



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



2022-1726
Officer Involved Critical Incident – 15266 Gilchrist Rd., Mt.
Vernon (L)

Investigative Activity: Records Received, Review of Records
Involves: DCSO Dep. [REDACTED] (S)
Date of Activity: 10/04/2022
Author: SA John P. Tingley, #154

Narrative:

On Tuesday, October 4, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) John Tingley (Tingley) reviewed the personnel, training and Ohio Peace Officer Training Academy (OPOTA) Polaris records for Delaware County Sheriff's Office (DCSO) Deputy (Dep.) [REDACTED] [REDACTED]. SA Tingley reviewed the provided documentation and noted the following:

Personnel File

Dep. [REDACTED] was hired by the DCSO as a full-time patrol deputy on July 24, 2000.

Basic Training

Dep. [REDACTED] attended and successfully completed the Ohio Peace Officer Training Academy (OPOTA) Basic Training class BAS96-121 at the Ohio Law Enforcement Training Center with a completion date of February 7, 1997. Dep. [REDACTED] also took and passed the OPOTA certification examination and was issued Peace Officer Certificate [REDACTED] by the Ohio Peace Officer Training Commission (OPOTC).

Current Peace Officer Status

Based on the records received, it is noted that Dep. [REDACTED] was a duly certified and sworn Ohio Peace Officer at the time of the officer-involved critical incident.

Training File

Dep. [REDACTED] has completed a large number of training classes from a variety of different sources. Some of these classes include:

- Human Trafficking
- Communication Disabilities

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- Community Diversity and Procedural Justice
- Domestic Violence with Lethality Factors
- Ethics and Professionalism
- Hate Crimes
- Policing in the 21st Century: Use of Force and De-Escalation
- Trauma Informed Policing
- Basic SWAT

Firearms Qualifications

On June 22, 2022, Dep. [REDACTED] qualified with the Delaware Tactical Unit on the following weapons:

- Daniel Defense MK 18 rifle – .223 caliber – serial # [REDACTED] (an identical weapon to this rifle was used in qualifications)
- Glock 22 – 9 MM – serial # [REDACTED]

Disciplinary Records

Dep. [REDACTED] does not have any discipline related to the use of force.

The OPOTC Polaris records, personnel file, training records and qualification records are attached to this report. Please refer to the attachments for further details.

Attachments:

- Attachment # 01: 2022-1726 DEPUTY [REDACTED] OPOTA POLARIS REPORT
- Attachment # 02: 2022-1726 DCSO DEP [REDACTED] PERSONNEL RECORDS
- Attachment # 03: 2022-1726 DTU 2022 RIFLE QUALS
- Attachment # 04: 2022-1726 DTU 2022 PISTOL QUALS

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████████ ██████████ ██████████

School Number	Facility Name	From Date	To Date	Exam Date	Certificate Number	Certificate Date	Agency Name	Appointment Date
BAS96-121	Ohio Law Enforcement Training Center	11/4/1996	2/7/1997	12/29/1997	████████		Franklin County Sheriff's Office	12/29/1997

████████ █████████ █████████

Agency Name	Start Date	Employment Date Source Description	End Date	Employment Date Source Description	Emp. Status
Franklin County Sheriff's Office	12/29/1997	Appointment	2/20/2002	Not Official	Special
Delaware County Sheriff's Office	7/24/2000	Roster			Full-time



Required	Due Date	Completion Date
CPT- Continuing Professional Training	12/31/2007	12/31/2007
CPT- Continuing Professional Training	12/31/2008	12/31/2008
CPT- Continuing Professional Training	12/31/2009	12/31/2009
CPT- Continuing Professional Training	12/31/2010	12/31/2010
CPT- Continuing Professional Training	12/31/2014	12/31/2014
CPT- Continuing Professional Training	12/31/2015	12/31/2015
CPT- Continuing Professional Training	12/31/2016	12/31/2016
CPT- Continuing Professional Training	12/31/2017	12/31/2017
Human Trafficking	12/31/2018	1/2/2013
Missing Persons	12/31/2018	8/4/2017
Companion Animal Encounters	12/31/2018	4/15/2016

Date Completed	Course Title
8/4/2017	01 Blue Courage Foundations
8/4/2017	02 Blue Courage The Nobility of Policing
8/4/2017	03 Blue Courage Positive Psychology
8/4/2017	04 Blue Courage Health and Wellness
8/4/2017	2017 Legal Update: Domestic Violence Refresher
8/4/2017	2017 Legal Update: Search and Seizure Law
4/15/2016	Autism and Other Developmental Disabilities
8/30/2012	Awareness of Human Trafficking
7/23/2022	Communication Disabilities
7/30/2022	Community Diversity and Procedural Justice
4/15/2016	Companion Animal Encounters
7/30/2022	Concealed Firearm Carry Changes
7/30/2022	Custodial Interrogation
9/13/2015	Domestic Violence with Lethality Factors
7/30/2022	Ethics and Professionalism
7/30/2022	Hate Crimes
7/30/2022	Hazing
4/15/2016	Human Trafficking 2016 Update
7/30/2022	Medical Marijuana
8/4/2017	Missing Persons
7/30/2022	New and Updated Criminal Charges
7/20/2012	OH 1 Crash Report Update
8/14/2022	Ohio Forfeiture Laws
8/14/2022	Ohio Public Records Law
9/6/2012	Responding to Human Trafficking
5/6/2021	Restraint or Confinement of a Pregnant Suspect
8/14/2022	Use of Restraints
7/27/2014	Victims with Special Needs

████████ ██████████ ██████████

Course	Title	From Date	To Date
01-072-01-03	Testifying In Court	2/26/2001	2/26/2001
02-998-16-01	Policing in the 21st Century: Use of Force and De-Escalation Webcast	1/1/2016	12/13/2016
02-999-16-01	Policing in the 21st Century: Community Policing Relations Webcast	1/1/2016	12/13/2016
55-340-18-01	Canine Evaluator's Course	10/22/2018	10/24/2018
56-753-17-04	Trauma Informed Policing	10/10/2017	10/10/2017

EMPLOYEE ACTION FORM

<input type="checkbox"/> HR *	_____
	In _____
	Date _____
<input type="checkbox"/> PY	_____
	In _____
	Date _____

- | | | |
|--|---|---|
| <input type="checkbox"/> New Hire * | <input type="checkbox"/> Address Change (home location) * | <input checked="" type="checkbox"/> Wage Change |
| <input type="checkbox"/> Calendar Change | <input type="checkbox"/> Address Change (work location) | <input type="checkbox"/> PCN Change * |
| <input type="checkbox"/> Org Key Change * | <input type="checkbox"/> Supplemental Assignment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Termination - Voluntary | <input type="checkbox"/> Termination - Involuntary | |

Employee Name _____ Action Date 1/1/2013

Primary Address _____

City _____ State _____ Zip Code _____ Home Phone _____

ID # _____ E-Mail Address _____

Type Status* _____ HR Status* _____

Bargaining Unit _____

Calendar _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Distribution # 00210 Department # _____ Division # _____

Location # _____ Hire Date _____ Original Hire Date _____

FLSA _____ EEO Code _____

Disabled _____ Reaction Type _____

Veteran _____ Pay Class _____ Reason Code _____

Job Code _____ Position _____ PCN # _____

Salary/Hourly Wage \$30.52 Evaluation Score _____ Previous Wage \$29.85 % Increase 2.25%

Org Key (please list all) 10031301

Benefit Instruction _____

Additional Information annual pay increase per contract 48 hours at old rate 32 hours at new rate

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Payroll Administrator Patty Freeman Date 12/21/2012

Appointing Authority Russell L Martinign Date 12/24/12

Make 3 Copies after final approval to be distributed to the following departments:

- | | | | |
|--------------------|-------------------|-------------|------------|
| Auditor - Original | HR/Personnel File | HR/Benefits | Department |
|--------------------|-------------------|-------------|------------|

EMPLOYEE ACTION FORM

- New Hire *
- Calendar Change
- Org Key Change *
- Termination - Voluntary
- Address Change (home location) *
- Address Change (work location)
- Supplemental Assignment
- Termination - Involuntary
- Wage Change
- PCN Change *
- Other _____

<input type="checkbox"/> HR *	_____
	In
Date	
<input type="checkbox"/> PY	_____
	In
Date	

Employee Name _____ Action Date 01/01/2012

Primary Address _____

City _____ State _____ Zip Code _____ Home Phone _____

ID # _____ E-Mail Address _____

Type Status* _____ HR Status* _____

Bargaining Unit _____

Calendar _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Distribution # 0026 Department # _____ Division # _____

Location # _____ Hire Date _____ Original Hire Date _____

FLSA _____ EEO Code _____

Disabled _____ Reaction Type _____

Veteran _____ Pay Class _____ Reason Code _____

Job Code _____ Position _____ PCN # _____

Salary/Hourly Wage \$29.85 Evaluation Score _____ Previous Wage \$29.12 % Increase 2.5%

Org Key (please list all) 10031304

Benefit Instruction _____

Additional Information 2012 Wage

48 hrs @ old rate

32 hrs @ new rate

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Payroll Administrator *A. Greenman* _____ Date 1-5-12

Appointing Authority *Sherrill Williams* _____ Date 1-6-12

Make 3 Copies after final approval to be distributed to the following departments:

- Auditor - Original
- HR/Personnel File
- HR/Benefits
- Department

EMPLOYEE ACTION FORM

- New Hire *
- Calendar Change
- Org Key Change *
- Termination - Voluntary
- Address Change (home location) *
- Address Change (work location)
- Supplemental Assignment
- Termination - Involuntary
- Wage Change
- PCN Change *
- Other _____

<input type="checkbox"/> HR *	_____
	In _____
	Date _____
<input type="checkbox"/> PY	_____
	In _____
	Date _____

Employee Name [REDACTED] Action Date 12/10/2011

Primary Address _____

City _____ State _____ Zip Code _____ Home Phone _____

ID # [REDACTED] E-Mail Address _____

Type Status* _____ HR Status* _____

Bargaining Unit _____

Calendar _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Distribution # 0026 Department # _____ Division # _____

Location # _____ Hire Date _____ Original Hire Date _____

FLSA _____ EEO Code _____

Disabled _____ Reaction Type _____

Veteran _____ Pay Class _____ Reason Code _____

Job Code _____ Position _____ PCN # _____

Salary/Hourly Wage \$29.12 Evaluation Score _____ Previous Wage \$28.34 % Increase 2.75%

Org Key (please list all) 10031304

Benefit Instruction _____

Additional Information 2011 wage - retro to 10/29/2011

\$1350.00 lump sum

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Payroll Administrator P. Freeman Date 12/10/11

Appointing Authority Sherry Williams Date 12/20/11

Make 3 Copies after final approval to be distributed to the following departments:

Auditor - Original

HR/Personnel File

HR/Benefits

Department

EMPLOYEE ACTION FORM

- New Hire*
- Calendar Change
- Org Key Change*
- Termination - Voluntary / Involuntary (circle one)
- Address Change (home location)*
- Address Change (work location)
- Supplemental Assignment
- Wage Change
- PCN Change*
- Other _____

<input type="checkbox"/> HR*
IN
Date _____
<input type="checkbox"/> PY
IN
Date _____

Employee Name _____ Action Date 7/24/10

Primary Address _____ City _____

State _____ Zip Code _____ Public Private Address (Sheriff's Ofc.)

Social Security # _____ Home Phone (____) _____

E-Mail Address _____ Type Status* (1) _____

HR Status* (2) _____ Classified / Unclassified

Bargaining Unit (3) _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Calendar (4) _____ Distribution # 0026 Department # _____

Division # _____ Location # _____ Hire Date _____

Original Hire Date _____ Exempt / Non Exempt FLSA Married / Unmarried

EEO Code (5) _____ Disabled Yes / No Veteran Yes / No

Reaction Type (6) _____ Pay Class (7) _____

Reason Code (8) _____ Job Code _____ Position _____

PCN # _____ Salary/ Hourly Wage _____

Evaluation Score _____ Previous Wage _____ % Increase _____

Org Key (please list all) 10031304

Benefit Instructions _____

Additional Information Longevity from \$500/mo; \$19.23/pay to \$1000/mo; \$38.46/pay

Employee Signature _____ Date 7/29/10

Supervisor Signature [Signature] Date _____

Payroll Administrator Patty Freeman Date 7/27/10

Appointing Authority [Signature] Date 7-28-10

EMPLOYEE ACTION FORM

- New Hire*
- Calendar Change
- Org Key Change*
- Termination - Voluntary / Involuntary (circle one)
- Address Change (home location)*
- Address Change (work location)
- Supplemental Assignment
- Wage Change
- PCN Change*
- Other _____

<input type="checkbox"/> HR*
IN
Date
<input type="checkbox"/> PY
IN
Date

Employee Name _____ Action Date 1-1-2010

Primary Address _____ City _____

State _____ Zip Code _____ Public (Private Address (Sheriff's Ofc.))

Social Security # _____ Home Phone (____) _____

E-Mail Address _____ Type Status* (1) _____

HR Status* (2) _____ Classified / Unclassified

Bargaining Unit (3) _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Calendar (4) _____ Distribution # 0024 Department # _____

Division # _____ Location # _____ Hire Date _____

Original Hire Date _____ Exempt / Non Exempt FLSA Married / Unmarried

EEO Code (5) _____ Disabled Yes / No Veteran Yes / No

Reaction Type (6) _____ Pay Class (7) _____

Reason Code (8) _____ Job Code _____ Position _____

PCN # _____ Salary/ Hourly Wage \$ 28.34

Evaluation Score _____ Previous Wage \$ 27.38 % Increase 3.5

Org Key (please list all) 10031304

Benefit Instructions _____

Additional Information 2010 Pay Rate

32 hrs @ old rate; 48 hrs @ new rate

Employee Signature _____ Date 1/7/10

Supervisor Signature _____ Date 1/8/10

Payroll Administrator Patty Freeman Date 1/6/2010

Appointing Authority Sheriff Date 1-6-10

HR/Personnel File
(white)

Auditor
(canary)

Department
(pink)

HR/Benefits
(goldenrod)

EMPLOYEE ACTION FORM

- New Hire*
- Calendar Change
- Org Key Change*
- Termination - Voluntary / Involuntary (circle one)
- Address Change (home location)*
- Address Change (work location)
- Supplemental Assignment
- Wage Change
- PCN Change*
- Other _____

<input type="checkbox"/> HR*
IN
Date
<input type="checkbox"/> PY
IN
Date

Employee Name _____ Action Date 1/1/2009

Primary Address _____ City _____

State _____ Zip Code _____ Public Private Address (Sheriff's Ofc.)

Social Security # _____ Home Phone (____) _____

E-Mail Address _____ Type Status* (1) _____

HR Status* (2) _____ Classified / Unclassified

Bargaining Unit (3) _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Calendar (4) _____ Distribution # 0026 Department # _____

Division # _____ Location # _____ Hire Date _____

Original Hire Date _____ Exempt / Non Exempt FLSA Married / Unmarried

EEO Code (5) _____ Disabled Yes / No Veteran Yes / No

Reaction Type (6) _____ Pay Class (7) _____

Reason Code (8) _____ Job Code _____ Position _____

PCN # _____ Salary/ Hourly Wage \$27.38

Evaluation Score _____ Previous Wage \$26.52 % Increase 3.25%

Org Key (please list all) 10031304

Benefit Instructions _____

Additional Information 2009 pay step

32 hrs @ old rate; 48 hrs @ new rate

Employee Signature _____ Date 1/5/09

Supervisor Signature _____ Date _____

Payroll Administrator Patty Freeman Date 1/1/2009

Appointing Authority Sheriff WLD Date 1/5/2009

HR/Personnel File (white)

Auditor (canary)

Department (pink)

HR/Benefits (goldenrod)

EMPLOYEE ACTION FORM

- New Hire*
- Calendar Change
- Org Key Change*
- Termination - Voluntary / Involuntary (circle one)
- Address Change (home location)*
- Address Change (work location)
- Supplemental Assignment
- Wage Change
- PCN Change*
- Other _____

<input type="checkbox"/> HR*
IN
Date
<input type="checkbox"/> PY
IN
Date

Employee Name _____ Action Date 1/1/06

Primary Address _____ City _____

State _____ Zip Code _____ Public / Private Address (Sheriff's Ofc.)

Social Security # _____ Home Phone (____) _____

E-Mail Address _____ Type Status* (1) _____

HR Status* (2) _____ Classified / Unclassified

Bargaining Unit (3) _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Calendar (4) _____ Distribution # 0026 Department # _____

Division # _____ Location # _____ Hire Date _____

Original Hire Date _____ Exempt / Non Exempt FLSA Married / Unmarried

EEO Code (5) _____ Disabled Yes / No Veteran Yes / No

Reaction Type (6) _____ Pay Class (7) _____

Reason Code (8) _____ Job Code _____ Position _____

PCN # _____ Salary/ Hourly Wage \$24.75

Evaluation Score _____ Previous Wage \$23.91 % Increase 3.5

Org Key (please list all) 10031304

Benefit Instructions _____

Additional Information 8 hrs. @ old rate; 72 hrs. @ new rate

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Payroll Administrator O. Deeman Date 1/9/06

Appointing Authority Al Myers Date 1-10-2006

HR/Personnel File
(white)

Auditor
(canary)

Department
(pink)

HR/Benefits
(goldenrod)

EMPLOYEE ACTION FORM

- New Hire*
- Calendar Change
- Org Key Change*
- Termination - Voluntary / Involuntary (circle one)
- Address Change (home location)*
- Address Change (work location)
- Supplemental Assignment
- Wage Change
- PCN Change*
- Other _____

<input type="checkbox"/> HR*	IN
Date	_____
<input type="checkbox"/> PY	IN
Date	_____

Employee Name _____ Action Date 7/24/05

Primary Address _____ City _____

State _____ Zip Code _____ Public / Private Address (Sheriff's Ofc.)

Social Security # _____ Home Phone (____) _____

E-Mail Address _____ Type Status* (1) _____

HR Status* (2) _____ Classified / Unclassified

Bargaining Unit (3) _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Calendar (4) _____ Distribution # _____ Department # _____

Division # _____ Location # _____ Hire Date _____

Original Hire Date _____ Exempt / Non Exempt FLSA Married / Unmarried

EEO Code (5) _____ Disabled Yes / No Veteran Yes / No

Reaction Type (6) _____ Pay Class (7) _____

Reason Code (8) pay step Job Code _____ Position _____

PCN # 3130414604 Salary/ Hourly Wage 23.10

Evaluation Score _____ Previous Wage 20.11 % Increase 15%

Org Key (please list all) 10031304

Benefit Instructions _____

Additional Information 5-yr. pay step (+ \$500.00 Longevity pay eff. 7/24/05)
48 hrs. @ old rate; 32 hrs. @ new rate

Employee Signature _____ Date 7/24/05

Supervisor Signature S. Chris Burch Date 07-24-05

Payroll Administrator P. Freeman Date 7/20/05

Appointing Authority De Mues Date 7-20-2005

EMPLOYEE ACTION FORM

- New Hire*
- Calendar Change
- Org Key Change*
- Termination - Voluntary / Involuntary (circle one)
- Address Change (home location)*
- Address Change (work location)
- Supplemental Assignment
- Wage Change
- PCN Change*
- Other _____

<input type="checkbox"/> HR* _____
IN
Date _____
<input type="checkbox"/> PY _____
IN
Date _____

Employee Name _____ Action Date 11/10/05

Primary Address _____ City _____

State _____ Zip Code _____ Public / Private Address (Sheriff's Ofc.)

Social Security # _____ Home Phone (____) _____

E-Mail Address _____ Type Status* (1) _____

HR Status* (2) _____ Classified / Unclassified

Bargaining Unit (3) _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Calendar (4) _____ Distribution # 0026 Department # _____

Division # _____ Location # _____ Hire Date _____

Original Hire Date _____ Exempt / Non Exempt FLSA Married / Unmarried

EEO Code (5) _____ Disabled Yes / No Veteran Yes / No

Reaction Type (6) _____ Pay Class (7) _____

Reason Code (8) _____ Job Code _____ Position _____

PCN # _____ Salary/ Hourly Wage \$23.91

Evaluation Score _____ Previous Wage \$23.10 % Increase 3.5%

Org Key (please list all) 10031304

Benefit Instructions _____

Additional Information 2005 Salary - per contract

pay rate \$20.88 until 7/24/05; 5-yr. pay step to \$23.91 on 7/24/05

Employee Signature _____ Date 10/11/05

Supervisor Signature _____ Date 10/11/05

Payroll Administrator P. Freeman Date 10/16/05

Appointing Authority Al Myers Date 10-7-2005

EMPLOYEE ACTION FORM

- New Hire*
- Calendar Change
- Org Key Change*
- Termination - Voluntary / Involuntary (circle one)
- Address Change (home location)*
- Address Change (work location)
- Supplemental Assignment
- Wage Change
- PCN Change*
- Other _____

<input type="checkbox"/> HR*
IN
Date
<input type="checkbox"/> PY
IN
Date

Employee Name _____ Action Date 1/1/04

Primary Address _____ City _____

State _____ Zip Code _____ Public / Private Address (Sheriff's Ofc.)

Social Security # _____ Home Phone (____) _____

E-Mail Address _____ Type Status* (1) _____

HR Status* (2) _____ Classified / Unclassified

Bargaining Unit (3) _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Calendar (4) _____ Distribution # _____ Department # _____

Division # _____ Location # _____ Hire Date _____

Original Hire Date _____ Exempt / Non Exempt FLSA Married / Unmarried

EEO Code (5) _____ Disabled Yes / No Veteran Yes / No

Reaction Type (6) _____ Pay Class (7) _____

Reason Code (8) _____ Job Code _____ Position _____

PCN # _____ Salary/ Hourly Wage 20.11

Evaluation Score _____ Previous Wage 19.34 % Increase 4%

Org Key (please list all) 10031304

Benefit Instructions _____

Additional Information 80 hrs @ old rate

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Payroll Administrator P. Freeman Date 12/23/03

Appointing Authority _____ Date _____

HR/Personnel File
(white)

Auditor
(canary)

Department
(pink)

HR/Benefits
(goldenrod)

EMPLOYEE ACTION FORM

- New Hire*
- Calendar Change
- Org Key Change*
- Termination - Voluntary / Involuntary (circle one)
- Address Change (home location)*
- Address Change (work location)
- Supplemental Assignment
- Wage Change
- PCN Change*
- Other _____

<input type="checkbox"/> HR*	_____
	IN
	Date _____
<input type="checkbox"/> PY	_____
	IN
	Date _____

Employee Name _____ Action Date 7/24/03

Primary Address _____ City _____

State _____ Zip Code _____ Public / Private Address (Sheriff's Ofc.)

Social Security # _____ Home Phone (____) _____

E-Mail Address _____ Type Status* (1) FTPM

HR Status* (2) Active Classified / Unclassified

Bargaining Unit (3) NOPBASH Work Hours (Days/Week) 5 (Hours/Day) 8

Calendar (4) nonholiday Distribution # _____ Department # _____

Division # _____ Location # _____ Hire Date _____

Original Hire Date 7/24/00 Exempt / Non Exempt FLSA Married / Unmarried

EEO Code (5) WHTM Disabled Yes / No Veteran Yes / No

Reaction Type (6) primary Pay Class (7) Sheriff Deputies

Reason Code (8) pay step Job Code 14413 Position Deputy Sheriff

PCN # 3130414404 Salary/ Hourly Wage 19.34

Evaluation Score _____ Previous Wage 17.54 % Increase 10%

Org Key (please list all) 10031304

Benefit Instructions _____

Additional Information 3yr. pay step

40 hrs. @ old rate 40 hrs. @ new rate

Employee Signature _____ Date 7-27-03

Supervisor Signature G. O'Neil Date 07-29-03

Payroll Administrator P. Freeman Date 7/24/03

Appointing Authority De Myer Date 7-24-2003

DELAWARE COUNTY EMPLOYEE ACTION FORM

SOCIAL SECURITY NUMBER [REDACTED]	ACTION EFFECTIVE DATE 1-1-03	MINORITY CODE	TYPE OF ACTION <input checked="" type="checkbox"/> WAGE CHANGE <input type="checkbox"/> NEW HIRE <input type="checkbox"/> LEAVE <input type="checkbox"/> TERMINATION <input type="checkbox"/> LAYOFF <input type="checkbox"/> REHIRE <input type="checkbox"/> RECALL <input type="checkbox"/> PROMOTION <input type="checkbox"/> VACATION <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> OTHER
EMPLOYEE NUMBER (SEE LIST)	NEW NAME		
*FIELDS ABOVE ARE REQUIRED *FIELDS BELOW - COMPLETE THOSE THAT ARE NEW OR CHANGE FOR ACTION TYPE			
NEW HOME ADDRESS		HOME PHONE	
CITY	STATE	ZIP	WORK PHONE

POSITION TITLE Deputy	SUPERVISOR'S NAME Chief Borchers	DEPARTMENT SO	ACCT. # 3350	SHIFT
CURRENT WAGE \$16.87	NEW WAGE \$17.54	CHANGE AMOUNT 0.67	% OF CHANGE 4	<input type="checkbox"/> SALARY <input checked="" type="checkbox"/> HOURLY
NEXT REVIEW DATE	LEAD RATE	TEMPORARY RATE	<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> ELECTED CLASSIFICATION:	

LEAVES: <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID		RECALL: _____	
TYPE:	DATES:	TIME:	PREVIOUS EMPLOYMENT DATES
<input type="checkbox"/> PERSONAL <input type="checkbox"/> JURY <input type="checkbox"/> MEDICAL* <input type="checkbox"/> MILITARY <input type="checkbox"/> MATERNITY <input type="checkbox"/> FUNERAL <input type="checkbox"/> VACATION <input type="checkbox"/> OTHER	START _____ EXP RETURN _____ ACTUAL RETURN _____	_____ AM/PM _____ AM/PM _____ AM/PM	FROM: _____ TO: _____

<input type="checkbox"/> TERMINATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF <input type="checkbox"/> REHIRE <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> UNVOLUNTARY	
FINAL PAY INSTRUCTIONS: REGULAR PAY THROUGH _____ VACATION PAY (WKS) _____ SEVERANCE (WKS/MONTHS) _____ OTHER _____ COMPLETED: <input type="checkbox"/> _____	BENEFIT INSTRUCTIONS IF OTHER THAN NORMAL: _____ COBRA: _____ TERMINATION REASON: _____ COMPLETED: <input type="checkbox"/> _____

REMARKS - APPLICABLE FOR ANY TRANSACTION: 2003 Salary

Employee Signature	Supervisor Signature	Next Higher Supervisor	Appointing Authority
Date	Date	Date	Date

DELAWARE COUNTY EMPLOYEE ACTION FORM

SOCIAL SECURITY NUMBER [REDACTED]	ACTION EFFECTIVE DATE <u>04/27/2002</u>	MINORITY CODE	TYPE OF ACTION
EMPLOYEE NAME (LAST, FIRST, M.I.) [REDACTED]			<input type="checkbox"/> WAGE CHANGE <input type="checkbox"/> NEW HIRE <input type="checkbox"/> LEAVE <input type="checkbox"/> TERMINATION <input type="checkbox"/> LAYOFF <input type="checkbox"/> REHIRE <input type="checkbox"/> RECALL <input type="checkbox"/> PROMOTION <input type="checkbox"/> VACATION <input type="checkbox"/> ADMINISTRATION <input checked="" type="checkbox"/> OTHER <u>Temporary Employee</u>
NEW NAME (IF APPLICABLE)			
*FIELDS ABOVE ARE REQUIRED *FIELDS BELOW - COMPLETE THOSE THAT ARE NEW OR CHANGE FOR ACTION TYPE			
NEW HOME ADDRESS		HOME PHONE	
CITY	STATE	ZIP	WORK PHONE

REVIEW INFORMATION - PAY CHANGES, TRANSFERS					
POSITION TITLE <u>Deputy Sheriff</u>	SUPERVISOR'S NAME <u>Janet Breneman</u>	DEPARTMENT <u>3210</u>	ACCT. # <u>1001</u>	SHIFT	
CURRENT WAGE <u>\$16.07</u>	NEW WAGE	CHANGE AMOUNT	% OF CHANGE	<input type="checkbox"/> SALARY <input checked="" type="checkbox"/> HOURLY	PERFORMANCE RATING
NEXT REVIEW DATE	LEAD RATE	TEMPORARY RATE	<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> ELECTED CLASSIFICATION:		

LEAVES <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID	RECALL - REHIRE
TYPE: <input type="checkbox"/> PERSONAL <input type="checkbox"/> JURY DATES: START _____ TIME: _____ AM/PM <input type="checkbox"/> MEDICAL <input type="checkbox"/> MILITARY EXP RETURN _____ AM/PM <input type="checkbox"/> MATERNITY <input type="checkbox"/> FUNERAL ACTUAL RETURN _____ AM/PM <input type="checkbox"/> VACATION <input type="checkbox"/> OTHER _____	PREVIOUS EMPLOYMENT DATES FROM: _____ TO: _____

<input type="checkbox"/> TERMINATIONS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF <input type="checkbox"/> REHIRE / <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	
FINAL PAY INSTRUCTIONS: REGULAR PAY THROUGH _____ VACATION PAY (WKS) _____ SEVERANCE (WKS./MONTHS) _____ OTHER _____ COMPLETED: <input type="checkbox"/> _____	BENEFIT INSTRUCTIONS IF OTHER THAN NORMAL: _____ COBRA: _____ TERMINATION REASON: _____ COMPLETED: <input type="checkbox"/> _____

REMARKS - APPLICABLE FOR ANY TRANSACTION: Temporary employee - not eligible for vacation or sick time.

[REDACTED] Signature Date: <u>5-6-02</u>	<u>Janet Breneman</u> Supervisor Signature Date: <u>5/8/02</u>	_____ Next Higher Supervisor Date: _____	_____ Appointing Authority Date: _____
---	---	---	---

DELAWARE COUNTY EMPLOYEE ACTION FORM

SOCIAL SECURITY NUMBER [REDACTED]	ACTION EFFECTIVE DATE <u>01/01/02</u>	MINORITY CODE	TYPE OF ACTION <input checked="" type="checkbox"/> WAGE CHANGE <input type="checkbox"/> NEW HIRE <input type="checkbox"/> LEAVE <input type="checkbox"/> TERMINATION <input type="checkbox"/> LAYOFF <input type="checkbox"/> REHIRE <input type="checkbox"/> RECALL <input type="checkbox"/> PROMOTION <input type="checkbox"/> VACATION <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> OTHER
EMPL. # [REDACTED]	NEW NAME (IF APPLICABLE)		
*FIELDS ABOVE ARE REQUIRED *FIELDS BELOW - COMPLETE THOSE THAT ARE NEW OR CHANGE FOR ACTION TYPE			
NEW HOME ADDRESS		HOME PHONE ()	
CITY	STATE	ZIP	WORK PHONE ()

REVIEW INFORMATION - PAY CHANGES, TRANSFERS

POSITION TITLE <u>Deputy</u>		SUPERVISOR'S NAME <u>Chief Borchers</u>		DEPARTMENT <u>50</u>	ACCT. # <u>3350</u>	SHIFT
CURRENT WAGE <u>16.07</u>	NEW WAGE <u>16.87</u>	CHANGE AMOUNT <u>.80</u>	% OF CHANGE <u>5%</u>	<input type="checkbox"/> SALARY <input checked="" type="checkbox"/> HOURLY	PERFORMANCE RATING	
NEXT REVIEW DATE	LEAD RATE	TEMPORARY RATE	<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> ELECTED CLASSIFICATION:			

LEAVES <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID	RECALL - REHIRE
--	------------------------

TYPE: <input type="checkbox"/> PERSONAL <input type="checkbox"/> JURY <input type="checkbox"/> MEDICAL <input type="checkbox"/> MILITARY <input type="checkbox"/> MATERNITY <input type="checkbox"/> FUNERAL <input type="checkbox"/> VACATION <input type="checkbox"/> OTHER	DATES: START _____ EXP RETURN _____ ACTUAL RETURN _____	TIME: _____ AM/PM _____ AM/PM _____ AM/PM	PREVIOUS EMPLOYMENT DATES FROM: _____ TO: _____
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TERMINATIONS RETIREMENT LAYOFF REHIRE / VOLUNTARY INVOLUNTARY

FINAL PAY INSTRUCTIONS: REGULAR PAY THROUGH _____ VACATION PAY (WKS) _____ SEVERANCE (WKS./MONTHS) _____ OTHER _____ COMPLETED: <input type="checkbox"/> _____	BENEFIT INSTRUCTIONS IF OTHER THAN NORMAL: _____ COBRA: _____ TERMINATION REASON: _____ COMPLETED: <input type="checkbox"/> _____
---	---

REMARKS - APPLICABLE FOR ANY TRANSACTION: 2002 salary

Employee Signature _____	Supervisor Signature _____	Next Higher Supervisor _____	Appointing Authority _____
Date _____	Date _____	Date _____	Date _____

DELAWARE COUNTY EMPLOYEE ACTION FORM

SOCIAL SECURITY NUMBER [REDACTED]	ACTION EFFECTIVE DATE <u>01/24/01</u>	MINORITY CODE	TYPE OF ACTION <input checked="" type="checkbox"/> WAGE CHANGE <input type="checkbox"/> NEW HIRE <input type="checkbox"/> LEAVE <input type="checkbox"/> TERMINATION <input type="checkbox"/> LAYOFF <input type="checkbox"/> REHIRE <input type="checkbox"/> RECALL <input type="checkbox"/> PROMOTION <input type="checkbox"/> VACATION <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> OTHER
EMPLOYEE NAME (LAST, FIRST, MI) [REDACTED]			
NEW NAME (IF APPLICABLE)			
• FIELDS ABOVE ARE REQUIRED • FIELDS BELOW - COMPLETE THOSE THAT ARE NEW OR CHANGE FOR ACTION TYPE			
NEW HOME ADDRESS		HOME PHONE ()	
CITY	STATE	ZIP	WORK PHONE ()

REVIEW INFORMATION - PAY CHANGES, TRANSFERS

POSITION TITLE <u>Deputy</u>	SUPERVISOR'S NAME <u>Maj. Borchers</u>	DEPARTMENT <u>SO</u>	ACCT. # <u>3350</u>	SHIFT
CURRENT WAGE <u>\$14.95</u>	NEW WAGE <u>\$16.07</u>	CHANGE AMOUNT <u>\$ 1.12</u>	% OF CHANGE <u>7.5%</u>	PERFORMANCE RATING
NEXT REVIEW DATE	LEAD RATE	TEMPORARY RATE	<input type="checkbox"/> SALARY HOURLY <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> ELECTED	
CLASSIFICATION:				

LEAVES <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID	RECALL - REHIRE
TYPE: <input type="checkbox"/> PERSONAL <input type="checkbox"/> JURY DATES: START _____ TIME: _____ AM/PM <input type="checkbox"/> MEDICAL <input type="checkbox"/> MILITARY EXP RETURN _____ AM/PM <input type="checkbox"/> MATERNITY <input type="checkbox"/> FUNERAL ACTUAL RETURN _____ AM/PM <input type="checkbox"/> VACATION <input type="checkbox"/> OTHER _____	PREVIOUS EMPLOYMENT DATES FROM: _____ TO: _____

TERMINATIONS RETIREMENT LAYOFF REHIRE / VOLUNTARY INVOLUNTARY

FINAL PAY INSTRUCTIONS: REGULAR PAY THROUGH _____ VACATION PAY (WKS) _____ SEVERANCE (WKS./MONTHS) _____ OTHER _____ COMPLETED: <input type="checkbox"/> _____	BENEFIT INSTRUCTIONS IF OTHER THAN NORMAL: _____ _____ COBRA: _____ TERMINATION REASON: _____ _____ COMPLETED: <input type="checkbox"/> _____
---	---

REMARKS - APPLICABLE FOR ANY TRANSACTION: 1-yr. pay step

[REDACTED] Employee Signature	<u>Sgt. Graham</u> Supervisor Signature	<u>G. Jovan</u> Next Higher Supervisor	<u>De Myer</u> Appointing Authority
<u>7-26-01</u> Date	<u>7-27-01</u> Date	<u>07-27-01</u> Date	<u>7-26-2001</u> Date

DELAWARE COUNTY EMPLOYEE ACTION FORM

SOCIAL SECURITY NUMBER [REDACTED]	ACTION EFFECTIVE DATE 12/23/00	MINORITY CODE	TYPE OF ACTION <input checked="" type="checkbox"/> WAGE CHANGE <input type="checkbox"/> NEW HIRE <input type="checkbox"/> LEAVE <input type="checkbox"/> TERMINATION <input type="checkbox"/> LAYOFF <input type="checkbox"/> REHIRE <input type="checkbox"/> RECALL <input type="checkbox"/> PROMOTION <input type="checkbox"/> VACATION <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> OTHER
EMPLOYEE NAME (LAST, FIRST, M.I.) [REDACTED]			
NEW NAME (IF APPLICABLE) —			
*FIELDS ABOVE ARE REQUIRED *FIELDS BELOW - COMPLETE THOSE THAT ARE NEW OR CHANGE FOR ACTION TYPE			
NEW HOME ADDRESS		HOME PHONE ()	
CITY	STATE	ZIP	WORK PHONE ()

REVIEW INFORMATION - PAY CHANGES, TRANSFERS

POSITION TITLE <i>Deputy</i>	SUPERVISOR'S NAME <i>Shay Berchew</i>	DEPARTMENT <i>50</i>	ACCT. # <i>3350</i>	SHIFT
CURRENT WAGE <i>\$14.51</i>	NEW WAGE <i>\$14.95</i>	CHANGE AMOUNT <i>\$.44</i>	% OF CHANGE <i>3%</i>	<input type="checkbox"/> SALARY HOURLY <input checked="" type="checkbox"/> HOURLY
NEXT REVIEW DATE	LEAD RATE	TEMPORARY RATE	<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> ELECTED CLASSIFICATION:	

LEAVES <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID	RECALL - REHIRE
--	-----------------

TYPE: <input type="checkbox"/> PERSONAL <input type="checkbox"/> JURY <input type="checkbox"/> MEDICAL <input type="checkbox"/> MILITARY <input type="checkbox"/> MATERNITY <input type="checkbox"/> FUNERAL <input type="checkbox"/> VACATION <input type="checkbox"/> OTHER	DATES: START _____ TIME: _____ AM/PM EXP RETURN _____ AM/PM ACTUAL RETURN _____ AM/PM	PREVIOUS EMPLOYMENT DATES FROM: _____ TO: _____
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TERMINATIONS RETIREMENT LAYOFF REHIRE / VOLUNTARY INVOLUNTARY

FINAL PAY INSTRUCTIONS: REGULAR PAY THROUGH _____ VACATION PAY (WKS) _____ SEVERANCE (WKS/MONTHS) _____ OTHER _____ COMPLETED: <input type="checkbox"/> _____	BENEFIT INSTRUCTIONS IF OTHER THAN NORMAL: _____ COBRA: _____ TERMINATION REASON: _____ COMPLETED: <input type="checkbox"/> _____
--	---

REMARKS - APPLICABLE FOR ANY TRANSACTION: *2001 Salary*

Employee Signature _____	Supervisor Signature _____	Next Higher Supervisor _____	Appointing Authority _____
Date _____	Date _____	Date _____	Date _____

DELAWARE COUNTY EMPLOYEE ACTION FORM

SOCIAL SECURITY NUMBER [REDACTED]	ACTION EFFECTIVE DATE 9/16/00	MINORITY CODE	TYPE OF ACTION <input checked="" type="checkbox"/> WAGE CHANGE <input type="checkbox"/> NEW HIRE <input type="checkbox"/> LEAVE <input type="checkbox"/> TERMINATION <input type="checkbox"/> LAYOFF <input type="checkbox"/> REHIRE <input type="checkbox"/> RECALL <input type="checkbox"/> PROMOTION <input type="checkbox"/> VACATION <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> OTHER
EMPLOYEE NAME (LAST, FIRST, M.I.) [REDACTED]			
NEW HOME ADDRESS			HOME PHONE ()
CITY STATE ZIP			WORK PHONE ()

• FIELDS ABOVE ARE REQUIRED
• FIELDS BELOW - COMPLETE THOSE THAT ARE NEW OR CHANGE FOR ACTION TYPE

REVIEW INFORMATION - PAY CHANGES, TRANSFERS

POSITION TITLE Deputy	SUPERVISOR'S NAME Maj Borchers	DEPARTMENT 30	ACCT. # 3350	SHIFT
CURRENT WAGE \$ 13.82	NEW WAGE \$ 14.51	CHANGE AMOUNT \$.69	% OF CHANGE 590	PERFORMANCE RATING
NEXT REVIEW DATE	LEAD RATE	TEMPORARY RATE	<input type="checkbox"/> SALARY HOURLY <input checked="" type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> ELECTED	

LEAVES <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID	RECALL - REHIRE
TYPE: <input type="checkbox"/> PERSONAL <input type="checkbox"/> JURY DATES: START _____ TIME: _____ AM/PM <input type="checkbox"/> MEDICAL <input type="checkbox"/> MILITARY EXP RETURN _____ AM/PM <input type="checkbox"/> MATERNITY <input type="checkbox"/> FUNERAL ACTUAL RETURN _____ AM/PM <input type="checkbox"/> VACATION <input type="checkbox"/> OTHER _____	PREVIOUS EMPLOYMENT DATES FROM: _____ TO: _____

TERMINATIONS RETIREMENT LAYOFF REHIRE / VOLUNTARY INVOLUNTARY

FINAL PAY INSTRUCTIONS: REGULAR PAY THROUGH _____ VACATION PAY (WKS) _____ SEVERANCE (WKS/MONTHS) _____ OTHER _____ COMPLETED: <input type="checkbox"/> _____	BENEFIT INSTRUCTIONS IF OTHER THAN NORMAL: _____ COBRA: _____ TERMINATION REASON: _____ COMPLETED: <input type="checkbox"/> _____
--	---

REMARKS - APPLICABLE FOR ANY TRANSACTION: _____

[REDACTED] Employee Signature 9-27-00 Date	Sgt. Gahan Supervisor Signature 9-27-00 Date	[Signature] Next Higher Supervisor 09-26-00 Date	[Signature] Appointing Authority 9-28-2000 Date
---	---	---	--

DELAWARE COUNTY EMPLOYEE ACTION FORM

SOCIAL SECURITY NUMBER [REDACTED]	ACTION EFFECTIVE DATE <u>7-24-00</u>	MINORITY CODE	TYPE OF ACTION
EMPLOYEE NAME (LAST, FIRST, M.I.) [REDACTED]			<input type="checkbox"/> WAGE CHANGE <input checked="" type="checkbox"/> NEW HIRE <input type="checkbox"/> LEAVE <input type="checkbox"/> TERMINATION <input type="checkbox"/> LAYOFF <input type="checkbox"/> REHIRE <input type="checkbox"/> RECALL <input type="checkbox"/> PROMOTION <input type="checkbox"/> VACATION <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> OTHER
NEW NAME (IF APPLICABLE)			
*FIELDS ABOVE ARE REQUIRED *FIELDS BELOW - COMPLETE THOSE THAT ARE NEW OR CHANGE FOR ACTION TYPE			
NEW HOME ADDRESS [REDACTED]		HOME PHONE [REDACTED]	
CITY <u>WESTERVILLE</u>	STATE <u>OH.</u>	ZIP <u>43081</u>	()

REVIEW INFORMATION - PAY CHANGES, TRANSFERS

POSITION TITLE <u>Deputy Sheriff</u>	SUPERVISOR'S NAME <u>Maj. Borchers</u>	DEPARTMENT <u>50</u>	ACCT. #	SHIFT
CURRENT WAGE <u>\$13.92</u>	NEW WAGE	CHANGE AMOUNT	% OF CHANGE	<input type="checkbox"/> SALARY <input checked="" type="checkbox"/> HOURLY
NEXT REVIEW DATE	LEAD RATE	TEMPORARY RATE	<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> ELECTED CLASSIFICATION:	

LEAVES <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID	RECALL - REHIRE
TYPE: <input type="checkbox"/> PERSONAL <input type="checkbox"/> JURY DATES: START _____ TIME: _____ AM/PM <input type="checkbox"/> MEDICAL <input type="checkbox"/> MILITARY EXP RETURN _____ AM/PM <input type="checkbox"/> MATERNITY <input type="checkbox"/> FUNERAL ACTUAL RETURN _____ AM/PM <input type="checkbox"/> VACATION <input type="checkbox"/> OTHER _____	PREVIOUS EMPLOYMENT DATES FROM: _____ TO: _____

TERMINATIONS RETIREMENT LAYOFF REHIRE / VOLUNTARY INVOLUNTARY

FINAL PAY INSTRUCTIONS: REGULAR PAY THROUGH _____ VACATION PAY (WKS) _____ SEVERANCE (WKS./MONTHS) _____ OTHER _____ COMPLETED: <input type="checkbox"/> _____	BENEFIT INSTRUCTIONS IF OTHER THAN NORMAL: _____ COBRA: _____ TERMINATION REASON: _____ COMPLETED: <input type="checkbox"/> _____
--	--

REMARKS - APPLICABLE FOR ANY TRANSACTION: _____

<u><i>James Johnson</i></u> Employee Signature <u>7-24-00</u> Date	<u><i>Det. S.C. Vance</i></u> Supervisor Signature <u>07-24-00</u> Date	<u><i>Next Higher Supervisor</i></u> Next Higher Supervisor <u>7-24-2000</u> Date	<u><i>Appointing Authority</i></u> Appointing Authority <u>7-24-2000</u> Date
---	--	--	--

EMPLOYEE NAME

PAYROLL/CLOCK NO.

RE DATE 07/24/2000

FIRST

MIDDLE

EMPLOYEE'S PERSONNEL RECORD

YEARS OF SERVICE OVER 25

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

SECURITY CLEARANCE
LEVEL OF CLEARANCE: _____ DATE GRANTED: _____

PAYROLL DATA

BIRTHDATE 12/01/1975 SEX: M F SOCIAL SECURITY NO. [REDACTED]

MARITAL STATUS: _____

DEPENDENTS FOR WITHHOLDING: FEDERAL _____ STATE _____
AMOUNT WITHHELD (DOLLARS) FEDERAL _____ STATE _____

DEDUCTIONS: BONDS _____ UF _____ GROUP INS. _____ OTHER _____

	DATE ELIGIBLE	DATE JOINED	DATE WITHDRAWN
UNION STATUS			
GROUP INSURANCE			
PENSION PLAN			
CREDIT UNION			

GENERAL INFORMATION

EDUCATION: ELEM. _____ JHS _____ SHS _____
COLLEGE 1 2 3 4 MAJOR _____
OTHER _____

SPECIAL SKILLS _____

ADDRESS: NO. STREET CITY STATE ZIP TELEPHONE
NO. STREET CITY STATE ZIP TELEPHONE
NO. STREET CITY STATE ZIP TELEPHONE

NOTIFY IN EMERGENCY: NAME RELATIONSHIP
NO. STREET CITY STATE ZIP TELEPHONE

EMPLOYMENT RECORD

CONFIDENTIAL DATA SHOULD BE FILED ELSEWHERE TO PROTECT EMPLOYEES' PRIVACY RIGHTS.

E - EXCELLENT
G - GOOD
F - FAIR
P - POOR

WORK LIMITATIONS

EFFECTIVE DATE	CLASSIFICATION	DEPARTMENT COST CENTER	RATE OF PAY		RATING				REASON FOR CHANGE
			AMOUNT	PER	QUALITY	QUANTITY	ATTITUDE	ADAPTABILITY	
7/24/2000	Deputy Sheriff	50 (3350)	13.82	hr.					new hire
9/16/00	"	"	14.51	hr.					Pay Raise
12/23/00	"	"	14.95	hr.					2001 salary
7/24/01	"	"	16.07	hr.					1-yr. pay step
1/1/02	"	"	16.87	hr.					2002 pay
1/1/03	"	"	17.54	hr.					2003 salary
7/24/03	"	"	19.34	hr.					3-yr. pay step
1/1/04	"	10031304	20.11	hr.					2004 salary
7/24/05	"	"	23.10	hr.					5-yr pay step

EMPLOYMENT RECORD—(Continued)

EFFECTIVE DATE	CLASSIFICATION	DEPARTMENT COST CENTER	RATE OF PAY		RATING				REASON FOR CHANGE
			AMOUNT	PER	Q	Q	A	A	
1/1/05	Deputy	10031304	23	91 hr					2005 salary
1/1/06	"	"	24	75 hr					2006 salary

OTHER INFORMATION **COMMENTS: (DATE AND SIGNATURE REQUIRED)**

ACCIDENT RECORD:	
TERMINATION:	DATE _____ TYPE _____ REASON _____
	LAST RATING _____ ELIGIBLE FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO _____

DELAWARE COUNTY EMPLOYEE ACTION FORM

SOCIAL SECURITY NUMBER [REDACTED]	ACTION EFFECTIVE DATE 6/1/02	MINORITY CODE	TYPE OF ACTION
EMPLOYEE NAME (LAST, FIRST, M.I.) [REDACTED]			<input type="checkbox"/> WAGE CHANGE <input type="checkbox"/> NEW HIRE <input type="checkbox"/> LEAVE <input type="checkbox"/> TERMINATION <input type="checkbox"/> LAYOFF <input type="checkbox"/> REHIRE <input type="checkbox"/> RECALL <input type="checkbox"/> PROMOTION <input type="checkbox"/> VACATION <input type="checkbox"/> ADMINISTRATION <input checked="" type="checkbox"/> OTHER CHANGE OF ADDRESS
NEW NAME (IF APPLICABLE)			
*FIELDS ABOVE ARE REQUIRED *FIELDS BELOW - COMPLETE THOSE THAT ARE NEW OR CHANGE FOR ACTION TYPE			
NEW HOME ADDRESS [REDACTED]		HOME PHONE [REDACTED]	
CITY WESTERVILLE	STATE OH	ZIP 43081	WORK PHONE (740) 833-2800

REVIEW INFORMATION - PAY CHANGES, TRANSFERS

POSITION TITLE		SUPERVISOR'S NAME		DEPARTMENT		ACCT. #	SHIFT
CURRENT WAGE	NEW WAGE	CHANGE AMOUNT	% OF CHANGE	<input type="checkbox"/> SALARY <input type="checkbox"/> HOURLY	PERFORMANCE RATING		
NEXT REVIEW DATE	LEAD RATE	TEMPORARY RATE	<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> ELECTED CLASSIFICATION:				

LEAVES PAID UNPAID

RECALL - REHIRE

TYPE:	<input type="checkbox"/> PERSONAL <input type="checkbox"/> JURY <input type="checkbox"/> MEDICAL <input type="checkbox"/> MILITARY <input type="checkbox"/> MATERNITY <input type="checkbox"/> FUNERAL <input type="checkbox"/> VACATION <input type="checkbox"/> OTHER	DATES: START _____ EXP RETURN _____ ACTUAL RETURN _____	TIME: _____ AM/PM _____ AM/PM _____ AM/PM	PREVIOUS EMPLOYMENT DATES FROM: _____ TO: _____
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TERMINATIONS RETIREMENT LAYOFF REHIRE / VOLUNTARY INVOLUNTARY

FINAL PAY INSTRUCTIONS: REGULAR PAY THROUGH _____ VACATION PAY (WKS) _____ SEVERANCE (WKS./MONTHS) _____ OTHER _____ COMPLETED: <input type="checkbox"/> _____	BENEFIT INSTRUCTIONS IF OTHER THAN NORMAL: _____ COBRA: _____ TERMINATION REASON: _____ COMPLETED: <input type="checkbox"/> _____
---	---

REMARKS - APPLICABLE FOR ANY TRANSACTION: _____

[REDACTED] Employee Signature	 Supervisor Signature	 Next Higher Supervisor	_____ Appointing Authority
6-4-02 Date	6-4-02 Date	06-04-02 Date	_____ Date

INCOME TAX DEDUCTION FORM

Delaware County is obligated to withhold city or school district income taxes from those employees who reside in an area with an income tax. Please fill in the spaces below, so that we may deduct the proper taxes from your pay checks.

New Employee _____ Moved _____

Please deduct city income tax for the City of WESTERVILLE, my city of residence. *Extra Amt. _____

Please deduct taxes for the _____ School District. *Extra Amt. _____

Please deduct city income tax for the City of _____, my place of business. (If you work in the county with no city deductions, please write exempt.) *Extra Amt. _____

If Moved, New Address:

WESTERVILLE, OH. 43081

Employee Name (Please Print)

DELAWARE COUNTY SHERIFF'S OFFICE
Department

Employee Signature

10-4-02
Date

* If you wish to take out more money than the required percentage, please put the extra dollar amount where marked with *.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY

NAME Delaware County

I (we) hereby authorize Delaware County, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my(our) [] Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. If you have more than one direct deposit accounts, please specify the amount you want deposited in this account. The remaining balance will be deposited to the other account.

Amount: \$50.00

DEPOSITORY

NAME / DELAWARE COUNTY BANK & TRUST

CITY WESTERVILLE STATE OHIO ZIP 43082

TRANSIT/ABA NO. [REDACTED] ACCOUNT NO. [REDACTED]

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S) [REDACTED]
PLEASE PRINT

Please remember we do not accept deposit slips. A check or a copy of a check or a copy of your savings account card are needed.

DATE 1/20/06 SIGNED X [REDACTED]

06-00 56-308/441 2140009145 1255
 WESTERVILLE, OH 43081
 Pay to the order of \$
 The Bank
 THE DELAWARE COUNTY BANK AND TRUST
 Highland Lakes Office
 Westerville, Ohio 43082
 1255

C DEPOSITS (ACH CREDITS)

r called COMPANY, to initiate credit entries and to
 in error to my(our) Checking Savings
 ereinafter called DEPOSITORY, to credit and/or
 it accounts, please specify the amount you want

deposited in this account. The remaining balance will be deposited to the other account.

Amount: _____

DEPOSITORY

NAME THE DELAWARE COUNTY BANK & TRUST

CITY WESTERVILLE STATE OH. ZIP 43082

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S) _____
 PLEASE PRINT

Please remember we do not accept deposit slips. A check or a copy of a check or a copy of your savings account card are needed.

DATE 1/20/06 SIGNED X _____

EMPLOYEE ACTION FORM

<input type="checkbox"/> HR *	_____
	In _____
	Date _____
<input type="checkbox"/> PY	_____
	In _____
	Date _____

- New Hire *
- Calendar Change
- Org Key Change *
- Termination - Voluntary
- Address Change (home location) *
- Address Change (work location)
- Supplemental Assignment
- Termination - Involuntary
- Wage Change
- PCN Change *
- Other _____

Employee Name [REDACTED] Action Date 7/24/15

Primary Address [REDACTED]

City _____ State _____ Zip Code _____ Home Phone _____

ID # [REDACTED] E-Mail Address _____

Type Status* _____ HR Status* _____

Bargaining Unit _____

Calendar _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Distribution # 0026 Department # _____ Division # _____

Location # _____ Hire Date _____ Original Hire Date _____

FLSA _____ EEO Code _____

Disabled _____ Reaction Type _____

Veteran _____ Pay Class _____ Reason Code _____

Job Code _____ Position _____ PCN # _____

Salary/Hourly Wage _____ Evaluation Score _____ Previous Wage _____ % Increase _____

Org Key (please list all) 10031301

Benefit Instruction _____

Additional Information Longevity from \$1000/yr; \$38.46/pay to \$1500/yr; \$57.69/pay

Employee Signature [REDACTED] Date 7/22/15

Supervisor Signature [Signature] Date 7/22/15

Payroll Administrator Patty Freeman Date 7/19/15

Appointing Authority [Signature] Date 7-20-15

Make 3 Copies after final approval to be distributed to the following departments:

- Auditor - Original
- HR/Personnel File
- HR/Benefits
- Department

COPY

EMPLOYEE ACTION FORM

<input type="checkbox"/>	HR *	_____
	In	_____
	Date	_____
<input type="checkbox"/>	PY	_____
	In	_____
	Date	_____

- | | | |
|--|---|---|
| <input type="checkbox"/> New Hire * | <input type="checkbox"/> Address Change (home location) * | <input checked="" type="checkbox"/> Wage Change |
| <input type="checkbox"/> Calendar Change | <input type="checkbox"/> Address Change (work location) | <input type="checkbox"/> PCN Change * |
| <input type="checkbox"/> Org Key Change * | <input type="checkbox"/> Supplemental Assignment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Termination - Voluntary | <input type="checkbox"/> Termination - Involuntary | |

Employee Name _____ Action Date 8/30/2014

Primary Address _____

City _____ State _____ Zip Code _____ Home Phone _____

ID # _____ E-Mail Address _____

Type Status* _____ HR Status* _____

Bargaining Unit _____

Calendar _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Distribution # 0026 Department # _____ Division # _____

Location # _____ Hire Date _____ Original Hire Date _____

FLSA _____ EEO Code _____

Disabled _____ Reaction Type _____

Veteran _____ Pay Class _____ Reason Code _____ CI - Contract Increase _____

Job Code _____ Position _____ PCN # _____

Salary/Hourly Wage \$31.24 Evaluation Score _____ Previous Wage \$30.52 % Increase 2.375%

Org Key (please list all) 10031301

Benefit Instruction _____

Additional Information \$1000.00 lump sum payment

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Payroll Administrator Patty Freeman Date 9/4/14

Appointing Authority _____ Date _____

Make 3 Copies after final approval to be distributed to the following departments:

Auditor - Original

HR/Personnel File

HR/Benefits

Department

Certificate of Appointment
Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF [REDACTED]

AS A DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

January 2, 2017

I do hereby appoint DAVID JOHNSON as a Deputy Sheriff of Delaware County, Ohio.

Said appointee is not a Judge of a County Court or Mayor.



Sheriff of Delaware County, Ohio

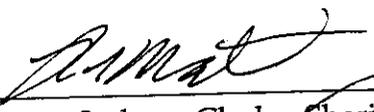
=====
=====

I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed, so help me God.

[REDACTED]

Sworn to before me by the said DAVID JOHNSON and by him subscribed in my

presence, this 29 day of ~~January, 2017.~~
DECEMBER 2016



Judge - Clerk - Sheriff
Delaware County, Ohio

**DELAWARE COUNTY SHERIFF'S OFFICE
EMERGENCY CONTACT INFORMATION**

In case of emergency notify:

Name ANN BANEROFT

Address 

WESTERVILLE, OH. 43081

Relationship WIFE

Phone: Home: _____ Work: _____

Cell:  Other: _____

Name _____

Address _____

Relationship _____

Phone: Home: _____ Work: _____

Cell: _____ Other: _____

Employee's name: 

Employee's signature: 

Date: 4/26/17





DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

February 13, 2017

Deputy [REDACTED]
[REDACTED]
Westerville, OH. 43081

Dear Deputy [REDACTED],

As you know, canine, Rondo was retired from active law enforcement canine service at the end of 2016. I am very appreciative of his years of service and his courageous efforts to assist our deputies as a valuable force multiplier. In addition, your canine handling abilities have proven to be a great asset to our Office and the citizens that we serve.

It has come to my attention that you would like to purchase Rondo from Delaware County. You may purchase canine, Rondo from Delaware County for one dollar (\$1.00). By signing this letter you understand that as of the above effective date you assume full responsibility for all costs of the maintenance of Rondo to include food, shelter and medical requirements and must properly license him. Additionally, you understand that Rondo has been in the service of a law enforcement agency for many years and has been trained to apprehend criminals and may be more dangerous than a typical canine.

Respectfully,

Sheriff Russell L. Martin

[REDACTED] _____
2/17/17

Date

Cc: Personnel File



Attorney General
Betty D. Montgomery

Ohio Peace Officer
Training Commission



October 11, 2000

Sheriff Al Myers
Delaware Co. Sheriff's Office
844 U.S. Route #42 North
Delaware, OH 43015

Re: Certification Status of:



Dear Sheriff Myers:

This is in response to your inquiry concerning the updating of peace officer training to maintain Ohio peace officer certification.

According to Rule 109:2-1-12(C) of the Ohio Administrative Code, persons who have previously been certified by the Ohio Peace Officer Training Commission and have had a break in peace officer service for less than one year may be re-appointed as a peace officer, but must complete any specialized training that has been mandated for re-appointed officers. In the case of the above-referenced individual, no such training mandates apply. Accordingly, no additional training is required at this time.

Note that this determination is made based upon information and documents submitted by you and the individual in question. Should the information provided prove inaccurate, this determination becomes void.

See the enclosure for information concerning requirements for annual firearms re-qualification.

Sincerely,

A handwritten signature in blue ink that reads "Kerry E. Curtis".

Kerry E. Curtis
Certification Officer
Certification & Standards Division

KEC:vlf
NATR.602

P. O. Box 309 / London, Ohio 43140
Phone: (614) 644-7682 / 466-7771 / (740) 852-4848
FAX: (614) 728-5150
www.ag.state.oh.us
An Equal Opportunity Employer



**Attorney General
Betty D. Montgomery**

**Ohio Peace Officer
Training Commission**



FACSIMILE TRANSMISSION COVER SHEET

To: Sgt. Savage, Delaware County S.O.

From: J. Conser, Deputy Director, Certification Division OPOTC

Re: [Redacted] Certification

Fax No.:

Number of Pages (including cover sheet): 1

Date/Time Sent: 20 September 2000

If you do not receive any of the pages properly, please contact sender as soon as possible at (614) 466-7771.

On Page 2 is a copy of the Certificate for [Redacted]. It contains his certificate #. The certificate is being sent to his basic school commander for a courtesy signature and then it should be forwarded to [Redacted].

I contacted [Redacted] by phone this date

Jim Conser

NOTICE

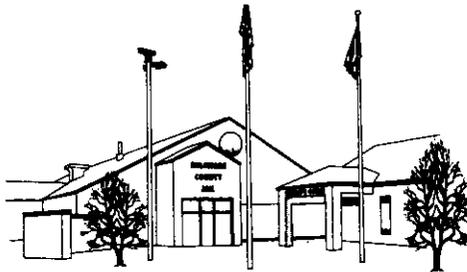
This is a fax transmission that may contain information that is attorney-client privileged and/or confidential in nature. It is intended only for the use of the individual or entity to which it is addressed. If you have received this communication in error, please notify the sender at the address listed below and destroy this transmittal. If you are not the intended recipient, you are hereby notified that any retention or dissemination of this information is strictly prohibited.

P O. Box 309 / London, Ohio 43140
Phone: (614) 644-7682 / (614) 466-7771 / (740) 852-4848
FAX: (614) 728-5150
www.ag.state.oh.us
An Equal Opportunity Employer

AL MYERS, SHERIFF

Administration:

740-368-1897 or 740-548-4730
Fax 740-368-1895



Dispatch:

740-368-1890 or 740-548-4510
EMERGENCY: 911
Jail: 740-368-1885 or 740-548-4620

Delaware County Sheriff's Office

844 U.S. 42 North, Delaware, Ohio 43015

July 20, 2000



Westerville, OH 43081

Dear Mr. [REDACTED]:

This letter is to confirm our offer and your acceptance of the position of Deputy Sheriff with the Delaware County Sheriff's Office.

Your start date will be July 24, 2000. You will receive an hourly rate of \$13.82 and upon completion of a one-year probationary period you will be paid in accordance with the collective bargaining contract.

The position of a probationary ^{deputy} ~~cook~~ is a ^{deputy} ~~cook~~ at will and you may be required to work various shifts with varying days off. If you have a secondary job, this position with the Delaware County Sheriff's Office will be your primary job. You will be on recall for emergency purposes.

Please sign this letter validating your acceptance of the job and terms as stated above. Should you have any questions feel free to discuss them with me.

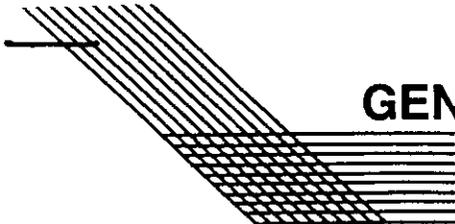
Sincerely,

Al Myers, Sheriff

x
Signature [REDACTED]

7-24-00
Date

cc: personnel file



GENOA TOWNSHIP

POLICE



7049 Big Walnut Road, Genoa, OH 43021

(740) 965-4340

FAX (740) 965-9338

EMERGENCY 911

Sheriff Al Myers
Delaware County Sheriff's Office
1251 US Rt. 23 North
Delaware, Ohio

Dear Sheriff Myers:

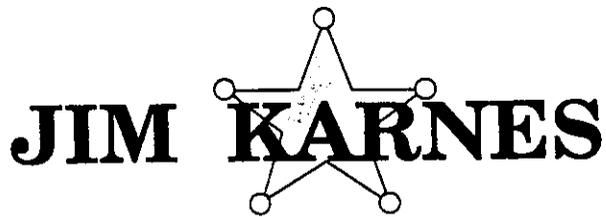
Officer [REDACTED] has been employed with our department since March 10, 1999 under the authority of ORC 505.49. His status was upgraded from reserve officer to part-time officer in June 2000.

If you have any questions, please contact me.

Sincerely,



Robert Taylor
Chief of Police



FRANKLIN COUNTY
SHERIFF

FRANKLIN COUNTY HALL OF JUSTICE
369 South High Street Columbus, Ohio 43215 (614) 462-3360

DATE: July 19, 2000
TO: Sheriff Al Myers
Delaware County Sheriff
FROM: Chief Deputy Gil Jones - FCSO Patrol Division
SUBJECT: Special Deputy [REDACTED]

[REDACTED] was commissioned by the Franklin County Sheriff's Office as a special deputy on December 29, 1997. [REDACTED] has contributed thousands of hours of dedicated service and we will miss him. [REDACTED] is a respected professional and will certainly be an asset to your Office.

[REDACTED] has submitted his resignation as a special deputy to the Franklin County Sheriff's Office effective Monday, July 24, 2000.

Sincerely,

Chief Deputy Gil Jones
Chief Deputy Gil Jones
Franklin County Sheriff's Office
Patrol Division

Certificate of Appointment
Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF [REDACTED]

AS DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

July 24, 2000

I do hereby appoint [REDACTED] as Deputy Sheriff of Delaware County, Ohio.

Said appointee is not a Judge of a County Court or Mayor.

DeMyer

Sheriff of Delaware County, Ohio

=====
=====
I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed.

x [REDACTED]

Sworn to before me by the said **David A. Johnson** and by him subscribed in my presence, this 24th day of July, 2000

DeMyer

Judge - Clerk - Sheriff
Delaware County, Ohio

PUBLIC EMPLOYEES RETIREMENT SYSTEM OF OHIO
277 East Town Street Columbus, Ohio 43215-4642

LAW ENFORCEMENT OFFICER PERSONAL HISTORY RECORD

PERS is required to have on file an original, properly completed Law Enforcement Personal History Record (S) prior to disbursing any funds from a member's account. A refund of accumulated contributions, retirement allowance, or any benefit cannot be paid until this Form is filed with PERS. We cannot accept a photocopy of a Personal History Record unless an original has previously been received.

The member must complete Sections I, II, and IV. The member also should review Section III for beneficiary designation information and complete if applicable. Section V must be completed by the employer. All signatures must be in ink and all other entries must be clearly printed in ink or typed. All statements are to be made under oath and may require substantiating proof. Proof of date of birth will be required to obtain retirement and other benefits. **Be accurate when entering the Social Security number.**

SECTION I PERSONAL INFORMATION

Full Name: Last [REDACTED] First [REDACTED] Middle [REDACTED] Social Security Number [REDACTED]

Home Address: Street [REDACTED] City: WESTERVILLE State: OH Zip: 43081

Sex: M or F Date of Birth: 12-1-'75 Place of Birth: ALEXANDRIA, VTR. Marital Status: Single Married Widowed Divorced Separated

Please list your family members and their dates of birth below. Include full names of each parent even if deceased; list only natural or adopting parent(s).

	NAME	DATE OF BIRTH		
		Month	Date	Year
Spouse				
Children	1.			
	2.			
	3.			
	4.			
	5.			
Father	[REDACTED]	5	9	35
Mother	SHARON [REDACTED]	9	15	35

DO NOT WRITE IN THE FOLLOWING SPACES FOR PERS OFFICE USE ONLY

Previous PERS Number

Employer Code

Received for Record Date Stamp

SECTION II SERVICE INFORMATION

1. Give date of first service as an employee in any public employment in Ohio APRIL 16, 2000
Which employer? _____

2. Do you have any previous public service for which PERS contributions were not submitted? yes no
If "yes", which employer(s)? _____

3. Have you been a member of any of the following retirement systems? If applicable, check either retired or refunded.
- a) State Teachers Retirement System (STRS) yes no retired or refunded
 - b) School Employees Retirement System (SERS) yes no retired or refunded
 - c) Ohio Police and Firemen's Disability and Pension Fund (PFDPF) yes no retired or refunded
 - d) State Highway Patrol Retirement System (HPRS) yes no retired or refunded
 - e) Cincinnati Retirement System (CRS) yes no retired or refunded

Please turn page

NOTICE TO EMPLOYEE

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

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

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

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

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.

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.

4. A married couple with both spouses working and filing a joint return will in many cases be required to file a Declaration of Estimated Individual Income Tax even though Ohio Income Tax is being withheld from their wages. This is due to the fact that the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file a Declaration of Estimated Individual Income Tax may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the Declaration of Estimated Individual Income Tax, the individual may provide for additional withholding under an agreement with his employer by use of line 5.

STATE OF OHIO DEPARTMENT OF TAXATION

Form IT-4 (11-90)

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Name [redacted] Social Security No. [redacted]

Address [redacted] WESTERVILLE OH 43081

Public School District of Residence WESTERVILLE School District No. _____

1. Personal exemption for yourself, enter "1" if claimed 1

2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) 0

3. Exemptions for dependents 0

4. Add the exemptions which you have claimed above and enter total 1

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 7-24-00

INCOME TAX DEDUCTION FORM

Delaware County is obligated to withhold city or school district income taxes from those employees who reside in an area with an income tax. Please fill in the spaces below, so that we may deduct the proper taxes from your pay checks.

New Employee

Moved

Please deduct city income tax for the City of WESTERVILLE, my city of residence. *Extra Amt. _____

Please deduct taxes for the WESTERVILLE School District. *Extra Amt. _____

Please deduct city income tax for the City of Delaware, my place of business. (If you work in the county with no city deductions, please write exempt.) *Extra Amt. _____

If Moved, New Address:

Employee Name (Please Print)

DELAWARE COUNTY
Department

Employee Signature

5-24-00
Date

* If you wish to take out more money than the required percentage, please put the extra dollar amount where marked with *.

1999 Form W-5



Department of the Treasury
Internal Revenue Service

Instructions

Purpose

Use Form W-5 if you are eligible to get part of the EIC in advance with your pay and choose to do so. The amount you can get in advance generally depends on your wages. If you are married, the amount of your advance EIC payments also depends on whether your spouse has filed a Form W-5 with his or her employer. However, your employer cannot give you more than \$1,387 throughout 1999 with your pay.

If you do not choose to get advance payments, you can still claim the EIC on your 1999 tax return.

What is the EIC?

The EIC is a credit for certain workers. It reduces tax you owe. It may give you a refund even if you do not owe any tax. For 1999, the EIC can be as much as \$2,312 if you have one qualifying child or \$3,816 if you have more than one qualifying child. If you do not have a qualifying child, you may still be eligible for a credit of up to \$347, but you cannot receive advance EIC payments. See **Who Is a Qualifying Child?** on page 2.

Who Is Eligible To Get Advance EIC Payments?

You are eligible to get advance EIC payments if all three of the following apply.

1. You have at least one qualifying child.
2. You expect that your 1999 earned income and modified AGI (adjusted gross income) will each be less than \$26,928. Include your spouse's income if you plan to file a joint return. As used on this form, earned

income does not include amounts inmates in penal institutions are paid for their work or workfare payments (defined below). For most people, **modified AGI** is the same as adjusted gross income. But see the 1998 revision of **Pub. 596**, Earned Income Credit, for information about how to figure your 1999 modified AGI if you expect to receive tax-exempt interest; nontaxable payments from a pension, annuity, or an IRA; or you plan to file a 1999 Form 1040.

3. You expect to be able to claim the EIC for 1999. To find out if you may be able to claim the EIC, answer the questions on page 2.

Workfare payments. These are cash payments certain families receive from a state or local agency that administers public assistance programs funded under the Federal Temporary Assistance for Needy Families program in return for (1) work experience activities (including work associated with remodeling or repairing publicly assisted housing) if sufficient private sector employment is not available, or (2) community service program activities.

How To Get Advance EIC Payments

If you are eligible to get advance EIC payments, fill in the 1999 Form W-5 at the bottom of this page. Then, detach it and give it to your employer. If you get advance payments, you must file a 1999 Federal income tax return.

You may have only one Form W-5 in effect at one time. If you and your spouse are both employed, you should file separate Forms W-5.

(Continued on page 2)

Give the lower part to your employer; keep the top part for your records.

Detach here

Form **W-5**

Earned Income Credit Advance Payment Certificate

OMB No. 1545-1342

Department of the Treasury
Internal Revenue Service

- ▶ Use the current year's certificate only.
- ▶ Give this certificate to your employer.
- ▶ This certificate expires on December 31, 1999.

1999

Type or print your full name

Your social security number

Note: If you get advance payments of the earned income credit for 1999, you must file a 1999 Federal income tax return. To get advance payments, you must have a qualifying child and your filing status must be any status except married filing a separate return.

	Yes	No
1 I expect to be able to claim the earned income credit for 1999, I do not have another Form W-5 in effect with any other current employer, and I choose to get advance EIC payments		X
2 Do you have a qualifying child?		X
3 Are you married?		X
4 If you are married, does your spouse have a Form W-5 in effect for 1999 with any employer?		X

Under penalties of perjury, I declare that the information I have furnished above is, to the best of my knowledge, true, correct, and complete.

Signature ▶

Date ▶ 7-24-99

Form W-4 (1999)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 1999 expires February 18, 2000.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

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

deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances.

Child tax and higher education credits. For details on adjusting withholding for these and other credits, see Pub. 919, Is My Withholding Correct for 1999?

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding will usually be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet

A Enter "1" for yourself if no one else can claim you as a dependent **A** 1

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. **B** 1

C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (This may help you avoid having too little tax withheld.) **C** 0

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** 0

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** 0

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit **F** 0

G **Child Tax Credit:** • If your total income will be between \$20,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child. • If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children **G** 0

H Add lines A through G and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return. ▶ **H** 1

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you are single, have more than one job and your combined earnings from all jobs exceed \$32,000, OR if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give the certificate to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 2000
▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.				
1 Type or print your first name and middle initial [redacted]		Last name [redacted]		2 Your social security number [redacted]
Home address (number and street or rural route) [redacted]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>		
City or town, state, and ZIP code <u>WESTERVILLE OH 43081</u>		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply)		5 <u>1</u>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ [redacted]		
7 I claim exemption from withholding for 1999, and I certify that I meet BOTH of the following conditions for exemption: • 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		[redacted]		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it) ▶ [redacted]		Date ▶ <u>7-24-00</u>		
8 Employer's name and address (employer, complete 9 and 10 only if sending to the IRS)		9 Office code (optional)	10 Employer identification number	

DELAWARE COUNTY EMPLOYMENT APPLICATION

22 Court Street, Delaware, Ohio 43015
AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

Are You Interested In:	Yes	No	EMPLOYER USE ONLY DO NOT WRITE IN THIS AREA		
Full Time Work?	[]	[]	Accepted _____	Not Accepted _____	Late filing _____
Part Time Work?	[]	[]	Department _____		
Temporary Work?	[]	[]	Supervisor _____		
Summer Work?	[]	[]	Start Date _____	Rate of pay _____	
			Job Title _____		

All applicants tentatively selected for this position will be required to submit to urinalysis to test for illegal drug use prior to appointments. An applicant with a positive test shall not be offered employment.

Please Note:

1. A separate application is required for each position
2. All applications must be filed in the Personnel Office of the County
3. If applications are mailed, they must be post marked no later than midnight on the final date for filing.

POSITION APPLYING FOR: PATROL DEPUTY **EXPECTED SALARY:** OPEN

Name: _____ **Social Security No.:** _____

LAST FIRST MIDDLE

Address: _____ WESTERVILLE OHIO 43081

NUMBER STREET CITY STATE ZIP

Home Phone: _____ **Business Phone():** _____

EDUCATION: Do you have a High School Diploma or G.E.D. certificate? YES NO

If NO, circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12

List below all course work, special training or seminars that you have taken that relate to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned.

NAME AND ADDRESS OF SCHOOL, VOCATIONAL SCHOOL OR COLLEGE	TITLE OF COURSES TAKEN OR MAJOR	Did You Graduate?	CERTIFICATES, DEGREES, ETC. (IF YOU ATTENDED UNDER ANOTHER NAME, PLEASE INDICATE)
<u>COLUMBUS STATE COMMUNITY COLLEGE 530 EAST SPRING ST. COLUMBUS, OH. 43215</u>	<u>CRIMINAL JUSTICE</u>	<u>SUMMER OF 1999</u>	
<u>CENTRAL OHIO POLICE OFFICERS TRAINING ACADEMY 13493 NATIONAL RD. SW. REYNOLDSBURG, OH. 43081</u>	<u>OHIO PEACE OFFICER TRAINING</u>	<u>YES</u>	<u>OHIO PEACE OFFICER BASIC TRAINING CERTIFICATE</u>

Professional License or Certificate or Other Credential, If Required for this Position	Description	Number	By Whom Issued	Expiration Date	Verified By:
<u>OHIO PEACE OFFICER TRAINING CERTIFICATE</u>					

Please list below the specific course work areas relevant to the position for which you are applying. Also, indicate the number of courses you have successfully completed in each area.

CRIMINOLOGICALS - 2, JUVENILE DELINQUENCY - 2, OHIO CRIMINAL CODE - 1, CRISIS INTERVENTION - 1, CRIMINOLOGY - 1, PATROL PROCEDURES - 1, COMMUNITY RELATIONS - 1, CULTURAL DIVERSITY - 1, CRIMINAL PROCEDURES - 1, TRAFFIC ACCIDENT INVESTIGATION - 1. (ABOVE COURSES TAKEN AT COLUMBUS STATE IN ADDITION TO THOSE TAKEN AT (OPOTA))

EDUCATION CONTINUED:

Typing Speed _____ wpm Data Entry Speed _____ kpm

Computer Knowledge, Hardware and Software Programs _____

In the area below, please describe briefly any additional training, information or special qualifications you have for the position requested. Include special courses/seminars attended, machines or equipment you operate, hobbies which have taught you qua skills, etc.

CERTIFIED IN O.C. SPRAY, ASP BATON, C.P.R., AND ADVANCED WEAPON CRAFT. APPROXIMATELY 20
1000 HOURS OF PATROL EXPERIENCE AS A SPECIAL DEPUTY FOR FRANKLIN COUNTY SHERIFFS OF

EXPERIENCE:

In the areas below, please type or print legibly past work experience beginning with the most recent employment. If the title and changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employr Attach extra sheets if necessary . Verifiable voluntary work may also be included as employment. NOTE: A resume may not b used as a substitute for completing this page.

PRESENT OR MOST RECENT JOB:

Employer's name and address GENOA TOWNSHIP POLICE DEPARTMENT / 7049 BIG WALNUT RD. GENOA OH. 43

Length of employment FROM: mo. MARCH yr. 99 TO: mo. CURRENT yr. _____

Reason for leaving: _____

Position Title: RESERVE POLICE OFFICER Salary: beginning _____ ending: _____

Duties Performed: PATROL

NEXT MOST RECENT JOB:

Employer's name and address FRANKLIN COUNTY SHERIFF'S OFFICE / 367 SOUTH HIGH ST. COLS. OH 4321

Length of employment FROM: mo. DEC. yr. 97 TO: mo. CURRENT yr. _____

Reason for leaving: _____

Position Title: SPECIAL DEPUTY SHERIFF Salary: beginning _____ ending: _____

Duties Performed: PATROL

Employer's name and address MELAY ENTERPRISE'S / 993 AUTUMN LAKE CT. WAKEFIELD, OH. 43081

Length of employment FROM: mo. MAY yr. 97 TO: mo. CURRENT yr. _____

Reason for leaving: _____

Position Title: NONE Salary: beginning \$10.00 ending: _____

Duties Performed: EXTERIOR AND INTERIOR PAINTING AND REMOVING OF RESIDENTIAL HOUSES.

EXPERIENCE CONTINUED:

Employer's name and address REMINGTON STATION APARTMENTS / 5415 TURTLE STATION CDS., OH. 43081
Length of employment FROM: mo. JULY yr. 96 TO: mo. SEPTEMBER yr. 96
Reason for leaving: SCHOOL
Position Title: MAINTENANCE MAN Salary: beginning \$7.00 ending: \$7.00
Duties Performed: PREPARED VACANT APARTMENTS FOR OCCUPANCY.

Employer's name and address WALTER J. ENGEL INCORPORATE / 1500 N. CASSEY AVE. CDS., OH. 43219
Length of employment FROM: mo. JULY yr. 95 TO: mo. AUGUST yr. 95
Reason for leaving: SCHOOL
Position Title: MAINTENANCE MAN Salary: beginning \$5.50 ending: \$5.80
Duties Performed: REGULAR MAINTENANCE DUTIES AROUND THE CORPORATION.

If the position for which you are applying includes driving, have you received any vehicle citations for moving violations within the last 5 years? (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate. *1995 I WAS ISSUED A FAIL TO YIELD CITATION OUT OF AN ACCIDENT.*

Yes No

Do you claim veterans service preference? If Yes, attach a copy of your DD214 Form to this application. If you claim disability preference, attach a copy of your Veterans Administration 802 Form to this application. (It must not be more than six months old.)

Yes No Verified by: _____

Have you ever been convicted of a felony or misdemeanor or been on parole or probation? List all convictions after your 18 birthday. (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate

Yes No

REFERENCES:

Please list the names and addresses of three individuals, other than a relative, whom we may contact for a professional reference.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
DEPUTY MICHEAL PENNINGTON	1105 WEST MOUNT STREET	COLS.	OH.	43223	(614) 462-3300
SGT. JIM BROWN	1105 WEST MOUNT STREET	COLS.	OH.	43223	(614) 462-3300
CHIEF ROBERT TAYLOR	7049 BIG WALNUT RD.	GENOA,	OH.	43021	(740) 965-4340

MISCELLANEOUS:

The following information will be used only if it is directed related to the position for which you are applying:

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. Do you have an Ohio Drivers License? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| License # [REDACTED] Class <u>D</u> Expiration Date <u>Dec. 1, 00</u> | | |
| <i>Answer only if you answered "NO" to question #1</i>
Are you willing and able to secure an Ohio Drivers License? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a Commercial Drivers License (CDL)? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Answer only if you answered "NO" to question #2</i>
Are you willing and able to secure a Commercial Drivers License (CDL)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If necessary, can you supply your own transportation for work use? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been employed by the State of Ohio or any County of Ohio? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a Felony? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Can you perform the job related requirements of the specific job for which you are applying? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to questions 4 and 5 or "NO" to question 6, please explain fully below, indicating by number to which question you are responding.

I AM CURRENTLY A SPECIAL DEPUTY SHERIFF FOR FRANKLIN COUNTY.

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand and agree any misstatement or omission of fact on this application will cause forfeiture on my part of all rights of employment with Delaware Co. I further agree to be fingerprinted, and to furnish such proof of age and citizenship as may be directed. I also understand and agree that all applicants conditionally selected for this position will be required to submit to a urinalysis test for illegal drug use, and to a complete medical examination prior to appointments. A conditional offer of employment shall be rescinded for an applicant with a positive urinalysis test and/or who failed a complete medical examination. **ADDITIONAL COMMENTS MAY BE ATTACHED ON A SEPARATE SHEET OF PAPER**

Signature: [REDACTED] Date: 5-9-99

EDUCATION CONTINUED:

Typing Speed _____ wpm Data Entry Speed _____ kpm

Computer Knowledge, Hardware and Software Programs _____

In the area below, please describe briefly any additional training, information or special qualifications you have for the position requested. Include special courses/seminars attended, machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

CERTIFIED IN USE OF SPRAY, ASP RATION, CPR, AND ADVANCED WEAPON CRAFT.
APPROXIMATELY - 2000 HOURS OF PATROL EXPERIENCE FOR THE FRANKLIN COUNTY SHERIFF'S OFFICE.

EXPERIENCE:

In the areas below, please type or print legibly past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employment. Attach extra sheets if necessary. Verifiable voluntary work may also be included as employment. NOTE: A resume may not be used as a substitute for completing this page.

PRESENT OR MOST RECENT JOB:

Employer's name and address GENOA TOWNSHIP POLICE DEPARTMENT / 2049 BIG WINDY RD. GALENA, OH. 43021

Length of employment FROM: mo. 3 yr. 99 TO: mo. CURRENT yr. _____

Reason for leaving: _____

Position Title: RESERVE POLICE OFFICER Salary: beginning \$0 ending: _____

Duties Performed: PATROL 5/17/00 Currently Part-Time Status.

NEXT MOST RECENT JOB:

Employer's name and address FRANKLIN COUNTY SHERIFF'S OFFICE / 1106 W. BEAULD ST. COVS., OH. 43223

Length of employment FROM: mo. 12 yr. 97 TO: mo. CURRENT yr. _____

Reason for leaving: _____

Position Title: SPECIAL DEPUTY SHERIFF Salary: beginning \$0 ending: _____

Duties Performed: PATROL

Employer's name and address McKAY ENTERPRISES / 993 AUTUMN LAKE CT. WESTERVILLE, OH. 43081

Length of employment FROM: mo. 5 yr. 97 TO: mo. CURRENT yr. _____

Reason for leaving: _____

Position Title: NONE Salary: beginning \$12.00 ending: _____

Duties Performed: EXTERIOR AND INTERIOR PAINTING AND REMODELING OF RESIDENTIAL HOMES

EXPERIENCE CONTINUED:

Employer's name and address RENTINGTON STATION APARTMENTS / 5415 TURTLE STATION COLUM. OH. 43081

Length of employment FROM: mo. 7 yr. 96 TO: mo. 9 yr. 96

Reason for leaving: SCHOOL

Position Title: MAINTENANCE MAN Salary: beginning \$7.00 ending: \$7.00

Duties Performed: PREPARED VACANT APARTMENTS FOR OCCUPANCY.

Employer's name and address _____

Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving: _____

Position Title: _____ Salary: beginning _____ ending: _____

Duties Performed: _____

If the position for which you are applying includes driving, have you received any vehicle citations for moving violations within the last 5 years? (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate.

Yes No

1995 I WAS ISSUED A FAIL TO YIELD CITATION OUT OF A NON-INJURY ACCIDENT.

Do you claim veterans service preference? If Yes, attach a copy of your DD214 Form to this application. If you claim disability preference, attach a copy of your Veterans Administration 802 Form to this application. (It must not be more than six months old.)

Yes No Verified by: _____

Have you ever been convicted of a felony or misdemeanor or been on parole or probation? List all convictions after your 18 birthday. (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate

Yes No

REFERENCES:

Please list the names and addresses of three individuals, other than a relative, whom we may contact for a professional reference.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
DEPUTY MICHAEL PENNINGTON	1195 W. MOUND ST.	LOUIS.	OH.	43223	(614) 462-3300
SGT. JAMES BROWN	1195 W. MOUND ST.	LOUIS.	OH.	43223	(614) 462-3300
CHIEF ROBERT TAYLOR	7049 BIG WILLOW RD.	GALENA.	OH.	43021	(740) 965-4240

MISCELLANEOUS:

The following information will be used only if it is directed related to the position for which you are applying:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. Do you have an Ohio Drivers License? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| License # [REDACTED] Class <u>D</u> Expiration Date <u>12/20</u> | | |
| <i>Answer only if you answered "NO" to question #1</i> | | |
| Are you willing and able to secure an Ohio Drivers License? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a Commercial Drivers License (CDL)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Answer only if you answered "NO" to question #2</i> | | |
| Are you willing and able to secure a Commercial Drivers License (CDL)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. If necessary, can you supply your own transportation for work use? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been employed by the State of Ohio or any County of Ohio? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a Felony? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Can you perform the job related requirements of the specific job for which you are applying? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to questions 4 and 5 or "NO" to question 6, please explain fully below, indicating by number to which question you are responding.

#4 - I AM CURRENTLY A SPECIAL DEPUTY FOR FRANKLIN COUNTY SHERIFF'S OFFICE

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand and agree any misstatement or omission of fact on this application will cause forfeiture on my part of all rights of employment with Delaware Co. I further agree to be fingerprinted, and to furnish such proof of age and citizenship as may be directed. I also understand and agree that all applicants conditionally selected for this position will be required to submit to a urinalysis test for illegal drug use, and to a complete medical examination prior to appointments. A conditional offer of employment shall be rescinded for an applicant with a positive urinalysis test and/or who failed a complete medical examination. **ADDITIONAL COMMENTS MAY BE ATTACHED ON A SEPARATE SHEET OF PAPER**

Signature: [REDACTED] Date: 12-27-99

Columbus State Community College

hereby confers upon

the degree of
Associate of Applied Science

together with all the rights, privileges, and honors appertaining thereto in
consideration of the satisfactory completion of a Program prescribed in
Law Enforcement

Law Enforcement Major

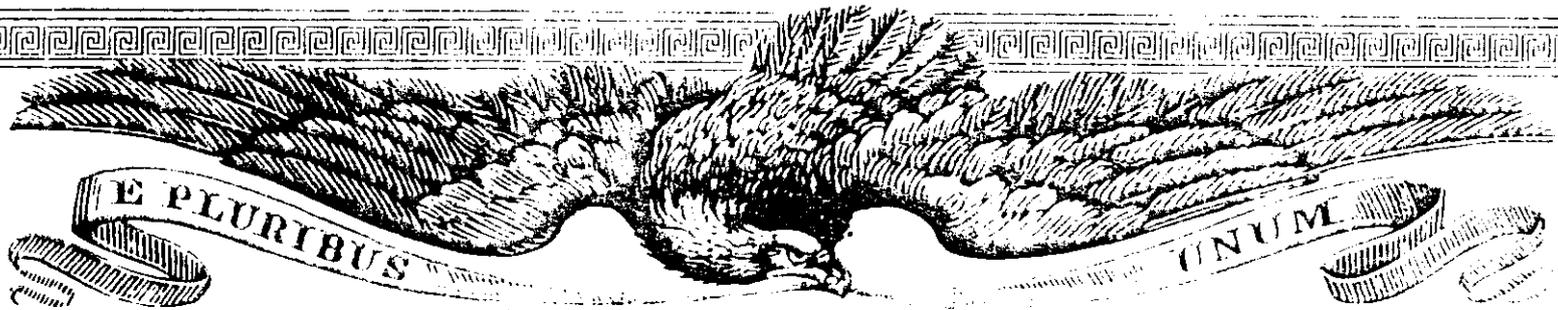
In Testimony Whereof, the seal of the College and the
signatures as authorized by the Board of Trustees are hereunto affixed.

Given at Columbus, Ohio, this tenth day of September 1999.



William A. Robinson, Jr.
Chairman of the Board of Trustees

M. Valeriana Moller
President



OHIO LAW ENFORCEMENT

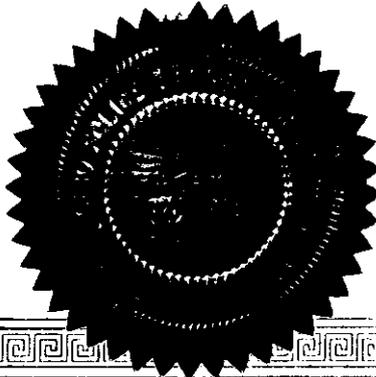
TRAINING CENTER™

A Division of the Central Ohio Police Officers Training Academy

Certifies that _____ has completed

a course of instruction in
PEACE OFFICER BASIC TRAINING

Awarded this 7TH day of FEBRUARY, 19 97



JAMES A. MEADE

Executive Director

ANDREW T. HAWK

School Commander

496.5

Total Hours





OHIO LAW ENFORCEMENT

TRAINING CENTER™

A Division of the Central Ohio Police Officers Training Academy

Certifies that _____ *has completed*

a course of instruction in
ADVANCED WEAPONCRAFT

Awarded this 8TH *day of* JANUARY, 19 97



JAMES A. MEADE

Executive Director

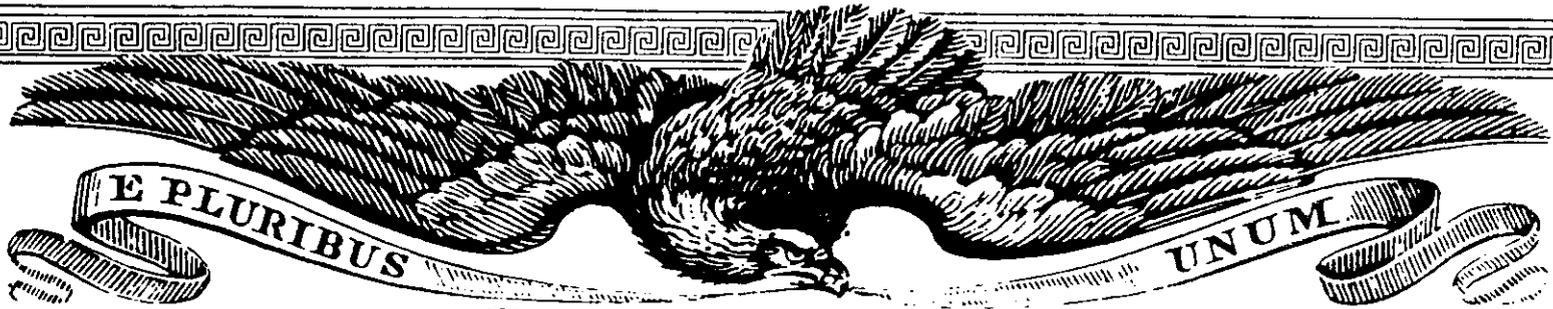
ANDREW T. HAWK

School Commander

60

Total Hours





OHIO LAW ENFORCEMENT

TRAINING CENTER™

A Division of the Central Ohio Police Officers Training Academy

Certifies that _____ has completed

a course of instruction in
OLEORESIN CAPSICUM CERTIFICATION

Awarded this 16TH day of MARCH, 19 97

JAMES A. MEADE

Executive Director

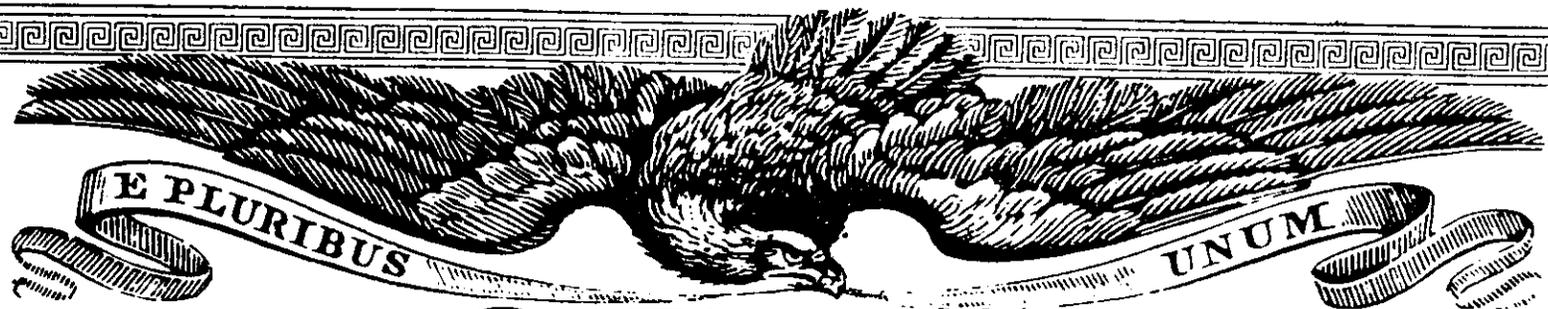
ANDREW T. HAWK

School Commander

5

Total Hours





OHIO LAW ENFORCEMENT

TRAINING CENTER™

A Division of the Central Ohio Police Officers Training Academy

Certifies that _____ *has completed*

a course of instruction in
A.S.P. BATON CERTIFICATION

Awarded this 3RD *day of* FEBRUARY, 19 97



JAMES A. MEADE

Executive Director

ANDREW T. HAWK

School Commander

4

Total Hours



Westerville North High School



This Certifies That



having completed the Course of Study prescribed by the Board of Education
is hereby declared a Graduate of Westerville North High School,
a High School of the First Grade, and is entitled to this

Diploma

Given at Westerville, Ohio, this month of June, 1995.

Eugene A. Huskins
SUPERINTENDENT

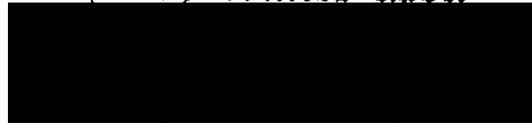
James H. McCom
PRINCIPAL

Nancy Nestor Baker
PRESIDENT, BOARD OF EDUCATION

Carl S. Clepton
CLERK, BOARD OF EDUCATION

Columbus State Community College

hereby confers upon



the degree of
Associate of Applied Science

together with all the rights, privileges, and honors appertaining thereto in
consideration of the satisfactory completion of a Program prescribed in
Law Enforcement

Law Enforcement Major

In Testimony Whereof, the seal of the College and the
signatures as authorized by the Board of Trustees are hereunto affixed.

Given at Columbus, Ohio, this tenth day of September 1999.



William A. Woodson Jr.
Chairman of the Board of Trustees

M. Valeriana Moller
President

Copy: Ch. 0623



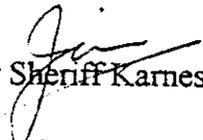
U.S. Department of Justice
United States Marshals Service
Southern District of Ohio

460 U.S. Courthouse
85 Marconi Boulevard
Columbus, OH 43215

November 24, 1998

Sheriff Jim Karnes
369 S. Front Street
Columbus, OH 43215

Good job!
Chief
12/29/98


Dear Sheriff Karnes,

I am writing to express my appreciation for the assistance provided by your deputies to my office on November 4, 1998. On that date at approx. 4:30 P.M., Deputy U.S. Marshal Jeff Balzer requested assistance from the patrol bureau in executing a federal search warrant at 433 Weymouth Lane.

Sgt. James Evans (S-5), Deputy Mike Pennington (456), Deputy [REDACTED], Detective Sgt. Phillip Corbitt, Detective Robert McCoy, and Detective William McCoy responded to request. The warrant was executed without incident and federal fugitive Salvatore "Sam" Spine was arrested, ending his 3 1/2 years of flight.

The cooperation between our agencies continues to bring forth positive results and is rewarding to all parties involved.

Please contact me if the United States Marshals Service can be of any assistance to your office.

Sincerely,



R. Allen Smith, Ph.D.
United States Marshal
Phone (614) 469-5540 FAX (614) 469-2298

EDUCATION CONTINUED:

Typing Speed _____ wpm Data Entry Speed _____ kpm

Computer Knowledge, Hardware and Software Programs _____

In the area below, please describe briefly any additional training, information or special qualifications you have for the position requested. Include special courses/seminars attended, machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

CERTIFIED IN O.C. SPRAY, ASP BATON, C.P.R., AND ADVANCED WEAPON CRAFT. APPROXIMATELY OVER 1000 HOURS OF PATROL EXPERIENCE AS A SPECIAL DEPUTY FOR FRANKLIN COUNTY SHERIFFS OFFICE.

EXPERIENCE:

In the areas below, please type or print legibly past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employment. Attach extra sheets if necessary. Verifiable voluntary work may also be included as employment. NOTE: A resume may not be used as a substitute for completing this page.

PRESENT OR MOST RECENT JOB:

Employer's name and address GENOA TOWNSHIP POLICE DEPARTMENT / 7049 BIG WALNUT RD, GENOA OH, 43021

Length of employment FROM: mo. MARCH yr. 99 TO: mo. CURRENT yr. _____

Reason for leaving: _____

Position Title: RESERVE POLICE OFFICER Salary: beginning _____ ending: _____

Duties Performed: PATROL

NEXT MOST RECENT JOB:

Employer's name and address FRANKLIN COUNTY SHERIFF'S OFFICE / 369 SOUTH HIGH ST. COVINGTON, OH 43015

Length of employment FROM: mo. DEC. yr. 97 TO: mo. CURRENT yr. _____

Reason for leaving: _____

Position Title: SPECIAL DEPUTY SHERIFF Salary: beginning _____ ending: _____

Duties Performed: PATROL

Employer's name and address MCKAY ENTERPRISE'S / 993 AUTUMN LAKE CT. WESTERVILLE, OH, 43081

Length of employment FROM: mo. MAY yr. 97 TO: mo. CURRENT yr. _____

Reason for leaving: _____

Position Title: NONE Salary: beginning \$10.00 ending: _____

Duties Performed: EXTERIOR AND INTERIOR PAINTING AND REMOVING OF RESIDENTIAL HOMES.

REFERENCES:

Please list the names and addresses of three individuals, other than a relative, whom we may contact for a professional reference.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
DEPUTY MICHEAL PENNINGTON	1105 WEST MOUND STREET	COLS.	OH.	43223	(614) 462-3300
SGT. JIM BROWN	1105 WEST MOUND STREET	COLS.	OH.	43223	(614) 462-3300
CHIEF ROBERT TAYLOR	7049 BIG WALNUT RD.	GENOA,	OH.	43021	(740) 965-4340

MISCELLANEOUS:

The following information will be used only if it is directed related to the position for which you are applying:

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. Do you have an Ohio Drivers License? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| License # [REDACTED] Class <u>D</u> Expiration Date <u>Dec. 1, 00</u> | | |
| <i>Answer only if you answered "NO" to question #1</i> | | |
| Are you willing and able to secure an Ohio Drivers License? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a Commercial Drivers License (CDL)? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Answer only if you answered "NO" to question #2</i> | | |
| Are you willing and able to secure a Commercial Drivers License (CDL)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If necessary, can you supply your own transportation for work use? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been employed by the State of Ohio or any County of Ohio? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a Felony? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Can you perform the job related requirements of the specific job for which you are applying? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to questions 4 and 5 or "NO" to question 6, please explain fully below, indicating by number to which question you are responding.

I AM CURRENTLY A SPECIAL DEPUTY SHERIFF FOR FRANKLIN COUNTY.

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand and agree any misstatement or omission of fact on this application will cause forfeiture on my part of all rights of employment with Delaware Co. I further agree to be fingerprinted, and to furnish such proof of age and citizenship as may be directed. I also understand and agree that all applicants conditionally selected for this position will be required to submit to a urinalysis test for illegal drug use, and to a complete medical examination prior to appointments. A conditional offer of employment shall be rescinded for an applicant with a positive urinalysis test and/or who failed a complete medical examination. **ADDITIONAL COMMENTS MAY BE ATTACHED ON A SEPARATE SHEET OF PAPER**

Signature: [REDACTED]

Date: 5-9-99

EXPERIENCE CONTINUED:

Employer's name and address REMINGTON STATION APARTMENTS / 6415 TURTLE STATION COLS., OH. 43081

Length of employment FROM: mo. JULY yr. 96 TO: mo. SEPTEMBER yr. 96

Reason for leaving: SCHOOL

Position Title: MAINTENANCE MAN Salary: beginning \$7.00 ending: \$7.00

Duties Performed: PREPARED VACANT APARTMENTS FOR OCCUPANCY.

...s you have for the position
...s which have taught you qualifying

AFT. APPROXIMATELY OVER
LDON COUNTY SHERIFFS OFFICE.

Employer's name and address WALTER J. ENGEL INCORPORATE / 1500 N. CASSIDY AVE. COLS., OH. 43219

Length of employment FROM: mo. JULY yr. 95 TO: mo. AUGUST yr. 95

Reason for leaving: SCHOOL

Position Title: MAINTENANCE MAN Salary: beginning \$5.50 ending: \$5.50

Duties Performed: REGULAR MAINTENANCE DUTIES AROUND THE CORPORATION.

...employment. If the title and duties
...rly and as separate employment.
NOTE: A resume may not be

VALNOT RD. GENEVA OH. 43021

CURRENT yr. _____

ending: _____

If the position for which you are applying includes driving, have you received any vehicle citations for moving violations within the last 5 years? (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate.

1995 I WAS ISSUED A FAIL TO YIELD CITATION OUT OF AN ACCIDENT.

Yes [] No

Do you claim veterans service preference? If Yes, attach a copy of your DD214 Form to this application. If you claim disability preference, attach a copy of your Veterans Administration 802 Form to this application. (It must not be more than six months old.)

[] Yes No Verified by: _____

Have you ever been convicted of a felony or misdemeanor or been on parole or probation? List all convictions after your 18 birthday. (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate

[] Yes No

5TH ST. COLS., OH 43215

CURRENT yr. _____

ending: _____

DELAWARE COUNTY EMPLOYMENT APPLICATION

22 Court Street, Delaware, Ohio 43015
AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

Are You Interested In:	Yes	No	EMPLOYER USE ONLY DO NOT WRITE IN THIS AREA		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accepted <input checked="" type="checkbox"/>	Not Accepted <input type="checkbox"/>	Late filing <input type="checkbox"/>
	Full Time Work?	<input checked="" type="checkbox"/>	Department	SO	
	Part Time Work?	<input type="checkbox"/>	Supervisor	Maj. Barchers	
	Temporary Work?	<input type="checkbox"/>	Start Date	7/24/00	Rate of pay
Summer Work?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Job Title	Deputy Sheriff	

All applicants tentatively selected for this position will be required to submit to urinalysis to test for illegal drug use prior to appointments. An applicant with a positive test shall not be offered employment.

Please Note:

1. A separate application is required for each position
2. All applications must be filed in the Personnel Office of the County
3. If applications are mailed, they must be post marked no later than midnight on the final date for filing.

POSITION APPLYING FOR: DEPUTY SHERIFF (PATROL) EXPECTED SALARY OPEN

Name [REDACTED] [REDACTED] [REDACTED] Social Security No. [REDACTED]

Address [REDACTED] [REDACTED] WESTERVILLE OH 43081

Home Phone [REDACTED] Business Phone () _____

EDUCATION:

Do you have a High School Diploma or G.E.D. certificate? YES [] NO
If NO, circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12

List below all course work, special training or seminars that you have taken that relate to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned.

NAME AND ADDRESS OF SCHOOL, VOCATIONAL SCHOOL OR COLLEGE	TITLE OF COURSES TAKEN OR MAJOR	Did You Graduate?	CERTIFICATES, DEGREES, ETC. (IF YOU ATTENDED UNDER ANOTHER NAME, PLEASE INDICATE)
COLUMBUS STATE COMMUNITY 550 E. SPRING ST. COLS. OH. 43215	LAW ENFORCEMENT	YES	ASSOCIATE OF SCIENCE
CENTRAL OHIO POLICE OFFICER TRAINING ACADEMY 13493 NATIONAL RD SW REYNOLDSBURG OH. 43018	OHIO PEACE OFFICER TRAINING	YES	OHIO PEACE OFFICER BASIC TRAINING CERTIFICATE

Professional License or Certificate or Other Credential, If Required for this Position	Description	Number	By Whom Issued	Expiration Date	Verified By:
OHIO PEACE OFFICER TRAINING CERTIFICATE					

Please list below the specific course work areas relevant to the position for which you are applying. Also, indicate the number of courses you have successfully completed in each area.

CRIMINALISTICS - 2, JUVENILE DELINQUENCY - 2, ORC - 1, CRISIS INTERVENTION - 1, CRIMINOLOGY - 1, PATROL PROCEDURES - 1,
COMMUNITY RELATION - 1, CULTURAL DIVERSITY - 1, CRIMINAL PROCEDURES - 1, TRAFFIC ACCIDENT INVESTIGATION - 1,
CRIMINAL INVESTIGATIONS - 2. (ABOVE COURSES TAKEN AT COLUMBUS STATE IN ADDITION TO THOSE TAKEN AT CPOTA)

EXPERIENCE CONTINUED:

Employer's name and address REMINGTON STATION APARTMENTS / 5415 TURTLE STATION COLS. OH. 43081
 Length of employment FROM: mo. 7 yr. 96 TO: mo. 9 yr. 96
 Reason for leaving: SCHOOL
 Position Title: MAINTENANCE MAN Salary: beginning \$7.00 ending: \$7.20
 Duties Performed: PREPARED VACANT APARTMENTS FOR OCCUPANCY.

Employer's name and address _____
 Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____
 Reason for leaving: _____
 Position Title: _____ Salary: beginning _____ ending: _____
 Duties Performed: _____

If the position for which you are applying includes driving, have you received any vehicle citations for moving violations within the last 5 years? (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate.
 Yes No *1995 I WAS ISSUED A FAIL TO YIELD CITATION OUT OF A NON-INJURY ACCIDENT.*

Do you claim veterans service preference? If Yes, attach a copy of your DD214 Form to this application. If you claim disability preference, attach a copy of your Veterans Administration 802 Form to this application. (It must not be more than six months old.)
 Yes No Verified by: _____

Have you ever been convicted of a felony or misdemeanor or been on parole or probation? List all convictions after your 18 birthday. (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate
 Yes No

Professional License or Certificate or Other Credential, If Required for this Position	Description	Number	By Whom Issued	Expiration Date	Verified By:
<u>RIOO PEACE OFFICER TRAINING CERTIFICATE</u>					

Please list below the specific course work areas relevant to the position for which you are applying. Also, indicate the number of courses you have successfully completed in each area.
CRIMINALISTICS - 2, JUVENILE DELINQUENCY - 2, ORC - 1, CRISIS INTERVENTION - 1, CRIMINOLOGY - 1, PATROL PROCEDURES - 1, COMMUNITY RELATION - 1, CULTURAL DIVERSITY - 1, CRIMINAL PROCEDURES - 1, TRAFFIC ACCIDENT INVESTIGATION - 1, CRIMINAL INVESTIGATIONS - 2. (ABOVE COURSES TAKEN AT COLUMBUS STATE IN ADDITION TO THOSE TAKEN AT OPOTA)

REFERENCES:

Please list the names and addresses of three individuals, other than a relative, whom we may contact for a professional reference.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
DEPUTY MICHAEL PENNINGTON	1105 W. MOUND ST.	COVS.	OH.	43003	(614) 462-3300
SGT. JAMES BROWN	1105 W. MOUND ST.	COVS.	OH.	43003	(614) 462-3300
CHIEF ROBERT TAYLOR	7049 BIG WALNUT RD.	GALENA.	OH.	43021	(740) 965-4840

MISCELLANEOUS:

The following information will be used only if it is directed related to the position for which you are applying:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. Do you have an Ohio Drivers License? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| License # [REDACTED] Class <u>D</u> Expiration Date <u>12/00</u> | | |
| <i>Answer only if you answered "NO" to question #1</i> | | |
| Are you willing and able to secure an Ohio Drivers License? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a Commercial Drivers License (CDL)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Answer only if you answered "NO" to question #2</i> | | |
| Are you willing and able to secure a Commercial Drivers License (CDL)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. If necessary, can you supply your own transportation for work use? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been employed by the State of Ohio or any County of Ohio? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a Felony? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Can you perform the job related requirements of the specific job for which you are applying? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to questions 4 and 5 or "NO" to question 6, please explain fully below, indicating by number to which question you are responding.

#4 - I AM CURRENTLY A SPECIAL DEPUTY FOR FRANKLIN COUNTY SHERIFF'S OFFICE

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand and agree any misstatement or omission of fact on this application will cause forfeiture on my part of all rights of employment with Delaware Co. I further agree to be fingerprinted, and to furnish such proof of age and citizenship as may be directed. I also understand and agree that all applicants conditionally selected for this position will be required to submit to a urinalysis test for illegal drug use, and to a complete medical examination prior to appointments. A conditional offer of employment shall be rescinded for an applicant with a positive urinalysis test and/or who failed a complete medical examination. **ADDITIONAL COMMENTS MAY BE ATTACHED ON A SEPARATE SHEET OF PAPER**

Signature: [REDACTED] Date: 12-27-99

EXPERIENCE CONTINUED:

Employer's name and address REMINGTON STATION APARTMENTS / 5415 TURTLE STATION COLS. OH. 43081

Length of employment FROM: mo. 7 yr. 96 TO: mo. 9 yr. 96

Reason for leaving: SCHOOL

Position Title: MAINTENANCE MAN Salary: beginning \$ 7.00 ending: \$ 7.00

Duties Performed: PREPARED VACANT APARTMENTS FOR OCCUPANCY.

you have for the position
s which have taught you qualifying

COUNTY SHERIFF'S OFFICE

Employer's name and address _____

Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving: _____

Position Title: _____ Salary: beginning _____ ending: _____

Duties Performed: _____

employment. If the title and duties
rly and as separate employment.
NOTE: A resume may not be

GALENA, OH. 43021

CURRENT yr. _____

ending: Time Status.

If the position for which you are applying includes driving, have you received any vehicle citations for moving violations within the last 5 years? (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space is not adequate.

Yes No

*1995 I WAS ISSUED A FAIL TO YIELD CITATION
OUT OF A NON-INJURY ACCIDENT.*

Do you claim veterans service preference? If Yes, attach a copy of your DD214 Form to this application. If you claim disability preference, attach a copy of your Veterans Administration 802 Form to this application. (It must not be more than six months old.)

Yes No Verified by: _____

Have you ever been convicted of a felony or misdemeanor or been on parole or probation? List all convictions after your 18 birthday. (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. Attach a separate sheet if this space in not adequate

Yes No

ST. COLS., OH. 43223

CURRENT yr. _____

ending: _____

Delaware County Sheriff's Office
Sheriff Russell L. Martin

Employee Performance Evaluation

Employee Name: [REDACTED]

Reviewing Supervisor: Lieutenant Ron Vogel

Review Period: November 1st, 2020 to October 31st, 2021

Employee Title: Deputy Sheriff- K9 Officer

Type of Review: Mid-Probation End of Probation Annual

Delaware County Sheriff's Office Vision Statement

Protecting People, Their Property, and Their Rights

Employee Performance Review Objectives:

This employee performance review should highlight the employee's strengths and successes and identify areas of growth, improvement and goal development.

This review is divided into the following sections:

1. Communication, Verbal & Written
2. Judgment, Decision Making and Reasoning
3. Knowledge & Competency
4. Productivity & Quantity of Work
5. Appearance & Professionalism

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

1. Communication, Verbal & Written

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Exhibits tact and consideration with internal and external customers	4
2. Displays a positive outlook and pleasant manner	4
3. Offers assistance and support to co-workers	4
4. Written work product is thorough and needs little to no editing	3
5. Accepts and applies feedback given for improvement	3
Score	18

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] works well with deputies on the scene. He uses his experience and interview techniques to help guide deputies on the handling of critical incidents. Deputy [REDACTED] always has a great attitude and works well with others. Deputy [REDACTED] is a wonderful assets to have in the field because of his knowledge and calm demeanor.

Please explain applicable goals in this area.

[REDACTED]

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

2. Judgment, Decision Making & Reasoning

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

Judgment, Decision Making & Reasoning	Rating
1. Makes decisions quickly and appropriately	4
2. Includes appropriate people in decision-making process	4
3. Exhibits sound judgment when interacting with co-workers and Supervisors	4
4. Looks for opportunities to advance skill set and knowledge base	3
5. When making mistakes, holds self accountable and asks for assistance from Supervisors	3
6. Makes routine decisions without assistance.	3
7. Perceives situations accurately	4
8. Relates past solutions to present situations	3
Score	28

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED]'s experience is valued by supervisors when he works with other deputies out in the field. Deputy [REDACTED] backs up other deputies during major incidents such as domestic violence, drug interdiction stops, and burglaries in progress. Besides using his dog to assist deputies, he also guides and takes a leadership role out in the field. I've personally observed Deputy [REDACTED] mentor younger deputies at the scene on the best course of action to take with high priority calls.

Please explain applicable goals in this area.

Continue to be a role model with the younger deputies by sharing his knowledge obtained from DTU and the drug task force.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

3. Knowledge & Competence

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Displays knowledge of Standard Operating Policies (SOP's)	4
2. Understands scope of position and duties	3
3. Demonstrates ability to apply current procedures to everyday job responsibilities	3
4. Is able to serve as a resource for newly hired employees	4
5. Handles confidential information professionally and appropriately	3
6. Work is neat, accurate and dependable	3
Score	20

In the space below briefly write any facts regarding the employee's communication.

Deputy [redacted] is very familiar with policy and assist other deputies on scene making sure they operate under the guidelines of proper searches & seizure and interview techniques. During incidents that require a radio Deputy [redacted]'s directives on the radio are clear, concise and organized towards deputies who are assisting him with the search.

Please explain applicable goals in this area.

Would like to see Deputy [redacted] provide additional tactical training to the newer deputies on the operation and how to handle has on deputies who assist him on a search or with perimeter.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

4. Productivity and Quality of Work

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1 Unsatisfactory	2 Needs Improvement	3 Performance is on Target	4 Exceeds Job Requirements	5 Outstanding

1. Consistently meets or exceeds goals	3
2. Portrays flexibility on the job and adjusts to changing expectations or duties with ease.	4
3. Displays drive and energy in accomplishing tasks	2
4. Strives to improve overall performance	3
5. Work product requires little oversight	3
6. Applies feedback given for improvement	4
7. Follows instructions, responds to Supervisor direction	4
Score	23

In the space below briefly write any facts regarding the employee's communication.

Deputy [redacted] is always willing to help and is very respectful to his co-workers and supervisors, and is always open to feedback or constructive criticism. Deputy Johnson portrays much flexibility on the job, responding to DTU and IO call outs along with assisting the drug task force when needed. In addition to this Deputy [redacted] demonstrates more drive and energy towards his officer initiated duties such as traffic stops, building checks and drug interdiction.

Please explain applicable goals in this area.

Deputy [redacted] needs to be more proactive this year with his traffic stops and other officer initiated activities.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

5. Professionalism & Cooperation

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Maintains professional appearance	5
2. Appearance enables successful completion of job duties	4
3. Sets good examples and high standards for peers	3
4. Leads and motivates co-workers	3
5. Offers assistance and support to others	5
6. Shares credit and opportunities when appropriate	3
Score	23

In the space below briefly write any facts regarding the employee's communication.

Deputy [redacted] always looks professional and demonstrates a command presence when handling calls with other deputies. Deputy Johnson works well with others and has a great attitude. Deputy [redacted] is professional and able to communicate and interact well with the community during his K9 presentations brings a professional image to the Delaware County Sheriff's Office.

Please explain applicable goals in this area.

I would like to see Deputy [redacted] take a leadership class in the future. I believe this would help challenge and improve him professionally.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

List any contributions the employee has made to the DCSO beyond normal requirements.

Trained in building searches and Search & Seizure
 Officer in the Delaware County Tactical Unit
 Conducted field training with deputies on building searches, and search & seizure.
 Currently a certified canine evaluator

Goals for the next measureable performance period.

Employee's goals for him/herself:

Remain proficient throughout the year.

Supervisor's goals for employee:

Continue to share his knowledge from DTU and drug interdiction with the younger deputies.
 Participate in field training.
 Increase his field related activity through traffic stops, drug interdiction and field interrogations.

Final Score

1. Communication, Verbal & Written	25	18
2. Judgment, Decision Making & Reasoning	40	28
3. Knowledge & Competency	30	20
4. Productivity & Quality of Work	35	23
5. Professionalism & Cooperation	30	23
TOTAL	160	112
Average of Sections = Total Average Score		3.47

Signature Page

Employee: I have been presented with and have reviewed this evaluation. All items covered have been discussed fully with me and I have been encouraged to make comments. I realize that my signature does not imply that I am in agreement with the review.

[Redacted] Signature

3/19/22

Date

Comments:



Reviewing Supervisor: I have discussed all items reviewed on this appraisal with the employee and have encouraged him/her to respond to any conclusions or recommendations made.

Kevin Z. Turner #05547

Reviewing Supervisor Signature

3-19-22

Date

Lt. Ron Vogel 035

Additional Command Staff Signature

3-19-2022

Date

LT. D. BUTNER

Additional Command Staff Signature

3.20.2022

Date

Delaware County Sheriff's Office
Sheriff Russell L. Martin



Employee Name: [REDACTED] # [REDACTED]

Reviewing Supervisor: **Sergeant Shawn Wade & Joshua Clarke**

Review Period: **November 2019 through November 2020**

Employee Title: **K-9 Deputy Sheriff**

Type of Review: Mid-Probation End of Probation Annual



Protecting People, Their Property, and Their Rights

Employee Performance Review Objectives:

This employee performance review should highlight the employee's strengths and successes and identify areas of growth, improvement and goal development.

This review is divided into the following sections:

1. Communication, Verbal & Written
2. Judgment, Decision Making and Reasoning
3. Knowledge & Competency
4. Productivity & Quantity of Work
5. Appearance & Professionalism

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

1. Communication, Verbal & Written

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Exhibits tact and consideration with internal and external customers	3
2. Displays a positive outlook and pleasant manner	3
3. Offers assistance and support to co-workers	4
4. Written work product is thorough and needs little to no editing	3
5. Accepts and applies feedback given for improvement	3
Score	16

In the space below briefly write any facts regarding the employee's communication.

Please explain applicable goals in this area.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

2. Judgment, Decision Making & Reasoning

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1 Unsatisfactory	2 Needs Improvement	3 Performance is on Target	4 Exceeds Job Requirements	5 Outstanding

1. Makes decisions quickly and appropriately	3
2. Includes appropriate people in decision-making process	3
3. Exhibits sound judgment when interacting with co-workers and Supervisors	3
4. Looks for opportunities to advance skill set and knowledge base	3
5. When making mistakes, holds self accountable and asks for assistance from Supervisors	3
6. Makes routine decisions without assistance.	3
7. Perceives situations accurately	4
8. Relates past solutions to present situations	4
Score	26

In the space below briefly write any facts regarding the employee's communication.

Please explain applicable goals in this area.

Continue to do well in this area.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

3. Knowledge & Competence

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Displays knowledge of Standard Operating Policies (SOP's)	3
2. Understands scope of position and duties	4
3. Demonstrates ability to apply current procedures to everyday job responsibilities	3
4. Is able to serve as a resource for newly hired employees	3
5. Handles confidential information professionally and appropriately	3
6. Work is neat, accurate and dependable	3
Score	19

In the space below briefly write any facts regarding the employee's communication.

Please explain applicable goals in this area.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

4. Productivity and Quality of Work

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Consistently meets or exceeds goals	3
2. Portrays flexibility on the job and adjusts to changing expectations or duties with ease.	3
3. Displays drive and energy in accomplishing tasks	3
4. Strives to improve overall performance	3
5. Work product requires little oversight	4
6. Applies feedback given for improvement	3
7. Follows instructions, responds to Supervisor direction	3
Score	22

In the space below briefly write any facts regarding the employee's communication.

Please explain applicable goals in this area.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

5. Professionalism & Cooperation

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success	Performance is on Target	Performance is on Target	Key Contributor Who Consistently Performs at a High Level	Key Contributor Who Consistently Performs at a High Level
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Maintains professional appearance	4
2. Appearance enables successful completion of job duties	3
3. Sets good examples and high standards for peers	3
4. Leads and motivates co-workers	3
5. Offers assistance and support to others	4
6. Shares credit and opportunities when appropriate	3
Score	20

In the space below briefly write any facts regarding the employee's communication.

Please explain applicable goals in this area.

Delaware County Sheriff's Office
Sheriff Russell L. Martin

List any contributions the employee has made to the DCSO beyond normal requirements.

[Redacted area]

Goals for the next measureable performance period.

Employee's goals for him/herself:

[Redacted area]

Supervisor's goals for employee:

[Redacted area]

[Redacted area]

1. Communication, Verbal & Written	25	16
2. Judgment, Decision Making & Reasoning	40	26
3. Knowledge & Competency	30	19
4. Productivity & Quality of Work	35	22
5. Professionalism & Cooperation	30	20
TOTAL	160	103

Signature Page

Employee: I have been presented with and have reviewed this evaluation. All items covered have been discussed fully with me and I have been encouraged to make comments. I realize that my signature does not imply that I am in agreement with the review.

Signature

1/8/2021
Date

Comments:



Reviewing Supervisor: I have discussed all items reviewed on this appraisal with the employee and have encouraged him/her to respond to any conclusions or recommendations made.

[Signature]
Reviewing Supervisor Signature

1/8/21
Date

Lt. Ron Van 035RV
Additional Command Staff Signature

1-8-21
Date

[Signature] Lt. D. Butler
Additional Command Staff Signature

1-10-2021
Date

Delaware County Sheriff's Office
Sheriff Russell L. Martin

Employee Performance Evaluation

Employee Name:



Reviewing Supervisor: **Sgt. Joshua Clarke, Sgt. Jason Passet**

Review Period: **November 2018 - November 2019**

Employee Title: **Deputy Sheriff**

Type of Review: Mid-Probation End of Probation Annual

Delaware County Sheriff's Office Vision Statement

Protecting People, Their Property, and Their Rights

Employee Performance Review Objectives:

This employee performance review should highlight the employee's strengths and successes and identify areas of growth, improvement and goal development.

This review is divided into the following sections:

1. Communication, Verbal & Written
2. Judgment, Decision Making and Reasoning
3. Knowledge & Competency
4. Productivity & Quantity of Work
5. Appearance & Professionalism

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

1. Communication, Verbal & Written

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Exhibits tact and consideration with internal and external customers	4
2. Displays a positive outlook and pleasant manner	3
3. Offers assistance and support to co-workers	3
4. Written work product is thorough and needs little to no editing	3
5. Accepts and applies feedback given for improvement	3
Score	16

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] does a good job with interacting with others.

Please explain applicable goals in this area.

[REDACTED]

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

2. Judgment, Decision Making & Reasoning

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1 Unsatisfactory	2 Needs Improvement	3 Performance is on Target	4 Exceeds Job Requirements	5 Outstanding

1. Makes decisions quickly and appropriately	3
2. Includes appropriate people in decision-making process	3
3. Exhibits sound judgment when interacting with co-workers and Supervisors	3
4. Looks for opportunities to advance skill set and knowledge base	3
5. When making mistakes, holds self accountable and asks for assistance from Supervisors	3
6. Makes routine decisions without assistance.	3
7. Perceives situations accurately	3
8. Relates past solutions to present situations	3
Score	24

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] is a good employee who exhibits sound judgment.

Please explain applicable goals in this area.

Continue to perform well in this area.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

3. Knowledge & Competence

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Displays knowledge of Standard Operating Policies (SOP's)	3
2. Understands scope of position and duties	3
3. Demonstrates ability to apply current procedures to everyday job responsibilities	3
4. Is able to serve as a resource for newly hired employees	3
5. Handles confidential information professionally and appropriately	3
6. Work is neat, accurate and dependable	3
Score	18

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] is a competent employee

Please explain applicable goals in this area.

Continue to perform well in this area

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

4. Productivity and Quality of Work

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Consistently meets or exceeds goals	3
2. Portrays flexibility on the job and adjusts to changing expectations or duties with ease.	4
3. Displays drive and energy in accomplishing tasks	3
4. Strives to improve overall performance	3
5. Work product requires little oversight	3
6. Applies feedback given for improvement	3
7. Follows instructions, responds to Supervisor direction	3
Score	22

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] is a K-9 handler and serves on the tactical unit. As such, it is hard to truly compare his statistics to other deputies on the shift. Deputy [REDACTED] is regularly involved in a variety of training and call-outs and is active in that regard.

Please explain applicable goals in this area.

We would like to see Deputy [REDACTED] try to improve in his traffic interdiction over the next evaluation period.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

5. Professionalism & Cooperation

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Maintains professional appearance	3
2. Appearance enables successful completion of job duties	3
3. Sets good examples and high standards for peers	3
4. Leads and motivates co-workers	3
5. Offers assistance and support to others	4
6. Shares credit and opportunities when appropriate	3
Score	19

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] is willing to assist other co-workers and regularly responds to calls/stops

Please explain applicable goals in this area.

Continue to perform well in this area

Delaware County Sheriff's Office
Sheriff Russell L. Martin

List any contributions the employee has made to the DCSO beyond normal requirements.

Deputy [REDACTED] is a flexible employee who is involved with a variety of roles for this office. He is able to perform well in these other avenues. Deputy [REDACTED] is willing to help/assist other deputies on the shift. For the next performance period, we would like to see Deputy Johnson get more involved in doing interdiction.

Goals for the next measureable performance period.

Employee's goals for him/herself:

Deputy [REDACTED] is a flexible employee who is involved with a variety of roles for this office. He is able to perform well in these other avenues. Deputy [REDACTED] is willing to help/assist other deputies on the shift. For the next performance period, we would like to see Deputy [REDACTED] get more involved in doing interdiction.

Supervisor's goals for employee:

Deputy [REDACTED] is a flexible employee who is involved with a variety of roles for this office. He is able to perform well in these other avenues. Deputy [REDACTED] is willing to help/assist other deputies on the shift. For the next performance period, we would like to see Deputy [REDACTED] get more involved in doing interdiction.

Final Score

1. Communication, Verbal & Written	25	16
2. Judgment, Decision Making & Reasoning	40	24
3. Knowledge & Competency	30	18
4. Productivity & Quality of Work	35	22
5. Professionalism & Cooperation	30	19
TOTAL	160	99
Points Received / Number of Sections – Total Average Score		3.07

Signature Page

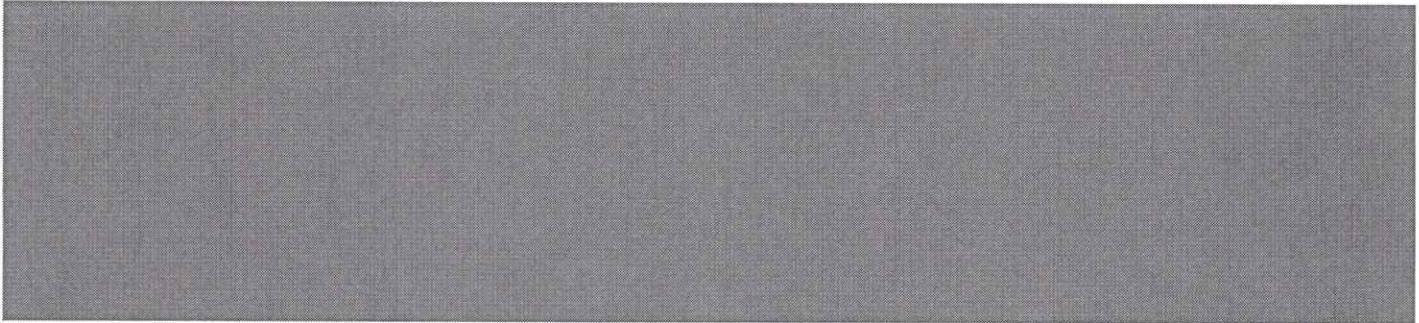
Employee: I have been presented with and have reviewed this evaluation. All items covered have been discussed fully with me and I have been encouraged to make comments. I realize that my signature does not imply that I am in agreement with the review.

Employee Signature

12/4/19

Date

Comments:



Reviewing Supervisor: I have discussed all items reviewed on this appraisal with the employee and have encouraged him/her to respond to any conclusions or recommendations made.

Sgt. [Signature] #22

Reviewing Supervisor Signature

12/4/19

Date

Lt. [Signature] #22

Additional Command Staff Signature

12.09.19

Date

Lt. [Signature] #22

Additional Command Staff Signature

1-26-20

Date

Delaware County Sheriff's Office
Sheriff Russell L. Martin



Employee Name: Deputy 

Reviewing Supervisor: Lieutenant David Buttler

Review Period: October 1, 2017 to October 1, 2018

Employee Title: Canine Unit, Patrol

Type of Review: Mid-Probation End of Probation Annual



Protecting People, Their Property, and Their Rights

Employee Performance Review Objectives:

This employee performance review should highlight the employee's strengths and successes and identify areas of growth, improvement and goal development.

- This review is divided into the following sections:**
1. Communication, Verbal & Written
 2. Judgment, Decision Making and Reasoning
 3. Knowledge & Competency
 4. Productivity & Quantity of Work
 5. Appearance & Professionalism

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

1. Communication, Verbal & Written

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Exhibits tact and consideration with internal and external customers	4
2. Displays a positive outlook and pleasant manner	4
3. Offers assistance and support to co-workers	4
4. Written work product is thorough and needs little to no editing	3
5. Accepts and applies feedback given for improvement	3
Score	18

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] is tactful and considerate to his co-workers and their needs while at work. Deputy [REDACTED] routinely responds to calls for service, allowing for shift changes to occur and assists the sergeants as needed. Deputy [REDACTED] maintains the proper records for his canine through the K9 software, which is vital to the integrity of the unit. Deputy [REDACTED] accepts feedback for performance and applies the feedback to better himself, and the office.

Please explain applicable goals in this area.

Continue to maintain your command bearing and tact when dealing with the public and co-workers. Strive for excellence in your record keeping, due to the nature of the work involved and liability, keeping records for training and all activities is essential to maintain the integrity of the unit.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

2. Judgment, Decision Making & Reasoning

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Makes decisions quickly and appropriately	4
2. Includes appropriate people in decision-making process	4
3. Exhibits sound judgment when interacting with co-workers and Supervisors	3
4. Looks for opportunities to advance skill set and knowledge base	4
5. When making mistakes, holds self accountable and asks for assistance from Supervisors	4
6. Makes routine decisions without assistance.	4
7. Perceives situations accurately	4
8. Relates past solutions to present situations	4
Score	31

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] is currently assigned to the canine unit and the tactical team. As part of these assignments, he is required to make decisions regarding engagement, response to resistance and use of his canine. With the level of experience that he has in these fields, he is able to make the necessary decisions efficiently and quickly. Deputy [REDACTED] always ensures that he contacts me regarding changes in schedules and other needs for the unit. He recently became a K9 evaluator.

Please explain applicable goals in this area.

Deputy [REDACTED] attends additional training as it pertains to his assignment with the tactical unit. I would like to see him continue to further his knowledge in his canine capacity by finding additional courses in 2019 that will help him grow in his current assignment. He recently became a K9 evaluator, and I would like to see that he maintains proficiency in his newly acquired training skill.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

3. Knowledge & Competence

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Displays knowledge of Standard Operating Policies (SOP's)	4
2. Understands scope of position and duties	4
3. Demonstrates ability to apply current procedures to everyday job responsibilities	4
4. Is able to serve as a resource for newly hired employees	4
5. Handles confidential information professionally and appropriately	4
6. Work is neat, accurate and dependable	3
Score	23

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] has been assigned to this position for several years. During this time, he has grown to understand the nature of the work that he performs. He applies not only current office policy to the use of his canine partner, but utilizes current case law to make his decisions in every day responsibilities. Deputy [REDACTED] appropriately handles confidential information when assigned to assist the DTF, along with DTU.

Please explain applicable goals in this area.

Continue to advance your knowledge in the role that you are assigned.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

4. Productivity and Quality of Work

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1 Unsatisfactory	2 Needs Improvement	3 Performance is on Target	4 Exceeds Job Requirements	5 Outstanding

1. Consistently meets or exceeds goals	4
2. Portrays flexibility on the job and adjusts to changing expectations or duties with ease.	3
3. Displays drive and energy in accomplishing tasks	3
4. Strives to improve overall performance	4
5. Work product requires little oversight	4
6. Applies feedback given for improvement	3
7. Follows instructions, responds to Supervisor direction	4
Score	25

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] is on par with the performance of deputies for the shift that he is assigned. He is flexible in his scheduling as it pertains to special events that the office receive and a canine is requested for speaking or public relations events. He also makes the appropriate adjustments to his schedule prior to DTU training days, which benefits 2nd shift. Deputy [REDACTED] shows drive in his dedication to the unit. His work requires little oversight as he keeps his supervisor aware of changes.

Please explain applicable goals in this area.

I would like to see you continue to work on interdiction on 3rd shift and assist the deputies of the shift with interdiction initiatives on the shift.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

5. Appearance, Professionalism & Cooperation

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS

Improvement is Essential for Job Success		Performance is on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Maintains professional appearance	4
2. Appearance enables successful completion of job duties	4
3. Sets good examples and high standards for peers	3
4. Leads and motivates co-workers	4
5. Offers assistance and support to others	4
6. Shares credit and opportunities when appropriate	4
Score	23

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] maintains an excellent uniform and professional appearance, as well as physical fitness, which is necessary for his assignment with DTU, but is helpful for his canine performance. He offers assistance to patrol, DTU and other agencies when necessary for the assistance of his canine partner. He worked with Deputy Gibson in 2018 to obtain necessary equipment for the unit, as well as new load bearing vests for daily use.

Please explain applicable goals in this area.

Ensure that you lead and inspire those who desire to be apart of the canine unit, by leading the way. This will further motivate others to have the same success that you have had and sets high standards and examples for your peers.

Delaware County Sheriff's Office
Sheriff Russell L. Martin

List any contributions the employee has made to the DCSO beyond normal requirements.

Deputy [REDACTED] is a current certified evaluator for canines, certified through OPOTA. In this role, he is responsible for evaluating other agency canine performance and certify them to continue in their current role.

Goals for the next measureable performance period.

In 2019, I would like to see you continue to seek out additional training which will be beneficial to you in your current assignment.

Continue to promote a professional and positive image of the office in daily encounters with citizens, other officers and your peers.

I would encourage you to remain proficient with your new canine evaluator certification, as this will assist you in bettering yourself, the office and those that you are certifying as canine teams.

1. Communication, Verbal & Written	25	18
2. Judgment, Decision Making & Reasoning	40	31
3. Knowledge & Competency	30	23
4. Productivity & Quality of Work	35	25
5. Appearance & Professionalism	30	23
TOTAL	160	120
		3.77

Signature Page

Employee: I have been presented with and have reviewed this evaluation. All items covered have been discussed fully with me and I have been encouraged to make comments. I realize that my signature does not imply that I am in agreement with the review.



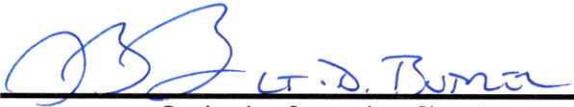
Employee Signature

12/18/18

Date

Comments:

Reviewing Supervisor: I have discussed all items reviewed on this appraisal with the employee and have encouraged him/her to respond to any conclusions or recommendations made.



Reviewing Supervisor Signature

12-18-18

Date



Additional Command Staff Signature

12/18/18

Date



Additional Command Staff Signature

12-18-18

Date

Delaware County Sheriff's Office
Sheriff Russell L. Martin

Employee Name: [REDACTED]

Reviewing Supervisor: Lieutenant David Buttler

Review Period: October 1, 2016 to October 31, 2017

Employee Title: Canine Unit - Patrol

Type of Review: Mid-Probation End of Probation Annual

Protecting People, Their Property, and Their Rights

Employee Performance Review Objectives:

This employee performance review should highlight the employee's strengths and successes and identify areas of growth, improvement and goal development.

This review is divided into the following sections:

1. Communication, Verbal & Written
2. Judgment, Decision Making and Reasoning
3. Knowledge & Competency
4. Productivity & Quantity of Work
5. Appearance & Professionalism

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

1. Communication, Verbal & Written

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success	Performance is on Target	Key Contributor Who Consistently Performs at a High Level		
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Exhibits tact and consideration with internal and external customers	3
2. Displays a positive outlook and pleasant manner	4
3. Offers assistance and support to co-workers	4
4. Written work product is thorough and needs little to no editing	3
5. Accepts and applies feedback given for improvement	3
Score	17

In the space below briefly write any facts regarding the employee's communication.

Deputy [REDACTED] is tactful and considerate to his co-workers and their needs while at work. Deputy [REDACTED] routinely responds to calls for service, allowing for shift changes to occur and assists the sergeants as needed. Deputy [REDACTED] maintains the proper records for his canine through the new K9 software, which is vital to the integrity of the unit. Deputy [REDACTED] accepts feedback for performance and applies this, as noted in a previous meeting regarding productivity.

Please explain applicable goals in this area.

Continue to maintain your command bearing and tact when dealing with the public and co-workers. Strive for excellence in your record keeping, due to the nature of the work involved and liability, keeping records for training and all activities is essential to maintain the integrity of the unit.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

2. Judgment, Decision Making & Reasoning

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success	Performance is on Target	Key Contributor Who consistently performs at a High Level		
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Makes decisions quickly and appropriately	4
2. Includes appropriate people in decision-making process	4
3. Exhibits sound judgment when interacting with co-workers and Supervisors	3
4. Looks for opportunities to advance skill set and knowledge base	3
5. When making mistakes, holds self accountable and asks for assistance from Supervisors	3
6. Makes routine decisions without assistance.	3
7. Perceives situations accurately	4
8. Relates past solutions to present situations	3
Score	27

In the space below briefly write any facts regarding the employee's judgement, decision making and reasoning.

Deputy [REDACTED] is currently assigned to the canine unit and the tactical team. As part of these assignments, he is required to make decisions regarding engagement, response to resistance and use of his canine. With the level of experience that he has in these fields, he is able to make the necessary decisions efficiently and quickly. Deputy [REDACTED] always ensures that he contacts me regarding changes in schedules and other needs for the unit.

Please explain applicable goals in this area.

Deputy [REDACTED] attends additional training as it pertains to his assignment with the tactical unit. I would like to see him further his knowledge in his canine capacity by finding additional courses in 2018 that will help him grow in his current assignment. These would be courses pertaining to search methods, search and seizure, drug identification, interdiction and other canine courses to meet this.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

3. Knowledge & Competence

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success	Performance is on Target	Performance is on Target	Key Contributor Who Consistently Performs at a High Level	Key Contributor Who Consistently Performs at a High Level
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Displays knowledge of Standard Operating Policies (SOP's)	3
2. Understands scope of position and duties	4
3. Demonstrates ability to apply current procedures to everyday job responsibilities	3
4. Is able to serve as a resource for newly hired employees	3
5. Handles confidential information professionally and appropriately	4
6. Work is neat, accurate and dependable	4
Score	21

In the space below briefly write any facts regarding the employee's knowledge and competence.

Deputy [REDACTED] has been assigned to this position for several years. During this time, he has grown to understand the nature of the work that he performs. He applies not only current office policy to the use of his canine partner, but utilizes current case law to make his decisions in every day responsibilities. Deputy [REDACTED] appropriately handles confidential information when assigned to assist the DTF, along with DTU.

Please explain applicable goals in this area.

Continue to advance your knowledge in the role that you are assigned. One of the goals which I believe will assist you in this is to work on becoming a canine evaluator. This will be beneficial in witnessing other working dogs and interact with other agencies as an evaluator. This will give you a foundation for your work within the unit.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

4. Productivity and Quality of Work

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement Essential for Job Success		Performance on Target	Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Consistently meets or exceeds goals	3
2. Portrays flexibility on the job and adjusts to changing expectations or duties with ease.	4
3. Displays drive and energy in accomplishing tasks	3
4. Strives to improve overall performance	3
5. Work product requires little oversight	4
6. Applies feedback given for improvement	3
7. Follows instructions, responds to Supervisor direction	3
Score	23

In the space below briefly write any facts regarding the employee's productivity and quality of work.

Deputy [REDACTED] is on par with the performance of deputies for the shift that he is assigned. He is flexible in his scheduling as it pertains to special events that the office receive and a canine is requested for speaking or public relations events. He also makes the appropriate adjustments to his schedule prior to DTU training days, which benefits 2nd shift. Deputy [REDACTED] shows drive in his dedication to the unit, renewing his commitment and receiving his current partner.

Please explain applicable goals in this area.

Although your performance is on par with the deputies assigned to 3rd shift, I would like to see you to be above par on activity as it pertains to interdiction. You are a leader for the office in the fact that you are assigned to two specialized units, which personnel strive for. By setting the standard for those to achieve, you are forging the future of the unit and the office.

Delaware County Sheriff's Office
 Sheriff Russell L. Martin

5. Appearance, Professionalism & Cooperation

Please use the following review ratings to summarize the employee's performance for the review period.

RATING METHODS				
Improvement is Essential for Job Success	Performance is on Target		Key Contributor Who Consistently Performs at a High Level	
1	2	3	4	5
Unsatisfactory	Needs Improvement	Performance is on Target	Exceeds Job Requirements	Outstanding

1. Maintains professional appearance	4
2. Appearance enables successful completion of job duties	3
3. Sets good examples and high standards for peers	3
4. Leads and motivates co-workers	3
5. Offers assistance and support to others	4
6. Shares credit and opportunities when appropriate	3
Score	20

In the space below briefly write any facts regarding the employee's appearance, professionalism and cooperation.

Deputy [REDACTED] maintains an excellent uniform and professional appearance, as well as physical fitness, which is necessary for his assignment with DTU, but is helpful for his canine performance. He offers assistance to patrol, DTU and other agencies when necessary for the assistance of his canine partner. I received a compliment from Deputy [REDACTED] regarding his assistance with a stranded motorist, which further enhanced the image of this office to the public.

Please explain applicable goals in this area.

As stated previously, you are a leader within this office, being part of two specialized units, the canine unit and DTU. Ensure that you lead and inspire those who desire to be apart of the canine unit, by leading the way. This will further motivate others to have the same success that you have had and sets high standards and examples for your peers.

Delaware County Sheriff's Office
Sheriff Russell L. Martin

List any contributions the employee has made to the DCSO beyond normal requirements.

Deputy [REDACTED] is a member of the Delaware Tactical Unit. As part of this unit and the canine unit, he is subject to call outs at random and odd hours. Deputy [REDACTED] goes beyond the normal requirements of a deputy by volunteering to be part of these units.

Goals for the next measureable performance period.

1. Continue to maintain your command bearing and tact when dealing with the public and co-workers. Strive for excellence in your record keeping, due to the nature of the work involved and liability, keeping records for training and all activities is essential to maintain the integrity of the unit.
2. Deputy [REDACTED] attends additional training as it pertains to his assignment with the tactical unit. I would like to see him further his knowledge in his canine capacity by finding additional courses in 2018 that will help him grow in his current assignment. These would be courses pertaining to search methods, search and seizure, drug identification, interdiction and other canine courses to meet this.
3. Continue to advance your knowledge in the role that you are assigned. One of the goals which I believe will assist you in this is to work on becoming a canine evaluator. This will be beneficial in witnessing other working dogs and interact with other agencies as an evaluator. This will give you a foundation for your work within the unit.
4. Although your performance is on par with the deputies assigned to 3rd shift, I would like to see you to be above par on activity as it pertains to interdiction. You are a leader for the office in the fact that you are assigned to two specialized units, which personnel strive for.

1. Communication, Verbal & Written	25	17
2. Judgment, Decision Making & Reasoning	40	27
3. Knowledge & Competency	30	21
4. Productivity & Quality of Work	35	23
5. Appearance & Professionalism	30	20
TOTAL	160	108

Delaware County Sheriff's Office
Sheriff Russell L. Martin

Signature Page

Employee: I have been presented with and have reviewed this evaluation. All items covered have been discussed fully with me and I have been encouraged to make comments. I realize that my signature does not imply that I am in agreement with the review.

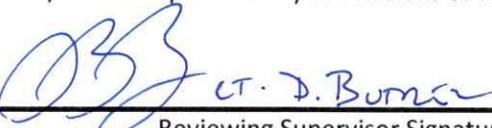
Signature

11/21/17

Date

Comments:

Reviewing Supervisor: I have discussed all items reviewed on this appraisal with the employee and have encouraged him/her to respond to any conclusions or recommendations made.



Reviewing Supervisor Signature

11-21-17

Date



Additional Command Staff Signature

11/29/17

Date



Additional Command Staff Signature

11-29-17

Date



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF WALTER L. DAVIS, III

Employee Performance Appraisal

Employee: [REDACTED] _____

Title: Deputy Sheriff _____

Division: Patrol _____

Date of Review: July 18th 2011 _____

Type of Review: Annual _____
(Mid probation, End of Probation, Annual)

Performance Period: From July 24th, 2010 To July 24th, 2011 _____

Reviewing Supervisor: Sergeant Larry Dore _____
Name

Brief Employee Job Description:

Conduct general patrol of an assigned district while remaining visible to the public and being observant of suspicious activity in the area. Respond to calls for service from citizens in the county. Enforce criminal and traffic laws and orders from the courts. Initiate and complete criminal investigations in a timely manner. Maintain a positive and professional attitude with persons that you interact with.

Employee Performance Review Objectives:

This employee performance review should highlight the employee's strengths and successes and identify areas that could use improvement.

This review is divided into the following sections:

1. Communication & Public Relations
2. Knowledge/Skills of Position Assigned
3. Initiative/SelfMotivation & Productivity
4. Professionalism/Teamwork
5. Accountability

Name: [REDACTED]

Date: 7/26/10

Communication & Public Relations

Performance Review Instructions: Please use the following review ratings to summarize the employee's performance for the review period. Please do not place a rating if the aspect of the job does not apply to the employee's duties.

1 = Unsatisfactory	2 = Needs Improvement	3 = Average	4 = Above Average	5 = Excellent
-----------------------	--------------------------	-------------	----------------------	---------------

Communication & Public Relations	Rating
1. Displays friendly/helpful attitude	4
2. Courteous and willing to assist	4
3. Acceptance of feedback	4
4. Communicates well with supervisors/co-workers	3
5. Communicates in an effective well written/spoken manner	4
6. Listens well and asks appropriate questions	3
7. Reviews letters, IOC's and reports to assure accuracy	3
8. Keeps supervisors and co-workers informed.	4

In the space below briefly write any comments/concerns regarding the employee's communication and public relation skills.

Deputy [REDACTED] has improved a lot in the area of speaking to citizens and groups while conducting demos with his police service dog.

Please explain at least one aspect the employee could improve upon.

Deputy [REDACTED]'s schedule is subject to change and sometimes at short notice. Deputy [REDACTED] works to make this happen. I would ask that he works on listening better to ensure he doesn't miss an event.

Knowledge/Skills of Position Assigned

Performance Review Instructions: Please use the following review ratings to summarize the employee's performance for the review period. Please do not place a rating if the aspect of the job does not apply to the employee's duties.

1 = Unsatisfactory	2 = Needs Improvement	3 = Average	4 = Above Average	5 = Excellent
-----------------------	--------------------------	-------------	----------------------	---------------

Knowledge/Skills of Position Assigned	Rating
1. Displays knowledge of Standard Operating Procedures (SOP's or SOPJ's)	4
2. Keeps proficient with procedures/law/office policies	4
3. Understands job responsibilities	4
4. Completes projects in a timely manner	4
5. Work is neat, accurate and dependable	4
6. Produces high quality work under various circumstances	4
7. Completes assigned task/duties	4
8. Aggressive and Attentive to duties	4
9. Applies thought and judgment to each task	4
10. Confidentiality conscience	4
11. Report writing/computer knowledge	3
12. Prisoner/Inmate contact transport/security	5
13. Proficiency of daily job performance	4
14. Deputy/Officer Safety	5
15. Investigative/follow up procedures	4
16. Operation and care of equipment	5
17. Knowledge of criminal/traffic laws	3

In the space below briefly write any comments/concerns regarding the employee's knowledge/skills of position assigned.

Deputy [REDACTED] takes great care of his issued cruiser every time I have checked it is very clean.

Please explain at least one aspect the employee could improve upon.

Deputy [REDACTED] should look to getting reports done quicker.

Initiative/Self Motivation & Productivity

Performance Review Instructions: Please use the following review ratings to summarize the employee's performance for the review period. Please do not place a rating if the aspect of the job does not apply to the employee's duties.

1 = Unsatisfactory	2 = Needs Improvement	3 = Average	4 = Above Average	5 = Excellent
-----------------------	--------------------------	-------------	----------------------	---------------

Initiative/Motivation & Productivity	Rating
1. Sound and logical decisions	4
2. Takes on tasks without direction (self initiated activities)	4
3. Strives to improve in job knowledge, responsibilities & continuous opportunities	4
4. Quality of work	4
5. Problem solving and decision making	4
6. Completes work accurately and neatly	4
7. Has ability to organize assignments	4
8. Applies thought and judgment to each task	4
9. Consistently meets or exceeds goals	4
10. Completes tasks in a timely manner	4
11. Adjust to increased work loads	3
12. Minimizes nonproductive activities	4
13. Generates projects on his/her own	3
14. Displays drive and energy in accomplishing tasks	3
15. Handles several responsibilities concurrently and comfortably	4
16. Displays positive attitude in completing work assignments	4

In the space below briefly write any comments/concerns regarding the employee's initiative/motivation and productivity.

Deputy [REDACTED] I feel makes good sound decisions when deploying his new K9 and assisting other units. He has canceled other units and taken their calls.

Please explain at least one aspect the employee could improve upon.

I feel that Deputy [REDACTED] is still struggling with his self initiated enforcement. Deputy [REDACTED] needs to get aggressive with his traffic enforcement.

Professionalism/Teamwork

Performance Review Instructions: Please use the following review ratings to summarize the employee's performance for the review period. Please do not place a rating if the aspect of the job does not apply to the employee's duties.

1 = Unsatisfactory	2 = Needs Improvement	3 = Average	4 = Above Average	5 = Excellent
-----------------------	--------------------------	-------------	----------------------	---------------

Professionalism/Teamwork	Rating
1. Works effectively with co-workers and supervisors	4
2. Displays personal and professional respect	4
3. Helps less experienced team members in carrying out their duties, making them a part of the team	4
4. Respectful to the public	4
5. Sets good examples and sets high standards for peers	4
6. Dress attire is always appropriate and professional	4
7. Takes pride in appearance of themselves and for the benefit of the office, insuring a positive image	4
8. Leads and motivates co-workers	3
9. Has a good demeanor when dealing with co-workers and the public	4
10. Shares credit and opportunities when appropriate	4
11. Displays focus between personal and team efforts	4
12. Helps others when needed	4
13. Understands the importance of working as a team	4
14. Has developed personal working relationships with co-workers and supervisors	4

In the space below briefly write any comments/concerns regarding the employee's professionalism and teamwork.

Deputy [REDACTED] displays a great professional appearance and is always a great team player.

Please explain at least one aspect the employee could improve upon.

I feel that Deputy [REDACTED] should look to being more outgoing, reach out to our newest deputies and get to know them and work with them on traffic enforcement.

Accountability

Performance Review Instructions: Please use the following review ratings to summarize the employee's performance for the review period. Please do not place a rating if the aspect of the job does not apply to the employee's duties.

1 = Unsatisfactory	2 = Needs Improvement	3 = Average	4 = Above Average	5 = Excellent
-----------------------	--------------------------	-------------	----------------------	---------------

Accountability	Rating
1. Use of sick time is at a minimum	5
2. Always arrives promptly and is prepared to work	4
3. Is considerate of the minimum requirements of the shift/position before utilizing other leave usage	3
4. Follows and displays understanding of office's standard operating procedures	4
5. Meets changing conditions and situations in work responsibilities	4
6. Works productively throughout the full work day	4
7. Makes appropriate arrangements when adverse weather conditions or other problems might cause a delay	4
8. Conforms to work hours and schedule	4
9. Displays professionalism in approach to work	4
10. Accepts responsibilities for all areas of the job	4
11. Does not make excuses for errors	4
12. Does not blame others for mistakes	4

In the space below briefly write any comments/concerns regarding the employee's accountability.

I feel that Deputy [REDACTED] displays good accountability when faced with this job.

Please explain at least one aspect the employee could improve upon.

Deputy [REDACTED] needs to work on staying on top of the changing hours in the K9 division. Deputy [REDACTED]'s hours are subject to change and mostly does a good job doing this.

Name: [REDACTED]

Date: 7/26/10

7

What contributions has the employee made to the Delaware County Sheriff's Office beyond their normal requirements of their position?

Deputy [REDACTED] has become very well in his position as a K9 handler. He is willing to work changing shifts with little hesitation. Deputy [REDACTED] carries himself well when being called to assist other agencies.

What is your concern with the employee's performance?

If I had to say anything that he needs to improve on it would be in traffic enforcement and officer initiated arrests. I would like to see Deputy [REDACTED] try and grab deputies while working on his shift and conduct some directed enforcement.

What would be your overall appraisal of the employee's performance?

Deputy [REDACTED] is a good part of our team and would like him to continue his work in this area. Deputy [REDACTED] is a very solid part of our team and works very well internally and with outside agencies.

What goals would you like to see the employee reach before the next appraisal period?

I would like to see Deputy [REDACTED] work on being well rounded getting into more officer initiated arrests.

Name: [REDACTED]

Date: 7/26/10

Reviewing Supervisor: I have discussed all items reviewed on this EPR with the named employee in a positive manner and have encouraged him/her to respond to any conclusions or recommendations made.

Reviewing Supervisor Lizzy Jone [Signature] 7-26-11
Name Signature Date

Employee: I have been presented with and have reviewed this appraisal. All items covered have been discussed fully with me and I have been encouraged to make comments. **I realize that my signature does not imply that I am in agreement with the review.**

Employee: [REDACTED] [REDACTED] 7/26/11
Name Date

Administrative Supervisor: I have discussed all items reviewed on this appraisal with the reviewing supervisor in a positive manner and have encouraged him/her to respond to any conclusions or recommendations.

Administrative Lieutenant: David Bomer [Signature] 7-27-11
Name Signature Date

Operations Commander: I have discussed all items reviewed on this appraisal with the reviewing supervisor in a positive manner and have encouraged him/her to respond to any conclusions or recommendations made.

Operations Commander: Carl Scvance [Signature] 07-27-11
Name Signature Date



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF WALTER L. DAVIS, III

Self Performance Appraisal

Employee: [REDACTED] _____

Title: DEPUTY _____

Division: PATROL _____

Date of Review: 7/14/11 _____

Type of Review: ANNUAL _____
(Mid probation, End of Probation, Annual)

Performance Period: From - 7/24/10 To- 7/24/11 _____

Supervisor: SGT. DORE _____

Brief Employee Job Description:

TAKE CALLS FOR SERVICE AND INVESTIGATE CRIMINAL OFFENSES.

Personal Performance Review Objectives:

This personal performance review should highlight your strengths and successes and identify areas that could use improvement.

This review is divided into the following sections:

1. Communication & Public Relations
2. Knowledge/Skills of Position Assigned
3. Initiative/Self Motivation & Productivity
4. Professionalism/Teamwork
5. Accountability

Name: _____ Date: 7/4/11

Please complete the following before completing the SPA.

	Yes	No
1. Do I know what is expected of me at work?	✓	
2. Do I have the materials and equipment I need to do my work right?	✓	
3. In the last seven days have I received recognition or praise for doing good work?	✓	
4. Am I respected by my supervisor and coworkers?	✓	
5. Does the mission of the Sheriff's Office make me feel my job is important?	✓	
6. Do I have adequate support from my supervisor?	✓	
7. Do I have adequate support from my co-workers?	✓	
8. Do I feel as if I am a valued member of the Sheriff's Office?	✓	
9. Do I have the training to do my job effectively?	✓	

If you answered no to any of the above questions provide a short explanation as to why.

Name: _____

Date: 7/14/11

Communication & Public Relations

Performance Review Instructions: Please use the following review ratings to summarize the personal performance for the review period. Please do not place a rating if the aspect of the job does not apply to your job duties.

1 = Unsatisfactory	2 = Needs Improvement	3 = Average	4 = Above Average	5 = Excellent
-----------------------	--------------------------	-------------	----------------------	---------------

Communication & Public Relations	Rating
1. Displays friendly/helpful attitude	4
2. Courteous and willing to assist	4
3. Acceptance of feedback	4
4. Communicates well with supervisors/co-workers	4
5. Communicates in an effective well written/spoken manner	4
6. Listens well and asks appropriate questions	3
7. Reviews letters, IOC's and reports to assure accuracy	4
8. Keeps supervisors and co-workers informed.	4

In the space below briefly write any comments/concerns regarding your communication and public relation skills.

I HAVE NO COMMENTS/CONCERNS REGARDING COMMUNICATION AND PUBLIC RELATIONS.

Please explain at least one aspect you could improve upon.

LISTENING BETTER AND ASKING BETTER QUESTIONS.

Name: [REDACTED] Date: 7/14/11

Knowledge/Skills of Position Assigned

Performance Review Instructions: Please use the following review ratings to summarize the personal performance for the review period. Please do not place a rating if the aspect of the job does not apply to your job duties.

1 = Unsatisfactory	2 = Needs Improvement	3 = Average	4 = Above Average	5 = Excellent
--------------------	-----------------------	-------------	-------------------	---------------

Knowledge/Skills of Position Assigned	Rating
1. Displays knowledge of Standard Operating Procedures (SOP's or SOPJ's)	4
2. Keeps proficient with procedures/law/office policies	4
3. Understands job responsibilities	4
4. Completes projects in a timely manner	4
5. Work is neat, accurate and dependable	4
6. Produces high quality work under various circumstances	4
7. Completes assigned task/duties	4
8. Aggressive and Attentive to duties	4
9. Applies thought and judgment to each task	4
10. Confidentiality conscience	4
11. Report writing/computer knowledge	4
12. Prisoner/Inmate contact transport/security	4
13. Proficiency of daily job performance	4
14. Deputy/Officer Safety	4
15. Investigative/follow up procedures	4
16. Operation and care of equipment	4
17. Knowledge of criminal/traffic laws	4

In the space below briefly write any comments/concerns regarding your knowledge/skills of position assigned.

I HAVE NO COMMENTS/CONCERNS REGARDING KNOWLEDGE/SKILLS OF MY ASSIGNED POSITION.

Please explain at least one aspect you could improve upon.

COMPLETING REPORTS IN A TIMELY MANNER.

Name: _____

Date: 6/14/11

Initiative/Self Motivation & Productivity

Performance Review Instructions: Please use the following review ratings to summarize the personal performance for the review period. Please do not place a rating if the aspect of the job does not apply to your job duties.

1 = Unsatisfactory	2 = Needs Improvement	3 = Average	4 = Above Average	5 = Excellent
-----------------------	--------------------------	-------------	----------------------	---------------

Initiative/Motivation & Productivity	Rating
1. Sound and logical decisions	4
2. Takes on tasks without direction (self initiated activities)	4
3. Strives to improve in job knowledge, responsibilities & continuous opportunities	4
4. Quality of work	4
5. Problem solving and decision making	4
6. Completes work accurately and neatly	4
7. Has ability to organize assignments	4
8. Applies thought and judgment to each task	4
9. Consistently meets or exceeds goals	4
10. Completes tasks in a timely manner	4
11. Adjust to increased work loads	4
12. Minimizes nonproductive activities	4
13. Generates projects on his/her own	4
14. Displays drive and energy in accomplishing tasks	4
15. Handles several responsibilities concurrently and comfortably	4
16. Displays positive attitude in completing work assignments	4

In the space below briefly write any comments/concerns regarding your initiative/motivation and productivity.

<i>I HAVE NO COMMENTS/CONCERNS REGARDING INITIATIVE, MOTIVATION, AND PRODUCTIVITY.</i>
--

Please explain at least one aspect you could improve upon.

<i>ORGANIZING REPORTS ! FOLLOW UPS.</i>

Name: [REDACTED] Date: 7/14/11

Professionalism/Teamwork

Performance Review Instructions: Please use the following review ratings to summarize the personal performance for the review period. Please do not place a rating if the aspect of the job does not apply to your job duties.

1 = Unsatisfactory	2 = Needs Improvement	3 = Average	4 = Above Average	5 = Excellent
-----------------------	--------------------------	-------------	----------------------	---------------

Professionalism/Teamwork	Rating
1. Works effectively with co-workers and supervisors	4
2. Displays personal and professional respect	4
3. Helps less experienced team members in carrying out their duties, making them a part of the team	4
4. Respectful to the public	4
5. Sets good examples and sets high standards for peers	4
6. Dress attire is always appropriate and professional	4
7. Takes pride in appearance of themselves and for the benefit of the office, insuring a positive image	4
8. Leads and motivates co-workers	4
9. Has a good demeanor when dealing with co-workers and the public	4
10. Shares credit and opportunities when appropriate	4
11. Displays focus between personal and team efforts	4
12. Helps others when needed	4
13. Understands the importance of working as a team	4
14. Has developed personal working relationships with co-workers and supervisors	4

In the space below briefly write any comments/concerns regarding your professionalism and teamwork.

I HAVE NO COMMENTS/CONCERNS REGARDING MY PROFESSIONALISM AND TEAMWORK.

Please explain at least one aspect you could improve upon.

MOTIVATING CO WORKERS

Name: _____ Date: 7/14/11

Accountability

Performance Review Instructions: Please use the following review ratings to summarize the personal performance for the review period. Please do not place a rating if the aspect of the job does not apply to your job duties.

1 = Unsatisfactory	2 = Needs Improvement	3 = Average	4 = Above Average	5 = Excellent
-----------------------	--------------------------	-------------	----------------------	---------------

Accountability	Rating
1. Use of sick time is at a minimum	5
2. Always arrives promptly and is prepared to work	4
3. Is considerate of the minimum requirements of the shift/position before utilizing other leave usage	4
4. Follows and displays understanding of office's standard operating procedures	4
5. Meets changing conditions and situations in work responsibilities	4
6. Works productively throughout the full work day	4
7. Makes appropriate arrangements when adverse weather conditions or other problems might cause a delay	4
8. Conforms to work hours and schedule	5
9. Displays professionalism in approach to work	4
10. Accepts responsibilities for all areas of the job	4
11. Does not make excuses for errors	4
12. Does not blame others for mistakes	4

In the space below briefly write any comments/concerns regarding your accountability.

I HAVE NO COMMENTS/CONCERNS REGARDING MY ACCOUNTABILITY

Please explain at least one aspect you could improve upon.

EXCEPTING CHANGING CONDITIONS AND SITUATIONS AT THE OFFICE.

Name: _____ Date: 7/14/11

What contributions have you made to the Delaware County Sheriff's Office beyond your normal requirements of your position?

FLEXING MY SCHEDULE AND FINDING CHILD CARE
TO MEET THE EXTRA REQUIREMENT OF K9 DEMOS AND SCHOOL SWEEPS.

What is your concern with your personal performance?

I HAVE NO CONCERNS WITH PERSONAL PERFORMANCE.

What would be your overall appraisal of your personal performance?

THAT I AM A HARD WORKER, I TRY MY BEST, AND TRY TO HAVE FUN.

What goals would you like to reach before the next appraisal period?

TO BE MORE PROFICIENT.

Employee: _____ Name _____ Date 7/14/11

Reviewing Supervisor: I have reviewed all items in this SPA provided by the above stated employee.

Reviewing Supervisor Larry Jones Name _____ Signature _____ Date 7-26-11



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF WALTER L. DAVIS, III

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

September 21, 2011

Deputy [REDACTED]
[REDACTED]

Westerville, Ohio 43081

Dear Deputy [REDACTED],

I would like to applaud you on a job well done. We received compliments from Lori Kane regarding the outstanding job you did with her son last year. Her son was attempting to commit suicide by running on to the rail road tracks near their home.

She greatly appreciated your professional attitude. According Ms. Kane, "It is important to me that these men be acknowledged because they made a huge difference in the life of my family, and my son, who now looks forward to a wonderful future." What a wonderful affirmation of the job you do!

I would like to personally thank you for your dedication as you continue to raise the bar. Ms. Kane's kind words are a reflection of your commitment to your position and our office.

Nice job and keep up the good work!

Sincerely,

A handwritten signature in black ink, appearing to read 'Walter L. Davis III'.

Sheriff Walter L. Davis III

cc: personnel file

WLDIII/jam

DELAWARE COUNTY SHERIFF'S OFFICE



Administration
149 N. Sandusky Street, 2nd Fl.
Delaware, Ohio 43015

Enforcement
844 US Highway 42 N
Delaware, Ohio 43015

Corrections
844 US Highway 42 N
Delaware, Ohio 43015

Telephone: 740-833-2800 Website: www.delawarecountysheriff.com

RECORD OF COMMUNICATION

Counseling/Coaching Commendable/Meritorious Act Complaint (internal/external)

FORM INITIATED BY:

FULL NAME (Please print)
Sergeant Kevin Turner

HOME ADDRESS [REDACTED]	APT #	CITY Delaware	STATE Ohio	ZIP 43015
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CELL PHONE #	HOME PHONE #	BUSINESS # 740 833-2810 ext. 3813
--------------	--------------	--------------------------------------

EMAIL ADDRESS
kturner@co.delaware.oh.us

LOCATION/EMPLOYEE INFORMATION

LOCATION OF INCIDENT Graphics Way Lewis Center, Ohio 43035	DATE OF INCIDENT 5/1/22	TIME OF INCIDENT 0130
---	----------------------------	--------------------------

EMPLOYEE NAME (if known) Steven Ridenour	RANK/TITLE Deputy	UNIT # 092SR	VEHICLE # (if applicable)
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EMPLOYEE NAME (if known) [REDACTED]	RANK/TITLE Deputy	UNIT # [REDACTED]	VEHICLE # (if applicable)
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EMPLOYEE NAME (if known)	RANK/TITLE	UNIT #	VEHICLE # (if applicable)
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DESCRIPTION OF CONDUCT

On 5/1/22, Deputy S. Ridenour made a traffic stop of a vehicle on Graphics Way, where the driver (Identified as Gilma Ochoa) reported to him that she had just been assaulted by her ex-boyfriend Adrian Cruz in a parking lot of a night club off of Busch Blvd. in Franklin County. Deputy [REDACTED] arrived at the traffic stop shortly thereafter and observed that Gilma's face showed evidence to support her claim that she was just assaulted. Deputy Ridenour contacted the Columbus City Police Department to advise them what was being reported and that our agency current has a warrant for Adrian's arrest stemming from a previous felonious assault to Gilma. As a result, CPD sent a Spanish-speaking officer to meet with Gilma so that they could

CONTINUE TO PAGE 2

CONDUCT CONTINUED

obtain further information. Gilma reported that Adrian had stolen her cell phone after assaulting her. The Columbus City Officer was able to use the "Where's my iPhone" app to track Adrian's current location and as a result, Adrian was taken into custody without incident.

This Record Of Communication is to acknowledge the outstanding police work that was done by Deputies Ridenour and [REDACTED]. Adrian is currently incarcerated and will likely be charged with attempted murder in the future.

For commendable/meritorious acts, **STOP HERE**. This form is separate from an Awards Nomination Form. To submit an Awards Nomination, see the Awards folder on the Public Drive.

If you are making a complaint against a sworn deputy, please read the following carefully:

By signing below, I am swearing that the facts listed above are true and accurate to the best of my knowledge. The Delaware County Sheriff's Office is committed to investigating employee misconduct. However, filing a false complaint is a crime (Ohio Revised Code 2921.15, a misdemeanor of the first degree). This information is given not to keep people from filing complaints but to inform them of the law.

COMPLAINANT SIGNATURE

DATE

OFFICE USE ONLY – FOR EXTERNAL COMPLAINTS

Information received by:

- Telephone*: Caller is advised of above statement when filing a complaint.
- Email/Social Media/Website submission
- In person

Any complaint received should be signed by the complainant.

CASE #

CITATION #

OTHER REF #

Delaware County Sheriff's Office employee(s) that are the subject of this record are:

- Sworn Personnel
- Non-Sworn Personnel

NAME OF PERSON RECEIVING INFORMATION

UNIT #

DATE

January 10, 2020

Dear Deputy Sheriff Rospert:

I wanted to sincerely thank you and your officers for the help you provide us during the early morning hours of December 27th.

I was honestly terrified about what was going on that morning, thinking that at any moment someone was going to break into our home. You and your officers arrived within minutes and went to work. You were able to calm us down, collect the evidence you needed, and apprehend the suspect. It was amazing work, and we will forever be grateful.

Thank you for doing a great job. We feel blessed knowing you are in our community.

Sincerely,



Trina Goethals
7515 Scioto Pkwy.,
Powell

19-607379

19-CARNE

41-EVANS

60-KRODIER

92-RIDENOUR

93-KAMERER

856-LAROSA



December 13, 2019

Sheriff Martin
Delaware County Sheriff's Office
149 North Sandusky Street
Delaware, OH 43015

Re: Deputy [REDACTED]

Dear Sheriff: *Russ,*

I would like to express my appreciation to you for allowing K9 Deputy [REDACTED] to conduct community policing activities for the residents of Delaware County, by assisting the Olentangy Local School District with random canine walk-throughs of our high schools and middle schools, whenever we request him. As you know, these walk-throughs are a proactive initiative we undertake in order to ensure that our schools remain safe learning environments. We very much appreciate the collaborative efforts of the Delaware County Sheriff's Office in promoting a drug-free learning environment here at Olentangy Schools.

As the Director of Safety, Security and Preparedness for Olentangy Schools, I have had the distinct pleasure of working with [REDACTED] at various times and venues throughout the school year. I value his professionalism and insight as we work together to make our schools safer for the 22,000 + students and 2,600 staff members.

Our tag line is "Olentangy Schools...Flourish Here;" Thank you for allowing Deputy [REDACTED] to assist the residents of Delaware County through the students/families that call Olentangy Schools home and for doing his part in enabling us to truly flourish.

V/r,

Joe Suozzi
Director of Safety, Security and Preparedness
Olentangy Schools
(740) 657-4050





CITY OF
POWELL POLICE DEPARTMENT
HONESTY • INTEGRITY • DEPENDABILITY

Gary L. Vest, Chief of Police

July 17, 2019

Sheriff Russell Martin
Delaware County Sheriff's Office
149 N Sandusky St 2nd Floor
Delaware OH 43015

Dear Sheriff Martin,

On behalf of the City of Powell Police Department, I would like to take this opportunity to extend our heartfelt appreciation for your assistance on July 9-10, 2019, in our missing juvenile case.

Specifically, I would like to thank Lieutenant David Buttler (CART), Deputies Troy Gibson (K9), Brandon Hunter (K9), [REDACTED] (K9), SRO Justin Peterson, and Analyst Brook Seggaard. Their contribution to the search effort was invaluable. We are also grateful for Chaplain James Meacham's role in the family notification.

Although the outcome was tragic, it was inspiring to experience the prompt, professional and compassionate response of so many agencies working together.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Hrytzik".

Stephen L. Hrytzik
Interim Chief

47 Hall Street • Powell Ohio 43065-8357 • Phone (614) 885-5005 • Fax (614) 885-5594





DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF WALTER L. DAVIS, III

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

May 5, 2010

Deputy [REDACTED]
[REDACTED]
Westerville, Ohio 43081

Dear Deputy [REDACTED],

I would like to applaud you on a job well done. We received compliments from Phillip Doyle regarding the outstanding job you did. He greatly appreciated your professional attitude while responding to a recent incident at his home. According to Mr. Doyle, "I only want to say that he could not have been more professional and handled the situation to my satisfaction! Quality people need recognition and I could only hope that this could be placed in his personnel file." What a wonderful affirmation of the great job you do!

I would like to personally thank you for your dedication as you continue to raise the bar. Mr. Doyle's kind words are a reflection of your commitment to your position and our office.

Nice job and keep up the good work!

Sincerely,

A handwritten signature in black ink, appearing to read "Sheriff W. L. Davis III".

Sheriff Walter L. Davis III

cc: personnel file

WLDIII/jam



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF WALTER L. DAVIS, III

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

December 22, 2010

Deputy [REDACTED]
[REDACTED]
Westerville, Ohio 43081

COPY

Dear Deputy [REDACTED]

I would like to applaud you on a job well done. We received compliments from Sheriff Barber regarding the aid that you and your fellow officers were able to give his office during their recent investigation. He was greatly appreciated your professional attitude during the investigation. According to Sheriff Barber, "The outstanding assistance provided by Jeff Bessinger, Jim Cuccarese, John Dillon, Larry Dore, Troy Gibson, Dave Johnson, Eric Overly, Randy Pohl, Rusty Yates and Detective Otto of your agency not only made a huge difference for our office, but also truly makes me proud to be part of Ohio's law enforcement family." What a wonderful affirmation of the job you do!

I would like to personally thank you for your dedication as you continue to raise the bar. Sheriff Barber's kind words are a reflection of your commitment to your position and our office.

Nice job and keep up the good work!

Sincerely,

A handwritten signature in black ink that reads "Sheriff WLD III".

Sheriff Walter L. Davis III

cc: personnel file

WLDIII/jam

OFFICE OF THE KNOX COUNTY SHERIFF

11540 Upper Gilchrist Road • Mount Vernon, Ohio 43050

Phone 740-397-3333

Fax 740-397-5277

Civil Process/Records
740-393-6802

Jail Division
740-392-JAIL (5245)

DAVID B. BARBER, SHERIFF

Administration

740-393-6800



An Internationally Accredited
Law Enforcement Agency

December 14, 2010

Sheriff Walter L. Davis, III
Office of the Delaware County Sheriff
149 North Sandusky Street
Delaware, Ohio 43015

Dear Sheriff Davis:

On Thursday November 11, 2010 an unimaginable tragedy unfolded in Knox County that changed many lives forever. From the horrific crime scene at an Apple Valley residence to the disappearance of two adult women, a ten year old boy and his thirteen year old sister.

Four days later, thirteen year old Sarah Maynard was found bound and gagged in the basement of the Knox County home of thirty year old convicted felon Matthew Hoffman. This child was held captive, abused and terrorized by Hoffman for four days until her rescue. Matthew Hoffman was arrested at the residence and is being held on kidnapping charges with additional charges forthcoming.

The unthinkable end in this case came one week after their disappearance when the dismembered bodies of Tina Herrmann, Kody Maynard and Stephanie Sprang were found in trash bags hidden in a hollow tree near Fredericktown twenty miles from their home.

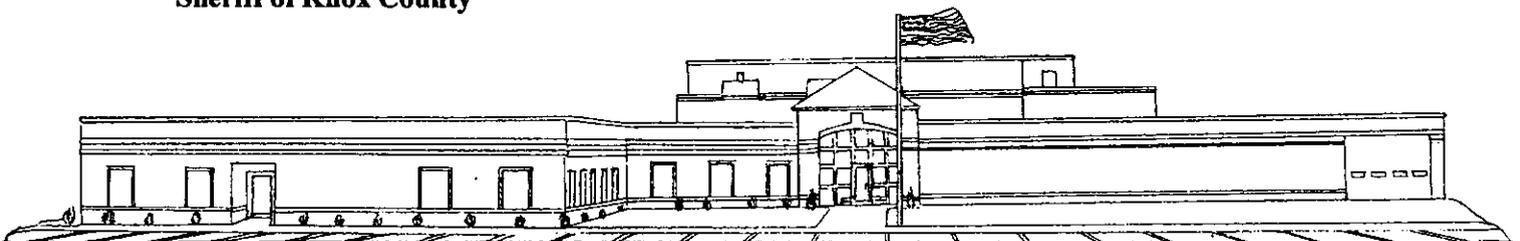
The outstanding assistance provided by Jeff Bessinger, Jim Cuccarese, John Dillon, Larry Dore, Troy Gibson, [REDACTED], Eric Overly, Randy Pohl, Rusty Yates and Detective Otto of your agency not only made a huge difference for our office, but also truly makes me proud to be part of Ohio's law enforcement family.

Please accept my heartfelt thanks on behalf of the families of Tina Herrmann, Kody and Sarah Maynard and Stephanie Sprang, along with my staff and all of Knox County for an outstanding job!

Sincerely,

A handwritten signature in black ink, appearing to read "D.B. Barber", is positioned above the typed name.

David B. Barber
Sheriff of Knox County



Lieutenant K. Savage

From: Sheriff Al Myers [sheriff@co.delaware.oh.us]
Sent: Monday, September 27, 2004 9:46 AM
To: Borchers, Gil; Randy Pohl; Schambs, Tim; Savage, Kevin; Vance, Scott
Cc: Chrissy Todd
Subject: FW: Thanks from a Grateful Resident of Delaware County

-----Original Message-----

From: Ashang@aol.com [mailto:Ashang@aol.com]
Sent: Saturday, September 25, 2004 10:06 PM
To: sheriff@co.delaware.oh.us
Subject: Thanks from a Grateful Resident of Delaware County

Dear Sheriff Meyers,

My wife and I offer our thanks for the service provided by your Deputies and Detectives in an assault on our daughter. You may remember the case in which she was beaten by her live-in boy friend for over an hour. Only after his 13 year old daughter called 911 and your Deputies responded, breaking down the apartment door, did the assault stop. I am absolutely certain that had the men and women in your department respond when they did, our daughter would have been murdered that night. The men and women of the Delaware County Sheriff's Department, at their own personal risk, saved our daughter's life.

We offer special thanks to Detective Tim Schambs who went well beyond the call of duty when working with us during a terribly difficult time. I met him for the first time in the ER at St. Anns that night and from the start he worked to help us by explaining what happened and how the legal process would work. In the days, weeks, and months leading up to the trial, Det. Schambs took several calls from me as I requested information about the legal process. The day following the attack, he took time to explain to us the awful stress our family would endure and that we had to stay focused on helping each other through this trying time. His insight was always correct and was instrumental in helping us understand and anticipate the family dynamics. As difficult as our time was, because of Det. Schambs, our pain was lessened.

Last, the EMS personnel were great, too. We have seen one of them, I don't know her name, from time to time in local restuarants and she always asks about our daughter and how she is doing.

We are very fortunate to live in Delaware County because of your department and the service they provide. Again, please accept our thanks and gratitude for the extraordinary service and care provided by your staff.

Respectfully,
Joe and Sherrin Parrott
228 Ridge Side Dr.
Powell, Ohio 43065

To: Sgt. Dave
Deputy
Deputy
Deputy
This will be placed in your personnel file
Thanks for the great job
Lt. Savage

TO: Delaware Co. S.O. - FAX# (740) 833-2799
FROM: CPD Sgt. Mark Miesse #5151, S-3-C
RE: Burglary Stop at Rt 315 + Ackerman Rd.

TO WHOM IT MAY CONCERN:

I LOOKED + FOUND LOCAL PICTURES ON YOUR 2
APPREHENSIONS - BCI + FBI #S ARE AT THE
TOP. DON'T KNOW IF IT'LL HELP BUT YOU HAVE
IT IF YOU NEED IT. LOOKS LIKE BOTH HAVE
EXTENSIVE ARRESTS FOR B+E, THEFT, ETC.

YOUR SGT + 2 DEPUTIES DID A FANTASTIC JOB.
BE CAREFUL.

Sgt Miesse #5151
(614) 645-6922
11P-7A OFF W/T

Sgt Springs
Dep [REDACTED]
Dep Gibson

WILLIAM J. OWEN
FIRST ASSISTANT

CHRISTOPHER D. BETTS
FRANK P. DARR
CANDACE C. GARRETT



THAYNE D. GRAY
MARIANNE T. HEMMETER
LEAH J. SELLERS
ALISON M. SKINNER
ROBERT F. VICK

DAVE YOST

DELAWARE COUNTY PROSECUTING ATTORNEY

May 24, 2004

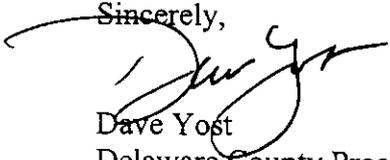
Deputy [REDACTED]
Delaware County Sheriff's Office
844 U.S. Route 42 North
Delaware, OH 43015

Dear Deputy [REDACTED]:

Thank you for your assistance in presenting the State's case against Douglas P. Stillman. Your testimony was highly important in helping the jury to find the truth regarding this man. As you are probably aware, he was convicted of all counts except attempted murder, and faces a possible maximum sentence of 33 years in prison. Although the sentencing is not likely to occur until June, I anticipate it will be many years before Mr. Stillman again has the opportunity to inflict injury on another woman.

On behalf of this office and the people of Delaware County, please accept my sincere thanks for your professionalism, your courage the night of November 30, 2003, and your strong testimony regarding the events of that night in the trial of *State of Ohio vs. Douglas P. Stillman*.

Sincerely,


Dave Yost
Delaware County Prosecuting Attorney

tls

cc: Sheriff Al Myers ✓
Lt. Kevin Savage



Division of Police
Chief Michael J. Clancey

February 22, 2005

Sheriff Al Myers
Delaware County Sheriff's Office
844 U.S. 42 North
Delaware, Ohio 43015

Re: Sergeant Robert Spring, #30
Deputy Darin Karbler, #47
Deputy [REDACTED]

Dear Sheriff Myers:

On September 25, 2004, members of the Delaware Tactical Unit competed in the 4th Annual Ohio Tactical Team Competition in Stryker, Ohio. Participating members included: Officer Ramon Diaz, Officer Mike Pavolino, Sergeant Robert Spring, Deputy Darin Karbler, and Deputy [REDACTED]. The events in this competition included Obstacle Course, Room Clearing, Precision Firearms and Quick Shoot. DTU placed second in the Obstacle Course; second in the Room Clearing; and took third place in the overall competition out of twelve participating teams.

This event tested and stressed the officers' skills and abilities to the maximum. During the competition it was very obvious just how fortunate the citizens of Delaware County and the City of Westerville are to have such truly motivated, professional, highly skilled and trained officers. It was an honor to compete with these dedicated men.

Sincerely,

Officer Mike Pavolino, #479
Westerville Division of Police



Mount Vernon

Office of the Chief of Police
5 North Gay Street
Mount Vernon, Ohio 43050-3241

Dear Sheriff,

I wanted to thank you personally for allowing your K-9 officer to assist the Mount Vernon Police Department with the tracking and capture of Tyrone Caldwell, who stabbed and killed 80yr old Marilyn Eversole on April 8th, 2014. In the early morning hours of April the 8th Caldwell, a local drug addict, broke into the residence of 80yr old Marilyn Eversole and stabbed her over 31 times, killing her just to steal her television from her apartment. During the crime, 67 year old home health nurse, Anita Spencer, arrived at the house to check on her client and also was violently attacked by Caldwell and he attempted to kill her as well. Fortunately, Anita was able to fight off the attacker and lock herself in a bathroom. Then with the help of an observant neighbor Caldwell fled the area after he knew he had been seen. Within an hour your officer along with several K-9 officers, that were training that day, responded to our city. The officer assisted us in tracking and arresting Caldwell in a wood line a short distance from his residence, which was less than a mile from the crime scene. Subsequently, Caldwell confessed and will be spending the rest of his life in prison for the crimes he committed. I wanted to let you know that I can't express how much it means to know that help like that is a mere phone call away anytime it is needed. Please pass this letter of thanks on to your officer along with our gratitude for the help. Gods speed and be safe.

Respectfully,

Detective Sergeant Matt Dailey

Mount Vernon Police Department



JOSEPH MORBITZER

Chief of Police

29 S. State Street
Westerville, Ohio 43081
t. 614.901.6469
f. 614.901-6465
e. joseph.morbitzer@westerville.org

July 1, 2014

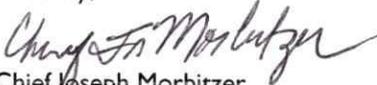
Sheriff Russ Martin
149 N Sandusky St
Delaware, OH 43015

Sheriff Martin

I would like to acknowledge two members of your staff for assisting our division in the apprehension of suspects involved in armed robberies in Westerville earlier this year. Deputy [REDACTED] and Deputy Derrick Keller were valuable members of the surveillance teams we established. With their assistance, and using predictive analysis, we were able to apprehend 3 felons that had been committing armed robberies within the central Ohio region.

This shows that cooperation between law enforcement agencies will produce measurable results, and keep all of our citizens as safe as possible. We will be recognizing Deputy Johnson and Deputy Keller at a city council meeting on Tuesday, September 2 at 7 pm at 21 S State St.

Sincerely,


Chief Joseph Morbitzer



EMPLOYEE RECOGNITION

Date of Incident/Activity: 2/5/14 Report # (if applicable): 14-03302
 Incident Location: Subway 495 S State

Personal Recognition	<i>Recognition of any employee for daily, routine activities –received via letter, phone call, or e-mail.</i>
Commendation	<i>Recognition of any employee for activities which significantly exceed daily routine, but do not go above and beyond the call of duty.</i>
Medal of Honor	<i>Awarded to any sworn officer for an act of heroism or service performed at great risk to his/her own safety or life, with full knowledge of the risk involved, in an effort to save human life.</i>
Legion of Honor	<i>Awarded to any sworn officer for an act of heroism extending above and beyond the normal call of duty or services performed at great risk to his/her own safety or life, in an effort to save human life.</i>
Combat Cross	<i>Awarded to any sworn officer for an act of extraordinary heroism or bravery while engaged in personal combat with an armed adversary where there is imminent personal hazard to life or injury in the performance of duty.</i>
Gallantry Star	<i>Awarded to any sworn officer for distinguished bravery in the arrest of a person(s) who was a major threat to the welfare of the community and/or the sworn officer.</i>
Wound Medal	<i>Awarded to any sworn officer who is wounded by an adversary, while in the performance of his/her duty, which results in a serious injury to the sworn officer.</i>
Lifesaving Medal	<i>Awarded to any employee for an act performed in the line of duty, which, through disregard of personal safety or prompt and alert action, results in saving a life.</i>
Exceptional Duty Award	<i>Awarded to a sworn officer for the performance of an act or acts (over a period of time) under conditions where bravery or other outstanding performance of duty brought personal public acclaim or recognition to the Division or the law enforcement profession in general. This is not considered above and beyond the call of duty.</i>
Honorable Service Award	<i>Awarded to any employee for an outstanding accomplishment that has resulted in improved administration, operations, or substantial savings in manpower or operational costs, where the employee has gone above and beyond the requirements of his/her assignment.</i>
Safe Driving Award	<i>Awarded to any employee who consistently operates a city vehicle in the normal course of duty and who has no at-fault accidents for a three year period.</i>
Educational Achievement	<i>Awarded to any employee upon satisfactory completion of an associate, bachelors, masters, or doctorate degree(s) at an accredited university, college, or technical school.</i>
Attendance Award	<i>Awarded to employees who do not use any sick leave in the course of the previous calendar year.</i>
Civilian Service Award	<i>Awarded to a private citizen or city employee who performs an act or acts of bravery in aiding (or attempting to aid) another citizen or sworn officer of the Division. Acts not amounting to bravery where necessary assistance is rendered to save the life of a citizen or sworn officer of the Division, or outstanding assistance rendered to the community or the Division are also considerations for the award.</i>
Patriot Award	<i>Awarded to any employee serving in the armed forces and called to active duty for a national or international event for a period that exceeds ninety (90) consecutive days.</i>
Mutual Aid Award	<i>Awarded to a sworn officer from another law enforcement agency who, while involved in aiding the Division, performed an act or acts, under conditions where bravery or other outstanding performance of duty brought personal public acclaim or recognition to the Division or law enforcement profession.</i>

Commendation	Det Joering, Davis, Wright, Ray, French, Officers Winters, Ryan, Jeffries, ██████████ Staysniak, Hord Add Rudd and McMillin per Asst Chief Scowden	
Mutual Aid	DSCO-Dep ██████████ Derrick Keller Del PD-Officer Jamie Brewbaker Genoa PD-Officer Jim McMillin Powell PD- Sergeant Scott Roach	
Choose Award...		

See narrative on reverse side of this page Supporting documentation is attached



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF WALTER L. DAVIS, III

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

December 22, 2010

Deputy [REDACTED]
[REDACTED]
Westerville, Ohio 43081

Dear Deputy [REDACTED]

I would like to applaud you on a job well done. We received compliments from Sheriff Barber regarding the aid that you and your fellow officers were able to give his office during their recent investigation. He was greatly appreciated your professional attitude during the investigation. According to Sheriff Barber, "The outstanding assistance provided by Jeff Bessinger, Jim Cuccarese, John Dillon, Larry Dore, Troy Gibson, Dave Johnson, Eric Overly, Randy Pohl, Rusty Yates and Detective Otto of your agency not only made a huge difference for our office, but also truly makes me proud to be part of Ohio's law enforcement family." What a wonderful affirmation of the job you do!

I would like to personally thank you for your dedication as you continue to raise the bar. Sheriff Barber's kind words are a reflection of your commitment to your position and our office.

Nice job and keep up the good work!

Sincerely,

A handwritten signature in black ink that reads "Sheriff WLD III".

Sheriff Walter L. Davis III

cc: personnel file

WLDIII/jam



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF WALTER L. DAVIS, III

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

May 5, 2010

Deputy [REDACTED]
[REDACTED]
Westerville, Ohio 43081

Dear Deputy [REDACTED],

I would like to applaud you on a job well done. We received compliments from Phillip Doyle regarding the outstanding job you did. He greatly appreciated your professional attitude while responding to a recent incident at his home. According to Mr. Doyle, "I only want to say that he could not have been more professional and handled the situation to my satisfaction! Quality people need recognition and I could only hope that this could be placed in his personnel file." What a wonderful affirmation of the great job you do!

I would like to personally thank you for your dedication as you continue to raise the bar. Mr. Doyle's kind words are a reflection of your commitment to your position and our office.

Nice job and keep up the good work!

Sincerely,

A handwritten signature in black ink, appearing to read "Walter L. Davis III".

Sheriff Walter L. Davis III

cc: personnel file

WLDIII/jam



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF WALTER L. DAVIS, III

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

May 5, 2010

Phillip Doyle
590 Pollock Rd.
Delaware, Ohio 43015

Dear Mr. Doyle,

Thank you for your kind words regarding the help that Deputy [REDACTED] was able give you during the recent incident at your residence. It was nice to hear that the men and women from our office are doing a great job. I will be forwarding on your positive comments to Deputy [REDACTED]. Our office strives to do our best everyday.

Thank you again for taking your time to let us know that we were able to assist you. Should you need anything from this office in the future, please don't hesitate to let me know.

Respectfully,

A handwritten signature in black ink, appearing to read "Walter L. Davis III".

Sheriff Walter L. Davis III

WLDIII/jam

McKenzie, Julie

From: Fransen, Judy
Sent: Monday, May 03, 2010 9:57 AM
To: McKenzie, Julie
Subject: FW: awesome job by your deputy

From: Buttler, Dave
Sent: Monday, May 03, 2010 9:55 AM
To: Davis, Walter
Cc: Fransen, Judy
Subject: RE: awesome job by your deputy

Sheriff,

I spoke to Mr. Doyle about this incident, and found that this was a neighbor dispute that Deputy Johnson responded to, where Mr. Doyle's neighbor was out in his own backyard beating on a 5 gallon gas can while Mr. Doyle was outside with his dog. When his neighbor began to beat on the gas can, Mr. Doyle's dog began to bark, where the neighbor threatened to shoot his dog, but did not see Mr. Doyle when the comment was made. Due to this and past history with his neighbor, Mr. Doyle contacted our office. He was pleased with the way that Deputy ██████ handled this situation and wanted to send his thanks so that Deputy ██████ could be commended for the way he handled the situation and explained Mr. Doyle's concerns to the neighbor. In looking at this and speaking to Mr. Doyle, it appears that we handled the situation appropriately.

Lieutenant David Buttler
Delaware County Sheriff's Office
Enforcement Division
844 U.S. 42 North
Delaware, Ohio 43015
740-833-2805
dbuttler@co.delaware.oh.us



From: Davis, Walter
Sent: Saturday, May 01, 2010 8:17 AM
To: Buttler, Dave
Cc: Fransen, Judy
Subject: FW: awesome job by your deputy

Good morning Lt. Buttler. Please follow-up with Mr. Doyle to make sure we did everything we're supposed to do regarding domestic violence calls.

Thanks...

Sheriff Walter L. Davis III
Delaware County Sheriff's Office
149 N. Sandusky Street
Delaware, OH 43015
(740) 833-2810

From: Phillip Doyle [mailto:pdoyle@marysvilleohio.org]
Sent: Saturday, May 01, 2010 12:00 AM
To: Davis, Walter
Cc: Floyd Golden
Subject: awesome job by your deputy

Sheriff I want to let you know that I am a police officer of over 13 year. on 4/30/10 I called your office for assistance. Dept. [REDACTED] arrived on a neighbor dispute. I only want to say that he could not have been more professional and handled the sutiation to my satafication! Quality people need reconization and I could ounly hope that this could be placed in is personal file. If for any reason you need to contact me my phone # is 614 402 9767.

McKenzie, Julie

From: Fransen, Judy
Sent: Monday, May 03, 2010 7:47 AM
To: McKenzie, Julie
Subject: FW: awesome job by your deputy

From: Davis, Walter
Sent: Saturday, May 01, 2010 8:17 AM
To: Buttler, Dave
Cc: Fransen, Judy
Subject: FW: awesome job by your deputy

Good morning Lt. Buttler. Please follow-up with Mr. Doyle to make sure we did everything we're supposed to do regarding domestic violence calls.

Thanks...

Sheriff Walter L. Davis III
Delaware County Sheriff's Office
149 N. Sandusky Street
Delaware, OH 43015
(740) 833-2810

From: Phillip Doyle [mailto:pdoyle@marysvilleohio.org]
Sent: Saturday, May 01, 2010 12:00 AM
To: Davis, Walter
Cc: Floyd Golden
Subject: awesome job by your deputy

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DELAWARE COUNTY SHERIFF'S OFFICE PHYSICAL FITNESS ASSESSMENT FORM

Original Test
 Re-Test

Name: _____ (Last) _____ (First) _____ (M.I.)

Rank: DEPUTY Sex: M F Date of Birth: 12/1/75 Age: 45

Age and Sex Minimum Scores							Assessment
	Males (<29)			Females (<29)			
		40%	50%	75%	40%	50%	75%
Sit-ups (1 min.)	38	40	46	32	35	42	30 # Sit-ups Completed
Push-ups (1 min.)	29	33	44	15	18	27	
1.5 Mile Run	12:29	11:58	10:34	15:05	14:15	12:07	
	Males (30-39)			Females (30-39)			30 # Push-ups completed
	40%	50%	75%	40%	50%	75%	
Sit-ups (1 min.)	35	36	42	25	27	33	
Push-ups (1 min.)	24	27	36	11	14	19	12:16 1.5 Mile Time
1.5 Mile Run	12:53	12:25	10:59	15:56	15:14	13:08	
	Males (40-49)			Females (40-49)			
	40%	50%	75%	40%	50%	75%	Overall (circle below) <39 - Attempted 40% - Passing 50% - Recommended 75% - Superior
Sit-ups (1 min.)	29	31	37	20	22	28	
Push-ups (1 min.)	18	21	29	9	11	15	
1.5 Mile Run	13:50	13:05	11:32	17:11	16:13	13:58	
	Males (50-59)			Females (50-59)			
	40%	50%	75%	40%	50%	75%	
Sit-ups (1 min.)	24	26	33	14	17	22	5-16-21 Date
Push-ups (1 min.)	13	15	24	12*	13*	20*	
1.5 Mile Run	15:14	14:33	12:37	19:10	18:05	15:47	
	Males (60+)			Females (60+)			Date 5/16/21 Date
	40%	50%	75%	40%	50%	75%	
Sit-ups (1 min.)	19	20	28	6	8	15	
Push-ups (1 min.)	10	15	22	5*	8*	15*	
1.5 Mile Run	17:19	16:19	13:58	20:55	20:08	17:34	

*Modified Push-Up

Fitness Specialist Signature
E _____

Date
5/16/21
Date

Delaware County

presents this

Certificate of Appreciation

to



In recognition of 20 years of valuable contribution to public service.

Date of hire 7/24/2000

Handwritten signature of Michael Frommer in blue ink.

Michael Frommer, County Administrator

Handwritten signature of Jeff Benton in black ink.

Jeff Benton, County Commissioner

Handwritten signature of Barb Lewis in black ink.

Barb Lewis, County Commissioner

Handwritten signature of Gary Merrell in black ink.

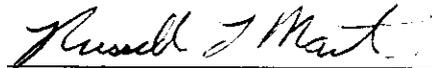
Gary Merrell, County Commissioner

Certificate of Appointment
Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF [REDACTED]
AS A DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

December 23, 2020

I do hereby appoint [REDACTED] as a Deputy Sheriff of Delaware County, Ohio. Said appointee is not a Judge of a County Court or Mayor.

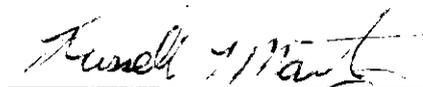


Sheriff of Delaware County, Ohio

I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed, so help me God.

x [REDACTED] _____

Sworn to before me by the said David Johnson and by him subscribed in my presence, this 23rd day of December, 2020.



Judge - Clerk (Sheriff)
Delaware County, Ohio



DELAWARE COUNTY SHERIFF'S OFFICE *SHERIFF RUSSELL L. MARTIN*

*Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809*

TAKE HOME VEHICLE AGREEMENT

Having given the appropriate consideration to recent interpretations of the Fair Labor Standards Act by the United States Department of Labor, the parties do hereby mutually agree to implement the following procedure relative to the use of a take home vehicle.

1. The vehicle is the property of the Delaware County Sheriff's Office and will be licensed in accordance with all state and local laws as such. The Sheriff's Office will provide all maintenance, fuel, and insurance. Employee agrees to conform to the Delaware County policy on periodic motor vehicle record checks and to report any motor vehicle citations to the employee's supervisor. In the event the IRS, the Ohio Department of Taxation, or any other similar entity determines that use of a car under this policy is a taxable benefit, employee acknowledges such a tax is solely the employee's responsibility and agrees to indemnify and hold harmless the Sheriff's Office and Delaware County.
2. The employee will be responsible for the cleanliness and with providing off street parking when the vehicle is not in service. All parking arrangements must be approved by division supervisors.
3. The employee's travel time to and from their normal duty assignment does not constitute any part of his/her shift.
4. The employee, if a sworn employee, agrees that while operating said vehicle to and from work they will respond and render service during any emergency call that has been dispatched to a duty unit, if the dispatched call is within 10 minutes' drive time of the employee's location at time of dispatch or if the deputy observes an emergency or a disabled vehicle (if operating a marked vehicle) while in route to or from work.
 - a. Response to an emergency or the rendering of assistance is in the capacity of securing the scene, providing backup to another officer or lending citizen assistance until an on-duty deputy arrives on the scene. At the time the on-duty deputy arrives, the off-duty deputy will be relieved unless the shift supervisor authorizes overtime due to incident needs.
5. The assignment of a take home vehicle is at the sole discretion of the Sheriff.
6. If the vehicle is placed out of service for any reason, it is the employee's responsibility to arrange for their transportation to and from work until said vehicle is returned to service.
7. All employees issued a take-home vehicle are required to reside within the 19.5 mile buffer as indicated by the attached map ([Take Home Vehicle 19.5 Buffer Map](#)). Eligibility will be based on the employee's permanent address of record. Those who

reside outside of this buffer may continue to do so provided that they reside at their current address through the term of their employment with the Delaware County Sheriff's Office. If the employee who resided outside of the buffer changes residence, they must relocate to be within the 19.5 mile radius to be eligible for a take home vehicle.

8. The use of the take home vehicle shall be for employment related and other authorized purposes and use for personal purposes is prohibited. Personal use does not include instances where the personal use is within Delaware County and minimal and incidental to authorized use. Employees are expressly prohibited from using assigned vehicle to make any non-employment related stops at drive through alcohol stores, businesses involving sexually oriented goods and services, and any casino, skilled game business, or any other similar type of business involving gambling. At no time can the deputy use the take home vehicle to transport family members, friends, etc. unless authorized by the Sheriff or his designee.



I will comply with the above agreement and the Sheriff's Office cruiser policy as outlined in S.O.P. #050, and it is incorporated into this agreement as if fully re-written herein. I also understand that the Sheriff has the right to revoke my privilege of an assigned take home vehicle at any time for any violation of office policy.

Employee's Printed Name

Unit Number

Employee

10/4/17

Date

Revised 8/2017



DELAWARE COUNTY SHERIFF'S OFFICE
SHERIFF RUSSELL L. MARTIN

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

Training Acknowledgment

October 2018 Fall In-Service

Sexual Harassment and Discrimination

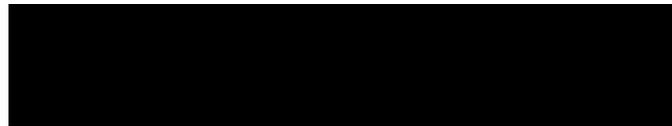
I confirm that I attended the training class(s) listed above. I listened, read, and understood the definition of the terms, training, the conduct expectations, and how to report inappropriate conduct. I understand that as an employee, it is my responsibility to abide by policy and procedures, in accordance with the training.

I understand it is my responsibility to seek clarification from the Human Resources Department.

Printed Name:	_____
Signature:	_____
Date of Attendance:	_____ 10/9/18 _____
Department:	_____ DC50 _____



Certificate of Achievement



— HAS SUCCESSFULLY COMPLETED TRAINING FOR —

Computer Security Basics

Local Gov 
affordable online learning for local governments

Earned: 09/03/2017
Number: f8a921afd6

Affordable e-learning Provided by LocalGovU



SPECIAL DEPUTATION APPOINTMENT OATH OF OFFICE

I, [REDACTED] (Use name as stated on authorization) do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this

29th day of January, 2009, at Delaware, OH
City State

Signature [REDACTED] Signature of U.S. Marshal or Officer Administering Oath [Signature]

12/31/10 Expiration Date of Special Deputation Southern District of Ohio District or Division

AGENCY EMPLOYMENT

Delaware County Sheriff's Office
Appointee's Employer

U.S. Marshals Service
Sponsoring Agency
Cathy J. Jones, 614-469-5540
Sponsoring Agency Contact during Special Deputation
(U.S. Marshal or Designated Federal Official)

Questions in reference to Special Deputation should be referred to the appointee's sponsoring agency.

LIMIT OF SPECIAL DEPUTATION AUTHORITY

- To serve as a special agent of an Inspector General's Office
- To protect persons under federal assault statutes
- To seek and execute arrest and search warrants supporting a federal task force
- To monitor Title III intercepts
- To carry or transport firearms for personal protection
- To investigate other Title 18 violations
- Other (please explain): Not authorized to participate in Federal drug investigations unless also deputized by DEA or the FBI.

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

Certificate of Appointment

Revised Code, Sec. 311.04, 325.17

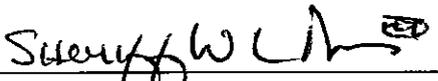
IN THE MATTER OF THE APPOINTMENT OF [REDACTED]

AS A DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

January 05, 2009

I do hereby appoint [REDACTED] as a Deputy Sheriff of Delaware County, Ohio.

Said appointee is not a Judge of a County Court or Mayor.



Sheriff of Delaware County, Ohio

I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed.

[REDACTED]

Sworn to before me by the said David A. Johnson and by him subscribed in my presence, this 5th day of January, 2009.



Judge - Clerk - Sheriff
Delaware County, Ohio

Certificate of Appointment

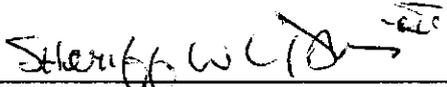
Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF [REDACTED]

AS A DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

June 7, 2007

I do hereby appoint [REDACTED] as a Deputy Sheriff of Delaware County, Ohio. Said appointee is not a Judge of a County Court or Mayor.



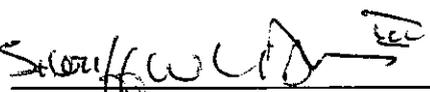
Sheriff of Delaware County, Ohio

=====
=====

I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed.

[REDACTED]

Sworn to before me by the said David Johnson and by him subscribed in my presence, this 23rd day of July, 2007.



Judge - Clerk - Sheriff
Delaware County, Ohio

**LETTER OF UNDERSTANDING
USE OF TAKE HOME VEHICLE**

1. Having given the appropriate consideration to recent interpretations of the Fair Labor Standards Act by the United States Department of Labor, the parties do hereby mutually agree to implement the following procedure relative to the use of a take home vehicle.
2. The vehicle is the property of the Sheriff's Office and will be licensed in accordance with all state and local laws as such. The Sheriff's Office will provide all maintenance, fuel and insurance.
3. The deputy will be responsible for the cleanliness and with providing off street parking when the vehicle is not in service with parking arrangements being approved by division supervisors.
4. The deputy's travel time to and from their normal duty assignment does not constitute any part of his/her shift and their drive time in a county vehicle shall not be more than thirty minutes from their duty assignment location. The deputy agrees that while operating said vehicle to and from work they will respond and render service during any emergency call that has been dispatched to a duty unit, if the dispatched call is within 10 minutes drive time of the officer's location at time of dispatch or if the deputy observes an emergency or a disabled vehicle (if operating a marked vehicle) while en route to or from work the deputy will render assistance. Response to an emergency or the rendering of assistance is in the capacity of securing the scene, backing up another deputy or lending citizen assistance until an on-duty deputy arrives on the scene. At which time the off-duty deputy will be relieved unless the Shift Sergeant due to incident needs authorizes overtime.
5. The vehicle use, maintenance, fuel, and insurance provided by the county and work performed on take home vehicle shall be considered as compensation to the deputy for having rendered service or responding to emergencies as set forth in paragraph 4 above.
6. Should the deputy not respond to an emergency or render service as previously set forth, that person shall be subject to disciplinary action, and may result in the loss of the use of the take home vehicle.
7. In the event the deputy leaves the employment (termination, retirement or resignation) of the Sheriff's Office or chooses to transfer to a different division within the Sheriff's Office, the vehicle will be returned to the Sheriff's Office. If the vehicle is placed out of service for any reason, it is the officer's responsibility to arrange for their transportation to and from work until said vehicle is returned to service.

8. The assignment of a take home vehicle is at the sole discretion of the Sheriff and is a privilege, not a requirement. Deputies assigned take home vehicles as part of their posted position are expected to use common sense as to rendering assistance while driving to and from work.
9. The use of the take home vehicles for private purposes is prohibited. The purpose of this type of authorization is to discourage crime by the presence of a cruiser and it is intended that the deputy will remain clothed in their required work attire while operating said take home vehicle. At no time can the deputy use the take home vehicle to transport family members, friends, etc. unless expressly authorized by the Sheriff or his designee.

DEPUTY [REDACTED]
Deputy

7/16/09
Date

Sheriff W L M
Sheriff

2-16-10
Date

**LETTER OF UNDERSTANDING
COMPENSATION FOR CARE AND MAINTENANCE
OF SHERIFF'S OFFICE CANINE (K-9)**

Having given the appropriate consideration to recent interpretations of the Fair Labor Standards Act by the United States Department of Labor, the parties do hereby mutually agree to implement the following procedure relative to the care and maintenance of the K-9 assigned to him/her.

The K-9 will be the property of the Sheriff's Office and will be licensed in accordance with all state and local laws as such. The Sheriff's Office will provide all food, equipment, insurance and veterinary services for the K-9.

The K-9 Deputy will be responsible for the care and maintenance of the assigned K-9. The K-9 will live with the deputy either inside his/her residence or kenneled on his/her property.

The K-9 Deputy will be assigned a duty shift based on seniority, not to exceed seven and one half (7 ½) hours daily with two consecutive days off unless an assignment requires them to work overtime. The K-9 Deputy will be paid for an eight (8) hour shift. The half hour of compensation for each normal working day will be compensation for the care and maintenance of the K-9 including but not necessarily limited to cleaning, feeding and care for the K-9 during the Deputy's off-duty time on any given work day. Travel time to and from the K-9 Deputy's normal duty assignment does not constitute any part of his/her shift.

The K-9 Deputy will be issued a modified marked cruiser for patrol duty and other assignments. The Deputy will be permitted to drive this vehicle to and from work as compensation for self directed off-duty training and as outlined in the LETTER OF UNDERSTANDING - USE OF TAKE HOME VEHICLE, which is attached.

The K-9 Deputy will be required to complete the initial handler training and all subsequent K-9 training during both on-duty and off-duty time.

Work performed on a normal day off, other than K-9 care and maintenance, shall be paid at the applicable overtime rate. Due to the nature of this assignment, the K-9 Deputy agrees to be "on call" with the understanding that their services may be requested at any time, day or night.

K-9 Deputies will notify the Division Supervisor if the K-9 team is not available due to geographic location on off-duty time. One K-9 Unit must be available for call at all times. The boarding of K-9s during non-duty time must be approved by Division Supervisor prior to leaving K-9.

Should the K-9 Deputy not be available to respond to a request for service during their normal time off, that person shall not be subject to disciplinary action. However, repeated failure to respond to requests for service during normal time off is grounds for re-evaluation of the specific Deputy's commitment to the program and could be used as part of assessing whether to retain said Deputy in the position of K-9 Deputy. K-9 Deputies who are called from home and who report on an unscheduled shift or detail shall be paid for in accordance with the collective bargaining agreement.

In the event the K-9 handler should leave the employment (termination, retirement or resignation) of the Sheriff's Office or choose to transfer to a different division within the Sheriff's Office, the K-9 will be reassigned to a new handler. Should the K-9 be retired due to age, illness or injury, the handler will be given the opportunity to purchase the K-9 from the County for one dollar (\$1.00).

DEPUTY [REDACTED]
K-9 Deputy

Date: 7/16/09

Sheriff WCM
Sheriff

Date: 2-16-10

Certificate of Appointment
Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF [REDACTED]

AS A DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

April 10, 2012

I do hereby appoint [REDACTED] as a Deputy Sheriff of Delaware County, Ohio.

Said appointee is not a Judge of a County Court or Mayor.

ACTING SHERIFF JCV
Sheriff of Delaware County, Ohio

=====
=====

I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed.

[REDACTED]

Sworn to before me by the said David A. Johnson and by him subscribed in my presence, this 10 day of APRIL, 2012.

ACTING SHERIFF JCV
Judge - Clerk - Sheriff
Delaware County, Ohio

Certificate of Appointment
Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF [REDACTED]

AS A DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

June 4, 2012

I do hereby appoint [REDACTED] as a Deputy Sheriff of Delaware County, Ohio.

Said appointee is not a Judge of a County Court or Mayor.



Sheriff of Delaware County, Ohio

I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed.

_____ [REDACTED] _____

Sworn to before me by the said David A. Johnson and by him subscribed in my presence, this 5 day of JUNE, 2012.



Judge - Clerk - Sheriff
Delaware County, Ohio

Certificate of Appointment

Revised Code, Sec. 311.04, 325.17

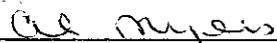
IN THE MATTER OF THE APPOINTMENT OF [REDACTED]

AS A DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

JANUARY 3, 2005

I do hereby appoint [REDACTED] as a Deputy Sheriff of Delaware County, Ohio.

Said appointee is not a Judge of a County Court or Mayor.



Sheriff of Delaware County, Ohio

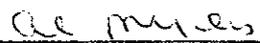
=====

=====

I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed.

[REDACTED]

Sworn to before me by the said **David A. Johnson** and by him subscribed in my presence, this 3rd day of January, 2005.



Judge - Clerk - Sheriff
Delaware County, Ohio

Certificate of Appointment

Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF [REDACTED]

AS DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

January 3, 2001

I do hereby appoint [REDACTED] as a Deputy Sheriff of Delaware County, Ohio.

Said appointee is not a Judge of a County Court or Mayor.

Al Myers

Sheriff of Delaware County, Ohio

=====
=====
I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed.

[REDACTED]

Sworn to before me by the said **David A. Johnson** and by him subscribed in my presence, this 3rd day of January, 2001.

[Signature]
Judge - Clerk - Sheriff
Delaware County, Ohio

Memo

To: Sheriff Myers
From: Deputy [REDACTED]
Date: 7/20/01
Re: Reference 'Anniversary Date'

Please accept this letter as my request to roll over my vacation time that I have accumulated over the past calendar year, as my anniversary date will be approaching this month (July 24th). Thanks for your time in this matter.

7-23-2001

Approved

[Handwritten Signature]

Memo

To: Sheriff Myers
From: Deputy [REDACTED]
Date: 6/23/2003
Re: Anniversary Date

Please accept this letter as my request to roll-over my vacation time that I have accumulated over the past calendar year, as my anniversary date will be approaching next month (July 24th). Thanks for your time in this matter.

6/25/03

no longer need to do this.

Pat

Memo

To: Dep. [REDACTED]
From: Lt. Scott Vance
Date: May 02, 2003
Re: Temporary Assignment

With the recent security issues involved with the upcoming Hand homicide trial, and the necessity to supplement the Support Division, you are being temporarily assigned to the Support Division for security issues, until further notice. Your schedule will be Monday through Friday 07:30 hours till 15:30 hrs.

This temporary assignment is effective Monday May 05, 2003 at 07:30 hours. You will report directly to Sgt. Pfan during this time.

Cc: File
Personnel File
Sheriff Myers
Chief Deputy Borchers
Sgt. Pfan
Sgt. Spring

DCSO 2003 Temporary Assignment Schedule for:

Month	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Day of Week	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	F
	X	X		X						X	X						X	X						X	X						X

5 DAYS PRIOR

3RD SHFT

TEMP ASSIGN

DAY TO BE O.T.

DCSO 2003 Temporary Assignment Schedule for:

Month	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Day of Week	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	///
	X						X	X						X	X						X	X						X	X		///

DCSO 2003 Temporary Assignment Schedule for:

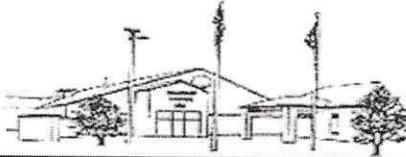
Month	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Day of Week																																

TEMPORARY ASSIGNMENT
 SCHEDULE FOR Dep. [REDACTED]

LT Vance
 5-2-03

AL MYERS, SHERIFF

Records:
740-833-2810 Fax: 740-833-2809



Dispatch:
740-833-2800/9-1-1 Fax: 740-833-2879
Jail:
740-833-2840 Fax: 740-833-2839

DELAWARE COUNTY SHERIFF
ADMINISTRATIVE OFFICE
149 North Sandusky Street, Delaware, OH 43015
740-833-2860 Fax: 740-833-2859

**ELECTRONIC EQUIPMENT WAIVER
FOR
SHERIFF'S OFFICE VEHICLES**

The undersigned employee is requesting authorization from the Sheriff to carry, use and recharge the following electronic equipment in a Delaware County Sheriff's Office vehicle in accordance with Delaware County Sheriff's Office S.O.P. 50 Cruisers. Requests will only be processed if the item is relevant to your current position and is needed to efficiently complete your duties. **If the employee changes job positions then a new equipment waiver document will be required to be submitted for processing.**

Item: STREAMLIGHT FLASH LIGHT CHARGER

I understand that said equipment must be in good working order and that in the event of an incident of damage to a Sheriff's Office vehicle that is caused by the use of the approved item that I am liable for the cost of said repair to the Sheriff's Office vehicle.

I further acknowledge that in the event of an incident of damage to a Sheriff's Office vehicle that would cause the item I am requesting authorization for becomes damaged or destroyed, the Delaware County Sheriff's Office is not responsible for any repair or replacement of said item.

If the authorized electronic equipment is replaced I acknowledge that I must complete a new request for the new item.

Requesting Employee's Name (Printed) [Redacted] Date 9-8-04

Item Inspected by (Name printed) Sgt R Spring (Signature) [Signature] Date 9-8-04

Approved by Sheriff or Designee [Signature] Date 9-13-04

Cc: Employee
Personnel file

Certificate of Appointment

Revised Code, Sec. 311.04, 325.17

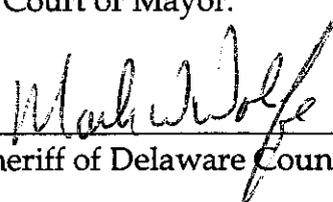
IN THE MATTER OF THE APPOINTMENT OF [REDACTED]

AS A DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

MAY 31, 2007

I do hereby appoint [REDACTED] as a Deputy Sheriff of Delaware County, Ohio.

Said appointee is not a Judge of a County Court or Mayor.



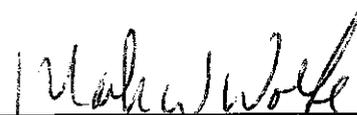
Sheriff of Delaware County, Ohio

=====
=====

I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed.

[REDACTED]

Sworn to before me by the said David A. Johnson and by him subscribed in my presence, this 31st day of May, 2007.



Judge - Clerk - Sheriff
Delaware County, Ohio

Certificate of Appointment

Revised Code, Sec. 311.04, 325.17

IN THE MATTER OF THE APPOINTMENT OF [REDACTED]

AS A DEPUTY SHERIFF OF DELAWARE COUNTY, OHIO

January 7, 2013

I do hereby appoint [REDACTED] as a Deputy Sheriff of Delaware County, Ohio.

Said appointee is not a Judge of a County Court or Mayor.



Sheriff of Delaware County, Ohio

=====
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I solemnly swear that I will support the Constitution of the United States, and of the State of Ohio, and that I will faithfully discharge, according to law and to the best of my ability, the duties of Deputy Sheriff to which I have been appointed.

[REDACTED]

Sworn to before me by the said David A. Johnson and by him subscribed in my presence, this 8th day of January, 2013.



Judge - Clerk - Sheriff
Delaware County, Ohio



DELAWARE COUNTY SHERIFF'S OFFICE *SHERIFF RUSSELL L. MARTIN*

Administrative Division 149 N. Sandusky St. Delaware, OH 43015
Phone (740) 833-2810 Fax (740) 833-2809

TAKE HOME VEHICLE AGREEMENT

Having given the appropriate consideration to recent interpretations of the Fair Labor Standards Act by the United States Department of Labor, the parties do hereby mutually agree to implement the following procedure relative to the use of a take home vehicle.

1. The vehicle is the property of the Delaware County Sheriff's Office and will be licensed in accordance with all state and local laws as such. The Sheriff's Office will provide all maintenance, fuel, and insurance. Employee agrees to conform to the Delaware County policy on periodic motor vehicle record checks and to report any motor vehicle citations to the employee's supervisor. In the event the IRS, the Ohio Department of Taxation, or any other similar entity determines that use of a car under this policy is a taxable benefit, employee acknowledges such a tax is solely the employee's responsibility and agrees to indemnify and hold harmless the Sheriff's Office and Delaware County.
2. The employee will be responsible for the cleanliness and with providing off street parking when the vehicle is not in service. All parking arrangements must be approved by division supervisors.
3. The employee's travel time to and from their normal duty assignment does not constitute any part of his/her shift.
4. The employee, if a sworn employee, agrees that while operating said vehicle to and from work they will respond and render service during any emergency call that has been dispatched to a duty unit, if the dispatched call is within 10 minutes' drive time of the employee's location at time of dispatch or if the deputy observes an emergency or a disabled vehicle (if operating a marked vehicle) while en route to or from work.
 - a. Response to an emergency or the rendering of assistance is in the capacity of securing the scene, providing backup to another officer or lending citizen assistance until an on-duty deputy arrives on the scene. At the time the on-duty deputy arrives, the off-duty deputy will be relieved unless the shift supervisor authorizes overtime due to incident needs.
5. The assignment of a take home vehicle is at the sole discretion of the Sheriff.
6. If the vehicle is placed out of service for any reason, it is the employee's responsibility to arrange for their transportation to and from work until said vehicle is returned to service.
7. All employees issued a take-home vehicle are required to reside within Delaware County. Current employees who reside outside of Delaware County may continue to do so provided that they reside at their current address through the term of their employment

with the Delaware County Sheriff's Office. If the employee who resided outside of Delaware County changes residence, they must relocate to be within Delaware County.

8. The use of the take home vehicle shall be for employment related and other authorized purposes and use for personal purposes is prohibited. Personal use does not include instances where the personal use is within Delaware County and minimal and incidental to authorized use. Employees are expressly prohibited from using assigned vehicle to make any non-employment related stops at drive through alcohol stores, businesses involving sexually oriented goods and services, and any casino, skilled game business, or any other similar type of business involving gambling. At no time can the deputy use the take home vehicle to transport family members, friends, etc. unless authorized by the Sheriff or his designee.



I will comply with the above agreement and the Sheriff's Office cruiser policy as outlined in S.O.P. #050, and it is incorporated into this agreement as if fully re-written herein. I also understand that the Sheriff has the right to revoke my privilege of an assigned take home vehicle at any time for any violation of office policy.

Employee's Printed Name

Unit Number

E

10/8/14

Date

Revised 9/2014



D.T.U.

Operator Evaluation Report

The primary mission of DTU is "to provide a systematic approach to saving lives in accordance with the priorities of life and the specific standards set forth herein, in concert with the totality of circumstances presented" The members of DTU pledge that we will be physically and mentally prepared at all times, to respond to perilous emergencies and times of need. We strive to minimize the danger to citizens through the use of teamwork, training, and sound tactics. We will endeavor to protect and preserve the peace, while maintaining the highest professional standards

Name: ██████████	Period of Evaluation: 2015		
OPERATOR SELF-ASSESSMENT:			
<ol style="list-style-type: none"> 1. Mark "yes" or "no" for each block 2. Select one in each of the five categories that describes your best quality 3. *Comments are required for all "no" answers 			
ATTRIBUTES Fundamental qualities and characteristics	Mental Possess desire, will, initiative, and discipline <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best	Physical Maintain appropriate level of physical fitness <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best	Emotional Display self-control; calm under pressure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Best
SKILLS <i>(competence)</i> Skill development as part of self-development, prerequisite to action	Conceptual Demonstrate sound judgment, critical/creative thinking, moral reasoning <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Best	Interpersonal Show skill with people: coaching, leading, counseling, motivating and empowering <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best	Technical and Tactical Demonstrate expertise in profession, knowledge, and judgment to accomplish all tasks <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best
INFLUENCING Method of reaching goals while operating/improving	Communicating Display good oral, written, and listening skills <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best	Decision-making Employ sound judgment, logical reasoning and use resources wisely <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Best	Motivating Inspire, motivate, and guide others toward mission accomplishment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best
OPERATING Short-term mission accomplishment	Planning Develop detailed, executable plans that are feasible, acceptable, and suitable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best	Executing Show tactical proficiency, meet mission standards, and take care of people/resources <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Best	Assessing Participate in after-action and evaluation tools to facilitate consistent improvement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best
IMPROVING Long-term team/personal improvement	Developing Invest adequate time and effort to develop individual <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Best	Building Spend time and resources improving teams, rosters and ethical climate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best	Learning Seek self-improvement and organizational growth; envisioning, adapting, and leading change <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best
<p><i>My best of the above five is</i> <i>because</i></p> <p>Emotional- because I remain calm under stressful situations</p> <p>Conceptual- because I use common sense when coming to a conclusion or judgement</p> <p>Decision-making- because I use common sense when making a decision that is logical.</p> <p>Executing- because I prepare myself for missions and callouts</p> <p>Developing- because I am always challenging myself in training.</p> <p><i>*Comments:</i></p>			

CORE VALUES

Evaluated by Team Leader

**Comments required for all "no" responses*

HONOR: Lives up to all values

Yes No*

INTEGRITY: Possesses high moral standards, honest in word and deed

Yes No*

COURAGE: Faces fear and adversity, has physical and moral bravery

Yes No*

LOYALTY: True faith and allegiance to United States and Ohio Constitutions

Yes No*

RESPECT: Treats people as they should be treated, promotes dignity and fairness

Yes No*

SELFLESS SERVICE: Puts welfare of others before self

Yes No*

DUTY: Fulfills professional, legal, and moral obligations

Yes No*

***Comments:**

Lives up to the Core Values and demonstrates them constantly

5 AREAS OF OPERATOR RESPONSIBILITIES

Evaluated by Team Leader

**Comments required for "excellence" and "needs improvement" answers*

COMPETENCE

- Proficiency
- Technical and tactical knowledge, skills, and abilities
- Sound judgment
- Seeks self-improvement; wants to learn
- Accomplishes tasks to the fullest capacity; committed to excellence

Excellence or exceeds standard*

Success or meets standard

Needs improvement*

Not applicable

***Comments:**

-Displays sound judgement and has good technical & tactical skills and abilities

**PHYSICAL
FITNESS**

- Mental and physical toughness
- Endurance and stamina to complete mission
- Proper wear of uniform
- Proper grooming and hygiene
- Takes/passes physical fitness/agility test on schedule

- | | |
|---|--|
| <input checked="" type="checkbox"/> Excellence or exceeds standard* | <input type="checkbox"/> Success or meets standard |
| <input type="checkbox"/> Needs improvement* | <input type="checkbox"/> Not applicable |

**Comments:*

- Achieved the 2nd highest score during the annual Physical Fitness testing with an average score of 95.75%.
- Uniform is always neat and clean and presents a professional appearance.

LEADERSHIP

- "Mission First" concept
- Concern for team members and others
- Instills the spirit to achieve and win
- Sets the example
- Confident and enthusiastic

- | | |
|--|---|
| <input type="checkbox"/> Excellence or exceeds standard* | <input checked="" type="checkbox"/> Success or meets standard |
| <input type="checkbox"/> Needs improvement* | <input type="checkbox"/> Not applicable |

**Comments:*

- [REDACTED] has more experience than most members of the tactical team and should focus on taking leadership roles any time the opportunity presents itself
- Sets the example for others to follow and should also continue to set the example at the Delaware County Sheriff's Office.

TRAINING

- Trains as individual and with the team
- Mission focused and performance oriented
- Teaches others common tasks and duty-related skills
- Shares knowledge and experience for mission success
- Maintains highest level of weapon proficiency possible

- | | |
|--|---|
| <input type="checkbox"/> Excellence or exceeds standard* | <input checked="" type="checkbox"/> Success or meets standard |
| <input type="checkbox"/> Needs improvement* | <input type="checkbox"/> Not applicable |

**Comments:*

- Continually works to integrate his K-9 partner into training iterations and identifies areas of opportunity
- Builds the confidence of newer team members who have not conducted SWAT operations utilizing a K-9.

**RESPONSIBILITY
and
ACCOUNTABILITY**

- Care and maintenance of individual and team equipment
- Concern for team safety and equipment accountability
- Encourages others to learn and grow
- Takes responsibility for their actions
- Operates a vehicle in safest manner possible

- | | |
|--|---|
| <input type="checkbox"/> Excellence or exceeds standard* | <input checked="" type="checkbox"/> Success or meets standard |
| <input type="checkbox"/> Needs improvement* | <input type="checkbox"/> Not applicable |

**Comments:*

OVERALL PERFORMANCE

Evaluated by Team Commander

*Comments required for "Among Best" and "Marginal"

Among the best;
Outstanding performance
(max 50% rated operators)

Fully capable;
Satisfactory performance

Marginal;
Needs improvement

***Comments:**

Since returning to the team Johnson has worked hard to regain lost skills and improve in areas in which he would enhance his overall readiness. [REDACTED] takes every opportunity to incorporate his K-9 partner to improve the overall ability of the team to handle multiple situations.

OVERALL POTENTIAL

Evaluated by Team Commander

*Comments required for "Above Center" and "Below Center"

Exceeds expectations
or best qualified

Meets expectations
or fully qualified

Below expectations
or not qualified

***Comments:**

-By taking a leadership role and sharing his knowledge with team members, Johnson will quickly be seen as an informal leader which will assist his transition into a leadership role.

List one position or future assignment for which the operator is best suited to serve the unit.

Operational Team Leader

By signing below I acknowledge that I have reviewed this evaluation pertaining to this period of evaluation:

[REDACTED]
Print Operator Name

Sgt. Danni Karbler
Print Team Leader Name

Sgt. Ramon Diaz
Print Team Commander Name

Asst. Chief Paul J. Scowden
Print Administrative Commander Name

[REDACTED]
Team Leader Signature

Sgt. Ramon Diaz
Team Commander Signature

Asst. Chief Paul J. Scowden
Administrative Commander Signature

2/17/16
Date Signed

2/17/16
Date Signed

17 FEB 16
Date Signed

Date Signed

A copy of this evaluation will be forwarded to your home agency personnel file.

Sheriff Martin,



Thank you so much for suggesting we work with Deputies [redacted] and Gibson, and especially Kessac. We were all so impressed with not only the work they do but with their patience and willingness to answer our questions about the dogs, their training, and life after work. Deputy [redacted] and Deputy Gibson are absolute a credit to the Sheriff office and we are so blessed to have them in our community. Thank you! Aimee Price & Barktober

Delaware Tactical Unit Qualification - Rifle

Name	Date	Make/Model/Caliber	Serial #	Stage1	Stage 2	Stage3	Stage 4	Stage 5	Stage 6	Stage 7	Total
			Max Hits	12	15	12	12	12	12	12	87
C. Bates	06/22/22	Falcon 15 / 556		12	15	12	12	12	12	12	87
	05/09/22	Daniel Defense / MK18 / 556		12	15	12	12	12	12	12	87
S. Combs											
M. Cook	06/22/22	Sig Sauer / M400 / 556		12	15	12	12	12	12	12	87
R. Valentine	06/22/22	Falcon 15 / 556		12	15	12	12	12	12	12	87
R. Diaz	06/22/22	Falcon 15 / 556		12	15	12	12	12	12	12	87
A. Dickison	06/22/22	Sig Sauer / M400 / 556		12	15	12	12	12	12	12	87
J. Flynn		Falcon 15 / 556									
S. Franks	06/22/22	Falcon 15 / 556		12	15	12	12	12	12	11	86
B. Gavaghan	08/25/22	Sig Sauer / M400 / 556		12	15	12	12	12			
	06/22/22	Sig Sauer / MCX / 556		12	15	12	12	12	12	11	86
	06/22/22	Daniel Defense / MK18 / 556		12	15	12	12	12	12	12	87
D. Karbler	06/22/22	Daniel Defense / MK18 / 556		12	15	12	12	12	12	12	87
D. Keller	03/17/22	Daniel Defense / MK18 / 556		12	15	12	12	12	12	12	87
M. Kern	07/01/22	Daniel Defense / MK18 / 556		12	15	12	12	12	12	12	87
	06/22/22	Sig Sauer / M400 / 556		12	15	12	12	12	12	12	87
R. Parsons	06/22/22	Sig Sauer / M400 / 556		12	15	12	12	12	12	12	87
T.J. Ryan	06/22/22	Sig Sauer / M400 / 556		12	15	12	12	12	12	12	87
	06/22/22	Sig Sauer / M400 / 556		12	15	12	12	12	12	12	87
A. Siegel	05/18/22	Daniel Defense / MK18 / 556		12	15	12	12	12	12	12	87
B. Simon	06/22/22	Falcon 15 556		12	15	12	12	12	12	12	87
C. Stayer	06/22/22	Daniel Defense / MK18 / 556		12	15	12	12	12	12	12	87
J. Stoll	06/22/22	Sig Sauer / MCX / 556		12	15	12	12	12	12	12	87
S. VanDyke		Daniel Defense / MK18 / 556									
M. Pate	03/17/22	Daniel Defense / MK18 / 556		12	15	12	12	12	12	12	87
C. Woodard	06/22/22	Sig Sauer / M400 / 556		12	15	12	12	12	12	12	87
Prepared by: Ofc. T.J. Ryan #486											

(79 of 87 needed for 90% passing score)

Delaware Tactical Unit Qualification - Pistol (Current Members)

Name	Date	Make/Model/Caliber	Serial #	Stage1	Stage 2	Stage3	Stage 4	Stage 5	Stage 6	Stage 7	Stage 8	Stage 9	Stage 10	Total
Max Hits				6	12	6	66							
C. Bates	06/22/22	Sig Sauer P320 9mm		6	12	6	5	6	6	6	6	6	6	65
	05/09/22	Glock 22 40 S&W		5	12	6	5	6	6	6	6	6	6	64
S. Combs		S&W M&P 9mm												
M. Cook	06/22/22	Glock 17 9mm		4	9	6	6	6	6	5	6	6	6	60
R. Valentine	06/22/22	Sig Sauer P320 9mm		6	10	6	6	6	6	6	6	6	6	64
R. Diaz	06/22/22	Sig Sauer P320 9mm		5	12	6	6	6	6	6	6	6	6	65
A. Dickison	06/22/22	Sig Sauer P320 9mm		6	12	6	6	6	6	6	6	6	6	66
J. Flynn		Sig Sauer P320 9mm												
S. Franks	06/22/22	Sig Sauer P320 9mm		6	12	6	6	6	6	6	6	6	6	66
B. Gavaghan	08/25/22	Sig Sauer P320 9mm		4	11	6	5	6	6	6	6	6	6	62
	06/22/22	Sig Sauer P320 9mm		6	11	6	6	6	6	6	6	6	6	65
	06/22/22	Sig Sauer P320 9mm		6	12	6	6	6	6	6	6	6	6	66
	06/22/22	Glock 22 40 S&W		5	12	6	6	6	6	6	6	6	6	65
D. Karbler	06/22/22	Glock 22 40 S&W		6	12	6	6	6	6	6	6	6	6	66
D. Keller	08/24/22	Glock 22 40 S&W		6	12	6	6	6	6	6	6	6	6	66
M. Kern	07/01/22	Glock 22 40 S&W		6	12	6	6	5	6	6	5	6	6	
	06/22/22	Sig Sauer P320 9mm		6	11	6	6	6	6	6	6	6	6	65
R. Parsons	06/22/22	Glock 17 9mm		6	12	6	6	6	6	6	6	6	6	66
T.J. Ryan	06/22/22	Sig Sauer P320 9mm		6	12	6	6	6	6	6	6	6	6	66
	06/22/22	Sig Sauer P320 9mm		6	8	6	6	6	6	6	6	6	6	62
A. Siegel	06/22/22	Glock 22 40 S&W		6	10	6	6	6	6	6	6	6	6	64
B. Simon	06/22/22	Sig Sauer P320 9mm		6	12	6	5	6	6	6	6	6	6	65
C. Stayer	06/22/22	Glock 22 40 S&W		6	12	3	5	6	6	6	5	6	6	61
J. Stoll	06/22/22	Sig Sauer P320 9mm		6	12	6	6	6	6	6	6	6	6	66
S. VanDyke		Glock 22 40 S&W												
M.Pate	06/22/22	Glock 22 40 S&W		5	12	6	6	6	6	6	6	6	6	65
C. Woodard	06/22/22	Sig Sauer P320 9mm		3	12	6	6	6	6	6	6	6	6	63
Prepared by: Ofc. T.J. Ryan #486														

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