> Job Title Change	
	<input type="checkbox"/> Retirement	<input type="checkbox"/> FT/PT Status Change	
	<input type="checkbox"/> Term - End of Season	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Termination/Resignation	Contractual Yearly Raise	

PERSONAL INFO	Employee ID: [REDACTED] SSN: _____
	Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED] <small style="display: flex; justify-content: space-between; width: 100%;">Last first middle suffix</small>
	Street Address: _____
	City, State, Zip: _____
	D.O.B: _____ Marital Status: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

WAGE INFO	EEOC INFO	Fund: <u>B55</u> Dept: <u>2710</u>	(Used for New Hires and Job Title Changes)
		Job Title: [REDACTED] Pay Rate: From \$ <u>19.39</u> To <u>19.97</u> Pay Status: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary Pay Frequency: <input checked="" type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly Average Hours Worked per Week: <u>40</u> Part-Time: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Seasonal: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Effective Date: [REDACTED] (Used for any Wage Changes)	Job Class (Category): _____ Job Function: _____ Ethnic Code: _____

RETIREMENT INFO	INSURANCE INFO	Is this employee an OPERS or other retirement system benefit recipient? <input type="checkbox"/> YES <input type="checkbox"/> NO (Other retirement systems include STRS, SERS, OP&F, HPRS & CRS.)	(Health & BDD Only)																		
		Retirement Withheld: <input type="checkbox"/> STRS <input type="checkbox"/> OPERS If OPERS, will this be Full Time Law Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Medical</td> <td style="text-align: center;">Vision</td> <td style="text-align: center;">Dental</td> </tr> <tr> <td>SGL</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EE/CH</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EE/SP</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>FAM</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Medical	Vision	Dental	SGL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE/CH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE/SP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAM	<input type="checkbox"/>
	Medical	Vision	Dental																		
SGL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
EE/CH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
EE/SP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
FAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

TAX INFO	Does employee work inside municipality? – If YES, which Municipality _____
	Does employee live inside municipality? – If YES, which Municipality _____
	Courtesy Residence Tax: I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want any additional residence tax withheld from my paycheck.

EMERGENCY INFO	Primary Contact		Secondary Contact	
	Name			
	Relationship			
	Phone Number			
	Alternate Phone #			

Relationships: Spouse, Son, Daughter, Father, Mother, Brother, Sister, Uncle, Aunt, Nephew, Niece, Friend

Employee Signature

Date

Employer Signature

Date

PAYROLL EMPLOYEE INFORMATION FORM

This form must be turned in by 3:00pm on the Thursday before Pay Day!!

TYPE OF CHANGE	New Employee	Name Change (include copy of SS card)	Auditor's Office Use Only
	Rehire/Seasonal	Address Change	
	Transfer/Add Funds	Rate Change	
	Remove from Fund(s)	Job Title Change	
	Retirement	FT/PT Status Change	
	Term - End of Season	Other:	
	Termination/Resignation		

PERSONAL INFO	Employee ID: _____ SSN: _____	
	Name: _____ <small>Last</small>	<small>suffix</small>
	Street Address: _____	
	City, State, Zip: _____	
	D.O.B: _____	Marital Status: <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE
	Gender: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Hire Date: _____ Termination Date: _____ Will there be a pay out? <small>(First day physically at work) (Last day of earnable pay – excluding pay outs)</small>		
		<input type="checkbox"/> YES <input type="checkbox"/> NO

WAGE INFO	Fund: _____ Dept: _____	EEOC INFO	<small>(Used for New Hires and Job Title Changes)</small>
	Job Title: _____		Job Class (Category):
	Pay Rate: From \$ _____ To _____ Pay Status: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary		_____
	Pay Frequency: <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly		Job Function:
	Average Hours Worked per Week: _____		_____
	Part-Time: <input type="checkbox"/> YES <input type="checkbox"/> NO Seasonal: <input type="checkbox"/> YES <input type="checkbox"/> NO		Ethnic Code:
Effective Date: _____ <small>(Used for any Wage Changes)</small>			

RETIREMENT INFO	Is this employee an OPERS or other retirement system benefit recipient? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Other retirement systems include STRS, SERS, OP&F, HPRS & CRS.)</small>	INSURANCE INFO	<small>(Health & BDD Only)</small>		
	Retirement Withheld: <input type="checkbox"/> STRS <input type="checkbox"/> OPERS		<small>Medical</small>	<small>Vision</small>	<small>Dental</small>
	If OPERS, will this be Full Time Law Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No		SGL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			EE/CH <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		EE/SP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		FAM <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TAX INFO	Does employee work inside municipality? – If YES, which Municipality _____
	Does employee live inside municipality? – If YES, which Municipality _____
	Courtesy Residence Tax: I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want any additional residence tax withheld from my paycheck.
	School District of Employee's Residence: _____ <small>Number Name</small>

EMERGENCY INFO	Primary Contact	Secondary Contact	
	Name	_____	_____
	Relationship	_____	_____
	Phone Number	_____	_____
	Alternate Phone #	_____	_____

Relationships: Spouse, Son, Daughter, Father, Mother, Brother, Sister, Uncle, Aunt, Nephew, Niece, Friend

Signature Date 09/18/19 Employer Signature Date

Auditor's Office Use Only – Payroll Ohio New Hire OPERS AULVol AUL Basic Principal

PAYROLL EMPLOYEE INFORMATION FORM

This form must be turned in by 3:00pm on the Thursday before Pay Day!!

TYPE OF CHANGE	<input checked="" type="checkbox"/> New Employee	Name Change (include copy of SS card)	Auditor's Office Use Only	
	<input type="checkbox"/> Rehire/Seasonal	Address Change		
	<input type="checkbox"/> Transfer/Add Funds	Rate Change		
	<input type="checkbox"/> Remove from Fund(s)	Job Title Change		
	<input type="checkbox"/> Retirement	FT/PT Status Change		
	<input type="checkbox"/> Term - End of Season	Other:		
	<input type="checkbox"/> Termination/Resignation			
PERSONAL INFO	Employee ID: _____ SSN: _____			
	Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last first middle suffix</small>			
	Street Address: _____			
	City, State, Zip: _____			
	D.O.B: _____ Marital Status: <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE Gender: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
Hire Date: <u>09/16/2019</u> Termination Date: _____ Will there be a pay out? <small>(First day physically at work) (Last day of earnable pay – excluding pay outs)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAGE INFO	Fund: <u>B55, X32, X632, X832</u> Dept: <u>2710, 3710, 3712, 3714</u>		EEOC INFO	
	Job Title: _____			(Used for New Hires and Job Title Changes)
	Pay Rate: From \$ <u>19.39</u> To _____ Pay Status: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary			Job Class (Category): Protective Service Worker
	Pay Frequency: <input checked="" type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly			Job Function: Corrections
	Average Hours Worked per Week: <u>40</u>			Ethnic Code: White (not Hispanic origin)
Part-Time: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Seasonal: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Effective Date: _____ <small>(Used for any Wage Changes)</small>				
RETIREMENT INFO	Is this employee an OPERS or other retirement system benefit recipient? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Other retirement systems include STRS, SERS, OP&F, HPRS & CRS.)</small>			
	Retirement Withheld: <input type="checkbox"/> STRS <input type="checkbox"/> OPERS			
	If OPERS, will this be Full Time Law Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
TAX INFO	Does employee work inside municipality? – If YES, which Municipality <u>Yes, New Philadelphia</u>			
	Does employee live inside municipality? – If YES, which Municipality <u>No</u>			
	Courtesy Residence Tax: I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want any additional residence tax withheld from my paycheck.			
	School District of Employee's Residence: <u>7904</u> <u>Indian Valley LSD</u> <small>Number Name</small>			
EMERGENCY INFO	Primary Contact		Secondary Contact	
	Name			
	Relationship			
	Phone Number			
	Alternate Phone #			
Relationships: Spouse, Son, Daughter, Father, Mother, Brother, Sister, Uncle, Aunt, Nephew, Niece, Friend				

Auditor's Office Use Only – Payroll Ohio New Hire OPERS AUL Vol AUL Basic Principal

Employee Signature

Date

Employer Signature
9/18/19

Date



Tuscarawas County Sheriff's Office

2295 Reiser Avenue, S.E. ★ New Philadelphia, Ohio 44663

Phone: (330) 339-2000 ★ Fax: (330) 339-4432

Orvis L. Campbell
Sheriff

UNIFORM ALLOWANCE REIMBURSEMENT

This agreement is voluntarily entered into with the Tuscarawas County Sheriff's Office and the employee listed below.

I, [REDACTED], acknowledge the receipt of the uniform allowance in the

amount of \$ 875.00 agree to the following:

1. I agree to use this allowance in accordance with the Tuscarawas Co. Sheriff's Office and the Collective Bargaining Agreement applicable to my job classification.
2. I understand that if I resign or my employment is otherwise terminated with the Tuscarawas County Sheriff's Office before completing my probationary period, my final regular earnings paycheck will be applied to reimburse this amount less \$200.00, and I will remain responsible for any additional amount owed following such application.
3. I understand that if I do complete my probation period this payment satisfies the Uniform Allowance for this calendar year 2019.

[REDACTED]

9/24/18
Date



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
[REDACTED]		[REDACTED]		[REDACTED]		
Address (Street Number and Name)			Apt. Number	City or Town	State	ZIP Code
[REDACTED]				[REDACTED]	OH	[REDACTED]
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	
[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

Signature of Employee [REDACTED]	Today's Date (mm/dd/yyyy) 09/18/19
----------------------------------	------------------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)			City or Town	State	ZIP Code

STOP ; Employer Completes Next Page STOP




Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

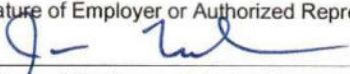
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) [REDACTED]	First Name (Given Name) [REDACTED]	M.I. [REDACTED]	Citizenship/Immigration Status 1
-------------------------------------	---------------------------------------	---------------------------------------	--------------------	-------------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title Driver's license issued by state/territory		Document Title Social Security Card (Unrestricted)
Issuing Authority N/A		Issuing Authority Ohio		Issuing Authority Social Security Administration
Document Number N/A		Document Number [REDACTED]		Document Number [REDACTED]
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) [REDACTED]		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 2 Do Not Write In This Space  </div>
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 09/16/2019 (See instructions for exemptions)

Signature of Employer or Authorized Representative 		Today's Date (mm/dd/yyyy) <u>09/18/2019</u>	Title of Employer or Authorized Representative Fiscal HR Administrator	
Last Name of Employer or Authorized Representative Torch	First Name of Employer or Authorized Representative James	Employer's Business or Organization Name Tuscarawas County Sheriff		
Employer's Business or Organization Address (Street Number and Name) 2295 Reiser Ave SE	City or Town New Philadelphia	State OH	ZIP Code 44663	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
----------------------------------------------------	---------------------------	-----------------------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



PRE-EMPLOYMENT POLYGRAPH EXAMINATION REPORT:

Prepared for

THE TUSCARAWAS COUNTY SHERIFF'S OFFICE

On July 23rd, 2019, one [REDACTED] age [REDACTED], of [REDACTED] [REDACTED] appeared at the Stark County Sheriff's Office in Canton, Ohio to be examined on the polygraph, a detection of deception technique.

The purpose of this examination was to determine if [REDACTED] was attempting to conceal or withhold any information that would disqualify him from becoming a Corrections Officer with The Tuscarawas County Sheriff's Office.

During the pre-test interview, [REDACTED] made the following admissions which are pertinent to the background investigation:

In 2016, the applicant applied for the position of trooper with The Ohio State Highway Patrol. The applicant states after he had arrived at the patrol academy to take his entry tests, he was informed that he was [REDACTED]
[REDACTED]

From September 2018 to January 2019, the applicant was employed at Lauren Manufacturing (through ManCan) in New Philadelphia, Ohio. He quit this employment without giving any noticed. The applicant states he was offered another job by a friend, after quitting, the applicant found out his friend did not have any work for him.

The applicant believes his has an [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

The applicant states he currently does not have insurance on his personal vehicle; subsequently he is using a relative's vehicle which he states is insured.

Between the ages of 17 and 19, the applicant possessed/used marihuana three (3) times, each time the marihuana was given to him.

The applicant has been with a relative and friend, who were selling/buying marihuana from each other five (5) to six (6) times, the last time occurred in 2018.

In 2017, the applicant possessed/used prescription Vicodin which was not prescribed to him. He bought the four (4) to five (5) pills from an acquaintance; he could not remember how much he paid for the pills.

July 2016, the applicant drove a motor vehicle after consuming five (5) to six (6) beers.

July 2016, the applicant was a passenger in a motor vehicle consuming alcohol.

[REDACTED]

The applicant states the most valuable item he ever shoplifted was Chapstick, 3-4 years ago.

In 2016 while at a Wal-Mart store, the applicant switched price tags on fishing poles, he saved approximately \$20-\$30.

The applicant states his parents had told him, when he was in grade school he stole a wallet from someone at the school. The applicant could not provide any other details.

Following the pre-test interview, [REDACTED] was examined on the polygraph using standard polygraph technique and procedure throughout the examination.

POLYGRAPH RESULTS

The polygraph examination was divided into two (2) separate tests per the rules of the Directed Lie Screening Test (DLST) that was utilized for this examination.

SUBTEST A

Question: Are you concealing any information about your involvement with illegal drugs?

Answer: (No) **NO OPINION**

Question: Did you ever commit an unlawful sex act?

Answer: (No) **NO OPINION**

SUBTEST B

Question: Are you concealing any information about your involvement in a theft?

Answer: (No) **NO OPINION**

Question: Did you ever commit a serious crime?

Answer: (No) **NO OPINION**

During SUBTEST A and SUBTEST B it was visibly obvious the applicant was controlling his breathing and taking deep swallows. The applicant had already been instructed; not to control his breathing or take deep swallows, which he had done during the "acquaintance test", the applicant stated he understood his instructions. The applicant states he was told by friends and a close relative to try to slow down his breathing during the polygraph test (this information is also published on the internet as a "way to beat the polygraph").

While reviewing with the applicant his test questions for SUBTEST B, the applicant answered "no" to the serious crime question, the applicant stated he understood the question, yet during the actual test, he answered "yes" each time (3) the question was asked. The applicant states he answered "yes" because he thought the "hunting violation he committed was a serious crime. The applicant was explained; the misdemeanor hunting violation he disclosed was not considered a serious crime.

Due to the applicant's deliberate attempt to manipulate his polygraph tracings, and failing to answer his test question as instructed, the data collected cannot be accurately analyzed, therefore the test results can only be; **NO OPINION**.

REPORT BY POLYGRAPH EXAMINER: *Randy R. Alexander* **DATE:** 07-23-19 **REPORT #** [REDACTED]



PRE-EMPLOYMENT POLYGRAPH EXAMINATION REPORT:

Prepared for

THE TUSCARAWAS COUNTY SHERIFF'S OFFICE

On August 13th, 2019, one [REDACTED] age [REDACTED] of [REDACTED] appeared at the Stark County Sheriff's Office in Canton, Ohio to be examined on the polygraph, a detection of deception technique. Note: [REDACTED] was administered a pre-employment polygraph examination on July 23rd, 2019; polygraph report number [REDACTED]

The purpose of this re-examination was to determine if [REDACTED] was attempting to conceal or withhold any information that would disqualify him from becoming a Corrections Officer with The Tuscarawas County Sheriff's Office.

During the pre-test interview, [REDACTED] made the following new admissions which are pertinent to the background investigation:

In 2015/2016, the applicant was involved in a two vehicle hit-skip traffic crash. The crash occurred at dawn in Newcomerstown, Ohio. The applicant states he was on his way to work ("running late") when he sideswiped a parked car, he states he damaged the driver's side mirror on the other car. The applicant states he did not report the crash due to not having auto insurance and did not want to risk a traffic charge.

The applicant states he has recently obtained auto insurance.

Following the pre-test interview, [REDACTED] was examined on the polygraph using standard polygraph technique and procedure throughout the examination.

POLYGRAPH RESULTS

The polygraph examination was divided into two (2) separate tests per the rules of the Directed Lie Screening Test (DLST) that was utilized for this examination.

SUBTEST A

Question: Are you concealing any information about your involvement with illegal drugs?

Answer: (No) **NO SIGNIFICANT REACTIONS**

Question: Did you ever commit an unlawful sex act?

Answer: (No) **NO SIGNIFICANT REACTIONS**

SUBTEST B

Question: Are you concealing any information about your involvement in a theft?

Answer: (No) **NO SIGNIFICANT REACTIONS**

Question: Did you ever commit a serious crime?

Answer: (No) **NO SIGNIFICANT REACTIONS**

REPORT BY POLYGRAPH EXAMINER: *Randy R. Alexander* DATE: 08-13-19 REPORT # [REDACTED]



Ohio Revised Code section 3121.89 to 3121.8910 requires all Ohio employers, both public and private, to report all contractors and newly hired employees to the state of Ohio within 20 days of the contract or hire date. Information about new hire reporting and online reporting is available on our website: www.oh-newhire.com

Send completed forms to:

Ohio New Hire Reporting Center

PO Box 15309

Columbus, OH 43215-0309

Fax: (614) 221-7088 or toll-free fax (888) 872-1611

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C	1	2	3
---	---	---	---	---	---

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) (Please use the same FEIN as the listed employee's quarterly wages will be reported under):

Employer Name:

T	U	S	C	A	R	A	W	A	S		C	O	U	N	T	Y		S	H	E	R	I	F	F
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---

Employer Address (Please indicate the address where the Income Withholding Orders should be sent).

2	2	9	5		R	E	I	S	E	R		A	V	E		S	E							
---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	--	---	---	--	--	--	--	--	--	--

N	E	W		P	H	I	L	A	D	E	L	P	H	I	A									
---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Employer City:

Employer State: Zip Code (5 digit):

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O	H																						
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Employer Phone (optional):

Extension:

Employer Fax (optional):

3	3	0	3	3	9	2	0	0	0														
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3	3	0	3	3	9	4	4	3	2														
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email: sheriff@co.tuscarawas.oh.us

EMPLOYEE OR CONTRACTOR INFORMATION

Social Security Number (SSN)

(Check here if using FEIN for the Contractor)

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State of Hire:

O	H
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First Name:

Middle Initial:

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Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address:

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City:

State:

Zip Code (5 digit):

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O	H
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Date of Hire:

Date of Birth:

Is this a Contractor?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Yes No

Date payments will begin for Contractor:

Length of time the Contractor will be performing services:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 months

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (614) 221-5330 or toll-free (888) 872-1490

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)					5 <input type="text" value="0"/>
6 Additional amount, if any, you want withheld from each paycheck					6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶			Date ▶		
8 Employer's name and address (Employer: boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions increases.

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

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

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

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

Scissors icon please detach here



Department of Taxation

Employee's Withholding Exemption Certificate

Print full name [redacted] Social Security number [redacted]

Home address and ZIP code [redacted]

Public school district of residence [redacted] School district no. [redacted]
(See The Finder at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed 0
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed)
3. Exemptions for dependents
4. Add the exemptions that you have claimed above and enter total
5. Additional withholding per pay period under agreement with employer \$

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature [redacted] Date [redacted]

TUSCARAWAS COUNTY

ETHICS ACKNOWLEDGMENT

FORM I

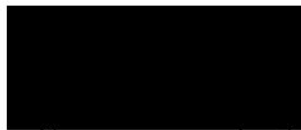
Please sign the attached and present the acknowledgment slip below to your immediate supervisor for inclusion in your personnel file.

ACKNOWLEDGMENT

Date



I have received a copy of the Ohio Ethics Laws (Chapters 102 and 2921.42 of the Revised Code). I will familiarize myself with these laws and understand that I am governed by them.



cc: Employee, Employee Personnel File



STEP 3 Direct Deposit Change Request | Authorization

Instructions: Complete this authorization to change direct deposit to [redacted] and provide a copy to the [redacted] and one to your payroll office or any other payor who makes automatic deposits to your account.

Personal Information	
Member Name [redacted]	SSN [redacted]
Employer TUSCARAWAS COUNTY SHERIFF OFFICE	Employee #
Home Phone # [redacted]	Work Phone #
Cell Phone #	

You are currently making direct deposits on my behalf to this account:

Old Bank:
Routing Number:
Account Number:

Please discontinue direct deposits here and immediately start direct deposits to my account at:



Deposit Instructions
<input checked="" type="checkbox"/> Deposit entire amount to my CHECKING account # [redacted]
<input type="checkbox"/> Other – see Direct Deposit Change Request Authorization Schedule

Thank you

I hereby authorize my employer to deduct from my salary the amounts set forth in this authorization and to deposit these funds at the [redacted] [redacted] for each payroll period following receipt of this authorization until further notice from me. I understand that this authorization is revocable. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. If I fail to cancel this authorization upon filing for bankruptcy, my employer and the [redacted] are directed to make and apply deductions in accordance with this authorization. I grant the [redacted] a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment made under this power of attorney.

Signature _____ [redacted] _____ Date _____ [redacted] _____

Self Group Employee Application

Group# _____

Employee Name: _____

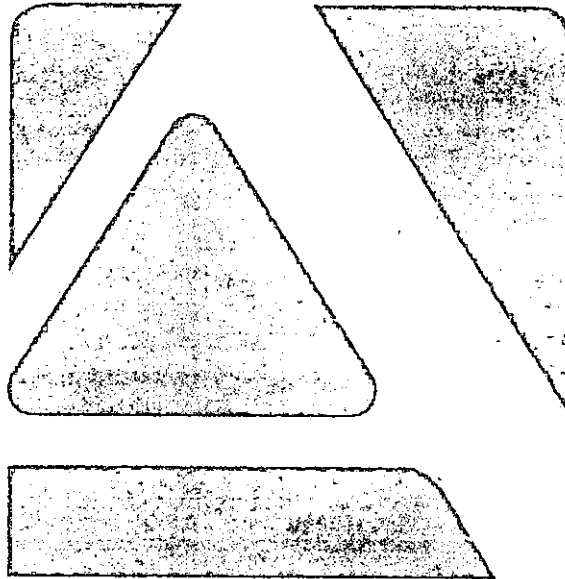
Company Name: _____

New Company

New Employee

Change Group# _____

Effective Date _____



AULTCARE

AultCare has become the area's leading local health plan by providing exceptional member service since 1985. AultCare's health plans provide your employees with comprehensive benefits, superior customer service and simplified claims filing. The AultCare Preferred Provider Organization (PPO) offers a network of over 3,000 physicians, specialists and hospitals. You may choose any physician you want, however the plans pay greater benefits to those who select providers in the AultCare PPO network. You can count on AultCare's commitment of delivering the highest quality health care at the lowest possible cost.

Insured health plans are underwritten and issued by McKinley Life Insurance Company to the Master Group Policyholder. If you have any questions, please call the AultCare Service Center at 330-363-6360, or visit us at www.aultcare.com.

INSURANCE FRAUD WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**AULTCARE USE ONLY**

EM	EAM	EDM	ENF	COBM	Date Completed	Completed By	Card Sent
----	-----	-----	-----	------	----------------	--------------	-----------

EMPLOYER USE ONLY

Group Name	Group Number	Location Code
Coverage Type(s) Requested: (Check all that apply) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> RX <input type="checkbox"/> Vision		AultCare Effective Date

(1) COVERAGE INFORMATION

Please Check Plan Type:

 PPO HMO POS (Point of Service) Other _____
A) NEW POLICY APPLICATION

1. Reason for enrollment*

-
- New Group
-
- New Hire
-
-
- Change in family/employment status
-
- (Complete all sections on application)
-
- Explain: _____

2. Who do you want covered?

-
- You Only
-
- You & Your Spouse
-
- You & Your Child(ren)
-
-
- You, Your Spouse & Your Child(ren)
-
-
- I'm ineligible for coverage
-
- I'm waiving coverage

B) CHANGE TO AN EXISTING POLICY

1. Date of Change: _____ 2. Requested Effective Date: _____

-
- Add a Child (Complete all sections on application)*
-
- Date of birth/adoption: _____
-
-
- Add a Spouse (Complete all sections on application)*
-
- Date of marriage: _____
-
-
- Change in Name or Address (Complete Section 2 and
-
- sign Section 5 as Eligible Employee)
-
- Former name: _____
-
-
- Deleting a Dependent from Policy (Complete Section 3
-
- and sign Section 5 as Eligible Employee)

*Upon your effective date with AultCare, please supply a letter of creditable coverage if applicable.

COBRA SECTION
 Covered Under: Cobra State Continuation
 Qualifying Event: Termination/Retirement Divorce Reduction in Hours
 No Longer Eligible Other Qualifying Event Date _____
(2) EMPLOYEE INFORMATION

Employee Last Name	First Name	Middle	Social Security Number	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
Home Address (Number & Street)		County	Date of Birth	
[REDACTED]		Tuscaloosa	[REDACTED]	
City	State	Zip Code	Home Phone	Cell Phone (optional)
[REDACTED]	Ohio	[REDACTED]	[REDACTED]	[REDACTED]
E-mail Address: _____				

Marital Status

 Single Married (Date of Marriage) _____ Widowed Divorced Separated

 Employment Status Date of Hire: _____ Are you currently actively at work? YES NO
 Hours Worked per Week: _____ If no, why? _____
 Full-Time Part-Time Retired

 Do you, or any of your dependents, have any cultural or linguistic needs? YES NO
 If yes, what are they? _____

(3) EMPLOYEE/DEPENDENT INFORMATION

A(dd) C(hange) D(elete)	Relationship	First Name	M.I.	Last Name (If different from employee)	Social Security Number	Sex M or F	Date of Birth
	Employee				/ /		/ /
	Spouse				/ /		/ /
	Spouse's Employer				/ /		/ /
	Child				/ /		/ /
	Child				/ /		/ /
	Child				/ /		/ /
	Child				/ /		/ /
	Child				/ /		/ /

If any of your eligible children live at a different address from yours, please list: Name: _____ Address: _____
 If your spouse or any of your enrolled children are permanently disabled, please provide their name(s): _____
 Have you, your spouse, or any of your children submitted claims to AultCare in the past 12 months? _____
 If yes, please list employer group name the claims were paid through: _____

As of your effective date with AultCare, will you or any of your family members have other health insurance? YES NO
 If yes, what is the name of the other insurance company? _____
 If yes, what type(s) of other health insurance will you have? (circle all that apply) Medical Dental RX Vision

(4) MEDICARE INFORMATION

Do you or your spouse or any enrolled dependents have Medicare coverage? YES NO If yes, provide information below

Medicare Enrollee Name	Medicare ID#
Hospital Effective Date (Part A)	Medical Effective Date (Part B)

Do you have Medicare Part D Coverage? YES NO
 If yes, what is the effective date of your Part D coverage? _____

(5) SIGNATURES

Sign if Applicable to Your Plan:
 I authorize deduction from my wages, as necessary, for any required premium for the coverage for which I have applied.

 Your Signature

 Date

Name:

Group Name:

Eligible and Ineligible Employees

I have read all of the statements contained in this application and declare by signing this application the information I have provided is true and complete to the best of my knowledge. Signature of Spouse authorizes release of information described previously on this application.

Release of Information. Please Read Carefully.

All information in this application, to the best of my knowledge, is complete, true and accurate. I give my consent for AultCare to request from any provider of medical, dental or pharmacy services, any insurance company, organization, or my employer to release medical records, billing records or any information requested with regard to any claim and/or expense reported regarding my condition or that of my family members to be covered.

I consent to allow AultCare Corporation to use and disclose my personal information and the personal health information of my family members to be covered to any other insurance company or health plan, any state or federal agency providing health care benefits, and other persons or organizations that perform professional, business, or insurance functions for AultCare such as independent claims examiners or group plan administrators or reinsurers. I understand that this information may be used for purposes that include but are not limited to: processing my application for enrollment; group risk classification; detecting or preventing fraud; internal and external audits; administration of claims; case management; quality improvement programs, reviews, and audits; public health reporting; peer review; utilization review; coordination of benefits; subrogation; health promotion, disease management and prevention, and any other managed care and prevention program. I authorize AultCare to use and disclose my personal health information and the personal health information of my family members to be covered, including but not limited to information from and concerning: mental health records; substance abuse records; reproductive health; information relating to HIV virus or AIDS; or sexually transmitted or other communicable disease. I give this authorization on behalf of any eligible children and myself if covered by the plan. I am acting as their agent and representative.

Authorizations signed for the purpose of collecting information with this application for an insurance policy, a policy reinstatement or a request for a change in policy benefits shall remain valid for thirty (30) months from the date this application is signed. Authorizations signed for the purpose of collecting information in connection with a claim for benefits shall remain valid for the term of this coverage or for so long as allowed by law. I understand that I am entitled to receive a copy of this authorization upon request and a photocopy is as valid as the original.



Spouse's Signature (Required)

01/20/19
Date

Employees Waiving Coverage for Any Family Member

I have read all of the statements contained in this application and declare by signing this application that the information I have provided is true and complete to the best of my knowledge. I understand that I am eligible to apply for coverage through my employer. I hereby decline coverage for (check all that apply): Myself Spouse Child(ren)

Reason for waiver of coverage: _____

Signature of Spouse authorizes release of information described previously on this application.

Your Signature

Spouse's Signature (Required)

Date

ADDITIONAL INFORMATION:

Per the 2015 FCC TCPA Ruling, AultCare Insurance Company, or a vendor on behalf of AultCare Insurance Company, may contact you for demographic, satisfaction, and/or medical care management information in accordance with its obligations under Federal Law.



2600 Sixth Street S.W. • Canton, Ohio 44710
330-363-6360 • 1-800-344-8858

Tuscarawas County HCC
AultCare Open Enrollment Election Form
Effective January 1, 2019 through December 31, 2019

Instructions

1. Choose enrollment category for your selection (e.g., Single, Employee & Spouse, Employee & Child(ren) or Family)
2. Choose a plan by checking (X) the line under your Plan choice and across the row from your enrollment category.
3. Sign and print your name.
4. Fill in your social security number or member ID.
5. The completed forms must be returned to Andrea in the Auditor's Office no later than December 17th, by noon.
6. If enrolling a dependent not previously covered under this plan, you will need to complete an AultCare Enrollment Form. Additional enrollment forms can be picked up from the Auditor's Office.
7. Initial the waiver box and complete the AultCare waiver form, if choosing to waive coverage under this plan.

Medical Plans

	\$250/\$500	\$200/\$400	\$750/\$1,500	\$1,350/\$2,700
	Deductible	Deductible	Deductible	Deductible
	PPO Plan	PPO Plan	PPO Plan	H.S.A. Plan

Single

Bi-weekly Cost to Employee:

\$36.12	\$17.24	\$15.80	\$8.83	

Emp & child(ren)

Bi-weekly Cost to Employee:

\$63.76	\$34.89	\$29.22	\$16.85
---------	---------	---------	---------

Emp & spouse

Bi-weekly Cost to Employee:

\$72.31	\$39.61	\$33.18	\$19.12
---------	---------	---------	---------

Family

Bi-Weekly Cost to Employee:

\$111.91	\$61.30	\$51.34	\$29.59
----------	---------	---------	---------

Important Information

If you elect the H.S.A. option, are under age 65, and do not participate in another health insurance program, you should be eligible to participate in a Health Savings Account. In 2019, Tuscarawas County will deposit \$50.00 per month for single coverage and \$100 per month for family coverage (incl. Emp & Child & Emp & Spouse) for any eligible participant electing the H.S.A. option. If you would like to make additional tax-free deposits through payroll deduction, please enter the additional bi-weekly amount you would like withheld and deposited into your H.S.A. or enter -0- if none _____.

Associate's Signature _____

Associate's Name (Please Print) _____

AultCare Member ID# _____

Date _____

If waiving the medical coverage, please initial box and complete the AultCare application electing to waive coverage included in this packet.

Group Enrollment Form

American United Life Insurance Company®
 a ONEAMERICA® company
 One American Square, P.O. Box 6123
 Indianapolis, IN 46206-6123
 (800) 553-5318
 www.employeebenefits.aul.com



Applicant's Full Legal Name: [REDACTED]		Employment Status: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Retired	
Applicant's Social Security Number: [REDACTED]	Date of Birth: [REDACTED]	Marital Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Applicant's State of Residence: OH	Applicant's Residential Zip Code: [REDACTED]	Employer: Tuscarawas County	
Applicant's Telephone Number: (normal business hours): [REDACTED]	Applicant's E-mail Address: [REDACTED]	Employed Full-Time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work and reside in the US? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

COVERAGE BEING APPLIED FOR: Apply for or decline each desired coverage listed below. Not checking a box will be considered a declination of that coverage.

Request Decline

- Basic Term Life/AD&D
- Voluntary Term Life/AD&D \$ _____
- *Voluntary Term Dependent Life/AD&D Coverage for Spouse only Children only Family - Option # _____

*If spouse is included in dependent coverage: Name _____ Date of birth _____ Spouse's Voluntary Term Life/AD&D Volume _____

For AUL Term Life Coverages, identify your Beneficiary Designation to ensure proceeds can be paid according to your wishes.

Name of Primary Beneficiary: [REDACTED]	Relationship: [REDACTED]	SSN/Date of Birth: [REDACTED]
Name of Contingent Beneficiary: [REDACTED]	Relationship: [REDACTED]	SSN/Date of Birth: [REDACTED]

- I hereby apply for the requested group life and/or disability insurance coverage for which I and my dependents, if any, are eligible and available under AUL's policy. I understand receipt of any coverage greater than the guaranteed issue amount or application for coverage after the approved enrollment period first requires medical underwriting and written approval by AUL.
- I authorize my employer to deduct from my wages the amount of premium required for the amount of coverage approved by AUL, including any premium increases due to age bracket or salary changes when applicable. Premium payments greater than the amount of premium owed will not result in additional coverage under AUL's policy.
- The undersigned represents any information or documents provided to AUL and by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.

The undersigned understands and agrees 1. any insurance coverage or benefit are contingent upon any statements made to AUL as being complete and correct and 2. benefits under any group life or disability insurance policy will be paid only if AUL, or its third party administrator, DRMS, decides in its discretion the applicant is entitled to them. The undersigned have read, understand, and retained the notices, limitations, and exclusions for his/her records.

- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: [REDACTED] Date: [REDACTED]

MUST BE COMPLETED BY THE EMPLOYER	Group Policy #: 613480	Class # : [REDACTED]	Employer: Tuscarawas County	Occupation: [REDACTED]	Employer's State: OH
	Salary: Hours Worked per Week:	Mode: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			Date Hired Full Time: [REDACTED]

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

Employee Name  Employee ID# _____

Employer Name Tuscaloosa County Sheriff Employer ID# 

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

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee  Date 

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

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

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

Employers must:

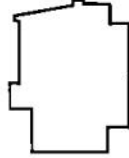
- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

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

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

Auditor's Office
Tuscarawas County

LARRY LINDBERG, Auditor
125 E. High Avenue
New Philadelphia, Ohio 44663




Telephone
(330) 365-3220
Fax: (330) 365-3397

Acknowledgement of receipt of Auditor of State fraud--reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging Tuscarawas County provided you information about the fraud--reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud-reporting system.

I  _____, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.



PRINT NAME, TITLE, AND DEPARTMENT



PLEASE SIGN NAME



DATE

Auditor of state's system for reporting fraud.

The auditor of state is required to establish and maintain a system for the reporting of fraud, including misuse and misappropriation of public money, by any public office or public official. The system allows Ohio residents and the employees of any public office to make anonymous complaints through a toll-free telephone number, the auditor of state's web site, or the United States mail to the auditor of state's office. The auditor of state is required to review all complaints in a timely manner.

Each year, the Auditor of State's Office receives hundreds of tips regarding suspected fraud in government. These tips come from many sources, including public employees and concerned citizens as well as state auditors who find suspicious activity in the course of a routine financial audit. The Special Audit Task Force – comprised of auditors, investigators and attorneys on the Auditor of State's staff – evaluates tips and discusses the best course of action on a case-by-case basis.

This task force meets on a regular basis and determines how to best address each complaint. If the Special Audit Task Force decides that a case falls under the authority of the Auditor of State's Office, it is sent to the Special Audit Section and Special Investigations Unit for further review. Cases that are not subject to the Auditor of State's authority may be referred to other local, state or federal government agencies, prosecutors and law enforcement officers.

- Report Fraud online:

<https://ohioauditor.gov/fraud>

CALL the SIU Fraud Hotline 1-866-FRAUD OH (1-866-372-8364)

- US MAIL a written complaint:

Ohio Auditor of State's Office
Special Investigations Unit
88 East Broad Street
P.O. Box 1140
Columbus, OH 43215

124.341 Violation or misuse – whistleblower protection

(A) If an employee in the classified or unclassified civil service becomes aware in the course of employment of a violation of state or federal statutes, rules, or regulations or the misuse of public resources, and the employee's supervisor or appointing authority has authority to correct the violation or misuse, the employee may file a written report identifying the violation or misuse with the supervisor or appointing authority. In addition to or instead of filing a written report with the supervisor or appointing authority, the employee may file a written report with the office of internal auditing created under section 126.45 of the Revised Code or file a complaint with the auditor of state's fraud-reporting system under section 117.103 of the Revised Code.

If the employee reasonably believes that a violation or misuse of public resources is a criminal offense, the employee, in addition to or instead of filing a written report or complaint with the supervisor, appointing authority, the office of internal auditing, or the auditor of state's fraud-reporting system, may report it to a prosecuting attorney, director of law, village solicitor, or similar chief legal officer of a municipal corporation, to a peace officer, as defined in section 2935.01 of the Revised Code, or, if the violation or misuse of public resources is within the jurisdiction of the inspector general, to the inspector general in accordance with section 121.46 of the Revised Code. In addition to that report, if the employee reasonably believes the violation or misuse is also a violation of Chapter 102., section 2921.42, or section 2921.43 of the Revised Code, the employee may report it to the appropriate ethics commission.

(B) Except as otherwise provided in division (C) of this section, no officer or employee in the classified or unclassified civil service shall take any disciplinary action against an employee in the classified or unclassified civil service for making any report or filing a complaint as authorized by division (A) of this section, including, without limitation, doing any of the following:

- (1) Removing or suspending the employee from employment;
- (2) Withholding from the employee salary increases or employee benefits to which the employee is otherwise entitled;
- (3) Transferring or reassigning the employee;
- (4) Denying the employee promotion that otherwise would have been received;
- (5) Reducing the employee in pay or position.

(C) An employee in the classified or unclassified civil service shall make a reasonable effort to determine the accuracy of any information reported under division (A) of this section. The employee is subject to disciplinary action, including suspension or removal, as determined by the employee's appointing authority, for purposely, knowingly, or recklessly reporting false information under division (A) of this section.

(D) If an appointing authority takes any disciplinary or retaliatory action against a classified or unclassified employee as a result of the employee's having filed a report or complaint under division (A) of this section, the employee's sole and exclusive remedy, notwithstanding any other provision of law, is to file an appeal with the state personnel board of review within thirty days after receiving actual notice of the appointing authority's action. If the employee files such an appeal, the board shall immediately notify the employee's appointing authority and shall hear the appeal. The board may affirm or disaffirm the action of the appointing authority or may issue any other order as is appropriate. The order of the board is appealable in accordance with Chapter 119. of the Revised Code.

(E) As used in this section:

- (1) "Purposely," "knowingly," and "recklessly" have the same meanings as in section 2901.22 of the Revised Code.
- (2) "Appropriate ethics commission" has the same meaning as in section 102.01 of the Revised Code.
- (3) "Inspector general" means the inspector general appointed under section 121.48 of the Revised Code.

SECTION 2.16 DRUG FREE WORKPLACE

Notice Upon Hiring

As a condition to hiring, all prospective employees should receive a copy of the Drug Free Workplace statement and policy and should be required to sign a receipt, which will become a permanent part of the employee's personnel file.

In addition, all current employees should be required to acknowledge that compliance with the Employer's Drug Free Workplace policies is a condition of employment.

Current Distribution of Drug Free Workplace Policy

All current employees will receive a copy of the Employer's Drug Free Workplace statement and policy and will be required to sign a receipt for it, which will become a permanent part of each employee's personnel file.

The Drug Free Workplace Policy

Definitions

For purposes of this policy:

Employee means any person (i.e., management, supervisory or non-supervisory) who is paid in whole or in part by the Employer.

Controlled Substance means any controlled substance contained in Schedules I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812 or as defined in Ohio Revised Code 3719.01).

Conviction means any finding of guilt, including a plea of no contest or the imposition of a sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.

Criminal drug statute means a criminal statute involving manufacture, distribution, dispensation, use, or possession of any controlled substance.

For purposes of this policy, all definitions will be consistent with Ohio Revised Code 3719.01.

Distribution

Each employee should be made aware of:

- Information concerning the dangers of drug abuse in the workplace;
- A current copy of the Employer's posted/ published statement;
- A current copy of the Employer's Drug Free Workplace policy;
- Information concerning any available drug counseling, rehabilitation, and employee assistance programs;
- Information concerning the penalties that will be imposed for the breach of the Employer's Drug Free Workplace policy; and
- Notice to the employee that any job-related conviction of any federal or state criminal drug statute must be reported in writing to the Employer within 5 calendar days after such conviction.

The information package may also be accompanied by on-site training programs.

Regulations

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any employee that takes place in whole or in part in the Employer's workplace is strictly prohibited and will result in criminal prosecution and employee discipline, which may include termination from employment.

Notification of Conviction

Any employee convicted of any federal or state criminal drug statute for a workplace-related drug offense must notify the Employer of that fact within 5 calendar days of the conviction.

Any employee convicted of a workplace-related drug offense, who fails to report the conviction as required above will be:

- Terminated from employment;

- Forever barred from future employment; and
- Held civilly liable for any loss of federal funds resulting from the failure to report the conviction.

The elected officials of Tuscarawas County support the Drug Free Workplace Act of 1988 (PL-100-690). Consequently, any unlawful manufacture, distribution, dispensation, possession, or use of controlled substances on these premises by employees is strictly prohibited, and violators will be subject to discipline and criminal prosecution.

SECTION 2.17 ETHICS OF PUBLIC EMPLOYMENT

The proper operation of government requires that actions of public officials and employees be impartial; that government decision and policies be made within the proper channels of government structure; that public office not be used for personal gain; and that the public have confidence in the integrity of its government. State law establishes, through the Ethics Commission, standards for public officials and employees, including Ohio Revised Code Sections 102.03 and 2921.42. The Employer recognizes the State standards and the goals of responsible government. Recognition of these goals led to the establishment of the following Code of Ethics for all officials and employees.

No employee shall use his official position for personal gain, engage in any business or transaction, or have financial or other interests, direct or indirect, which are in conflict with the proper performance of his official duties.

No employee shall, without proper legal authorization, release confidential information concerning the property or government affairs of the Employer; nor shall employees use such information to advance the financial or other private interest of himself or others. No employee shall accept any valuable gift, whether in the form of service, loan, item, or promise from any person, firm or corporation which is interested directly or indirectly in any manner whatsoever in business dealings with the Employer; nor shall employees accept any gift, favor or item of value that may tend to influence any decisions of the employee or his supervisor.

Any employee offered a gift or favor who is not sure whether its acceptance would be a violation of the Code of Ethics should inform his supervisor.

TUSCARAWAS COUNTY

**ACKNOWLEDGEMENT OF EMPLOYER'S INFORMATION
REGARDING THE DRUG FREE WORKPLACE ACT POLICY**

Please sign below and present this acknowledge slip to your supervisor for inclusion in your personnel file.

Date:



I hereby acknowledge that I have received and read a copy of the Tuscarawas County policy and procedures on a Drug Free Workplace, which establishes my obligations as an employee of the County. By my signature below, I hereby acknowledge that I understand this policy and agree to support and comply with its terms and conditions. I further understand that if I break this policy or acknowledgment, I could be subject to criminal prosecution and/or discipline including termination of my employment.

Signature of Employee:



TUSCARAWAS COUNTY

**DRUG FREE WORKPLACE STATEMENT FOR
PROSPECTIVE EMPLOYEES**

The purpose of this statement is to verify that I have received a copy of the Tuscarawas County Drug Free Workplace Statement and Policy, and to further verify that I understand and support such statement and policies.

I further agree to refrain from violating these policies while employed by the County.

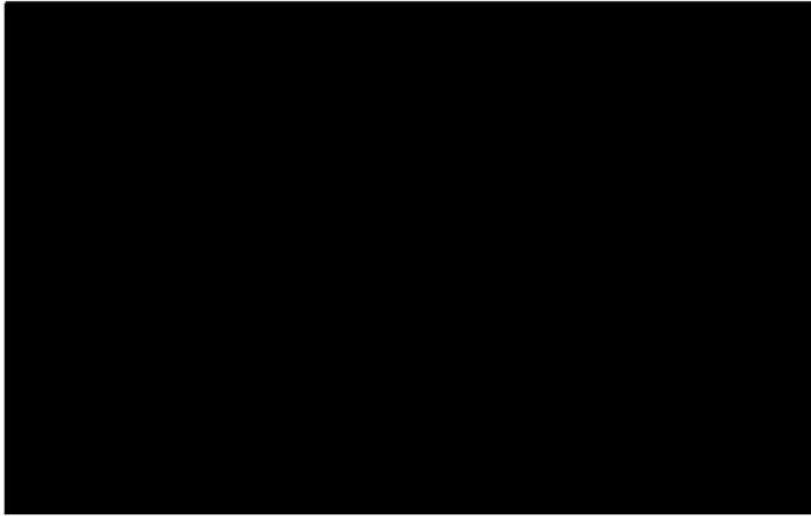
I further acknowledge, in advance, that my understanding is that the penalty for violating these policies can be discharge, and I agree that such penalty is appropriate when supported by evidence.


Signature _____


Date _____



SS Admin



Tuscarawas County Sheriff's Office Employment Application



Tuscarawas County Sheriff's Office does not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability or any other protected class. Consideration was given in the development of this form to your right to individual privacy and equal opportunity. The information requested is needed to assist our office in assessing your employment interests and qualifications. Consideration for employment may be denied if this form is not completed accurately and in its entirety. Attach additional information if needed.

All applications must clearly indicate how the minimum qualifications and positive specific minimum qualifications, if applicable, are met. Applications that do not indicate this will not be given consideration.

EMPLOYMENT INTERESTS

Position Desired:

Corrections

PERSONAL INFORMATION

Name: [REDACTED] Last [REDACTED] M.I. [REDACTED] First [REDACTED] Date of Application

[REDACTED] Social Security Number [REDACTED] Disclosure of SSN is voluntary; upon appointment and pursuant to Section 5101.312 of Ohio Revised Code, a request for disclosure of SSN is mandatory.

Have you been known to others (e.g., schools, references, etc.) under a different name? If so, please list.

Present Address: [REDACTED] Street Address [REDACTED] City [REDACTED] State [REDACTED] Zip Code

Telephone: [REDACTED] Home [REDACTED] Cell [REDACTED] Work

Are you of legal age to work in the United States? Yes No

Do you have any relatives who are currently employed by the county? Yes No

If yes, list employee's name and relationship. _____

Referral Sources: Advertisement Friend Relative Employment Agency Other

Are you able to meet the attendance requirements of this position? Yes No
Explain any scheduling conflicts due to outside interests and/or commitments

If the position requires travel, can you supply your own transportation? Yes No

EDUCATION

Educational Level	School Name/Location	Course of Study or Major	Graduate?	Degree or Diploma
High School	<u>Indian Valley</u>	<u>General Studies</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Diploma</u>
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	



EMPLOYMENT HISTORY

Please provide the following information on former employers, assignments, or volunteer activities, beginning with your present or most recent position. (You may submit a resume in addition to completing this section.) If you need additional space, attach extra copies of this page.

JOB TITLE: Commercial Driver/DEK

Employer: Autozone **Telephone:** 740 622 0373

Address: 340 S 2nd St Coshocton, OH 43812

Employed From: August 2018 **To:** Current **Involuntarily Terminated?** Yes No

Reason for Leaving: _____

Salary Beginning: \$ 9.20 /hr. **Salary Ending:** \$ _____ /hr.

Immediate Supervisor/Title: Braden Gibbs / Store Manager **May We Contact?** Yes No Later

Description of Work Responsibilities: Deliver parts, Customer Service

Comments: _____

JOB TITLE: _____

Employer: Asplundh **Telephone:** 330 877-8655

Address: 150 Grand Trunk Ave SW, Hartsville, OH 44632

Employed From: Jan 2016 **To:** August 2018 **Involuntarily Terminated?** Yes No

Reason for Leaving: _____

Salary Beginning: \$ 12.75 /hr. **Salary Ending:** \$ 19.00 /hr.

Immediate Supervisor/Title: _____ **May We Contact?** Yes No Later

Description of Work Responsibilities: Right Away Clearing from Power Lines/Emergency Storm work

Comments: _____

JOB TITLE: _____

Employer: Buehler's **Telephone:** 330 339 6662

Address: 417 S Broadway St New Philadelphia, OH 44663

Employed From: August 2012 **To:** Jan 2016 **Involuntarily Terminated?** Yes No

Reason for Leaving: Better Job opportunity

Salary Beginning: \$ 8.50 /hr. **Salary Ending:** \$ 10.00 /hr.

Immediate Supervisor/Title: Vicky Murrel **May We Contact?** Yes No Later

Description of Work Responsibilities: Frozen Foods/Rein, Dept / Grocery / Bagging / Carry-out

Comments: _____



SKILL EXPERIENCE INVENTORY

Please indicate your proficiency in the following skill and/or knowledge areas (check all that apply).

All information is subject to verification.

Office Skills	
<input type="checkbox"/> Keyboarding _____ wpm	<input type="checkbox"/> Accounting
<input checked="" type="checkbox"/> Customer Service (human relations)	<input type="checkbox"/> Cash Handling
<input type="checkbox"/> Legal Terminology	<input type="checkbox"/> Report/Letter Writing
<input type="checkbox"/> Multi-line Phone System	<input type="checkbox"/> Budgeting
<input type="checkbox"/> Dictation	<input type="checkbox"/> Document Imaging/Scanning
<input type="checkbox"/> Other _____	

Computer Skills	
<input type="checkbox"/> Windows	<input type="checkbox"/> Software Installation
<input type="checkbox"/> Word Processing _____	<input type="checkbox"/> Hardware Installation/Repair
<input type="checkbox"/> Spreadsheets _____	<input type="checkbox"/> System Maintenance
<input type="checkbox"/> Presentation Software _____	<input type="checkbox"/> Peripherals (printers, scanners, etc.)
<input checked="" type="checkbox"/> Internet	
<input type="checkbox"/> Other _____	

Certifications, Licenses and Training	
<input type="checkbox"/> Peace Officer Certification	<input checked="" type="checkbox"/> CPR and First Aid Certification
<input type="checkbox"/> Nursing License	<input checked="" type="checkbox"/> Radar Certification
<input type="checkbox"/> Paramedic License	<input checked="" type="checkbox"/> Use of Force Training
<input type="checkbox"/> Corrections Officer Training	<input checked="" type="checkbox"/> Firearms Certification
<input type="checkbox"/> Other _____	

Administrative and Non-Law Enforcement Skills	
<input type="checkbox"/> Supervision or Human Resource Management	<input type="checkbox"/> Medical, Emergency or Clinical Services
<input type="checkbox"/> Fiscal Management	<input type="checkbox"/> Repairs (i.e. HVAC, plumbing, etc...)
<input type="checkbox"/> Policy Development	<input type="checkbox"/> Maintenance (i.e. HVAC, plumbing, etc...)
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Food Preparation or Food Services
<input type="checkbox"/> Other _____	

AFFILIATIONS

List professional, trade, business, or civic organizations and offices/licenses held. (Exclude memberships which would reveal sex, race, religion, national origin, age, disability, or any other similarly protected class.)

REFERENCES

Please list the name and telephone number of three (3) individuals whom we may contact for a professional or work-related reference. Exclude relatives and personal references.

Name/Title	Address	Phone
Rick Charnock		

CERTIFICATION

I hereby affirm that the foregoing statements are true and complete to the best of my knowledge. I realize that any misrepresentation or false information presented in this application could lead to withdrawal of any offer of employment or termination after employment.

I understand that this application will be given every consideration, but its receipt does not guarantee nor imply that I will be granted a selection interview or employment. I further understand that this application will be maintained on file for future reference for two years.

I also understand that a background check and drug testing may be required prior to employment.

I understand and accept that any applicant who is under final consideration for a position that involves providing direct care to clients must undergo a criminal records check.

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

AUTHORIZATION

I authorize investigation of all statements contained in this application. I understand that any employment offer is subject to a reference check. I specifically authorize the Tuscarawas County Sheriff's Office to contact any pertinent individual and/or firm for the purpose of obtaining information relating to my work history and job performance.

I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, polygraph results, and other records to the employer.

You may be asked during the employment process if you have been convicted of a felony or misdemeanor for job-related matters but such convictions may not automatically render applicants ineligible for employment.

I waive all provisions of law forbidding colleges or universities which I have attended or past employers from disclosing any information which they have acquired relevant to my employment.

[Redacted Signature]

Date



To serve the community by empowering people, of all ages, to discover their passion and prepare for their future through career and technical education.

May 23, 2019

Dear Employer:

This Career Passport is presented to you by [REDACTED], a graduate of our Career & Technical Adult Postsecondary Education Ohio Peace Officer Training Academy (OPOTA). The instructional staff and administration of Buckeye Career Center, an Ohio Technical Center, appreciate your consideration of this applicant for employment. Included in this portfolio are the graduate's certificate, competencies, skills, and other relevant information believed to provide insight into his qualifications for employment.

The graduate has been deemed competent in the skills which are listed on the personalized Career Field Technical Content Standards (CFTCS) for the OPOTA Program. The CFTCS is aligned with industry standards. Buckeye Career Center Adult Postsecondary Education is a member of the Ohio Department of Higher Education and is accredited by the Council on Occupational Education. The OPOTA program is also approved by the Ohio Peace Officer Training Commission and the Office of the Ohio Attorney General.

If at any time within two years of the date on this Letter of Guarantee, [REDACTED] while in your employ, is determined by you to be incapable of performing a competency which we have indicated as mastered, he may return to the Adult Postsecondary Education division of Buckeye Career Center to receive re-training in that skill area at no charge.

[REDACTED] is eligible to sit for the OPOTA licensing examination, the official examination set by the State of Ohio for peace officers. Passing the OPOTA examination determines license status in Ohio. It is the responsibility of the graduate to provide you with the OPOTA exam results.

Please visit our programs and observe first hand the commitment to "Excellence in Education" at Buckeye Career Center. Thank you for your continued support.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frank H. Polen', is written over a white background.

Frank H. Polen
Director
Adult Postsecondary Education

A handwritten signature in black ink, appearing to read 'Fred Smith', is written over a white background.

Fred Smith
OPOTA Commander
Adult Postsecondary Education

B
C
C

CAREER
PASSPORT

THIS CERTIFIES



AS DEEMED COMPETENT, AT ENTRY LEVEL, IN THE FOLLOWING OHIO PEACE OFFICER TRAINING ACADEMY STUDIES AT BUCKEYE CAREER CENTER THROUGH [REDACTED] ADDITIONAL COMPETENCIES MAY BE ACHIEVED THROUGH THE END OF THE PROGRAM THAT ARE NOT REFLECTED IN THIS DOCUMENT.

Fred Smith, Commander
Adult Career-Technical Instructor

May 23, 2019

CRIMINAL JUSTICE ADMINISTRATION

- Identify roles of criminal justice professionals
- Demonstrate knowledge of the philosophy and principles of the American justice system
- Identify the structure of the U.S. criminal justice system and U.S. courts
- Demonstrate paramilitary discipline and professionalism
- Use written communication skills
- Demonstrate the tenets of Below 100 (reduce annual line of duty deaths)

LEGAL ASPECTS

- Demonstrate knowledge of the Ohio Revised Code (ORC)
- Demonstrate knowledge of constitutional law and case law
- Demonstrate knowledge of Laws of Arrest
- Demonstrate knowledge of the legal aspect/laws of Search and Seizure
- Demonstrate knowledge of the legal aspect of interview, interrogations, and confessions
- Demonstrate knowledge of civil liability, criminal liability, and use of force
- Demonstrate knowledge of legal aspects of testifying in court and Rules of Evidence

HUMAN RELATIONS

- Demonstrate knowledge of communicating with the media
- Demonstrate knowledge of interacting with special needs populations
- Demonstrate knowledge of protocol to respond to domestic violence
- Demonstrate knowledge of intervening in crisis situations
- Demonstrate knowledge of procedure and legalities of responding to child abuse and neglect (Reference Title 21)
- Apply knowledge of the procedures to be followed in handling cases involving missing children and/or adults and Human Trafficking cases
- Demonstrate knowledge of Victim's Rights
- Identify the principles and mechanics of crime prevention
- Demonstrate sensitivity to community diversity
- List the four dimensions of a whole person and the focus of each, that collectively, contribute to a person's Effectiveness (Blue Courage)

FIREARMS

- Demonstrate knowledge in the use and care of firearms
- Demonstrate knowledge of the fundamentals of pistol craft
- Demonstrate handgun proficiency as established by the OPOTC (Ohio Peace Officer Training Commission)
- Demonstrate shotgun proficiency as established by the OPOTC



B
C
C**CAREER
PASSPORT****SUBJECT CONTROL TECHNIQUES**Demonstrate knowledge of subject control techniques and impact weaponsApply knowledge of subject control techniquesDemonstrate proficiency per OPOTC standards for subject control and impact weapons**OCCUPATIONAL AND HEALTH SAFETY**Perform first-aid proceduresCritical Incident First AidAcquire cardiopulmonary resuscitation (CPR) certification with AED**PATROL**Patrol on footPatrol in vehicleDemonstrate defensive drivingDemonstrate knowledge of procedures for responding to crimes in progressDemonstrate knowledge of procedures of building searchesDemonstrate knowledge of stops and approachesDemonstrate knowledge of auto theft and V.I.N. reconstructionDemonstrate knowledge of gangsDemonstrate knowledge of communication proceduresDemonstrate knowledge of prisoner booking and handlingDemonstrate knowledge of report writingDemonstrate knowledge and use of OHLEG system**CIVIL DISORDERS**Control crowdsDemonstrate knowledge of chemical agents**TRAFFIC ENFORCEMENT**Demonstrate knowledge of Ohio Traffic LawsHandle vehicle offensesControl trafficInvestigate traffic accidentsDemonstrate knowledge of legalities of alcohol detection, apprehension and prosecutionDemonstrate knowledge of NHTSA Standard Field Sobriety Testing and complete course**INVESTIGATION**Investigate crimesFollow procedures for special investigationsDemonstrate knowledge of controlled substances and drug awareness**PHYSICAL CONDITIONING**Attain all requirements of physical conditioning according to age and gender requirements as established by the OPOTCUnderstand the causes of stress and how to manage or cope with stressors**HOMELAND SECURITY**Complete HAZMAT and WMD Awareness for the First ResponderRespond to hazardous materials incidentsDemonstrate knowledge of bombs and explosivesDemonstrate awareness of terrorism and subversive activitiesDemonstrate knowledge of terrorism activitiesDemonstrate knowledge of the Incident Command SystemDemonstrate knowledge of the National Incident Management System (NIMS)



To serve the community by empowering people, of all ages, to discover their passion and prepare for their future through career and technical education.

Adult Postsecondary Education
 an Ohio Technical Center
REPORT CARD for the 4th Grading Period School Year 2018 - 2019

Student Name: [REDACTED]
 Address: [REDACTED]
 End of Grade Report Date: [REDACTED] Date of Report: 5/23/19
 Program: Ohio Peace Officer Training Academy

SUBJECT	1 st Period	2 nd Period	3 rd Period	4 th Period	Final Average
Administration/Report Writing	A	A			A
Legal	B	A			B+
Human Relations	A	A	A		A
Firearms				P	P
Driving	P				P
Subject Control Techniques	P	S	S	P	P
Patrol	A			A	A
Traffic			A		A
Investigation		B		A	B+
Physical Conditioning	P	S	S	P	P
Homeland Security/Civil Disorders			A		A
Notebook	S	S	S	S	S
First Aid/CPR/AED/Critical Injury First Aid		P			P

ATTENDANCE (in Hours):

Nine Weeks	Present	Absent	Possible	Percent Present	Nine Weeks	Present	Absent	Possible	Percent Present
1 st	170.00	*4.00	174.00	97.70%	4 th	199.00	0.00	199.00	100%
2 nd	174.00	0.00	174.00	100%	Final	726.00	*4.00	730.00	*99.45
3 rd	183.00	0.00	183.00	100%					

*Student made-up 4.0 hours outside of regularly scheduled class time = 100%

Instructor Signature: Fred Smith /Fred Smith, Commander

BUCKEYE CAREER CENTER

an Ohio Technical Center

Adult Postsecondary Education

545 University Drive N.E., New Philadelphia, Ohio 44663

Telephone: 330.308.5720

Fax: 330.308.8958

Student Name: [REDACTED]

SSN: [REDACTED]

Career-Technical Certificate: Ohio Peace Officer Training Academy (OPOTA)

Graduation Date: [REDACTED]

ATTENDANCE: 726.00 of 730.00 Total Program Hours = *99.45%

*Student made-up 4.0 hours outside of regularly scheduled class time = 100%

ACADEMIC PERFORMANCE (Final Grades):

- Administration/Report Writing A
- Legal B+
- Human Relations A
- Firearms P
- Driving P
- Subject Control Techniques P
- Patrol A
- Traffic A
- Investigation B+
- Physical Conditioning P
- Homeland Security/Civil Disorders A
- Notebook S
- Critical Incident First Aid/CPR with AED P

Industry Credentials earned by Student (Student is responsible to provide copies of credentials):

- Ability to sit for the Ohio Peace Officer Commission exam
- NHTSA Speed Measuring
- NHTSA S.F.S.T.
- Heartsaver CPR with AED
- First Aid

This transcript issued by Buckeye Career Center Adult Postsecondary Education



Frank H. Polen

Director of Curriculum, Instruction, and Adult Workforce Education

Print Date: 5/21/2019

*****A BLACK AND WHITE TRANSCRIPT IS NOT OFFICIAL*****

This transcript is printed on scripsafe paper and does not require a raised seal.

This paper is light blue in color with a dark blue border.

UNIVERSITY OF OHIO ORIGINAL PAPER BROWN



MIKE DEWINE

OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

SHOTGUN PROFICIENCY TESTING RECORD

Curriculum Code BAS-039

STUDENT NAME: [REDACTED] LAST NAME [REDACTED] FIRST NAME [REDACTED] M.I. [REDACTED]
APPOINTING AGENCY: _____
SHOTGUN MAKE: REMINGTON MODEL: 870 CALIBER: 12GA
 OPEN ENROLLMENT CHECK

SPO	ACTIVITY / TECHNIQUE	TEST 1	TEST 2
1	Demonstrate loading the shotgun	P	
	Start in condition 4		
	Point the muzzle in a safe direction and visually and physically inspect the chamber and magazine tube to ensure the weapon is unloaded		
	Put the weapon in condition 3		
	Put the weapon in condition 2		
2	Demonstrate unloading the shotgun	P	
	Keep the muzzle pointed in a safe direction with the safety on		
	Remove the round from the chamber		
	Push up the carrier		
	Cover the ejection port with either hand		
	With the fingers curled under the loading throat and forming a pocket at the ejection port, pull the action to the rear with a sharp motion		
	Rotate the weapon so the loading port is facing you		
	Depress the shell stops located inside the loading port		
	Guide the shell from the magazine tube, out of the loading throat, and into your hand		
	Repeat until the magazine is empty		
	Visually and physically inspect the chamber		
	Inspect the inside of the chamber, on the carrier, and in the magazine tube for shells remaining in the shotgun		
	Close the action by pushing the action handle forward		
	With the muzzle pointed in a safe direction, disengage the safety		
	Press the trigger in order to release the hammer spring		
3	Demonstrate proficiency by shooting a passing score on the qualification standards	P	
	Place shotgun in condition 3 and load the magazine tube with 4 rounds of buckshot	X	
	Stage 1 - Distance to Target 10 feet		
	Stage 2 - Distance to Target 20 feet		
	Stage 3 - Distance to Target 30 feet		
	Stage 4 (slug) - Distance to Target 50 feet		
	Proper unloading and clearing procedures		

ENTER "P" OR "F" IN TEST #1 OR #2
DO NOT ENTER PERCENTAGE

CERTIFYING INSTRUCTOR(S) SIGNATURE(S) & OPOTC INSTRUCTOR #:

[Signature]
INSTRUCTOR SIGNATURE

OPOTC #: BAS20651 EXP.: 3/15/21

[Signature]
INSTRUCTOR SIGNATURE

OPOTC #: BAS21208 EXP.: 5-13-20

[Signature]
INSTRUCTOR SIGNATURE

OPOTC #: BAS20966 EXP.: 8-28-19

SCHOOL NAME: Buckeye Career Center

SCHOOL NO.: BAS18-072

COMMANDER / ADMINISTRATOR SIGNATURE: [Signature]

DATE: 4/20/19

NO STAMPS / ORIGINAL SIGNATURES ONLY

SF126bas AEF [Signature]

OHIO PEACE OFFICER TRAINING COMMISSION
RANGE PROFICIENCY RECORD: SHOTGUN

STUDENT NAME: [REDACTED] [REDACTED] [REDACTED]
LAST NAME FIRST NAME M.I.

APPOINTING AGENCY: _____ OPEN ENROLLMENT
CHECK

SHOTGUN MAKE: Remington MODEL: 870 CALIBER: 12GA

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE
ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE A ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), FIRED
OVER THE TIME LIMIT (OT) AND EXTRA ROUNDS FIRED (ERF) ARE A MINUS 1 (-1)

STAGE 1 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 2 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

SLUG QUALIFICATION STAGE

STAGE 4 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

TOTAL: 8 PASSING SCORE - 100% HIT

DATE TESTED: 04/20/19 PASSED: FAILED: _____

Fred L Smith
INSTRUCTOR SIGNATURE

OPOTC #: BAS20651 EXP.: 3/15/21

[Signature]
INSTRUCTOR SIGNATURE

OPOTC #: BAS20866 EXP.: 8-29-19

[Signature]
INSTRUCTOR SIGNATURE

OPOTC #: BAS21208 EXP.: 5-13-20

[Signature]

BAS21273

4-1-20



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission

740-845-2700

800-346-7682

Fax 740-845-2675

P.O. Box 309

London, Ohio 43140

www.OhioAttorneyGeneral.gov

HANDGUN PROFICIENCY TESTING RECORD

Curriculum Code BAS-039

STUDENT NAME: [REDACTED] [REDACTED] [REDACTED]
LAST NAME FIRST NAME M.I.

APPOINTING AGENCY: _____ OPEN ENROLLMENT
CHECK

HANDGUN MAKE: S&W MODEL: M&P CALIBER: 9mm

SPO	ACTIVITY / TECHNIQUE	TEST 1	TEST 2
3	Demonstrate loading the semi-automatic pistol	P	
	Insert loaded magazine into magazine well		
	Push magazine until seated		
	Rack the slide		
	If the pistol is not going to be fired immediately, engage safety device or de-cock if appropriate		
4	Demonstrate unloading the semi-automatic pistol	P	
	With muzzle awareness, the weapon is pointed in a ballistically sound direction, and with your finger off the trigger, remove the magazine		
	Rack the slide several times – watching the round eject onto the ground		
	Do not attempt to catch the round		
	Lock the slide to the rear		
	Physically and visually check the chamber and magazine well		
	Look away		
	Physically and visually check chamber and magazine well a second time		
	Let slide move forward		
	Return pistol to holster		
5	Demonstrate proficiency by shooting a passing score on the qualification standards	P	

Enter P or F only

CERTIFYING INSTRUCTOR(S) SIGNATURE(S) & OPOTC INSTRUCTOR:

INSTRUCTOR SIGNATURE [Signature]

OPOTC #: BAS 20651 EXP.: 3/15/21

INSTRUCTOR SIGNATURE [Signature]

OPOTC #: BAS 20866 EXP.: 8-29-19

INSTRUCTOR SIGNATURE [Signature]

OPOTC #: BAS 21203 EXP.: 5-13-20

SCHOOL NAME: Buckeye Career Center

SCHOOL NO.: BAS18-072

COMMANDER SIGNATURE: [Signature]
NO STAMPS / ORIGINAL SIGNATURES ONLY

DATE: 4/27/19

[Signature] BAS 20867 04/27/19 02/15/21

OHIO PEACE OFFICER TRAINING COMMISSION
RANGE PROFICIENCY RECORD: HANDGUN

NAME: [REDACTED] AGENCY: [REDACTED]
SCHOOL NAME: Buckeye Career Center SCHOOL NO.: [REDACTED]
WEAPON MAKE: S&W MODEL: MP

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: 3 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 2 2 HITS IN THE PREFERRED AREA, ONE HIT IN THE HEAD OR HIP

PA: 3 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3A PA: 4 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3B PA: 4 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 4 PA: 6 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 5 PA: 3 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 6 PA: 2 NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

SUB TOTALS: 25 MISS: _____ OT: _____ ERF: _____

TOTAL: 25 (PASSING IS A MINIMUM OF 20)

DATE TESTED: 4/27/19 PASSED: FAILED: _____

[Signature]
INSTRUCTOR SIGNATURE

OPOTC #: BAS 20651

EXP.: 3/15/21

[Signature]
INSTRUCTOR SIGNATURE

OPOTC #: BAS 20886

EXP.: 8-29-19

[Signature]
INSTRUCTOR SIGNATURE

OPOTC #: BAS 21202

EXP.: 5-13-20

Ronald Johnson
SF125bas Ef

BAS 20867

02/15/21



MIKE DEWINE

OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

BASIC TRAINING PHYSICAL FITNESS ASSESSMENT FORM

School Name: BUCKEYE CAREER CENTER

School #: [REDACTED]

Student's Name: [REDACTED]
(Last)

[REDACTED]
(First)

[REDACTED]
(Middle)

Previous Name(s) or Alias: _____

Sex: M F

DOB: [REDACTED]

Age: [REDACTED]

Pre-entrance Assessment Date: 07/16/18

Final Assessment Date: 05/13/19

Retest Date: 05/20/19

Status at Final Assessment: Appointed Open Enrollment

Age and Sex Minimum Scores					Pre-entrance Assessment 15 th percentile	Final Assessment (Score/P-F) 50 th percentile	Retest (Score/P-F) 50 th percentile
	Males (<29)		Females (<29)				
	15 th %	50 th %	15 th %	50 th %			
Sit-ups (1 min.)	32	40	23	35	45	42	# Sit-ups Completed
Push-ups (1 min.)	19	33	9	18			
1.5 Mile Run	14:34	11:58	17:49	14:07			
	Males (30-39)		Females (30-39)		41	36	# Push-ups Completed
	15 th %	50 th %	15 th %	50 th %			
Sit-ups (1 min.)	28	36	18	27			
Push-ups (1 min.)	15	27	7	14	11:10	10:02	1.5 Mile Time
1.5 Mile Run	15:13	12:25	18:37	14:34			
	Males (40-49)		Females (40-49)				
	15 th %	50 th %	15 th %	50 th %	P	P	OVERALL (P/F)
Sit-ups (1 min.)	22	31	13	22			
Push-ups (1 min.)	10	21	5	11			
1.5 Mile Run	15:58	13:11	19:32	15:24	5/14/18 TDB	OVERALL (P/F)	OVERALL (P/F)
	Males (50-59)		Females (50-59)				
	15 th %	50 th %	15 th %	50 th %			
Sit-ups (1 min.)	17	26	7	17	OVERALL (P/F)	OVERALL (P/F)	OVERALL (P/F)
Push-ups (1 min.)	7	15	4 (modified)	13 (modified)			
1.5 Mile Run	17:38	14:16	21:31	17:13			
	Males (60+)		Females (60+)		OVERALL (P/F)	OVERALL (P/F)	OVERALL (P/F)
	15 th %	50 th %	15 th %	50 th %			
Sit-ups (1 min.)	13	20	2	8			
Push-ups (1 min.)	5	15	1 (modified)	8 (modified)	5/14/18 TDB	OVERALL (P/F)	OVERALL (P/F)
1.5 Mile Run	20:12	15:56	23:32	18:52			

Students must pass each event, at the minimum 50th percentile of the above standards, in order to be eligible for the state certification exam.

[Signature] 07/16/18
Fitness Specialist Signature Date

[Signature] 5/13/19
Fitness Specialist Signature Date

Fitness Specialist Signature Date
SF195bas Effective 01/01/2017

[Signature] 07/16/18
Commander Signature Date

[Signature] 5/13/19
Commander Signature Date

Commander Signature Date



**TUSCARAWAS COUNTY SHERIFF'S OFFICE
AUTHORIZATION TO RELEASE EMPLOYMENT/PRE-EMPLOYMENT INFORMATION**

I authorize all persons to whom this request (original or facsimile) is presented to furnish information relating to or concerning me to a duly appointed and authorized member of the Tuscarawas County Sheriff's Office. I am aware that this information is not ordinarily open to public inspection and which I may claim to constitute an invasion of my personal privacy or may otherwise be protected from disclosure by constitutional statutory or common law privileges. I expressly waive all rights and privileges, which may attach to such communication or disclosure and release all persons, firms and corporations from all claims of any nature as a result of said communication or disclosure.

The following information to be disclosed includes the following: personal history, education records, fitness for duty records (including medical, psychological and polygraph information), employment records (including evaluations and disciplinary actions), military service records, financial records, criminal history records (including conviction(s) of domestic violence crime), organizational memberships, reference information and other information pertaining to suitability for employment (including applications and subsequent pre-employment screenings conducted when seeking employment with other agencies).

I represent that I have not been convicted of a crime of domestic violence or an associated crime of violence involving a family or household member in Ohio or any other State. I understand that this is part of my application process and falsification of this information will be considered grounds for dismissal or not hiring. I authorize release of information that may contain my home address, telephone number and social security number. This release will be considered part of my application and if hired, considered part of my personnel file.

Please list current employer along with all prior employers (attach additional paper if needed).

X Autozone

Please list all agencies that you have applied to in the past two (2) years (attach additional paper if needed).

X _____

X _____ _____ X _____ 6/28/19
Name of Applicant (Print) and Social Security Number Signature of Applicant and Date

Lt. Ken Engstrom CI Lt. Ken Engstrom 6/28/19
Name of Authorized Member of Sheriff's Office (Print) Signature of Authorized Member of Sheriff's Office and Date

To Be Completed by Responding Agency

Please indicate which of the following applies:


- Current Employee (please forward copies of background check report, pre-employment testing involving polygraph results, evaluations, letters of support or complaint and disciplinary actions)
- Former Employee (please forward copies of background check report, pre-employment testing involving polygraph results, evaluations, letters of support or complaint and disciplinary actions)
- Applied Only (no other information available)
- Background Check Conducted (not selected) (please forward copy with any appropriate exemptions)
- Interviewed (not selected)
- Polygraph Test Conducted (not selected) (please forward copy)


Name (Print) of Releasing Official Signature of Releasing Official with Date Telephone Number

Please forward results to the authorized member stated above within seven (7) days of receipt to the following: email to sheriff@co.tuscarawas.oh.us. If you have any questions or comments, please contact the authorized member stated above at 330-339-2000. Any applicable records exemptions shall apply. Thank you in advance for your cooperation.

ORVIS L. CAMPBELL
SHERIFF

Applicant Questionnaire

Name (Print): 

Social Security Number:  Position for Consideration: Corrections

Please read the instructions carefully before completing the questionnaire.

You must be complete and truthful in all of your answers. The answers in this questionnaire will be verified by interviews and a complete background investigation, which includes checking employment records, personal history, education records, criminal records, financial records, social media sites, etc... Any failure to report completely, report incompletely or any untruthful answers, misrepresentations, omissions or falsifications may subject you to rejection as an employee and if employed, discipline up to and including discharge. The information provided in this questionnaire will be considered confidential to the extent that this is excluded from disclosure under Federal and State laws.

Hand **print** your answers in ink. Do not leave any questions blank. If a question does not apply to you, write "DNA". Your answers must be legible. If additional space is needed to explain an answer, please use the space at the end of this questionnaire and reference the specific question(s).


Be aware that your spelling, grammar and neatness will be considered as part of your personal attributes involved in the selection process. Also, your dress, speech and manner will be scrutinized during all phases of the background investigation process and in any interviews and will be similarly considered.

I understand that I may have to submit to a polygraph (lie detector) examination to determine the authenticity of the information provided by me.

I understand that if I receive a conditional offer of employment, I may be required to submit to a job-related physical, psychological and/or psychiatric exams and drug testing and may also be required to submit to such exams and testing as a requirement of continued employment.

I understand that if I am applying for a Deputy or Corrections Officer position, I am required to make known any criminal record I have, that has been expunged or legally sealed consistent with Ohio Revised Code 2953.33. You must report your expunged or legally sealed charge or record even if an attorney has told you otherwise. List your record or charge later in this questionnaire.

I have read, understand and agree to the above instructions and requirements.

 06/30/19
Applicant's Signature and Date

I wish to withdraw from consideration for employment with the Tuscarawas County Sheriff's Office.

Applicant's Signature and Date

2019 JUL 2 PM 2:46
ORVIS L. CAMPBELL
TUSCARAWAS COUNTY SHERIFF

RECEIVED

Tuscarawas County Sheriff's Office
Authorization to Release Employment/Pre-Employment Information

I authorize all persons to whom this request (original or facsimile) is presented to furnish information relating to or concerning me to a duly appointed and authorized member of the Tuscarawas County Sheriff's Office. I am aware that this information is not ordinarily open to public inspection and which I may claim to constitute an invasion of my personal privacy or may otherwise be protected from disclosure by constitutional statutory or common law privileges. I expressly waive all rights and privileges, which may attach to such communication or disclosure and release all persons, firms and corporations from all claims of any nature as a result of said communication or disclosure.

The following information to be disclosed includes the following: personal history, education records, fitness for duty records (including medical, psychological and polygraph information), employment records (including evaluations and disciplinary actions), military service records, financial records, criminal history records (including conviction(s) of domestic violence crime), organizational memberships, driving history (if applicable), social media sites, reference information and other information pertaining to suitability for employment (including applications and subsequent pre-employment screenings conducted when seeking employment with other agencies).

I represent that I have not been convicted of a crime of domestic violence or an associated crime of violence involving a family or household member in Ohio or any other State. I understand that this is part of my application process and falsification of this information will be considered grounds not hiring or if hired, disciplinary actions up to and including discharge. I authorize release of information that may contain my home address, telephone number and social security number. This release will be considered part of my application and if hired, considered part of my personnel file.

06/30/19
and Date

General Information

Legal Name (Print): [REDACTED] [REDACTED] [REDACTED]
First Middle Last

By what other names have you been known (alias, maiden, former marriage)? _____

Social Security #: [REDACTED]

Full Address: [REDACTED]

Birth Date: [REDACTED] Place of Birth: Union Hospital Age: 22 Sex: M

United States Citizen: Y or N (Proof will be required if selected) Marital Status: _____

Spousal Information

Full Name of Current Spouse: _____
First Full Middle Last

Maiden Name (If Applicable): _____

Social Security #: _____ Birth Date: _____ Place of Birth: _____

Name and Address of Spouse's Employer: _____

List all marriages, divorces, dissolutions and separations (including date and location of marriage and when dissolved): _____

Family Information

Father's Full Name: [Redacted] _____
First Full Middle Last

Full Address: _____

Birth Date: [Redacted] Occupation: Backyard

Mother's Full Name: [Redacted] _____
First Full Middle Last

Full Address: [Redacted] _____

Birth Date: [Redacted] Occupation: Factory

Family Information

List all of your children regardless if children are living with you.

Full Name including Middle Sex Date of Birth Place of Birth

Full Name including Middle Sex Date of Birth Place of Birth

Full Name including Middle Sex Date of Birth Place of Birth

Full Name including Middle Sex Date of Birth Place of Birth

Full Name including Middle Sex Date of Birth Place of Birth

Are you supporting all required dependents? Y or N

Are you paying children support or alimony? Y or N If yes, how much per month: _____

Have you even been sued for alimony payments, child support, non-payment of debts or fraud? Y or N
If yes, please provide court case number, name of court and date: _____

Are you in arrears or have your wages been garnished for back child support or alimony payments in any County in the U.S? Y or N If yes, please name County and State: _____

Education

Indian Valley 2009-2015 Yes
Name of High School Dates Attended Did you complete?

Name of Training or Trading School Dates Attended Were you certified?

Name of University/College Major Dates Attended Did you complete?

Military Information

Have you ever served in any military organization of the United States including Reserves or the National Guard? Y or N

If yes, please provide the following information.

Name of Branch Rank Serial Number Active Duty Dates

Are you still active? Y or N

Were you honorably discharged? Y or N If no, explain: _____

Have you ever been court martialed, tried on charges, subject of a summary court, deck court, Captain's Mast, company discipline or subject of a disciplinary action a member of a military organization? Y or N If yes, explain.

Miscellaneous Information

Other than a driver's license, please list any other permits or licenses issued by the government.

List all organizations, clubs and social groups of you are an active member or former member including positions held (i.e. treasurer, secretary, etc...).

Employment History

Start with current employment. Please include military period and any periods of unemployment.

<u>Autozone</u>	<u>740-622-0373</u>	<u>01/21/19 - Current</u>	<u>Braden</u>	
Name	Address	Phone Number	Dates Employed	Supervisor's Name

Reason for Leaving: _____

List any disciplinary actions taken against you (verbal and written reprimands and suspensions):

<u>Mancos</u>			<u>Sep 2018 - Jan 2019</u>	
Name	Address	Phone Number	Dates Employed	Supervisor's Name

Reason for Leaving: Temp Work

List any disciplinary actions taken against you (verbal and written reprimands and suspensions):

<u>Endenkopf</u>			<u>Apr 2017 - Sep 2018</u>	<u>Dave Robinson</u>
Name	Address	Phone Number	Dates Employed	Supervisor's Name

Reason for Leaving: Schooling

List any disciplinary actions taken against you (verbal and written reprimands and suspensions):

<u>Asplundh</u>		<u>330-877-8655</u>	<u>Jan 2016 - Apr 2018 ²⁰¹⁷</u>	<u>Mike Meese</u>
Name	Address	Phone Number	Dates Employed	Supervisor's Name

Reason for Leaving: Job opportunity

List any disciplinary actions taken against you (verbal and written reprimands and suspensions):

<u>Buehlers</u>		<u>330-331-6662</u>	<u>Feb 2013 - Jan 2016</u>	<u>Doug Willis</u>
Name	Address	Phone Number	Dates Employed	Supervisor's Name

Reason for Leaving: Job opportunity

List any disciplinary actions taken against you (verbal and written reprimands and suspensions):

Employment History

Have your employers treated you fairly? Y or N If no, please explain: _____

Were you ever discharged, terminated, fired, removed during probation or forced to resign because of misconduct, unsatisfactory service or any other reason? Y or N If yes, please explain including name and address of employer along with reason:

Have you taken a civil service exam? Y or N If yes, please list below.

Agency (City and State)	Date	Position
Agency (City and State)	Date	Position

Are you eligible to be hired by the above or any other employer? Y or N If yes but not hired, please say why if known: _____

Have you ever been rejected for any civil service position? Y or N If yes, please explain: _____

List all of the governmental agencies you have applied with in the last two years: _____

If selected for employment, will you be working secondary employment? Y or N If yes, please list: _____

Have you had experience working shifts? Y or N

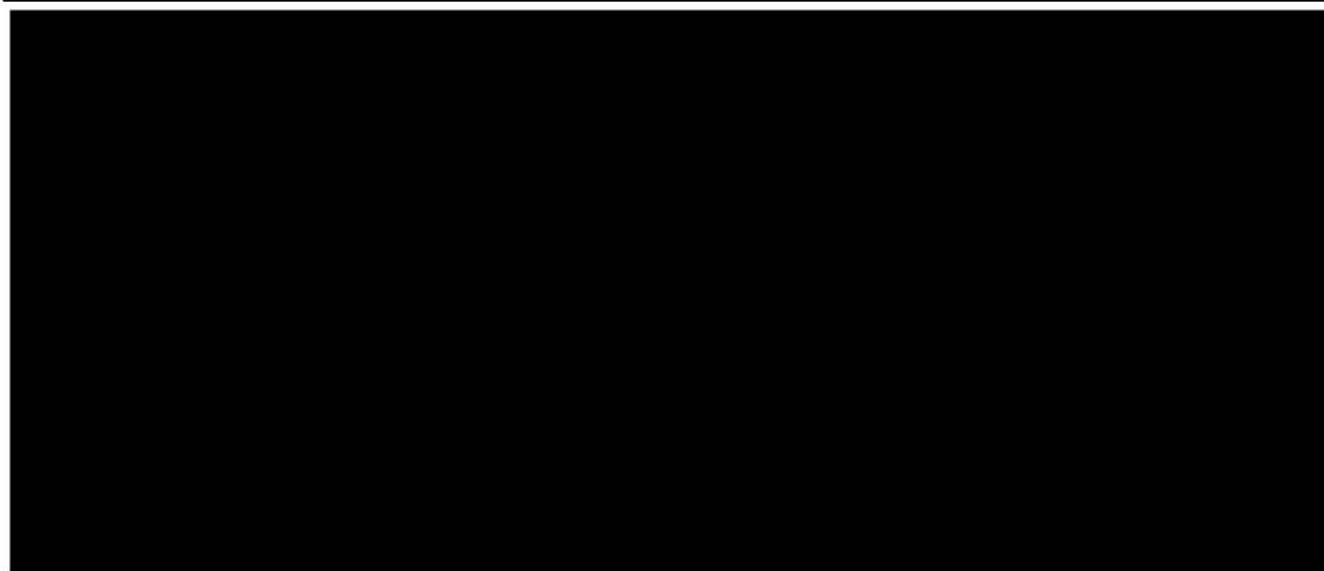
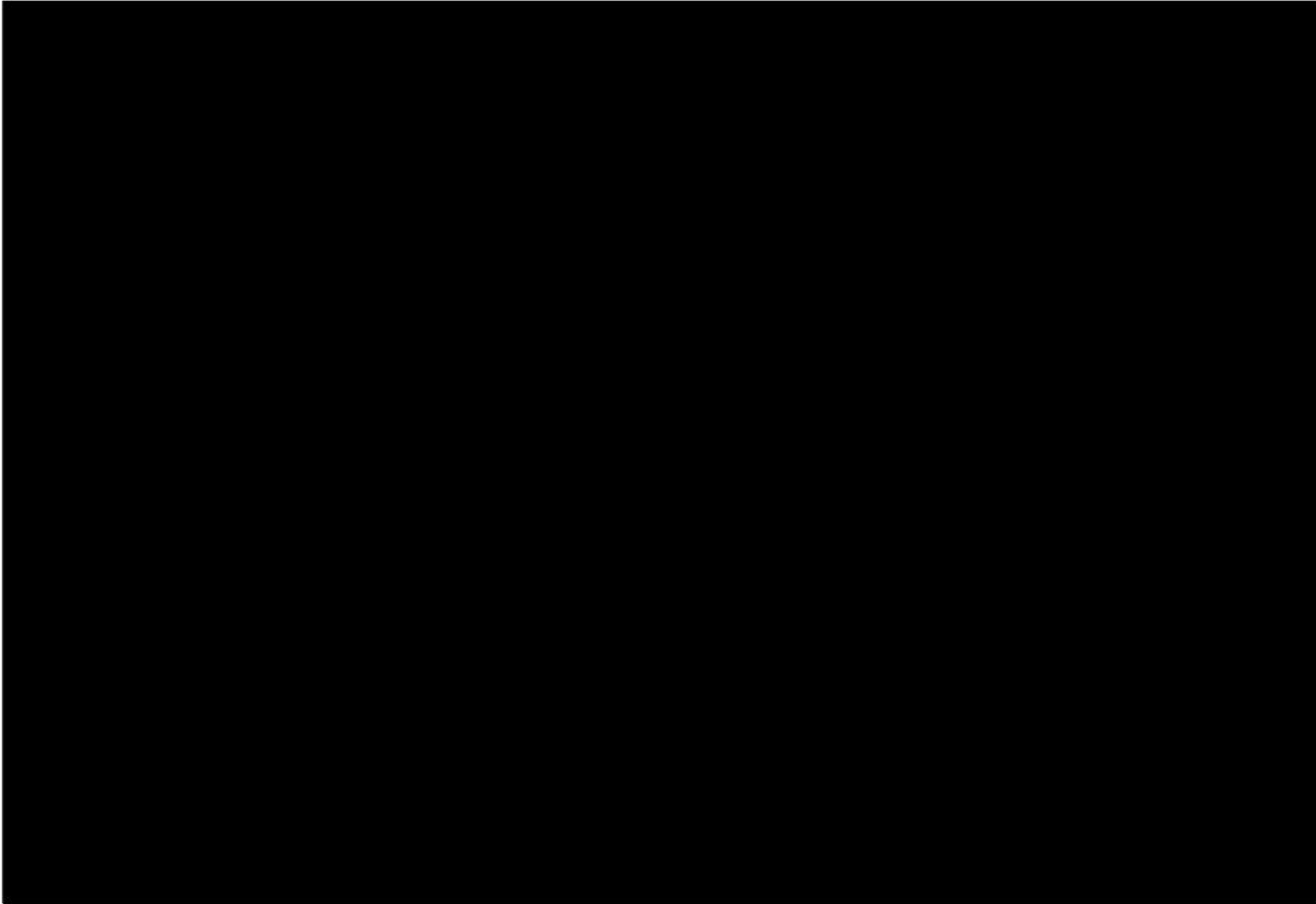
Do you object to working midnight or afternoon shift? Y or N

Do you object working weekends or holidays? Y or N

Do you object to wearing a uniform? Y or N

Criminal History

Have you ever been arrested, detained, held, charged, indicted or convicted with any violation or crimes as an adult or juvenile (including traffic if physically arrested)? Y or N If yes, please give details. Please include incidents even if not formally charged or no court appearance, dismissed, found not guilty or settled by payment or fine.



Financial Information

List all financial obligations for which you are responsible. If you have no current debt, list paid-up accounts, credit cards, etc...

Creditor	Nature of Debt	Amount Owed	In default?

Have you ever received unemployment compensation or other federal, state or local benefits/assistance (i.e. food stamps, social security, energy assistance, etc....)? Y or N If yes, please list.

Type of Assistance	Start/End Dates	Local Name and Address

Is there a lien against your property or real estate? Y or N If yes, please provide details:

Do you own a business or commercial property? Y or N If yes, please list.

Name	Address	Business Type

Financial Information

Have you, your spouse or ex-spouse (only when married to you) ever been sued by anyone in any common pleas, municipal or small claims court? Y or N If yes, please provide details.

Date	Name and Location of Court	Other Party	Who Lost	Dollar Amount
------	----------------------------	-------------	----------	---------------

Do you, your spouse or ex-spouse (only when married to you) have any immediate civil action pending against you? Y or N If yes, please give details.

Have you, your spouse or ex-spouse (only when married to you) ever filed for bankruptcy under Federal or State law? Y or N If yes, please give details.

Have you, your spouse or ex-spouse (only when married to you) ever failed to file or pay required Federal, State and Municipal income taxes? Y or N If yes, please give details.

Have you, your spouse or ex-spouse (only when married to you) ever had wages garnished? Y or N If yes, please give details.

Driving History

Do you possess a valid driver license or CDL? Y or N

Have you possessed a valid license or CDL in another State other than Ohio? Y or N

Please provide the following information (including any issued by another State):

Driver's License Number	State	Year Expires	Restrictions
[REDACTED]	OH	2021	None

Driver's License Number	State	Year Expires	Restrictions
-------------------------	-------	--------------	--------------

At any time, has your license or CDL ever been revoked, suspended or been restricted due traffic convictions or been placed on negligent operator's probation? Y or N If yes, please explain:

Date	Length	State	Reason
------	--------	-------	--------

Date	Length	State	Reason
------	--------	-------	--------

Driving History

As a driver, have you ever been involved in a motor vehicle accident? Y or N If yes, explain.

Date	Reporting Police Agency	Location	Who Cited	Court Disposition

Date	Reporting Police Agency	Location	Who Cited	Court Disposition

Date	Reporting Police Agency	Location	Who Cited	Court Disposition

List all traffic citations you have received (excluding parking):

Month/Year	Location	City/State	Violation	Penalty

Month/Year	Location	City/State	Violation	Penalty

Month/Year	Location	City/State	Violation	Penalty

List all vehicles registered to you or your spouse and any other vehicles which are registered to occupants of your residence that you use:

Year	Make	Model	License Plate Number	State	Registered Owner
2004	Dodge	Dakota		Ohio	

Year	Make	Model	License Plate Number	State	Registered Owner

Are there any outstanding or delinquent parking tickets on the above vehicles? Y or N If yes, please explain:

Month/Year	Location	City/State	Violation	Penalty

Month/Year	Location	City/State	Violation	Penalty

Have you ever been refused automobile, life or other insurance? Y or N

Are you required to carry assigned risk insurance to comply with the Ohio Financial Responsibility Act? Y or N If yes, please list: _____

Personal References (No family or employers. Must have known them for at least three (3) years).

Josh Huff	[Redacted]	[Redacted]	15		Close friend
Name	Address	Phone Number	Years Known	Employer	Relation

[Redacted]	[Redacted]	[Redacted]			
Name	Address	Phone Number	Years Known	Employer	Relation

Joey Morrison	[Redacted]	[Redacted]	15		
Name	Address	Phone Number	Years Known	Employer	Relation

Continuation of Answers

Please use this space to explain or further add to your answers to a specific question. Please reference page number and section.

Page Number	Section Name	Additional Information
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Page Number	Section Name	Additional Information
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Page Number	Section Name	Additional Information
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Page Number	Section Name	Additional Information
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Page Number	Section Name	Additional Information
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Page Number	Section Name	Additional Information
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Page Number	Section Name	Additional Information
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Please make sure you answered all of the questions. Thank you for completing this questionnaire.



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

P.O. BOX 16520
COLUMBUS, OHIO 43216-6520
ABSTRACT DRIVER RECORD

REQUEST ON

DATE	NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER
07/02/2019	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

The following is a true and accurate enumeration of motor vehicle accidents and records of convictions for violations of the motor vehicle law pursuant to Section 4509.05 of the Ohio Revised Code.

REGISTRAR, OHIO BUREAU OF MOTOR VEHICLES

DRIVER INFORMATION					
NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	DATE OF ISSUANCE
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	11/21/2018
LAST KNOWN ADDRESS					DATE OF EXPIRATION
[REDACTED]					08/31/2021
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	LICENSE CLASS
MALE	5' 10"	145	BLOND	BLUE	OPERATOR
STATUS AS OF 07/02/2019: VALID					
ENDORSEMENTS: NONE					
RESTRICTIONS: NONE					

DRIVING RECORD FOR THE PAST 36 MONTHS

WITHDRAWALS



END OF DRIVER RECORD

What to do at the time of an accident.

- Do not admit fault.
- Do not reveal the limits of your liability coverage to anyone.
- Exchange contact information; get year, make, model, plate number, insurance carrier and policy number of all involved. Also, identify witnesses and collect contact information.
- Contact the police or 911 if applicable.
- Contact GEICO by calling **1-800-841-3000** or visit **geico.com** to report the accident.

U-4-OH (12-09)

What to do at the time of an accident.

- Do not admit fault.
- Do not reveal the limits of your liability coverage to anyone.
- Exchange contact information; get year, make, model, plate number, insurance carrier and policy number of all involved. Also, identify witnesses and collect contact information.
- Contact the police or 911 if applicable.
- Contact GEICO by calling **1-800-841-3000** or visit **geico.com** to report the accident.

U-4-OH (12-09)

UH WORKWELL

110 Dublin Drive Suite B,
Dover Ohio 44622
Phone 330-602-0797
Fax 330-343-1181

Date: 1-24-2020

Employee Name: [REDACTED]

Company: Tusc Co Sheriffs Dept.

Specimen ID: [REDACTED]

Attn: Jim Torch

Social Security #: [REDACTED]

Type of Collection: Non DOT DOT

Urine Drug Screen Hair Follicle Testing Oral Fluid Drug Screen Oral Fluid Nicotine

Reason for Test:

- Pre-employment Reasonable Suspicion Other (Specify) _____
 Random Return to Duty
 Post Accident Follow-up

The above testing was performed on 1-23-2020 9:27
Date Time

The results are as follows:

- Negative
 Positive for: _____
 Other _____
 Dilute Specimen: _____

If there are any questions regarding these results, please feel free to contact UH WORKWELL at 330-602-0797.

Sincerely,


Certified Medical Review Officer



110 Dublin Drive Suite B,
Dover Ohio 44622
Phone 330-602-0797
Fax 330-343-1181

Date: 5/3/2024

Employee Name: [Redacted]

Company: TUSL Co Sheriff Dept

Specimen ID: [Redacted]

Attn: _____

Social Security #: [Redacted]

Type of Collection: Non DOT DOT

Urine Drug Screen Hair Follicle Testing Oral Fluid Drug Screen Oral Fluid Nicotine

Reason for Test:

- Pre-employment
- Random
- Post Accident
- Reasonable Suspicion
- Return to Duty
- Follow-up
- Other (Specify) _____

The above testing was performed on 5/3/2024 817
Date Time

The results are as follows:

- Negative
- Positive for: _____
- Dilute Specimen: _____
- Specimen out of temperature range
 - Observed recollection
 - Patient left
- Specimen Rejected:
 - Observed recollection
 - Patient left
- Other _____

If there are any questions regarding these results, please feel free to contact CCUH WORKWELL at 330-602-0797.

Sincerely, [Signature]

Certified Medical Review Officer

*emailed
5/3/24
Ker*

NON-REGULATED 5 PART DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

744464098



402 W County Rd D
St. Paul, MN 55112
(651) 636-7466
(800) 832-3244

STEP 1

To be completed by COLLECTOR or EMPLOYER REPRESENTATIVE

Account # 3577

A. Employer Name, Address, I.D. No. <i>The Village Health Dept</i>		B. MRO Name, Address, Phone and Fax No. 520 WINDSOR AVE MINNETONKA, MN 55345		LAB ACCESSION NO.	
Account #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Donor I.D.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
C. Donor Name (Last, First)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Donor Daytime Phone	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
D. Reason for Test	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause		<input type="checkbox"/> Other (Specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> Return To Duty <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Post Accident					
E. Collection Site Name	Collector Phone No.	Collector Fax No.			
F. Test(s) Ordered	<input checked="" type="checkbox"/> <i>Urine</i> <input checked="" type="checkbox"/> <i>Saliva</i> <input checked="" type="checkbox"/> <i>Urine</i> <input checked="" type="checkbox"/> <i>Saliva</i>				

STEP 2: COMPLETED BY COLLECTOR
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection: Split Single None-Provided (Enter Remark) Observed (Enter Remark)

14008

REMARKS
267-227517 *Rapid Negative*

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

[Signature]
Signature of Collector
(PRINT) Collector's Name (First, MI, Last)

Time of Collection: *0617* AM PM

Date (Mo./Day/Yr.): *5/22/24*

SPECIMEN BOTTLE(S) RELEASED TO:
Name of Delivery Service Transferring Specimen to Lab
 FedEx Local Courier Other

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

[Signature] Signature of Donor (PRINT) Donor's Name (First, MI, Last)

Daytime Phone No. *[Redacted]* Evening Phone No. *[Redacted]* Date of Birth *5/3/71* Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED DILUTE
 REFUSAL TO TEST BECAUSE: ADULTERATED SUBSTITUTED

REMARKS _____

[Signature] Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification is:

RECONFIRMED FAILED TO RECONFIRM - REASON _____

[Signature] Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

COPY 4 - EMPLOYER COPY - SEND TO EMPLOYER

**TUSCARAWAS COUNTY SHERIFF'S OFFICE
DEPUTY PERFORMANCE EVALUATION FORM**

Employee's Name: [REDACTED]

Evaluation Date Range: 06/19/23 to 12/31/23

Supervisor's Name: Alexander S. Shaffer #7917

Evaluation Type: Annual Other

Performance Dimensions

A=ABOVE M=MEETS N=NEEDS IMPROVEMENT X=NOT APPLICABLE

POLICIES AND PROCEDURES

A M N X

- Understands the role as a deputy in the Road Division
- Knows Sheriff's Office & Road Div. policies and procedures
- Adherence to Road Div. & Office policies and procedures
- Knows and follows directives from chain of command
- Knowledge of the road deputy's duties

JUDGMENT

A M N X

- Problem solving, decision making, common sense
- Properly uses discretion
- Exhibits self-control under stress
- Interpersonal skills with staff and public

PROFESSIONAL DEMEANOR

A M N X

- Uniform appearance
 - Accountability/work ethic
 - Grooming, attire, and personal appearance
 - Reports to work on time, uses time wisely, and is prepared
- 24 Sick leave hours used

VERBAL COMMUNICATIONS

A M N X

- Speaks organized thoughts and uses proper radio protocol
- Speaks professionally to staff and public
- Listens effectively when necessary

WRITTEN COMMUNICATIONS

A M N X

- Writes clear and complete information in reports
- Writes clear and concise forms and documents
- Writes clear and concise narratives
- Logs necessary information properly
- Completes forms, reports, addendums when appropriate, including dispositions

DEPUTY EQUIPMENT OPERATIONS

A M N X

Understands & operates the following:

- Radio equipment
- Vehicle/Appearance/ Maintenance
- Telephone equipment and programs
- Mobile Computer
- All other programs and equipment

TEAM EFFORT / COOPERATION

A M N X

- Contributes to group effort
- Maintains a good working relationship with others
- Maintains a positive attitude

PHOTOS

A M N X

- Appropriate number of photos
- Takes clear quality photos
- Uses scale to accurately document size.

QUALITY ASSAURANCE EVALUATIONS

6 Total number of QA evaluations
 4 Number of perfect scores evaluations
 0 Number of evaluations below cutoff score
 95.56 Average QA evaluations score

Supervisor's Comments

[REDACTED] continues to improve as a deputy, and carries an important role on this shift. [REDACTED] always comes to work with the willingness to preform his duties, learn, and to aid other deputies.

Division Commander's Signature and Date

Immediate Supervisor's Signature and Date

Sgt. Alex Shaffer 12/11/23

Division Commander's Comments (if applicable)

Employee received a copy of evaluation Yes No
 Evaluation discussed with Employee Yes No
 Evaluation placed in Employee's personnel file Yes No

Sheriff's Signature and Date

D. R. [Signature] 1-5-23

Employee's Signature and Date (does not indicate agreement with evaluation)

[REDACTED]

Employee's feedback or comments regarding evaluation process

**TUSCARAWAS COUNTY SHERIFF'S OFFICE
DEPUTY PERFORMANCE EVALUATION FORM - SUPPLEMENT**

Employee's Name: [REDACTED] Evaluation Date Range: 06/19/23 to 12/31/23

Supervisor's Name: Alexander S. Shaffer #7917 Evaluation Type: Annual Other

Additional Supervisor Comments:

[REDACTED] you have made a lot of improvements in your report writing skills over the past six months.

Supervisor Suggested Goals for Employee:

avoid hitting a deer in 2024.
continue to grow, and become a sergeant one day.

Any Areas Employee Requests Additional Training:

READ school.
pursuit school.

Division Commander's Signature and Date

Immediate Supervisor's Signature and Date

Division Commander's Comments (if applicable)

Employee received a copy of evaluation Yes No
 Evaluation discussed with Employee Yes No
 Evaluation placed in Employee's personnel file Yes No

Sheriff's Signature and Date

Employee's Signature and Date (does not indicate agreement with evaluation)

Employee's feedback or comments regarding evaluation process

[REDACTED]



**TUSCARAWAS COUNTY
SHERIFF'S OFFICE**

ORVIS L. CAMPBELL
SHERIFF

2295 Reiser Ave. S.E. | New Philadelphia, Ohio 44663
Phone: 330-339-2000 | Fax: 330-308-6682

August 10, 2023

[REDACTED]
Tuscarawas County Sheriff's Office
2295 Reiser Avenue SE
New Philadelphia, OH 44663

Dear [REDACTED]

I want to thank you for applying for the position of Sergeant. Your letter was very well thought out, organized and demonstrated your love and an understanding of the importance for the position of Patrol Sergeant.

You did very well during your interview. I believe that all your answers were given with true sincerity and in the best interest of the office.

I have decided to award this position to another candidate but I want you to know that I truly believe you are future supervisor material. The only thing that I can say from this interview is just that you need a little bit more experience. The fact that this position became available and you applied while you were such a young candidate is just bad timing.

I intend on meeting with you in the next couple of weeks to discuss future training opportunities that could help you develop and control to improve so that you are even more ready for the next posting. I commend you for the work that you do and for the attitude in which you perform those duties. You will have a long and very successful future here.

Sincerely,

Orvis L. Campbell, Sheriff



Orvis L. Campbell
Sheriff

Tuscarawas County Sheriff's Office

2295 Reiser Avenue, S.E. ★ New Philadelphia, Ohio 44663

Phone: (330) 339-2000 ★ Fax: (330) 339-4432

July 27, 2023

Captain T. Stocker
Tuscarawas County Sheriff's Office
2295 Reiser Avenue S.E.
New Philadelphia, Ohio 44663

Dear Captain T. Stocker,

I, [REDACTED], have been a sworn deputy with the the Tuscarawas County Sheriff's Office since [REDACTED], and have been a sworn reserve deputy since [REDACTED]. It has been a pleasure to serve the county that I have called home for 26 years! Since working as a deputy I have accomplished many things including but not limited to; receiving a letter of accommodation from Sheriff Orvis Campbell for helping two out of towners with a flat tire alongside he road, pulling a man from the river and performing life saving measures which kept him alive long enough to say goodbye to his family. That same family requested I stand guard at his funeral after he did pass, which I did for them. I feel I would be a good fit for the upcoming sergeants position based on my knowledge of the county, (roads, people, businesses). I pride myself on my work ethic, very rarely calling off and picking up details when I can. I work well under pressure, and while under pressure I am still able to make intelligent and accurate decisions. I have, on many occasions, been the highest ranking deputy on my shift where I had to lead my team, and did so successfully each time. I believe that with my knowledge of the job, my willingness to work (and work hard), and my overall positive outlook on things I would stand out as a candidate for the next road sergeant.

If I were to become a sergeant I would want to accomplish the following objectives:

- Set forth to motivate individuals on my crew, to reflect on the importance of the position they hold as a Deputy Sheriff.
- To have the self discipline to make the right choices on and off the job.
- To communicate accurately and clearly to all those who we interact with out in the field, as well as with those we work with.
- To have the upmost respect for individuals we come into contact with, and treat them with the same regard as we would our own friends or family.
- Promote adaptability within my crew. Changes will occur within our agency, and everyone should be able to understand those changes, and adapt as needed.
- Promote good woking relationships both inside and outside the tuscarawas County Sheriff's Office.
- To enjoy coming to work and doing our due diligence as a crew, as Sheriff's Deputies.

- And lastly, to be the motivation for the deputies I would potentially be in charge of to be proactive. To not be afraid to answer calls. To have the confidence to know that I will always have their six. To know if they ever need anything that they can come to me.

Since working as a deputy for the Tuscarawas County Sheriff's Office, and working under a few different Sergeants, I feel that I have the cumulated knowledge from each of them. I have learned patience, gained confidence in myself, earned the trust of them in doing my duties, and helped others I have worked with to the best of my abilities.

Becoming a sergeant for the Tuscarawas County Sheriff's Office has been a goal of mine since the day I was sworn in. Being able to motivate and help individuals is my true calling in this life. I am truly passionate about my career in Law Enforcement and pride myself in what I do. This career path isn't always the most rewarding, not safe in any way, shape, or form, at times is extremely upsetting, as well as not the highest paying profession for a married man with three children. But, I did not choose this career path for financial gain, or for pats on the back. I chose this position because I want to help people grow, help people learn, help keep those who need it most, safe, put my life in danger to ensure others can sleep at night peacefully.

I indubitably hope I am considered for the position of Sergeant. I know that if I am chosen I will uphold my objectives, and ensure that the tasks handed to me are fulfilled to the highest standards.

Sincerely yours,

A solid black rectangular box used to redact the signature of the applicant.

**TUSCARAWAS COUNTY SHERIFF'S OFFICE
DEPUTY PERFORMANCE EVALUATION FORM**

Employee's Name: [REDACTED]

Evaluation Date Range: 01/03/23 to 06/18/23

Supervisor's Name: Alexander S. Shaffer #7917

Evaluation Type: Annual Other

Performance Dimensions

A=ABOVE M=MEETS N=NEEDS IMPROVEMENT X=NOT APPLICABLE

POLICIES AND PROCEDURES

A M N X

- Understands the role as a deputy in the Road Division
- Knows Sheriff's Office & Road Div. policies and procedures
- Adherence to Road Div. & Office policies and procedures
- Knows and follows directives from chain of command
- Knowledge of the road deputy's duties

JUDGMENT

A M N X

- Problem solving, decision making, common sense
- Properly uses discretion
- Exhibits self-control under stress
- Interpersonal skills with staff and public

PROFESSIONAL DEMEANOR

A M N X

- Uniform appearance
- Accountability/work ethic
- Grooming, attire, and personal appearance
- Reports to work on time, uses time wisely, and is prepared
- Sick leave hours used 8

VERBAL COMMUNICATIONS

A M N X

- Speaks organized thoughts and uses proper radio protocol
- Speaks professionally to staff and public
- Listens effectively when necessary

WRITTEN COMMUNICATIONS

A M N X

- Writes clear and complete information in reports
- Writes clear and concise forms and documents
- Writes clear and concise narratives
- Logs necessary information properly
- Completes forms, reports, addendums when appropriate, including dispositions

DEPUTY EQUIPMENT OPERATIONS

A M N X

Understands & operates the following:

- Radio equipment
- Vehicle/Appearance/ Maintenance
- Telephone equipment and programs
- Mobile Computer
- All other programs and equipment

TEAM EFFORT / COOPERATION

A M N X

- Contributes to group effort
- Maintains a good working relationship with others
- Maintains a positive attitude

PHOTOS

A M N X

- Appropriate number of photos
- Takes clear quality photos
- Uses scale to accurately document size.

QUALITY ASSAURANCE EVALUATIONS

- 9 Total number of QA evaluations
- 1 Number of perfect scores evaluations
- 0 Number of evaluations below cutoff score
- 94.69 Average QA evaluations score

Supervisor's Comments

[REDACTED] you have improved much over the last six months. You excell at many things in your young career. I believe the best two attributes you bring to the shift is your work ethic and the contributions you make to the group effort. You never hesitate to lend a helping hand to anyone, and you always come to work ready to give your all. For these two reasons I thank you, and ask that you never stop trying to get better as time goes on. You have much potential, but remember to set goals for yourself so you can achieve your dreams you have for yourself here.

Division Commander's Signature and Date

Tami Stokes 6/5/23

Division Commander's Comments (if applicable)

Immediate Supervisor's Signature and Date

Alexander S. Shaffer 6/12/23 #7917

- Employee received a copy of evaluation Yes No
- Evaluation discussed with Employee Yes No
- Evaluation placed in Employee's personnel file Yes No

Sheriff's Signature and Date

D. L. Bell 7-10-2023

Employee's Signature and Date (does not indicate agreement with evaluation)

[REDACTED] 6-4-23

Employee's feedback or comments regarding evaluation process

**TUSCARAWAS COUNTY SHERIFF'S OFFICE
DEPUTY PERFORMANCE EVALUATION FORM - SUPPLEMENT**

Employee's Name: [REDACTED]

Evaluation Date Range: 01/03/23 to 06/18/23

Supervisor's Name: Alexander S. Shaffer #7917


Evaluation Type: Annual Other

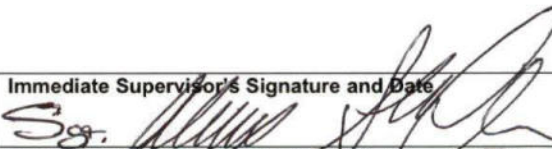
Additional Supervisor Comments:

Supervisor Suggested Goals for Employee:

[REDACTED] the only goal I believe that would benefit you in the short term is if you slow down and focus on your report a little better. I know that you just finished up a report writing school so we will see if that aids you. A goal that I would suggest in the long run, would be to think about where you want to be in the next five years and start to set yourself apart from others that may want the same goal. Areas to consider are calls handed, traffic stops, arrest, and patrolling.

Any Areas Employee Requests Additional Training:

Division Commander's Signature and Date
 6/5/23

Immediate Supervisor's Signature and Date
 6/14/23
 #7917

Division Commander's Comments (if applicable)

Employee received a copy of evaluation Yes No
 Evaluation discussed with Employee Yes No
 Evaluation placed in Employee's personnel file Yes No

Sheriff's Signature and Date
 7-10-2023

Employee's Signature and Date (does not indicate agreement with evaluation)
 [REDACTED] 6-4-23

Employee's feedback or comments regarding evaluation process

[REDACTED]

**TUSCARAWAS COUNTY SHERIFF'S OFFICE
DEPUTY PERFORMANCE EVALUATION FORM**

Employee's Name: [REDACTED]

Evaluation Date Range: 06/26/20 to 11/09/22

Supervisor's Name: Alexander S. Shaffer #7917

Evaluation Type: Annual Other

Performance Dimensions

A=ABOVE M=MEETS N=NEEDS IMPROVEMENT X=NOT APPLICABLE

POLICIES AND PROCEDURES

- A M N X
- Understands the role as a deputy in the Road Division
 - Knows Sheriff's Office & Road Div. policies and procedures
 - Adherence to Road Div. & Office policies and procedures
 - Knows and follows directives from chain of command
 - Knowledge of the road deputy's duties

JUDGMENT

- A M N X
- Problem solving, decision making, common sense
 - Properly uses discretion
 - Exhibits self-control under stress
 - Interpersonal skills with staff and public

PROFESSIONAL DEMEANOR

- A M N X
- Uniform appearance
 - Accountability/work ethic
 - Grooming, attire, and personal appearance
 - Reports to work on time, uses time wisely, and is prepared
- 0 Sick leave hours used

VERBAL COMMUNICATIONS

- A M N X
- Speaks organized thoughts and uses proper radio protocol
 - Speaks professionally to staff and public
 - Listens effectively when necessary

WRITTEN COMMUNICATIONS

- A M N X
- Writes clear and complete information in reports
 - Writes clear and concise forms and documents
 - Writes clear and concise narratives
 - Logs necessary information properly
 - Completes forms, reports, addendums when appropriate, including dispositions

DEPUTY EQUIPMENT OPERATIONS

- A M N X Understands & operates the following:
- Radio equipment
 - Vehicle/Appearance/ Maintenance
 - Telephone equipment and programs
 - Mobile Computer
 - All other programs and equipment

TEAM EFFORT / COOPERATION

- A M N X
- Contributes to group effort
 - Maintains a good working relationship with others
 - Maintains a positive attitude

PHOTOS

- A M N X
- Appropriate number of photos
 - Takes clear quality photos
 - Uses scale to accurately document size.

QUALITY ASSAURANCE EVALUATIONS

15 Total number of QA evaluations

7 Number of perfect scores evaluations

0 Number of evaluations below cutoff score

94.52 Average QA evaluations score

Supervisor's Comments

[REDACTED] is a good Deputy for this community and takes his job serious. I have gone over with [REDACTED] the steps I think he needs to work on, in order to become an even better Deputy. [REDACTED] has told me one of his goals for the office is for him to one day be a Supervisor, and I plan on working with him to get him ready for this goal. [REDACTED] is always willing to lend a helping hand to other Deputies, and has a good working relationship with others. He needs to continue to work on improving his reports, which he is already working on. [REDACTED] also needs to learn more about policy and proceders of this office so that one day he can be a leader.

Division Commander's Signature and Date
[Signature] 11/10/22

Immediate Supervisor's Signature and Date
[Signature] 11/9/22

Division Commander's Comments (if applicable)

Employee received a copy of evaluation Yes No
 Evaluation discussed with Employee Yes No
 Evaluation placed in Employee's personnel file Yes No

Sheriff's Signature and Date
[Signature] 11-28-22

Employee's Signature and Date (does not indicate agreement with evaluation)
[REDACTED]

Employee's feedback or comments regarding evaluation process

**TUSCARAWAS COUNTY SHERIFF'S OFFICE
DEPUTY PERFORMANCE EVALUATION FORM - SUPPLEMENT**

Employee's Name: [REDACTED]

Evaluation Date Range: 06/26/20 to 11/09/22

Supervisor's Name: Alexander S. Shaffer #7917

Evaluation Type: Annual Other

Additional Supervisor Comments:
N/A.

Supervisor Suggested Goals for Employee:

You do a good job and I can count on you to make good decisions. I would say the only thing you need to work on and I want to see differently is being more pro-active. This means traffic stops, more zone/EPR checks when you are able to. Once shift change switches you will be the oldest Deputy on shift so get ready. I expect you to help and look out for the newer Deputies. In my absence I expect you to not let any of the Deputies slack or push you around.

Any Areas Employee Requests Additional Training:

Leadership classes, interview (READ), advance driving school, OVI/Adapt, crime scene, and ORC law (advance/updated classes).

Division Commander's Signature and Date

[Signature] 11/10/22

Immediate Supervisor's Signature and Date

[Signature] 11/19/22

Division Commander's Comments (if applicable)

Employee received a copy of evaluation Yes No
 Evaluation discussed with Employee Yes No
 Evaluation placed in Employee's personnel file Yes No

Sheriff's Signature and Date

[Signature] SHERIFF 11-28-22

Employee's Signature and Date (does not indicate agreement with evaluation)

[REDACTED] 11/09/22

Employee's feedback or comments regarding evaluation process



TUSCARAWAS COUNTY SHERIFF'S OFFICE

2295 REISER AVENUE, S.E. ★ NEW PHILADELPHIA, OHIO 44663
PHONE: (330) 339-2000 ★ FAX: (330) 339-4432

LETTER OF COMMENDATION

DATE: June 29, 2021

FOR: [REDACTED] [REDACTED]

INCIDENT: [REDACTED]

Disabled Vehicle

June 10, 2021

MM 85 IR 77, DOVER, OH 44622

FACTS:

On June 10, 2021, dispatch received a call about an elderly couple with a disabled vehicle. Mr. and Mrs. Ron Varner were visiting the area from North Carolina. While southbound on 77, they got a flat tire. AAA said they would tow the car, but could only transport one passenger due to COVID. Rather than this less than ideal arrangement, [REDACTED] assisted and changed the Varner's tire for them prior to leading them to the nearest tire shop.

[REDACTED] by showing your genuine character and desire to help, you represented our office and community well. Mr. and Mrs. Varner were so appreciative of your kind heart and compassion and have reached out to tell me how fantastic their experience was with you. We are certainly blessed to have you on our team.

Sincerely,

Sheriff Orvis L. Campbell



TUSCARAWAS COUNTY SHERIFF'S OFFICE

2295 REISER AVENUE, S.E. ★ NEW PHILADELPHIA, OHIO 44663
PHONE: (330) 339-2000 ★ FAX: (330) 339-4432

MEMORANDUM

TO: Personnel file of [REDACTED]
FR: Sheriff Orvis L. Campbell
RE: Day 1 – Meeting
DATE: January 19, 2021

On Tuesday, January 19, 2021, I spent three hours with [REDACTED]. This was [REDACTED]'s first day assigned to the Patrol Division of the Sheriff's Office and day one beginning the "Pre-phase" of the FTO program.

During this time, I issued the official oath to [REDACTED] as well as spending considerable time on the below listed expectations and Policies. I personally read and discussed all of the below documents with [REDACTED] and have attached to this memorandum an original signed copy of the Canons of Law Enforcement Ethics for submission into his personnel file.

1.04 Mission Statement and Core Values

2.03 Management Philosophy and goals

2.11 Canons of Law Enforcement Ethics

2.12 Professional Conduct

2.21 Sexual Harassment and Discrimination

Sincerely,

A handwritten signature in black ink, appearing to read "Orvis L. Campbell", written over a white background.

Sheriff Orvis L. Campbell



Tuscarawas County Sheriff's Office

Policies and Procedures

Subject: Canons of Law Enforcement Ethics	Policy Number: 2.11
Issue Date: February 1, 2017	Revision Date: February 1, 2017
Approval Authority Title and Signature: <i>Sheriff Orvis L. Campbell</i>	

CANONS OF LAW ENFORCEMENT LAW ENFORCEMENT ETHICS^{1 2}

All sworn law enforcement officers in this agency or those members vested with law enforcement authority as a result of their employment with this agency will, at all times, abide by the following Canons of Law Enforcement Ethics.

Article 1.

Primary Responsibility of Job

The primary responsibility of the law enforcement service, and of the individual officer, is the protection of the people of the United States through the upholding of their laws; chief among these is the Constitution of the United States and its amendments. The law enforcement officer always represents the whole of the community and it's legally expressed will and is never the arm of any political party or clique.

Article 2.

Limitations of Authority

The first duty of a law enforcement officer, as upholder of the law, is to know its bounds upon him or her in enforcing it. Because he or she represents the legal will of the community, be it local, state, or federal, he or she must be aware of the limitations and proscriptions which the people, through law, have placed upon him or her. He or she must recognize the genius of the American system of government, which gives to no man, groups of men, or institution, absolute power, and he or she must ensure that he or she, as a prime defender of that system, does not pervert its character.

Article 3.

Duty to be Familiar with the Law and with Responsibilities of Self and other Public Officials

The law enforcement officer shall assiduously apply himself or herself to the study of the principles of the laws, which he or she is sworn to uphold. He or she makes certain of his or her responsibilities in the particulars of their enforcement, seeking aid from his or her superiors in matters of technicality or principle when these are not clear to him or her; make special effort to fully understand his or her relationship to other public officials, including other

¹ Composed in 1957 by a Committee of the International Association of Chiefs of Police, Inc.

² Updated in 2007, by OSS - Law Enforcement Advisors®, to recognize the meaningful contribution women to law enforcement and our society.

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law enforcement agencies, particularly on matters of jurisdiction, both geographically and substantively.

Article 4.

Utilization of Proper Means to Gain Proper Ends

The law enforcement officer shall be mindful of his or her responsibility to pay strict heed to the selection of means in discharging the duties of his or her office. Violations of law or disregard for public safety and property on the part of an officer are intrinsically wrong; they are self-defeating in that they instill in the public mind a like disposition. The employment of illegal means, no matter how worthy the end, is certain to encourage disrespect for the law and its officers. If the law is to be honored, it must first be honored by those who enforce it.

Article 5.

Cooperation with Public Officials in the Discharge of Their Authorized Duties

The law enforcement officer shall cooperate fully with other public officials in the discharge of authorized duties, regardless of party affiliation or personal prejudice. He or she shall be meticulous, however, in assuring himself or herself of the propriety, under the law, of such actions and shall guard against the use of his office or person, whether knowingly or unknowingly, in any improper or illegal action. In any situation open to question, he or she shall seek authority from his superior officer, giving him or her a full report of the proposed service or action.

Article 6.

Private Conduct

The law enforcement officer shall be mindful of his special identification by the public as an upholder of the law. Laxity of conduct or manner in private life, expressing either disrespect for the law or seeking to gain special privilege, cannot but reflect upon the law enforcement officer and the law enforcement service. The community and the service require that the law enforcement officer lead the life of a decent and honorable man or woman. Following the career of a law enforcement officer gives no man special perquisites. It does give the satisfaction and pride of following and furthering an unbroken tradition of safeguarding the American republic. The officer who reflects upon this tradition will not degrade it. Rather, he or she conducts a private life that the public regards as an example of stability, fidelity, and morality.

Article 7.

Conduct toward the Public

The law enforcement officer, mindful of this responsibility to the whole community, shall deal in a manner calculated to instill respect for its laws and its law enforcement service. The law enforcement officer shall conduct his or her official life in a manner that inspires confidence and trust. Thus, he or she is neither overbearing nor subservient, as no individual citizen has an obligation to stand in awe of him or her or a right to command him or her. The officer gives service where he or she can, and requires compliance with the law. He or she does neither from personal preference or prejudice but rather as a duly appointed officer of the law discharging his or her sworn obligation.

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Article 8.

Conduct in Arresting and Dealing with Law Violators

The law enforcement officer shall use his or her powers of arrest strictly in accordance with the law and with due regard to the rights of the citizen concerned. His or her office gives him or her no right to prosecute the violator or to mete out punishment for the offense. He or she shall, at all times, have a clear appreciation of his responsibilities and limitations regarding detention of the violator; he or she shall conduct himself or herself in such a manner as will minimize the possibility of having to use force. To this end he or she shall cultivate a dedication to the service of the people and the equitable upholding of their laws whether in the handling of law violators or in dealing with the law-abiding.

Article 9.

Gifts and Favors

The law enforcement officer, representing government, bears the heavy responsibility of maintaining, in his or her own conduct, the honor, and integrity of all government institutions. He or she shall, therefore, guard against placing himself or herself in a position in which any person can expect special consideration or in which the public can reasonably assume that special consideration is being given. Thus, he or she should be firm in refusing gifts, favors, or gratuities, large or small, which can, in the public mind, be interpreted as capable of influencing his or her judgment in the discharge of his or her duties.

Article 10.

Impartial Conduct

The law enforcement officer shall be concerned equally in the prosecution of the wrongdoer and the defense of the innocent. He or she shall ascertain what constitutes evidence and shall present such evidence impartially and without malice. In so doing, he or she will ignore social, political, and all other distinctions among the person involved, strengthening the tradition of the reliability and integrity of an officer's word.

The law enforcement officer shall take special pains to increase his or her perception and skill of observation, mindful that in many situations his or her testimony is the sole impartial testimony to the facts of the case.

Article 11.

Attitude Towards Profession

The law enforcement officer shall regard the discharge of his or her duties as a public trust and recognize his or her responsibility as a public servant. By diligent study and sincere attention to self-improvement, he or she shall strive to make the best possible application of science to the solution of crime and, in the field of human relationships, strive for effective leadership and public influence in matters affecting public safety. He or she shall appreciate the importance and responsibility of his or her office, and hold law enforcement work to be an honorable profession rendering valuable service to his community and his or her country.

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Print Name


Signature

01-19-2021
Date

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TUSCARAWAS COUNTY SHERIFF'S OFFICE

2295 REISER AVENUE, S.E. ★ NEW PHILADELPHIA, OHIO 44663
PHONE: (330) 339-2000 ★ FAX: (330) 339-4432

Applicant: [REDACTED]

Address: [REDACTED]

Date: December 30, 2020

Re: Conditional Offer of Employment for the Position of Probationary Deputy Sheriff

Dear [REDACTED]:

Congratulations, you have satisfied this Office as to your background investigation and I am pleased to offer you the position of Probationary Deputy Sheriff with the Tuscarawas County Sheriff's Office with a starting salary of \$22.08 per hour plus benefits. This offer of employment is contingent upon the following conditions:

1. Satisfactory results of a psychological examination.
2. Satisfactory completion of an occupational screening and medical examination conducted by a physician.
3. Obtain satisfactory results on a controlled substance abuse screening test.
4. Presentation of documents verifying employment eligibility on date of employment as required by U.S. Department of Homeland Security, U.S. Citizenship and Immigration and Services Form I-9.
5. Successful completion of a Field Training and Evaluation Program.

6. After successful completion of one-year as a Probationary Police Officer, you will be eligible for consideration for continued employment with the designation of Deputy Sheriff.
7. Budgetary approvals. *(All employees should be aware that as budgets and funding sources may be reduced, all titles and positions may be subject to reductions in force.)*

Please confirm your acceptance of this job offer by signing this letter and keep a copy for your records.

Your Seniority in the Division will be the day of your first shift in the Division.

Welcome to the Tuscarawas County Sheriff's Office. We wish you success in your new position.

Sincerely,



Orvis L. Campbell
Sheriff

Your signature below acknowledges your receipt of this letter and your understanding that this offer is subject to satisfaction of all the conditions listed here.



Applicant Name

12-31-20

Date



Tuscarawas County Sheriff's Office

2295 Reiser Avenue, S.E. ★ New Philadelphia, Ohio 44663

Phone: (330) 339-2000 ★ Fax : (330) 339-4432

March 9th 2020

Orvis L. Campbell
Sheriff

To: Lt Ken Engstrom

Ref: ██████████ Corrective Action

On March 7th 2019, Sgt Larry Cannon attempted to call in ██████████ on overtime due to an incident within the jail. ██████████ never answered the phone. Sgt Cannon was forced to call in another officer because he was unable to reach ██████████.

██████████ stated he never received any phone calls regarding overtime. ██████████ and I verified the number listed for him on the phone roster was correct. ██████████ speculated that he never received the call because he lives in a poor cell reception area. I advised ██████████ that he needs to make sure he is available when he is low man on the call out list. He said he was in the process of having internet service installed at his new residence and assured me we will not have another incident of him failing to answer his phone concerning overtime. I explained that a record of this conversation would be recorded in his personnel file and that further incidents of the same type will result in disciplinary action.

Respectfully,

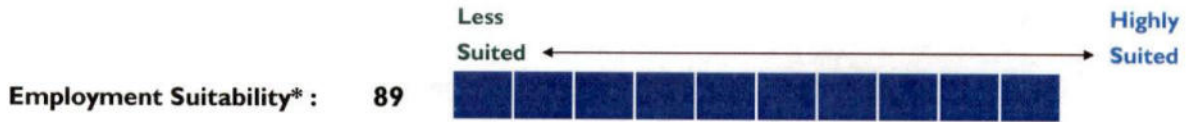
A handwritten signature in black ink, appearing to be "T. Lang", written over a white background.

Sgt Timothy Lang



Ohio Law Enforcement Trait Inventory

In-Depth Report Prepared for:



Trait Percentile (%) Ranking: Compared To Ohio Law Enforcement Normative Population

Personality Trait	Lowest 1% - 25%	26% - 50%	51% - 75%	Highest 76% - 100%
Assertiveness	█	█		
Attitude	█	█	█	█
Compassion	█	█	█	█
Composure	█	█	█	█
Courtesy	█	█	█	█
Dependability	█	█	█	█
Improvement	█	█	█	█
Initiative	█	█	█	█
Integrity	█	█	█	
Objectivity	█	█		
Safety	█	█		
Service	█	█	█	█
Teamwork	█	█	█	█

**The Employment Suitability Index is based solely on the candidate's responses to personality questions contained in the test. This report is only intended to provide an overview of the candidate's suitability for a law enforcement career based on personality attributes. If the OH-Select was administered, the rank-ordered test scores submitted to the agency represent a composite of the candidate's cognitive and personality scores, thus creating a more robust picture of the candidate's likelihood of job success.*





OH-Trait report for:



Trait: Assertiveness

26% - 50%

Definition: Taking charge of situations; making relevant decisions

This individual prefers others to take charge of a situation and make important decisions. This individual will often wait for others to lead the way and to allow others to make decisions, typically without challenging their decisions. This individual may feel somewhat awkward in social situations and may, on occasion, allow others to push them around. This is a somewhat troublesome trait for law enforcement officers to possess because a lack of assertiveness can create a dangerous situation when combined with other important variables during an incident. Training and supervision in this area is suggested for this individual.

Trait: Attitude

Highest 76 - 100%

Definition: Enjoying life and work; accepting constructive criticism; possessing self-confidence

This individual usually finds happiness and satisfaction in life. This individual can be counted on to be upbeat and energetic. Individuals who possess this trait tend to possess a positive outlook for the future and feel that mostly good things will happen to them. He/she prefers being the center of attention, is rarely concerned with what others think and is not easily intimidated by others. This individual likes to attract attention and prefers to stand out in the crowd.

Trait: Compassion

Highest 76 - 100%

Definition: Sympathizing with and understanding the feelings of others

Most often, this individual will have a "soft heart," being able to sympathize with and understand others' feelings. This is a desirable characteristic for law enforcement officers to possess given their interactions with citizens, victims, etc.

Trait: Composure

Highest 76 - 100%

Definition: Remaining calm under pressure; controlling one's emotions

This individual almost always remains calm under pressure and can be relied on to perform well in stressful situations. This individual is able to concentrate and complete tasks under tight deadlines or in stressful situations and can keep the stress from affecting the quality of his/her work. Additionally, this individual rarely loses his/her temper and does not easily become annoyed or angered. If this individual does become angered, he/she will have positive outlets for anger, such as the use of calming techniques or discussing feelings with friends or family. This individual is seen as cool and level headed and is likely to respond appropriately in stressful situations.





OH-Trait report for:



Trait: Courtesy

Highest 76 - 100%

Definition: Being sincere, respectful and considerate

This individual always tries to act in a socially desirable manner and is very concerned with how others perceive his/her actions or behaviors. Others usually perceive this individual as very sincere and polite.

Trait: Dependability

Highest 76 - 100%

Definition: Taking responsibility; following through with commitments; being reliable

This individual will almost always take responsibility for his/her actions. It is very unlikely that he/she would try to make excuses for his/her actions and instead will usually act responsibly. This individual values commitments and responsibilities and rarely shows up late for appointments.

Trait: Improvement

Highest 76 - 100%

Definition: Seeking opportunities for training, self-evaluation and personal and professional improvement

This individual has a high need for self-improvement. He/she enjoys learning new things and frequently seeks out opportunities for training. Additionally, this individual is detail-oriented and has a knack for finding inconsistencies in information when they occur.

Trait: Initiative

Highest 76 - 100%

Definition: Having a strong work ethic and motivation to succeed; being a self-starter

This individual possesses a strong desire to set and achieve goals. This individual sets high standards and works hard to maintain those standards. He/she may exhibit a strong desire to move up in the ranks and will work hard to get there. This individual will work well independently or in a situation where only limited or no supervision is available.

Trait: Integrity

51% - 75%

Definition: Following good conscience, moral and ethical standards; being trustworthy and honest

This individual possesses adequate levels of honesty and moral character and is not oriented to cheat or steal in order to get ahead in life. This individual tends to act according to good conscience and will usually tell the truth and follow through with commitments. This individual is not at risk for engaging in counterproductive behavior at work and can probably be trusted in a position of responsibility and authority.





OH-Trait report for:



Trait: Objectivity 26% - 50%

Definition: Thinking clearly through the decision-making process

This individual possesses somewhat poor decision-making skills and will sometimes shy away from solving problems. When a problem is encountered, this individual occasionally makes rash decisions, sometimes failing to consider anyone else's opinions or thoughts.

Trait: Safety 26% - 50%

Definition: Having a propensity for avoiding risks; making safety a priority

This individual has a relatively strong desire to seek or enjoy adventure. He/she is not afraid to take risks and will sometimes seek out new challenges. Individuals with this trait tend to enjoy trying new things and are not particularly afraid to take chances when necessary. Individuals with this trait may not have safety as their highest priority.

Trait: Service Highest 76 - 100%

Definition: Possessing the willingness & dedication to serve the public

This individual possesses a strong desire to help and/or anticipate the needs of others and will rarely turn his/her back on others when in need. This individual is likely to be helpful both on and off the job and will frequently lend a hand even if he/she is not asked. This is a highly desirable trait for a law enforcement officer, given the need for officers to be helpful and display an attitude of public service and caring.

Trait: Teamwork Highest 76 - 100%

Definition: Working with others to meet the overall needs of the group; being cooperative

This individual is almost always willing to help out. He/she prefers to work in teams and enjoys helping the team achieve their common goal, even if it means that he/she may suffer on an individual level.



SECTION II

- | | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|-----|----------------|-------|----------|----------|-------------------|
| 1. | 1 | 2 | 3 | 4 | 5 |
| 2. | 1 | 2 | 3 | 4 | 5 |
| 3. | 1 | 2 | 3 | 4 | 5 |
| 4. | 1 | 2 | 3 | 4 | 5 |
| 5. | 1 | 2 | 3 | 4 | 5 |
| 6. | 1 | 2 | 3 | 4 | 5 |
| 7. | 1 | 2 | 3 | 4 | 5 |
| 8. | 1 | 2 | 3 | 4 | 5 |
| 9. | 1 | 2 | 3 | 4 | 5 |
| 10. | 1 | 2 | 3 | 4 | 5 |
| 11. | 1 | 2 | 3 | 4 | 5 |
| 12. | 1 | 2 | 3 | 4 | 5 |
| 13. | 1 | 2 | 3 | 4 | 5 |
| 14. | 1 | 2 | 3 | 4 | 5 |
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| 19. | 1 | 2 | 3 | 4 | 5 |
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| 30. | 1 | 2 | 3 | 4 | 5 |
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| 36. | 1 | 2 | 3 | 4 | 5 |
| 37. | 1 | 2 | 3 | 4 | 5 |
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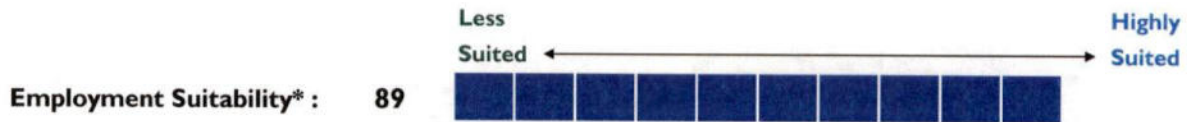
- | | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|-----|----------------|-------|----------|----------|-------------------|
| 43. | 1 | 2 | 3 | 4 | 5 |
| 44. | 1 | 2 | 3 | 4 | 5 |
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| 78. | 1 | 2 | 3 | 4 | 5 |
| 79. | 1 | 2 | 3 | 4 | 5 |
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| 81. | 1 | 2 | 3 | 4 | 5 |
| 82. | 1 | 2 | 3 | 4 | 5 |
| 83. | 1 | 2 | 3 | 4 | 5 |
| 84. | 1 | 2 | 3 | 4 | 5 |

- | | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|------|----------------|-------|----------|----------|-------------------|
| 85. | 1 | 2 | 3 | 4 | 5 |
| 86. | 1 | 2 | 3 | 4 | 5 |
| 87. | 1 | 2 | 3 | 4 | 5 |
| 88. | 1 | 2 | 3 | 4 | 5 |
| 89. | 1 | 2 | 3 | 4 | 5 |
| 90. | 1 | 2 | 3 | 4 | 5 |
| 91. | 1 | 2 | 3 | 4 | 5 |
| 92. | 1 | 2 | 3 | 4 | 5 |
| 93. | 1 | 2 | 3 | 4 | 5 |
| 94. | 1 | 2 | 3 | 4 | 5 |
| 95. | 1 | 2 | 3 | 4 | 5 |
| 96. | 1 | 2 | 3 | 4 | 5 |
| 97. | 1 | 2 | 3 | 4 | 5 |
| 98. | 1 | 2 | 3 | 4 | 5 |
| 99. | 1 | 2 | 3 | 4 | 5 |
| 100. | 1 | 2 | 3 | 4 | 5 |
| 101. | 1 | 2 | 3 | 4 | 5 |
| 102. | 1 | 2 | 3 | 4 | 5 |
| 103. | 1 | 2 | 3 | 4 | 5 |
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| 105. | 1 | 2 | 3 | 4 | 5 |
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| 107. | 1 | 2 | 3 | 4 | 5 |
| 108. | 1 | 2 | 3 | 4 | 5 |
| 109. | 1 | 2 | 3 | 4 | 5 |
| 110. | 1 | 2 | 3 | 4 | 5 |
| 111. | 1 | 2 | 3 | 4 | 5 |
| 112. | 1 | 2 | 3 | 4 | 5 |
| 113. | 1 | 2 | 3 | 4 | 5 |
| 114. | 1 | 2 | 3 | 4 | 5 |
| 115. | 1 | 2 | 3 | 4 | 5 |
| 116. | 1 | 2 | 3 | 4 | 5 |
| 117. | 1 | 2 | 3 | 4 | 5 |
| 118. | 1 | 2 | 3 | 4 | 5 |
| 119. | 1 | 2 | 3 | 4 | 5 |
| 120. | 1 | 2 | 3 | 4 | 5 |
| 121. | 1 | 2 | 3 | 4 | 5 |
| 122. | 1 | 2 | 3 | 4 | 5 |
| 123. | 1 | 2 | 3 | 4 | 5 |
| 124. | 1 | 2 | 3 | 4 | 5 |
| 125. | 1 | 2 | 3 | 4 | 5 |



Ohio Law Enforcement Trait Inventory

In-Depth Report Prepared for:



Trait Percentile (%) Ranking: Compared To Ohio Law Enforcement Normative Population

Personality Trait	Lowest 1% - 25%	26% - 50%	51% - 75%	Highest 76% - 100%
Assertiveness	█	█		
Attitude	█	█	█	█
Compassion	█	█	█	█
Composure	█	█	█	█
Courtesy	█	█	█	█
Dependability	█	█	█	█
Improvement	█	█	█	█
Initiative	█	█	█	█
Integrity	█	█	█	
Objectivity	█	█		
Safety	█	█		
Service	█	█	█	█
Teamwork	█	█	█	█

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OH-Trait report for:



Trait: Assertiveness

26% - 50%

Definition: Taking charge of situations; making relevant decisions

This individual prefers others to take charge of a situation and make important decisions. This individual will often wait for others to lead the way and to allow others to make decisions, typically without challenging their decisions. This individual may feel somewhat awkward in social situations and may, on occasion, allow others to push them around. This is a somewhat troublesome trait for law enforcement officers to possess because a lack of assertiveness can create a dangerous situation when combined with other important variables during an incident. Training and supervision in this area is suggested for this individual.

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Tuscarawas County, OH - OH-Select
January 11, 2021

1/11/2021

Exam	LName	FName	MI	Date	ID	Cognitive	Personality	Score
OH-SELECT FORM 1	[REDACTED]	[REDACTED]	[REDACTED]	011121	[REDACTED]	85.00	89.03	87.50
OH-SELECT FORM 1	DONLEY	STEPHANIE	[REDACTED]	011121	070025974	[REDACTED]	[REDACTED]	[REDACTED]

OMCTC
Occupational Medicine Center of Tuscarawas County
Dr. Nicholas Varrati, MD
Medical Director

MEDICAL RECOMMENDATIONS

NAME: [REDACTED]	SS#: [REDACTED]
JOB DESCRIPTION: CORRECTIONS OFFICER/ RESERVE DEPUTY	COMPANY: TUSC. CO. SHERIFF'S OFFICE

THE FOLLOWING MEDICAL RECOMMENDATION IS BASED ON A REVIEW OF THE HEALTH HISTORY QUESTIONNAIRE, PHYSICAL EXAMINATION, AND/OR SPECIFIC TESTS CONDUCTED AS PART OF THE PHYSICAL:

STATUS-

1. THE EXAMINATION INDICATES NO SIGNIFICANT MEDICAL IMPAIRMENT, CAN BE ASSIGNED ANY WORK CONSISTENT WITH SKILLS AND TRAINING INVOLVED IN THE JOB DESCRIPTION.

2. THE EXAMINATION INDICATES MEDICAL IMPAIRMENTS, REFERRED TO THE PATIENT'S PERSONAL PHYSICIAN FOR MEDICAL FOLLOW-UP. THE PATIENT CAN BE ASSIGNED ANY WORK CONSISTENT WITH SKILLS AND TRAINING INVOLVED IN THE JOB DESCRIPTION.

3. THE EXAMINATION INDICATES THAT A MEDICAL IMPAIRMENT CURRENTLY EXISTS THAT RESTRICTS WORK ASSIGNMENTS ON THE FOLLOWING BASIS:

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NO PROLONGED STANDING | <input type="checkbox"/> NO WORKING AT HEIGHTS |
| <input type="checkbox"/> NO PROLONGED WALKING | <input type="checkbox"/> NO WORK WITH RESPIRATORY IRRITANTS AND /OR SENSITIZERS |
| <input type="checkbox"/> NO REPEATED SQUATTING OR BENDING | <input type="checkbox"/> NOT TO WORK WITH A PARTICULAR CHEMICAL OR GROUP OF CHEMICALS SUCH AS: |
| <input type="checkbox"/> NOT TO LIFT OVER _____ POUNDS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> NOT TO WORK AROUND MOVING MACHINERY | <input type="checkbox"/> MUST WEAR CORRECTIVE LENSES |
| <input type="checkbox"/> NOT TO OPERATE MOBILE EQUIPMENT | <input type="checkbox"/> NO WORK REQUIRING ACCURATE COLOR PERCEPTION |
| <input type="checkbox"/> NOT TO WORK ON LADDERS OR AT UNPROTECTED HEIGHTS | <input type="checkbox"/> NO WORK REQUIRING MANUAL DEXTERITY |
| <input type="checkbox"/> NO WORK WITH SKIN IRRITANTS AND/OR SENSITIZERS | <input type="checkbox"/> NO WORK IN CONTAINED AREAS (INSIDE TANKS OR VESSELS) |
| | <input type="checkbox"/> NO WORK IN AREAS WITH DUST, FUMES, OR CHEMICAL IRRITANTS |

RESPIRATORS:

- | |
|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NO WORK REQUIRING THE USE OF NEGATIVE PRESSURE RESPIRATORS |
| <input type="checkbox"/> NO WORK REQUIRING THE USE OF POWERED AIR SUPPLIED RESPIRATORS |
| <input type="checkbox"/> NO WORK REQUIRING THE USE OF SELF CONTAINED BREATHING APPARATUS |

THE ABOVE RESTRICTIONS OR LIMITATIONS WERE DISCUSSED WITH THE PATIENT AT THE TIME OF THE PHYSICAL EXAM.

THE ABOVE RESTRICTIONS OR LIMITATIONS WERE DISCUSSED WITH THE EMPLOYER.

DR. NICHOLAS VARRATI, MD

DATE

M. Damron DATE 1/5/21

- URINE DRUG SCREEN RESULTS PENDING
 BLOOD WORK RESULTS PENDING



CERTIFICATE OF APPOINTMENT

FILED
COURT OF COMMON PLEAS
TUSCARAWAS COUNTY, OHIO

OF 2021 FEB 11 PM 3:09

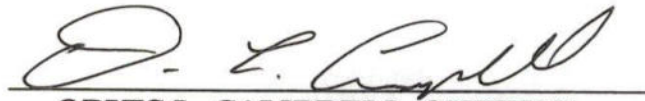
[REDACTED]

STEPHEN
COURTS

As **SPECIAL DEPUTY SHERIFF**, in the office of the **SHERIFF, TUSCARAWAS COUNTY, OHIO**.

This is to certify, that the undersigned being of the opinion that the business of this office requires, has appointed [REDACTED] a suitable, and competent person as **SPECIAL DEPUTY SHERIFF** therein beginning 01/04/2021 and continuing until otherwise ordered, in accordance with Section 311.04 ORC. Said **SPECIAL DEPUTY SHERIFF** to receive compensation payable bi-weekly from the County Treasury upon the Warrant of the County Auditor.

WITNESS MY SIGNATURE THIS 16th DAY OF January, 2021.


ORVIS L. CAMPBELL, SHERIFF

OATH OF SPECIAL DEPUTY SHERIFF

STATE OF OHIO, TUSCARAWAS COUNTY: SS

I SWEAR that I will support the Constitution of the United States and the Constitution of the State of Ohio, and that I will faithfully discharge the duties of **SPECIAL DEPUTY SHERIFF** in the office of the **SHERIFF OF TUSCARAWAS COUNTY, OHIO**.

[REDACTED]

SWORN TO BEFORE ME, and signed in my presence this 16th day of January, 2021.



KELLY J. McCUNE
Notary Public, State of Ohio
My Commission Expires

3-11-2022


NOTARY PUBLIC

Civilian Corrections Officer



FILED
COURT OF COMMON PLEAS
TUSCARAWAS COUNTY, OHIO

CERTIFICATE OF APPOINTMENT

[REDACTED] 1 3: 09

As **DEPUTY SHERIFF** in the office of the
**SHERIFF, TUSCARAWAS COUNTY,
OHIO.**

JEANNE M. STEPHEN
CLERK OF COURTS

This is to certify, that the undersigned being of the opinion that the business of this office requires, it has appointed [REDACTED] a suitable, and competent person as **DEPUTY SHERIFF** therein beginning January 19, 2021 and continuing until otherwise ordered, in accordance with Section 311.04 ORC. Said **DEPUTY SHERIFF** to receive compensation payable bi-weekly from the County Treasury upon the Warrant of the County Auditor.

WITNESS MY SIGNATURE THIS 19th DAY OF January, 2021.

Orvis L. Campbell, SHERIFF

OATH OF DEPUTY

STATE OF OHIO, TUSCARAWAS COUNTY: SS

I SWEAR that I will support the Constitution of the United States and the Constitution of the State of Ohio, and that I will faithfully discharge the duties of **DEPUTY SHERIFF** in the office of the **SHERIFF OF TUSCARAWAS COUNTY, OHIO.**

[REDACTED]

SWORN TO BEFORE ME, and signed in my presence this 19 th day of January, 2021.

NOTARY PUBLIC



KELLY J. McCUNE
Notary Public, State of Ohio
My Commission Expires

3-11-2024



CERTIFICATE OF APPOINTMENT
OF

FILED
COURT OF COMMON PLEAS
TUSCARAWAS COUNTY, OHIO

2021 FEB 11 PM 3:09

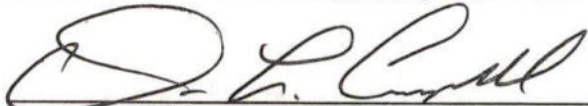
[REDACTED]

STEPHEN
COURTS

As **SPECIAL DEPUTY SHERIFF** in the office
of the **SHERIFF, TUSCARAWAS COUNTY,**
OHIO.

This is to certify, that the undersigned being of the opinion that the
business of this office requires, has appointed [REDACTED] a suitable,
and competent person as **SPECIAL DEPUTY SHERIFF** therein
beginning 01-04-21 and continuing until otherwise ordered, in
accordance with Section 311.04 ORC. Said **DEPUTY SHERIFF** to
receive compensation payable bi-weekly from the County Treasury upon
the Warrant of the County Auditor.

WITNESS MY SIGNATURE THIS 7th DAY OF January, 2021.


ORVIS L. CAMPBELL, SHERIFF


OATH OF SPECIAL DEPUTY SHERIFF

STATE OF OHIO, TUSCARAWAS COUNTY: SS

I SWEAR that I will support the Constitution of the United States and the
Constitution of the State of Ohio, and that I will faithfully discharge the
duties of **SPECIAL DEPUTY SHERIFF** in the office of the
SHERIFF OF TUSCARAWAS COUNTY, OHIO.

[REDACTED]

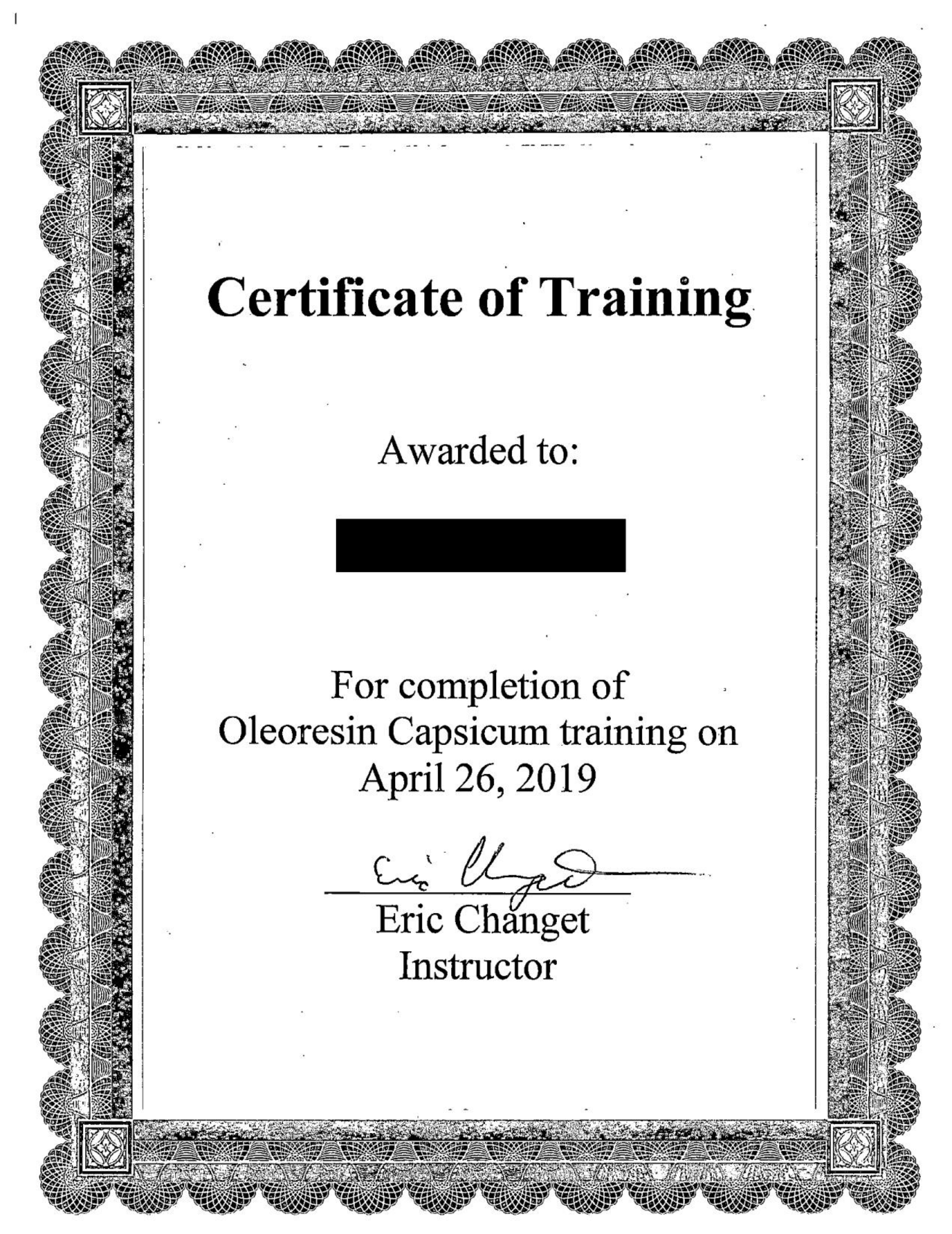
SWORN TO BEFORE ME, and signed in my presence this 7th day of
January, 2021.


NOTARY PUBLIC



KELLY J. McCUNE
Notary Public, State of Ohio
My Commission Expires

3-11-2022



Certificate of Training

Awarded to:



For completion of
Oleoresin Capsicum training on
April 26, 2019



Eric Changet
Instructor



BUCKEYE CAREER CENTER

New Philadelphia, Ohio

LAW ENFORCEMENT ACADEMY BAS18-072

Certificate of Training

AWARDED TO



For completion of

HAZARDOUS MATERIALS AWARENESS NFPA 472

April 24, 2019

Timothy A. George

Instructor Timothy A. George BAS20147

Fred L. Smith

Commander Fred L. Smith

BUCKEYE CAREER CENTER

New Philadelphia, Ohio

LAW ENFORCEMENT ACADEMY BAS18-072

Certificate of Training

AWARDED TO



for

Completion of 40 hours of NHTSA S.F.S.T. Training
March 12 – March 23, 2019

March 23, 2019

Robert D. Young

Instructor Robert D. Young BAS24943

Daniel E. Cuckler

Instructor Daniel E. Cuckler BAS15622

Buckeye Career Center
Adult Workforce Education
New Philadelphia, Ohio

PERFECT ATTENDANCE

AWARDED TO



For the Fourth Grading Period
Ohio Peace Officer Training Academy Program
School Year 2018 - 2019
May 23, 2019

Handwritten signature of J. Michael Lewis in cursive.

J. Michael Lewis
Assistant Director

Handwritten signature of Megan Zimmerman in cursive.

Megan Zimmerman
Student Services Coordinator

BUCKEYE CAREER CENTER
New Philadelphia, Ohio
LAW ENFORCEMENT ACADEMY BAS18-072

Certificate of Training

AWARDED TO



for

Completion of 40 hours of NHTSA Speed Measuring Training
Conducted February 5, 2019 – February 17, 2019

February 18, 2019

Jerry D. Snay

Instructor Jerry D. Snay BAS22838

Fred L. Smith

Commander Fred L. Smith

Certificate of Completion
is hereby granted to



in recognition of successful completion of

Blue Courage®

The Heart and Mind of the Guardian

Consists of 16 Hours of Instruction

11/14/2018 - 11/20/2018

Chief Brian A. Anderson

Signature



BUCKEYE CAREER CENTER ADULT POSTSECONDARY EDUCATION
an Ohio Technical Center
NEW PHILADELPHIA, OHIO
CAREER-TECHNICAL TRAINING CERTIFICATE

This certifies that



has satisfactorily completed a Career-Technical program of study in

OHIO PEACE OFFICER TRAINING ACADEMY

as approved by the
Buckeye Career Center Board of Education
in conjunction with the
Ohio Department of Higher Education and the office of the Ohio Attorney General

In testimony thereto, this certificate is issued May 23, 2019

Handwritten signature of Frank H. Polen.

Frank H. Polen, Adult Postsecondary Education Director

Handwritten signature of Fred L. Smith.

Adult Career-Technical Instructor



Handwritten signature of Bob Alsept.

Bob Alsept, Superintendent

Handwritten signature of Cyndy Hrst.

President, Buckeye Career Center Board of Education

Competencies attained are listed on the student's Career Field Technical Content Standards document



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio
Peace Officer Basic Training Program

Conducted by
Buckeye Career Center

Awarded on
August 22, 2019

Dave Yost
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Jeffrey K. Scott, Executive Director
Ohio Peace Officer Training Commission

School Commander

BAS18-072 191077

Vacation/Sick Leave

2019

Date Employed Sep 16, 2019

Sick Leave Rate as of 12/8/2019	4.6	YTD Sick Leave Earned	27.6	YTD Sick Leave Used	12
Vacation Rate as of 12/8/2019	3.1	YTD Vacation Earned	18.6	YTD Vacation Used	0

Key: N=Off (Not Worked)
 V=Vacation
 S=Sick
 P=Personal
 L=Leave w/o Pay
 Multiple (mixed codes)

Sick Leave Prior Year(s) Carryove		Sick Leave Remaining	15.6
Vacation Prior Year(s) Carryover		Vacation Remaining	18.6

For 12 hour day pay periods, press F4 to indicate 12 hour days (usually 6 per pay peri

From	Through	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S
12/10/2018	12/23/2018	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
12/24/2018	1/6/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
1/7/2019	1/20/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
1/21/2019	2/3/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
2/4/2019	2/17/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
2/18/2019	3/3/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
3/4/2019	3/17/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
3/18/2019	3/31/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
4/1/2019	4/14/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
4/15/2019	4/28/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
4/29/2019	5/12/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
5/13/2019	5/26/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
5/27/2019	6/9/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
6/10/2019	6/23/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
6/24/2019	7/7/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
7/8/2019	7/21/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
7/22/2019	8/4/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
8/5/2019	8/18/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
8/19/2019	9/1/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
9/2/2019	9/15/2019	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N	08.00N
9/16/2019	9/29/2019						08.00N	08.00N						08.00N	08.00N
9/30/2019	10/13/2019	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
10/14/2019	10/27/2019	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
10/28/2019	11/10/2019	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
11/11/2019	11/24/2019	08.00N	08.00N		12.00S	08.00N	08.00N	08.00N			08.00N	08.00N			
11/25/2019	12/8/2019	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			

Comments/Notes:
 Started on [redacted] as a Corrections Officer

Vacation/Sick Leave

2020

Date Employed Sep 16, 2019

Sick Leave Rate as of 12/6/2020	4.6	YTD Sick Leave Earned	119.6	YTD Sick Leave Used	58
Vacation Rate as of 12/6/2020	3.1	YTD Vacation Earned	80.6	YTD Vacation Used	68

Key: N=Off (Not Worked)
 V=Vacation
 S=Sick
 P=Personal
 L=Leave w/o Pay
 Multiple (mixed codes)

Sick Leave Prior Year(s) Carryover	15.6	Sick Leave Remaining	77.2
Vacation Prior Year(s) Carryover	18.6	Vacation Remaining	31.2

For 12 hour day pay periods, press F4 to indicate 12 hour days (usually 6 per pay period)

From	Through	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S
12/9/2019	12/22/2019	08.00N	08.00N			08.00N	08.00N	08.00N	12.00P	12.00P	08.00N	08.00N			
12/23/2019	1/5/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
1/6/2020	1/19/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
1/20/2020	2/2/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
2/3/2020	2/16/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
2/17/2020	3/1/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			08.00S
3/2/2020	3/15/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
3/16/2020	3/29/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
3/30/2020	4/12/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
4/13/2020	4/26/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
4/27/2020	5/10/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
5/11/2020	5/24/2020	08.00N	08.00N			08.00N	08.00N	08.00N	02.00S	12.00S	08.00N	08.00N			
5/25/2020	6/7/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
6/8/2020	6/21/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
6/22/2020	7/5/2020	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
7/6/2020	7/19/2020			08.00N	08.00N				08.00N	08.00N			08.00N	08.00N	08.00N
7/20/2020	8/2/2020			08.00N	08.00N				08.00N	08.00N		12.00S	08.00N	08.00N	08.00N
8/3/2020	8/16/2020			08.00N	08.00N				08.00N	08.00N			08.00N	08.00N	08.00N
8/17/2020	8/30/2020			08.00N	08.00N				08.00N	08.00N			08.00N	08.00N	08.00N
8/31/2020	9/13/2020	12.00P		08.00N	08.00N				08.00N	08.00N	12.00S	12.00S	08.00N	08.00N	08.00N
9/14/2020	9/27/2020			08.00N	08.00N				08.00N	08.00N			08.00N	08.00N	08.00N
9/28/2020	10/11/2020			08.00N	08.00N				08.00N	08.00N			08.00N	08.00N	08.00N
10/12/2020	10/25/2020			08.00N	08.00N				08.00N	08.00N			08.00N	08.00N	08.00N
10/26/2020	11/8/2020			08.00N	08.00N				08.00N	08.00N	12.00P	12.00V	08.00N	08.00N	08.00N
11/9/2020	11/22/2020	12.00V	08.00V	08.00N	08.00N	12.00V	12.00V	12.00V	08.00N	08.00N			08.00N	08.00N	08.00N
11/23/2020	12/6/2020			08.00N	08.00N				08.00N	08.00N			08.00N	08.00N	08.00N

Comments/Notes:

TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print)	LAST	FIRST	MIDDLE INITIAL	TODAY'S DATE
				11/09/2019

I REQUEST LEAVE BEGINNING 0700 12/16/2019
(Time) (Date)

AND ENDING 1900 12/17/2019
(Time) (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

_____ VACATION (Any Comments): _____

_____ SICK LEAVE (State Nature): _____

_____ FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____

_____ MILITARY LEAVE (MAXIMUM OF 176 HOURS)

_____ JURY DUTY (AS PRIVATE CITIZEN)

24 **PERSONAL DAY**

24 **TOTAL HOURS REQUESTED**

2x 12hrs

SIGNATURE OF EMPLOYEE

APPROVED _____ DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining

[Signature] _____
SIGNATURE OF SUPERVISOR 11/9/19
DATE

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____

BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

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**TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)**

NAME (print)	LAST	FIRST	MIDDLE INITIAL	TODAY'S DATE
	[REDACTED]			03/01/2020

I REQUEST LEAVE BEGINNING 0700 (Time) 03/01/2020 (Date)
 AND ENDING 1500 (Time) 03/01/2020 (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

 VACATION (Any Comments): _____

XX SICK LEAVE (State Nature): [REDACTED] _____

 FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____

 MILITARY LEAVE (MAXIMUM OF 176 HOURS)

 JURY DUTY (AS PRIVATE CITIZEN)

 PERSONAL DAY

8 TOTAL HOURS REQUESTED [REDACTED] _____

APPROVED DISAPPROVED [Signature] SIGNATURE OF SUPERVISOR 3/1/20 DATE

Copy to Civil On Schedule Personal Time Remaining

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____

BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
 IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

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TUSCARAWAS COUNTY SHERIFF'S OFFICE APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print)	LAST	FIRST	MIDDLE INITIAL	TODAY'S DATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	5-18-20

I REQUEST LEAVE BEGINNING 1730 (Time) 5-18-20 (Date)
 AND ENDING 1900 (Time) 5-18-20 (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

2 VACATION (Any Comments): _____

1.5 SICK LEAVE (State Nature): [REDACTED]

_____ FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____

_____ MILITARY LEAVE (MAXIMUM OF 176 HOURS)

_____ JURY DUTY (AS PRIVATE CITIZEN)

_____ PERSONAL DAY

1.5 TOTAL HOURS REQUESTED [REDACTED]
 _____ SIGNATURE OF EMPLOYEE

APPROVED DISAPPROVED _____ SIGNATURE OF SUPERVISOR 5/18/20 DATE

Copy to Civil On Schedule Personal Time Remaining

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____

BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
 IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print)	LAST	FIRST	MIDDLE INITIAL	TODAY'S DATE
[REDACTED]	[REDACTED]	[REDACTED]		05/19/2020

I REQUEST LEAVE BEGINNING 0700 05/19/2020
(Time) (Date)

AND ENDING 1900 05/19/2020
(Time) (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

_____ VACATION (Any Comments): _____

12hrs SICK LEAVE (State Nature): [REDACTED]

_____ FUNERAL LEAVE (FREE DAY(s) if Apply – State Name, Relation and Date of Death: _____

_____ MILITARY LEAVE (MAXIMUM OF 176 HOURS)

_____ JURY DUTY (AS PRIVATE CITIZEN)

_____ PERSONAL DAY

12hrs TOTAL HOURS REQUESTED [REDACTED]

APPROVED _____ DISAPPROVED

Copy to Civil On Schedule Personal Time Remaining

SIGNATURE OF SUPERVISOR 5/19/20
DATE

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____

BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

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**TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)**

NAME (print) LAST FIRST MIDDLE INITIAL TODAY'S DATE
[REDACTED] [REDACTED] [REDACTED] [REDACTED] 07/30/20

I REQUEST LEAVE BEGINNING 1900 07/30/20
(Time) (Date)
AND ENDING 0700 07/31/20
(Time) (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

VACATION (Any Comments): _____

12 SICK LEAVE (State Nature): [REDACTED]

FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____

MILITARY LEAVE (MAXIMUM OF 176 HOURS)

JURY DUTY (AS PRIVATE CITIZEN)

PERSONAL DAY

12hrs TOTAL HOURS REQUESTED [REDACTED]
SIGNATURE OF EMPLOYEE

APPROVED DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining
SIGNATURE OF SUPERVISOR DATE 7/30/20

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____

BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

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TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print)	LAST	FIRST	MIDDLE INITIAL	TODAY'S DATE
██████████	██████████	██████████	██████████	08/27/20

I REQUEST LEAVE BEGINNING 1900 (Time) 08/31/20 (Date)
AND ENDING 0700 (Time) 09/01/20 (Date)

STATE LEAVE REQUEST IN HOURLY INCREMENTS:

_____ VACATION (Any Comments): _____

_____ SICK LEAVE (State Nature): _____

_____ FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____

_____ MILITARY LEAVE (MAXIMUM OF 176 HOURS)

_____ JURY DUTY (AS PRIVATE CITIZEN)

XX **PERSONAL DAY**

12 TOTAL HOURS REQUESTED

████████████████████
SIGNATURE OF EMPLOYEE

APPROVED DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining

Mitchell Egotts
SIGNATURE OF SUPERVISOR 8-27-20 DATE

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____

BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

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TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR OVERTIME

Name (Print) Last	First	Unit #	Date Filed
			08/27/2020

Division

<input type="checkbox"/> Road Patrol	<input checked="" type="checkbox"/> Corrections	<input type="checkbox"/> Cooks
<input type="checkbox"/> Central Dispatch	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Medical
<input type="checkbox"/> Civil / I.T. / Other		

OVERTIME REQUESTED

Date Worked: _____ Time Worked: _____ To: _____ Actual Time: _____

Reason: Abut Shift; worked over/out early/ Short shift/ Scheduled OT Ordered/Forced

Call Out; Midnight Unit/Court on day off/Sign Charges Volunteer

Transport Unit called Off # _____ Other: _____

Compensation Requested By: Pay Comp Time

Employee Signature

** If work related to a court case, attach a copy of your subpoena or a letter from the prosecutor's office. **

Supervisor's Signature: _____

Division Head/Lieutenant: _____

On Book Copy to Payroll

Overtime Applied

COMPENSATORY TIME USE REQUEST

I request the use of comp time for leave beginning

1900 A.M. / P.M. **SEPT 1** 20**20** and ending

0300 A.M. / P.M. **SEPT 2** 20**20**, I will be

Using a total of **8** hours from my comptime bank.


Employee's Signature

[Handwritten Signature]
Division Head/Lt. Signature

Mitchell C. Jolly
Supervisor's Signature

Off Book On Schedule

C) ze

TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print) LAST FIRST MIDDLE INITIAL TODAY'S DATE
[REDACTED] [REDACTED] [REDACTED] [REDACTED] 09/09/2020

I REQUEST LEAVE BEGINNING 1900 09/09/2020
(Time) (Date)
AND ENDING 0700 09/10/2020
(Time) (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

_____ VACATION (Any Comments): _____

12HRS SICK LEAVE (State Nature): _____

_____ FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____

_____ MILITARY LEAVE (MAXIMUM OF 176 HOURS)

_____ JURY DUTY (AS PRIVATE CITIZEN)

_____ PERSONAL DAY

12HRS TOTAL HOURS REQUESTED [REDACTED]

APPROVED _____ DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining
SIGNATURE OF SUPERVISOR DATE 9-15-20

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____

BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

20

TUSCARAWAS COUNTY SHERIFF'S OFFICE APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print)	LAST	FIRST	MIDDLE INITIAL	TODAY'S DATE
				09/10/2020

I REQUEST LEAVE BEGINNING 1900 (Time) 09/10/2020 (Date)
 AND ENDING 0700 (Time) 09/11/2020 (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

_____ VACATION (Any Comments): _____

12HRS SICK LEAVE (State Nature): _____

_____ FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____

_____ MILITARY LEAVE (MAXIMUM OF 176 HOURS)

_____ JURY DUTY (AS PRIVATE CITIZEN)

_____ PERSONAL DAY

12HRS TOTAL HOURS REQUESTED [REDACTED]

APPROVED _____ DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining
 _____ SIGNATURE OF SUPERVISOR 9/10/20 DATE

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____

BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
 IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

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TUSCARAWAS COUNTY SHERIFF'S OFFICE APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print) LAST FIRST MIDDLE INITIAL TODAY'S DATE
[REDACTED] [REDACTED] [REDACTED] 10/30/2020

I REQUEST LEAVE BEGINNING 1900 11/04/2020
(Time) (Date)
AND ENDING 0700 11/05/2020
(Time) (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

VACATION (Any Comments):

SICK LEAVE (State Nature):

FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death:

MILITARY LEAVE (MAXIMUM OF 176 HOURS)

JURY DUTY (AS PRIVATE CITIZEN)

X PERSONAL DAY

12 TOTAL HOURS REQUESTED [REDACTED]
SIGNATURE OF EMPLOYEE

APPROVED DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining
SIGNATURE OF SUPERVISOR DATE 10-30-20

REMARKS:

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON:

BEGINNING: ENDING: NUMBER OF HOURS REQUESTED:

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

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TUSCARAWAS COUNTY SHERIFF'S OFFICE APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print)	LAST	FIRST	MIDDLE INITIAL	TODAY'S DATE
				10/30/2020

I REQUEST LEAVE BEGINNING 1900 (Time) 11/05/2020 (Date)
 AND ENDING 0700 (Time) 11/06/2020 (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

X VACATION (Any Comments): _____
 _____ SICK LEAVE (State Nature): _____
 _____ FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____
 _____ MILITARY LEAVE (MAXIMUM OF 176 HOURS)
 _____ JURY DUTY (AS PRIVATE CITIZEN)
 _____ PERSONAL DAY
12 TOTAL HOURS REQUESTED _____

SIGNATURE OF EMPLOYEE

APPROVED DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining

Mitchell E. D. [Signature] SIGNATURE OF SUPERVISOR 10-30-20 DATE

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____
 BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____
 HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
 IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

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TUSCARAWAS COUNTY SHERIFF'S OFFICE APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print)	LAST	FIRST	MIDDLE INITIAL	TODAY'S DATE
				11-05-2020

I REQUEST LEAVE BEGINNING 1900 (Time) 11-09-2020 (Date)
 AND ENDING 0300 (Time) 11-11-2020 (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

20 VACATION (Any Comments): _____
 _____ SICK LEAVE (State Nature): _____
 _____ FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____
 _____ MILITARY LEAVE (MAXIMUM OF 176 HOURS)
 _____ JURY DUTY (AS PRIVATE CITIZEN)
 _____ PERSONAL DAY

20 TOTAL HOURS REQUESTED _____
 _____ SIGNATURE OF EMPLOYEE

APPROVED DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining
 _____ SIGNATURE OF SUPERVISOR 11-5-20 DATE

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____
 BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____
 HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
 IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

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TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print) LAST FIRST MIDDLE INITIAL TODAY'S DATE
[REDACTED] [REDACTED] [REDACTED] 10/18/2020

I REQUEST LEAVE BEGINNING 1900 11/13/2020
(Time) (Date)
AND ENDING 0700 11/16/2020
(Time) (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

36 VACATION (Any Comments): _____

SICK LEAVE (State Nature): _____

FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____

MILITARY LEAVE (MAXIMUM OF 176 HOURS)

JURY DUTY (AS PRIVATE CITIZEN)

PERSONAL DAY

36 TOTAL HOURS REQUESTED [REDACTED]

APPROVED DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining
SIGNATURE OF SUPERVISOR: [Signature] DATE: 10-18-20

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____

BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

**TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)**

NAME (print) _____ LAST _____ FIRST _____ INITIAL _____ TODAY'S DATE _____

I REQUEST LEAVE BEGINNING 1800 hrs (Time) 12/19/21 (Date)
AND ENDING 0600 hrs (Time) 12/20/21 (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

- VACATION (Any Comments): _____
- SICK LEAVE (State Nature): _____
- FUNERAL LEAVE (FREE DAY(s) If Apply - State Name, Relation and Date of Death: _____)
- MILITARY LEAVE (MAXIMUM OF 176 HOURS)
- JURY DUTY (AS PRIVATE CITIZEN)
- PERSONAL DAY

12 hrs TOTAL HOURS REQUESTED _____

APPROVED DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining
SIGNATURE OF SUPERVISOR _____ DATE _____

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____
BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print) LAST FIRST MIDDLE INITIAL TODAY'S DATE
[Redacted] [Redacted] [Redacted] 12/18/21

I REQUEST LEAVE BEGINNING 1800 hrs 12/18/21
(Time) (Date)
AND ENDING 0600 hrs 12/19/21
(Time) (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

X 12 hrs VACATION (Any Comments): _____

SICK LEAVE (State Nature): _____

FUNERAL LEAVE (FREE DAY(s) If Apply - State Name, Relation and Date of Death: _____

MILITARY LEAVE (MAXIMUM OF 176 HOURS) _____

JURY DUTY (AS PRIVATE CITIZEN) _____

PERSONAL DAY _____

12 hrs TOTAL HOURS REQUESTED [Redacted]

APPROVED _____ DISAPPROVED _____
 Copy to Civil On Schedule Personal Time Remaining SIGNATURE OF SUPERVISOR _____ DATE _____

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____
BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

**TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)**

NAME (print) LAST FIRST MIDDLE INITIAL TODAY'S DATE

_____ 10/19/21

I REQUEST LEAVE BEGINNING 1800 (Time) 11/01/2021 (Date)
AND ENDING 0600 (Time) 11/02/2021 (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

VACATION (Any Comments): _____

SICK LEAVE (State Nature): _____

FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____

MILITARY LEAVE (MAXIMUM OF 176 HOURS)

JURY DUTY (AS PRIVATE CITIZEN)

PERSONAL DAY

12hrs TOTAL HOURS REQUESTED _____

APPROVED DISAPPROVED [Signature] 10/19/2021
 Copy to Civil On Schedule Personal Time Remaining SIGNATURE OF SUPERVISOR DATE

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____
BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____
HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

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LEAVE OF ABSENCE REQUESTS

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Vacation/Sick Leave

2021

Date Employed [REDACTED]

Sick Leave Rate as of 7/4/2021	4.6	YTD Sick Leave Earned	69	YTD Sick Leave Used	0
Vacation Rate as of 7/4/2021	3.1	YTD Vacation Earned	46.5	YTD Vacation Used	24

Key: N=Off (Not Worked)
 V=Vacation
 S=Sick
 P=Personal
 L=Leave w/o Pay
 Multiple (mixed codes)

Sick Leave Prior Year(s) Carryover	77.2	Sick Leave Remaining	146.2
Vacation Prior Year(s) Carryover	31.2	Vacation Remaining	53.7

For 12 hour day pay periods, press F4 to indicate 12 hour days (usually 6 per pay peri

From	Through	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S
12/7/2020	12/20/2020			08.00N	08.00N				08.00N	08.00N			08.00N	08.00N	08.00N
12/21/2020	1/3/2021			08.00N	08.00N				08.00N	08.00N			08.00N	08.00N	08.00N
1/4/2021	1/17/2021	08.00N	08.00N	12.00V	12.00V	08.00N	08.00N	08.00N			08.00N	08.00N			
1/18/2021	1/31/2021						08.00N	08.00N						08.00N	08.00N
2/1/2021	2/14/2021	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
2/15/2021	2/28/2021	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
3/1/2021	3/14/2021	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
3/15/2021	3/28/2021	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
3/29/2021	4/11/2021			08.00N	08.00N				08.00N	08.00N			08.00N	08.00N	08.00N
4/12/2021	4/25/2021			08.00N	08.00N				08.00N	08.00N			08.00N	08.00N	08.00N
4/26/2021	5/9/2021	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
5/10/2021	5/23/2021	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
5/24/2021	6/6/2021	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
6/7/2021	6/20/2021	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
6/21/2021	7/4/2021	08.00N	08.00N			08.00N	08.00N	08.00N			08.00N	08.00N			
7/5/2021	7/18/2021														
7/19/2021	8/1/2021														
8/2/2021	8/15/2021														
8/16/2021	8/29/2021														
8/30/2021	9/12/2021														
9/13/2021	9/26/2021														
9/27/2021	10/10/2021														
10/11/2021	10/24/2021														
10/25/2021	11/7/2021														
11/8/2021	11/21/2021														
11/22/2021	12/5/2021														

Comments/Notes:

[REDACTED] was promoted to road deputy beginning [REDACTED].

4

TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print) LAST FIRST MIDDLE INITIAL TODAY'S DATE
[REDACTED] [REDACTED] [REDACTED] [REDACTED] 12/30/20

I REQUEST LEAVE BEGINNING 0700 (Time) 01/06/20 (Date)
AND ENDING 1900 (Time) 01/06/20 (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

12 VACATION (Any Comments): _____

_____ SICK LEAVE (State Nature): _____

_____ FUNERAL LEAVE (FREE DAY(s) If Apply – State Name, Relation and Date of Death: _____

_____ MILITARY LEAVE (MAXIMUM OF 176 HOURS)

_____ JURY DUTY (AS PRIVATE CITIZEN)

_____ PERSONAL DAY

12 TOTAL HOURS REQUESTED [REDACTED] YEE

APPROVED DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining
SIGNATURE OF SUPERVISOR: [Signature] DATE: 12-30-20

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____

BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

If an employee is off due to a work-related injury, please contact the person responsible for administering payroll as soon as possible.

LEAVE OF ABSENCE REQUESTS

If an employee wishes to apply for an unpaid leave of absence, the request should be submitted to the appropriate supervisor in writing. The Sheriff/his designee will approve/disapprove any unpaid leave of absence.

TUSCARAWAS COUNTY SHERIFF'S OFFICE
APPLICATION FOR LEAVE (MUST BE FILLED OUT COMPLETELY)

NAME (print) LAST FIRST MIDDLE INITIAL TODAY'S DATE
[Redacted] [Redacted] 12/03/2021

I REQUEST LEAVE BEGINNING 1800 hrs 01/09/2021
(Time) (Date)
AND ENDING 0600 hrs 01/10/2021
(Time) (Date)

STATE LEAVE REQUEST IN HOUR INCREMENTS:

VACATION (Any Comments): _____

SICK LEAVE (State Nature): _____

FUNERAL LEAVE (FREE DAY(s) If Apply -- State Name, Relation and Date of Death: _____

MILITARY LEAVE (MAXIMUM OF 176 HOURS)

JURY DUTY (AS PRIVATE CITIZEN)

PERSONAL DAY

12 hrs TOTAL HOURS REQUESTED [Redacted]

APPROVED DISAPPROVED
 Copy to Civil On Schedule Personal Time Remaining
SIGNATURE OF SUPERVISOR [Signature] DATE 1/4/22

REMARKS: _____

FAMILY AND MEDICAL LEAVE REQUEST (ACCORDING TO COUNTY POLICY 5.12)

REASON: _____
BEGINNING: _____ ENDING: _____ NUMBER OF HOURS REQUESTED: _____

HAS PROPER PAPERWORK BEEN FILLED OUT, SIGNED AND FILED (PLEASE ATTACH)? YES NO
IF NO, PROPER PAPERWORK MUST BE FILLED OUT, SIGNED BY SHERIFF AND FILED PRIOR TO TAKING LEAVE.

WORKERS' COMPENSATION

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LEAVE OF ABSENCE REQUESTS

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TUSCARAWAS COUNTY SHERIFF'S OFFICE

2295 REISER AVENUE, S.E. ★ NEW PHILADELPHIA, OHIO 44663
PHONE: (330) 339-2000 ★ FAX: (330) 339-4432

Disciplinary Action

Printed on June 1, 2022

Name [REDACTED]
Offense Other
Disciplinary Action Counseling
Disciplinary Action Date 9/23/21
Infraction Date 9/21/21
Effective Through Date
Narrative Written By Campbell, Orvis
Narrative

On Thursday, September 21, 2021, I received a call from JFS supervisor David Haverfield. Haverfield indicated that our office had investigated and affected an arrest on Ralph Hutzel, Jr. where he allegedly poured gasoline on a domestic violence victim and household and assaulted her with children present. Haverfield stated that we neglected to notify his office regarding the presence of children and that they learned of the incident from the newspaper. This of course, put his staff in a position where they were significantly delayed in reviewing the case and taking action. [REDACTED] handled the case.

That evening, I met with [REDACTED] and informed him of the complaint. He stated that he came in the next evening and took care of the notification on his own time but stated that he understood the delay was unacceptable. I reviewed the procedure for notifying JFS and [REDACTED] confirmed he was aware of it and apologized.

I also reviewed the "Handle with Care" procedure as it was not used in this case either to notify schools. [REDACTED] indicated that when he moved to the cover shift, neither Sergeant trained him on the procedure.

I advised [REDACTED] that this counseling is not a formal discipline but would be documented for future reference if necessary. [REDACTED] indicated that he understood and recognized his mistake.

Signed _____ **Date** _____
Employee

Signed _____ **Date** _____
Supervisor



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

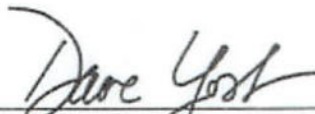
This is to certify that




has successfully met the prescribed program requirements for

Safe at Home

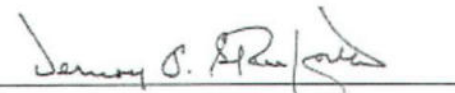
Date: August 25, 2023



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



BY THESE PRESENT, BE IT KNOWN THAT



HAS ATTENDED THE

16 HOUR CERTIFIED ALERRT COURSE,

Basic Active Shooter Level I

AND IS HEREBY AWARDED THIS

CERTIFICATE OF **Completion**

DATED **April 27, 2023**
TEXAS STATE
UNIVERSITY

JOHN CURNUTT, DIRECTOR OF TRAINING

DR. PETE BLAIR, EXECUTIVE DIRECTOR

ALERRT.ORG



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

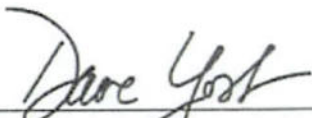
This is to certify that



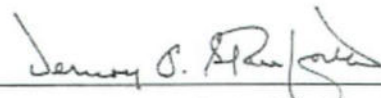
has successfully met the prescribed program requirements for

**Ohio School Threat
Assessment**

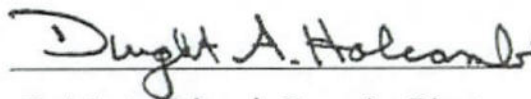
Date: March 17, 2023



 Dave Yost
 Attorney General



 Vernon P. Stanforth, Chairperson
 Ohio Peace Officer Training Commission



 Dwight A. Holcomb, Executive Director
 Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

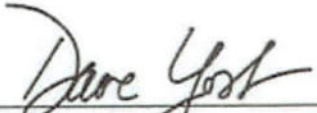
This is to certify that



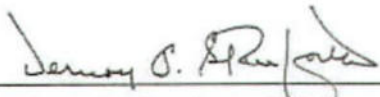
has successfully met the prescribed program requirements for

**Arrest, Search, and
Seizure 2023**

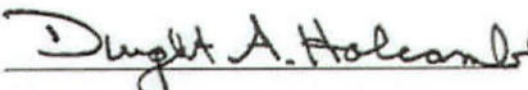
Date: April 08, 2023



Dave Yost
Attorney General



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

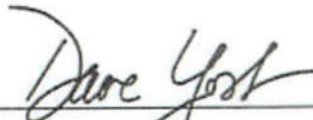
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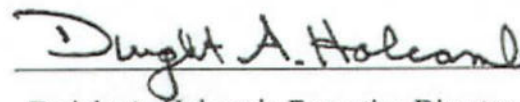
has successfully met the prescribed program requirements for

**Legal Updates 2023 -
Part 1**

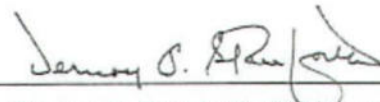
Date: May 17, 2023



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

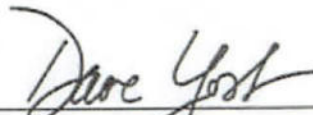
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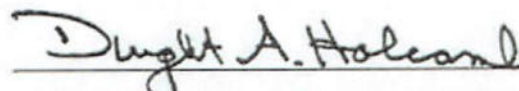
has successfully met the prescribed program requirements for

Legal Updates - Part 2

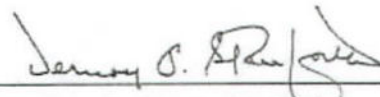
Date: May 17, 2023



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

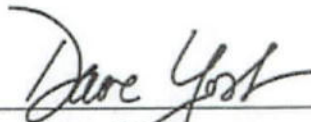
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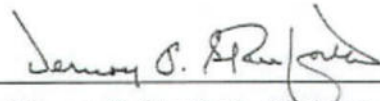
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**Legal Updates 2023 -
Part 3**

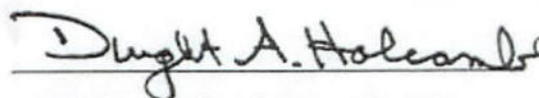
Date: July 14, 2023



 Dave Yost
 Attorney General



 Vernon P. Stanforth, Chairperson
 Ohio Peace Officer Training Commission



 Dwight A. Holcomb, Executive Director
 Ohio Peace Officer Training Commission

CERTIFICATE OF COMPLETION

This is to certify that



has completed

**Peace Officers In-Service Training
Oaths and Acknowledgment of Documents
As required by R.C. 2935.081**

This 15th day of May, 2023

Completed Training:

A handwritten signature in black ink, appearing to read "Ryan Styer", written over a horizontal line.

**Ryan Styer
Tuscarawas County Prosecuting Attorney**

Approved Pursuant to R.C. 2935.081:

A handwritten signature in black ink, written over a horizontal line.

Chief Legal Counsel



TUSCARAWAS COUNTY SHERIFF'S OFFICE




HAS PARTICIPATED IN THE ADVANCED TRAINING COURSE

OFFICERS FLYING ARMED

ON AUGUST 23rd, 2022 AT

THE TUSCARAWAS COUNTY JUSTICE CENTER




Orvis L. Campbell, Instructor



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

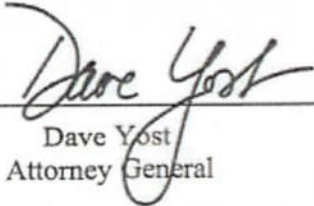
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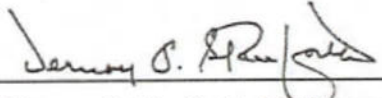
has successfully met the prescribed program requirements for

**Community Diversity
and Procedural Justice**

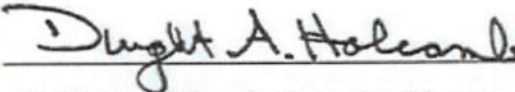
Date: October 27, 2022



 Dave Yost
 Attorney General



 Vernon P. Stanforth, Chairperson
 Ohio Peace Officer Training Commission



 Dwight A. Holcomb, Executive Director
 Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

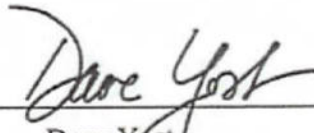
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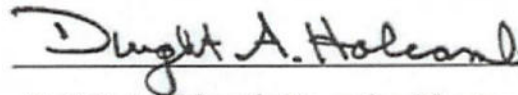
has successfully met the prescribed program requirements for

**Communication
Disabilities**

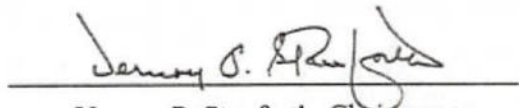
Date: October 13, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

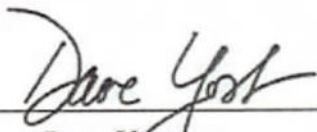
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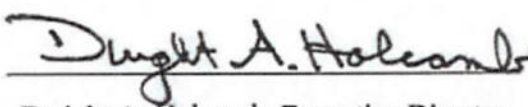
has successfully met the prescribed program requirements for

**Ethics and
Professionalism**

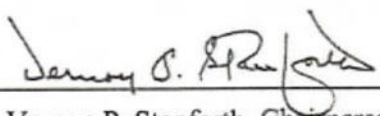
Date: February 05, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

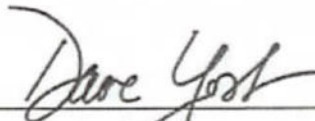
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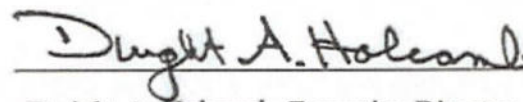
has successfully met the prescribed program requirements for

Domestic Violence Legal Updates

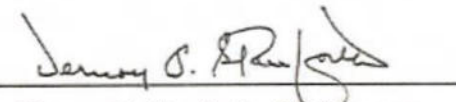
Date: March 30, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

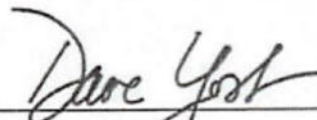
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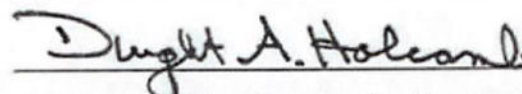
has successfully met the prescribed program requirements for

Hate Crimes

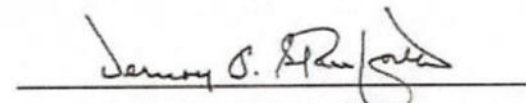
Date: June 08, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

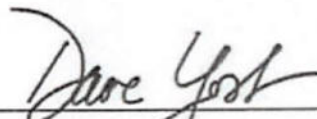
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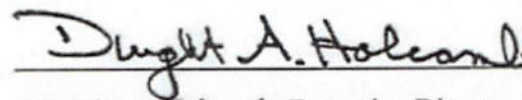
has successfully met the prescribed program requirements for

Concealed Firearm Carry Changes

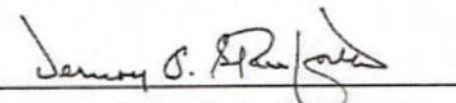
Date: June 08, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

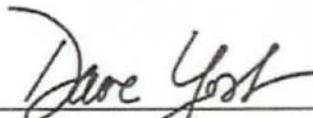
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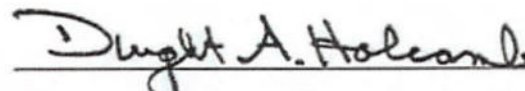
has successfully met the prescribed program requirements for

Hazing

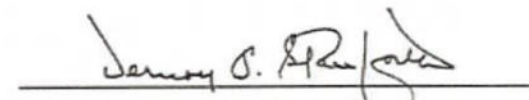
Date: October 13, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

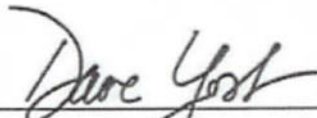
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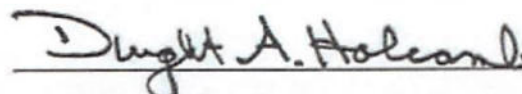
has successfully met the prescribed program requirements for

Medical Marijuana

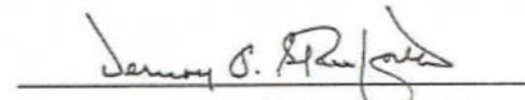
Date: October 13, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

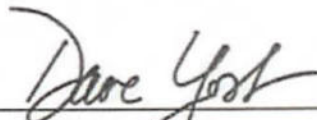
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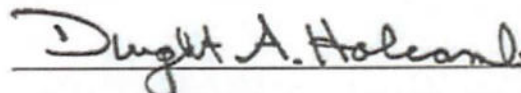
has successfully met the prescribed program requirements for

**New and Updated
Criminal Charges**

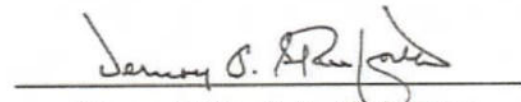
Date: October 13, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

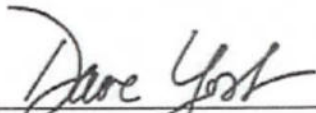
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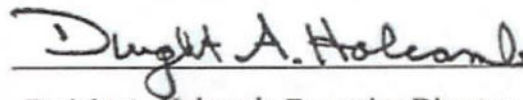
has successfully met the prescribed program requirements for

Ohio Forfeiture Laws

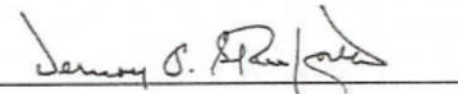
Date: October 13, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

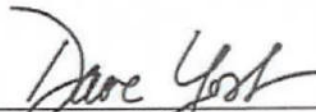
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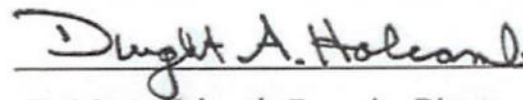
has successfully met the prescribed program requirements for

Ohio Public Records Law

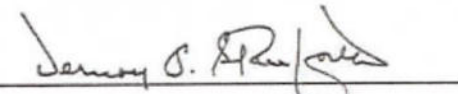
Date: October 13, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

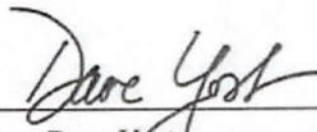
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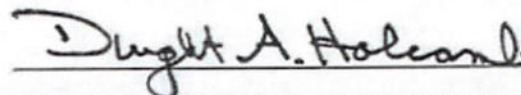
has successfully met the prescribed program requirements for

Custodial Interrogation

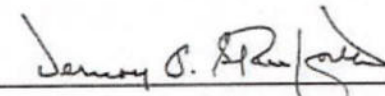
Date: June 08, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

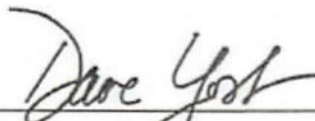
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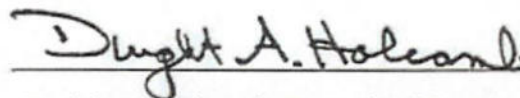
has successfully met the prescribed program requirements for

Officer Wellness Seminar

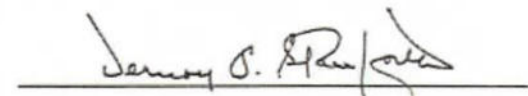
Date: March 11, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

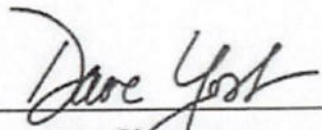
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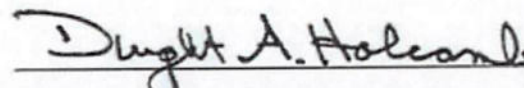
has successfully met the prescribed program requirements for

Vicarious Trauma

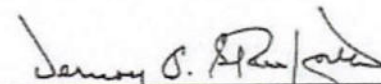
Date: April 21, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

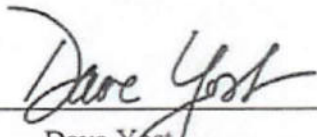
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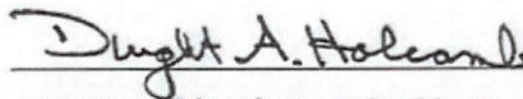
has successfully met the prescribed program requirements for

Mental Health Response

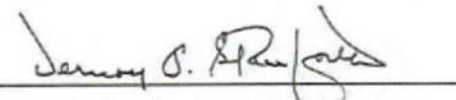
Date: April 04, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

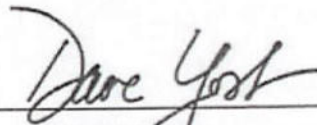
This is to certify that



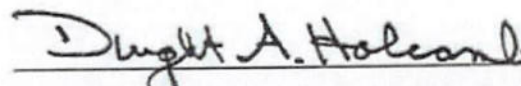
has successfully met the prescribed program requirements for

**Responding to Sexual
Assault**

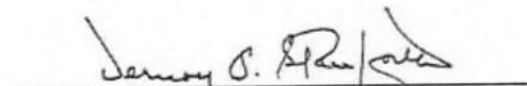
Date: April 22, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

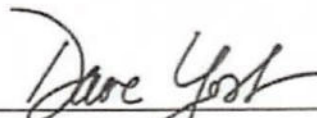
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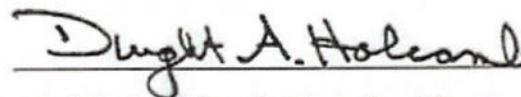
has successfully met the prescribed program requirements for

**Biological Evidence
Collection for Sexual**

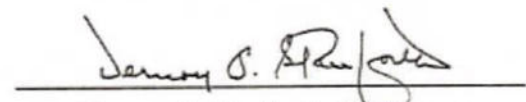
Date: Assaults ^{May 13, 2022}



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

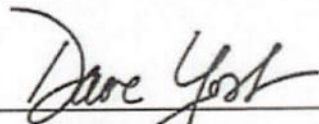
This is to certify that



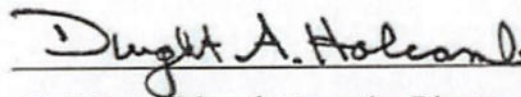
has successfully met the prescribed program requirements for

Crisis Intervention

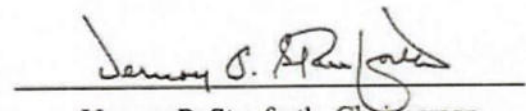
Date: April 22, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

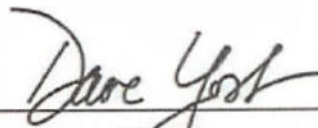
This is to certify that



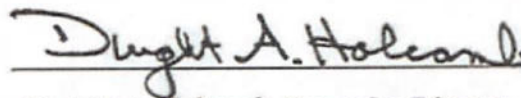
has successfully met the prescribed program requirements for

Trauma and the Brain

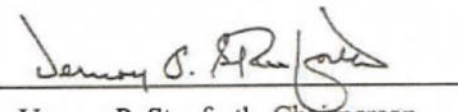
Date: October 18, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

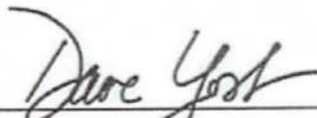
This is to certify that



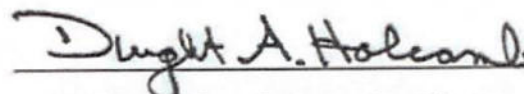
has successfully met the prescribed program requirements for

**Sexual Assault
Investigations**

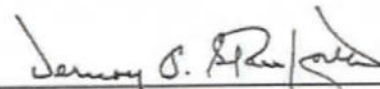
Date: October 17, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

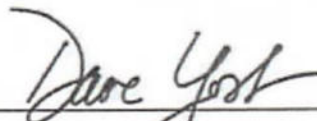
This is to certify that



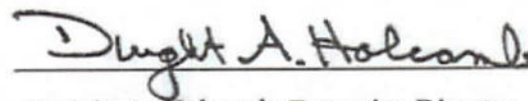
has successfully met the prescribed program requirements for

**Critical Thinking in Use
of Force Situations**

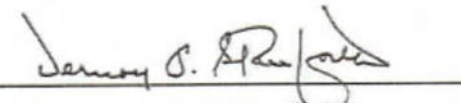
Date: October 23, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

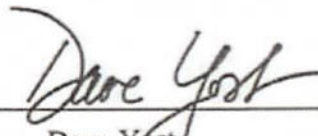
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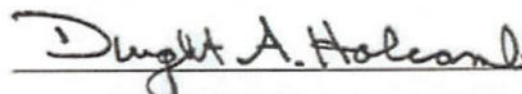
has successfully met the prescribed program requirements for

**Objective
Reasonableness**

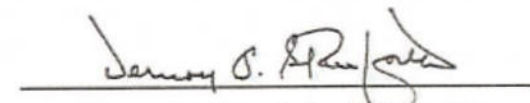
Date: October 17, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

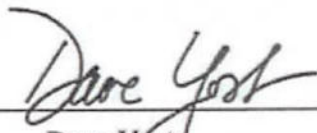
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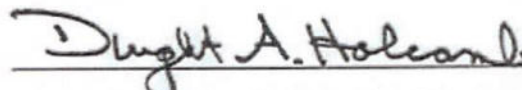
has successfully met the prescribed program requirements for

Qualified Immunity

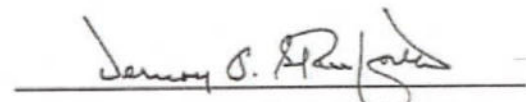
Date: October 17, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

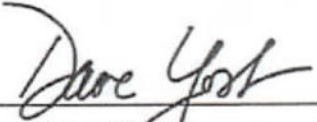
This is to certify that



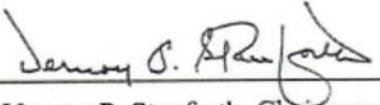
has successfully met the prescribed program requirements for

**BCI Lethal Use of Force
and OIS Investigations**

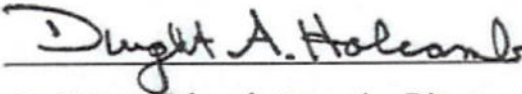
Date: January 23, 2022



 Dave Yost
 Attorney General



 Vernon P. Stanforth, Chairperson
 Ohio Peace Officer Training Commission



 Dwight A. Holcomb, Executive Director
 Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

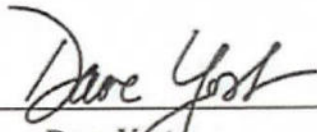
This is to certify that



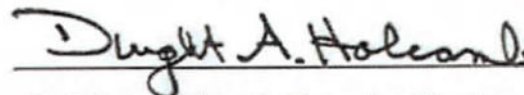
has successfully met the prescribed program requirements for

Use of Deadly Force and Legal Guidelines

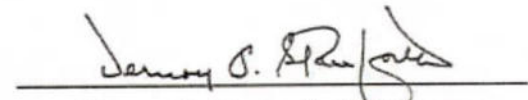
Date: February 11, 2022



Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

[REDACTED]

HAS COMPLETED THE

4 HOURS OF DOMESTIC VIOLENCE LEGAL UPDATES

ON DECEMBER 29th, 2022 at

THE TUSCARAWAS COUNTY SHERIFF'S OFFICE





Detective Lieutenant Adam Fisher



certifies that



has completed the

**Missing and Exploited Children: Introduction for Public
Safety Training Module**

March 24, 2022

Eliza McCoy
Eliza McCoy

*Executive Director, Outreach, Training & Prevention
National Center for Missing & Exploited Children®*



certifies that



has completed the

**Missing and Exploited Children for Patrol Services
(MECPAT)**

March 24, 2022

Eliza McCoy
Eliza McCoy

Executive Director, Outreach, Training & Prevention
National Center for Missing & Exploited Children®

Calibre Press

This certificate is presented to:




For successfully completing the course

STREET SURVIVAL SEMINAR[®]

Cleveland, OH – May 18-19, 2022



16 hours of Instruction


LT. JAMES GLENNON
Director of Training



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio
Peace Officer Basic Training Program

Conducted by
Buckeye Career Center

Awarded on
August 22, 2019

Dave Yost
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Jeffrey K. Scott, Executive Director
Ohio Peace Officer Training Commission

School Commander

BAS18-072 191077



Tuscarawas County Sheriff's Office

2295 Reiser Avenue, S.E. ★ New Philadelphia, Ohio 44663

Phone: (330) 339-2000 ★ Fax: (330) 339-4432

Orvis L. Campbell
Sheriff

Range Proficiency Record: Semi Auto Pistol

Name: [REDACTED] Agency: TCSO

Weapon make: Smith/Wesson Model: Gaucha Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).

Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).

Rounds not fired (NF) are zero (0).

Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: 3 NPA: NF: MISS: OT: ERF:

Stage 2 2 hits in the preferred area, one hit in the head circle or hip circle

PA: 3 NPA: NF: MISS: OT: ERF: Head Miss:

Stage 3A PA: 4 NPA: NF: MISS: OT: ERF:

Stage 3B PA: 4 NPA: NF: MISS: OT: ERF:

Stage 4 PA: 6 NPA: NF: MISS: OT: ERF:

Stage 5 PA: 3 NPA: NF: MISS: OT: ERF:

Stage 6 PA: 2 NPA: NF: MISS: OT: ERF:

Subtotals: 25 MISS: OT: ERF: Head Miss:

Total: 25 (PASSING IS A MINIMUM OF 20)

Date tested: MAR 20 2024 Passed: X Failed: MAY 06 2026

Tested by: 7914 REQ#: 01205 Exp:



Office of Ohio Attorney General
Ohio Peace Officer Training Academy
Officer Record



OPOTA London Campus
 1650 State Route 56 SW
 P.O. Box 309
 London, OH 43140
 Phone: 740-845-2700

██████████, Tuscarawas County Sheriff's Office, ID: ██████████

Appointment History*

Agency	Employee Status	Start Date	End Date
Tuscarawas County Sheriff's Office	Reserve	8/22/2019	1/19/2021
Tuscarawas County Sheriff's Office	Full-time	1/19/2021	

Basic Academy Records

School Number	School	Start Date	End Date	Exam Date	Certificate Number	Certificate Date	Appointed By	Appointed Date
██████████	Buckeye Career Center	9/4/2018	5/22/2019	6/27/2019	██████████	8/22/2019	Tuscarawas County Sheriff's Office	8/22/2019

OPOTA Advanced Training Records**

Course Title	Start Date	End Date
No Records Found		

LMS Training Records

Date Completed	Course Title	Officer Number	Officer
1/24/2022	BCI Lethal Use of Force and OIS Investigations	██████████	██████████ ██████████
2/5/2022	Ethics and Professionalism	██████████	██████████ ██████████
2/11/2022	Use of Deadly Force and Legal Guidelines	██████████	██████████ ██████████
3/11/2022	Officer Wellness Seminar	██████████	██████████ ██████████

LMS Training Records

3/30/2022	Domestic Violence Legal Updates	██████	██████ ████████
4/4/2022	Mental Health Response	██████	██████ ████████
4/22/2022	Vicarious Trauma	██████	██████ ████████
4/22/2022	Responding to Sexual Assault	██████	██████ ████████
4/22/2022	Crisis Intervention	██████	██████ ████████
5/6/2022	Biological Evidence Collection for Sexual Assaults	██████	██████ ████████
6/8/2022	Concealed Firearm Carry Changes	██████	██████ ████████
6/8/2022	Custodial Interrogation	██████	██████ ████████
6/8/2022	Hate Crimes	██████	██████ ████████
10/13/2022	Communication Disabilities	██████	██████ ████████
10/13/2022	Hazing	██████	██████ ████████
10/13/2022	Medical Marijuana	██████	██████ ████████
10/13/2022	New and Updated Criminal Charges	██████	██████ ████████
10/13/2022	Ohio Forfeiture Laws	██████	██████ ████████
10/14/2022	Ohio Public Records Law	██████	██████ ████████
10/18/2022	Objective Reasonableness	██████	██████ ████████
10/18/2022	Qualified Immunity	██████	██████ ████████
10/18/2022	Use of Restraints	██████	██████ ████████
10/18/2022	Sexual Assault Investigations	██████	██████ ████████
10/18/2022	Trauma and the Brain	██████	██████ ████████
10/23/2022	Critical Thinking in Use of Force Situations	██████	██████ ████████
10/27/2022	Community Diversity and Procedural Justice	██████	██████ ████████
3/17/2023	Ohio School Threat Assessment	██████	██████ ████████
4/8/2023	Arrest, Search, and Seizure 2023	██████	██████ ████████
5/17/2023	Part 1 - Legal Updates 2023	██████	██████ ████████

LMS Training Records

5/17/2023	Part 2 - Legal Updates 2023	██████	██████ ██████
7/14/2023	Part 3 - Legal Updates 2023	██████	██████ ██████
8/25/2023	Safe at Home	██████	██████ ██████

Canine Training Records

Canine School	Certificate Date	Canine Unit	Certificate Type	Specialty	Renewal Date
No Records Found					

***The appointment records listed above reflect the appointed and separation information reported to OPOTC pursuant to section 109.761 of the Revised Code. Neither OPOTC, nor its staff, has independent knowledge of the information contained in these records.**

****The advanced training records listed above reflect ONLY THOSE trainings the peace officer scheduled through OPOTA. Records reflecting advanced training conducted by the peace officer's agency, or conducted by another organization, are not maintained by OPOTC. Requests for any such records should be directed to the peace officer's employing agency or the organization who conducted the training.**