



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



2023-1809
 Officer Involved Critical Incident – 3110 E. Livingston Avenue,
 Columbus, Ohio 43227 (L)

Investigative Activity: Document Review
 Involves: [REDACTED] (S)
 Date of Activity: 10/06/2023
 Author: SA Ryan D. Scheiderer, #89

Narrative:

On October 06, 2023, Ohio Bureau of Criminal Identification and Investigation (BCI) Special Agent Ryan Scheiderer (SA Scheiderer) received a copy of Franklin County Sheriff's Office (FCSO) [REDACTED] [REDACTED] ([REDACTED] [REDACTED] personnel file. The file was reported to be "All Inclusive" with [REDACTED] [REDACTED] personal information redacted as allowed. The following is a summation of the information found within the records and additional details can be found within the attached records.

- Application and attached documentation
 - Offer Letter dated July 25, 2003
 - Appointed to [REDACTED] October 27, 2005
- Payroll/Classification documentation
- Employee Performance Reviews
 - Nothing remarkable located and received "Meets" or "Above" on all Expectation Ratings
- Disciplinary Actions
 - Only oral reprimands and nothing regarding uses of force
- Letters of Thanks & Commendation

Attachments:

Attachment # 01: [REDACTED] Personnel File All Inclusive
 Attachment # 02: [REDACTED] OPOTA Records

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law – a statute, an administrative rule, or any rule of procedure.

FCSO HR Personnel & Emergency Contact Information (Update)

Name: _____
First **MI** **Last**

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Home

Personal E-Mail Address: _____@FRANKLINCOUNTYOHIIO.GOV

Marital Status: _____

Gender: Female Male Non-Binary

Ethnicity/Race: American Indian or Alaskan Native Asian Black/African American

Multi-Racial Hispanic or Latino White

Native Hawaiian or other Pacific Islander

EMERGENCY CONTACT INFO #1:

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Home Work

Telephone: _____ Cell Home Work

EMERGENCY CONTACT INFO #2:

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Home Work

Telephone: _____ Cell Home Work

BADGE #

DON: 9-8-03

FRANKLIN COUNTY SHERIFF'S OFFICE

\$14.85 HR

(PLEASE PRINT)

NAME

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

TELEPHONE NUMBER

DATE OF BIRTH

BLOOD TYPE

MARITAL STATUS

SPOUSE'S NAME

N/A

SOCIAL SECURITY #

IN CASE OF EMERGENCY CONTACT:

NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

HOME

RK

RELATIONSHIP

EDUCATION

TOTAL NUMBER OF YEARS EDUCATION INCLUDING PRIMARY 15

SCHOOL NAME/LOCATION	MAJOR AREA (S) OF STUDY	TYPE OF DEGREE
Mentor High School Mentor, OH	General	Diploma
Lakeland Community College Kirtland, OH	Criminal Justice	Associates Degree
Cleveland State Cleveland, OH	Criminal Law	Bachelor's in progress

OTHER QUALIFICATIONS:

TYPING SPEED _____ SPECIAL SKILLS _____

MILITARY SERVICE

BRANCH _____

NUMBER OF YEARS _____ MOS _____



Franklin County Sheriff's Office

EQUAL OPPORTUNITY EMPLOYER



Application for Employment

SECTION I - PERSONAL INFORMATION

LAST NAME [REDACTED] FIRST NAME [REDACTED] MIDDLE INITIAL [REDACTED]

HOME ADDRESS: _____

CITY [REDACTED] STATE _____ ZIP CODE _____

COUNTY [REDACTED] PHONE: AREA CODE _____ HOME NUMBER _____

SOCIAL SECURITY NO. _____ AREA CODE _____ WORK NUMBER [REDACTED]

SOCIAL SECURITY NUMBER NOTICE

Social Security Numbers (SSNs) are used to match individuals with their application/examination file. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon appointment and pursuant to Section 5101.312 of the Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

ARE YOU INTERESTED IN:

YES NO

FULL-TIME PERMANENT work?

PART-TIME work?

TEMPORARY work?

INTERMITTENT work?

SUMMER work only?

If applying for a **VACANT POSITION**, fill in the information in the area below

Job Title [REDACTED]

Date 2002 10 18

FRANKLIN COUNTY
 PERSONNEL
 02 OCT 21 AM 9:38

SUMMARY OF QUALIFICATIONS

In the area below, describe briefly the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the **Minimum Qualifications** and any **position-specific qualifications** for this position or examination. **Be sure to provide details of your background on the other side of this application.**

I have an Associates Degree in Criminal Justice and I am currently working on my B.S. at Cleveland State in Criminal Justice.

Return this completed application to:

Franklin County Sheriff's Personnel Office
 370 South Front Street
 Columbus, Ohio 43215

Notify the Personnel Office at (614) 462-3397 of any changes of your address or phone number so that we may update your application and be able to contact you.

SECTION II - EXPERIENCE

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume *in addition to* completing this section.

PRESENT OR MOST RECENT JOB:

Employer's name and address UPS 331 Bishop Rd. Highland Hts. OH 44143.
Length of employment FROM: mo. 10 day - yr. 98 TO: mo. 7 day 1 yr. 02 Phone (414) 646-2090
Reason for leaving Personal
Position (job title and classification) Reload supervisor Salary: beginning 8.50 ending 14.50
Duties Performed Supervisor of incoming packages and employees unloading

NEXT MOST RECENT JOB:

Employer's name and address Vinci Hi-Performance, 3915 EL Rey Rd Orlando FL 32701
Length of employment FROM: mo. 3 day 1 yr. 97 TO: mo. 10 day 1 yr. 98 Phone (407) 292-4500
Reason for leaving To attend college
Position (job title and classification) Performance Specialist Salary: beginning 350. ending 425 weekly
Duties Performed Built race cars + engines.

Employer's name and address Ed Pike Lincoln/Mercury Mentor Ave Mentor OH 44060
Length of employment FROM: mo. 2 day 1 yr. 92 TO: mo. 3 day 1 yr. 97 Phone (440) 357-7532
Reason for leaving Moved to Florida
Position (job title and classification) Mechanic Salary: beginning 5.50 ending 8.50
Duties Performed repaired cars + trucks.

Employer's name and address _____
Length of employment FROM: mo. ____ day ____ yr. ____ TO: mo. ____ day ____ yr. ____ Phone () _____
Reason for leaving _____
Position (job title and classification) _____ Salary: beginning _____ ending _____
Duties Performed _____

Employer's name and address _____
Length of employment FROM: mo. ____ day ____ yr. ____ TO: mo. ____ day ____ yr. ____ Phone () _____
Reason for leaving _____
Position (job title and classification) _____ Salary: beginning _____ ending _____
Duties Performed _____

SECTION III - EDUCATION AND TRAINING

High School Graduate? NO YES

Name and Location of High School (city and state) Mentor High OH

GED Certificate Number _____ GED Issued by _____

Are you currently attending school (for College Intern and Student Help positions)?

NO YES Level: Junior

POST - HIGH SCHOOL EDUCATION

INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY

SCHOOL NAME AND LOCATION	MAJOR AREA(S) OF STUDY	TYPE OF DEGREE OR CERTIFICATION	DEGREE ATTAINED (MONTH/YEAR)
Lakeland Community Kirtland	Criminal Justice	Associate's	12/01
Cleveland State Cleveland	Criminal Justice	B.S. in progress	

Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. **NOTE:** A transcript may *not* be substituted for this section, although you may be required to submit a transcript.

COURSE WORK AREA	NO. OF COURSES	COURSE WORK AREA	NO. OF COURSES
Criminal Justice	18		
Psychology	1		
Sociology	2		
Political Science	3		
Public Speaking	1		

TRAINING AND OTHER QUALIFICATIONS

(Do not include coursework already described above)

SUBJECT OR TITLE OF TRAINING	ORGANIZATION	LENGTH OF TRAINING
Auto Mechanics	Hyundia Corp.	2 yrs.

List special equipment or machines you can operate: _____

List computer software in which you have skill, including word processing, spreadsheet, and database programs.

Please indicate the name of the specific software. Micro soft Office

List special clerical skills, including typing and shorthand: _____

Typing Speed: _____

List any additional relevant skills you have: Management Supervision

SECTION IV - MISCELLANEOUS

THE FOLLOWING INFORMATION WILL BE USED ONLY IF IT IS DIRECTLY RELATED TO THE POSITION OR EXAMINATION FOR WHICH YOU ARE APPLYING:

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Are you willing and able to secure an Ohio Driver's License, if a license is required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. If the position requires travel, can you supply your own transportation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been employed in the state or county service of Ohio? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have you been convicted of any felony? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you have answered "YES" to question 3 or 4, please explain fully below, indicating by number to which question you are responding.

EMERGENCY INFORMATION


List the name and address of ONE PERSON WHO WILL ALWAYS KNOW YOUR WHEREABOUTS.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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REFERENCES

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a PROFESSIONAL RECOMMENDATION.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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<u>Chris Sonnhutter</u>	
<u>Katherine Steinbeck</u>	
<u>Bill Davis</u>	

PREVIOUS ADDRESSES

Please list TWO MOST RECENT PREVIOUS HOME ADDRESSES with the date of residence for each previous address.

ADDRESS	CITY	STATE	ZIP CODE	DATES OF RESIDENCE
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CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Sheriff's Office. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

APPLICANT SIGNATURE



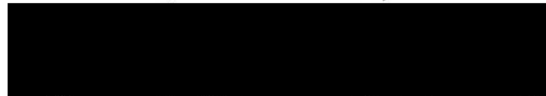
DATE

2002 10 18

Mentor High School



This Certifies That



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

Diploma

Given at Mentor, Ohio, this month of June, 1

Joseph A. Lesak
SUPERINTENDENT

Joe L. Webb
PRINCIPAL

Valerie Federico
PRESIDENT, BOARD OF EDUCATION

James Metz
TREASURER, BOARD OF EDUCATION

The Board of Trustees
Lakeland Community College

Upon the recommendation of the Faculty
has conferred upon



the degree
Associate of Applied Science
Criminal Justice-Law Enforcement


With all Honors, Rights and Privileges appertaining to that degree.
In Witness Whereof, the undersigned have affixed their names
and the seal of Lakeland Community College.

Dated at Lake County, Ohio, this month of December,





President



Executive Vice President for
Academic and Student Affairs



Objective: To work together with the Community as a partnership in the prevention of crime and the betterment of the community.

Education: Lakeland Community College – Kirtland, OH
Graduation – December 2001
Degree – Associates
Major – Criminal Justice / Law Enforcement
G.P.A.- 3.4

Cleveland State University – Cleveland, OH
3rd year undergraduate student
Major – Urban Studies in Public Safety / Criminal Law

Awards: Dean's List
Criminal Justice State Certificate
Automotive Service Excellence Certified Mechanic

Work

Experience: United Parcel Service- Highland Hts. OH
Reload Supervisor
October 1998 to July 2002

Vinci Hi-Performance- Orlando, FL
Performance Specialist
March 1997 to October 1998

Ed Pike Lincoln/Mercury- Mentor OH
Automotive Mechanic
January 1992 to March 1997

Volunteer

Experience: Special Olympics
Swim for Diabetes

Activities: Jet Skiing, Wake Boarding, Boating, Swimming, Snowboarding, Golf

Other

Skills: Proficient in Microsoft Office
Engine Rebuilding
Race Car Fabrication

References: Chris Sonnhalter

[REDACTED]

124

Katherine Steinbeck

[REDACTED]

Occupation: Program Director Criminal Justice Programs

Bill Davis

[REDACTED]

Occupation: Service Dept. Foreman

[REDACTED]

Roger Vinci

[REDACTED]

Occupation: Owner of Vinci Hi-Performance Racing

[REDACTED]



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio

Name				
From:	Last [REDACTED]	First [REDACTED]	M.I. [REDACTED]	Sex M
To:	Last [REDACTED]	First [REDACTED]	M.I. [REDACTED]	Sex [REDACTED]

Address					
From:	Street [REDACTED]	City COLUMBUS	State OH	Zip Code 43215	County [REDACTED]
To:	Street [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	County [REDACTED]

Effective Date			Payroll Number	Position Control No.
MO	DAY	YR		
01	02	2023	[REDACTED]	

FROM	CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
[REDACTED]	[REDACTED]	02092		E	50.25					
[REDACTED]	[REDACTED]	02092		E	52.36					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: __ CLASS: RATE: __ STEP: <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <hr/> REINSTATEMENT <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: RATE INCREASE PER CONTRACT			TIME STAMP

Approved By:
 Dallas L. Baldwin, Sheriff

01/02/2023
Date



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio

Name				
From:	Last	First	M.I.	Sex
To:	Last	First	M.I.	Sex

Address					
From:	Street	City	State	Zip Code	County
To:	Street	City	State	Zip Code	County

Effective Date	Payroll Number	Position Control No.
MO DAY YR	[REDACTED]	
1 3 2022		

FROM	CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
	[REDACTED]	02092			48.21					
	[REDACTED]	02092			50.25					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ___ CLASS: ___ RATE: ___ STEP: ___ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <div style="text-align: center;">REINSTATEMENT</div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE: <div style="text-align: center;">TIME STAMP</div>
REMARKS: RATE INCREASE PER CONTRACT			

Approved By: *Dallas L. Baldwin*
 Dallas L. Baldwin, Sheriff

1/3/2022
Date



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio

Name					
From:	Last [REDACTED]	First [REDACTED]	M.I.	Sex	
To:	Last	First	M.I.	Sex	

Address					
From:	Street [REDACTED]	City COLUMBUS	State OH	Zip Code 43215	County
To:	Street	City	State	Zip Code	County

Effective Date	Payroll Number	Position Control No.
MO DAY YR	[REDACTED]	
01 04 2021		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: [REDACTED]	02092		E	\$46.69					
TO: [REDACTED]	02092		E	\$48.21					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: __ CLASS: RATE: __ STEP: <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <div style="border: 1px solid black; padding: 2px; text-align: center;">REINSTATEMENT</div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: RATE INCREASE PER CONTRACT

TIME STAMP

Approved By: *Dallas L. Baldwin* 01/04/2021
 Dallas L. Baldwin, Sheriff Date



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio

Name					
From:	Last [REDACTED]	First [REDACTED]	M.I.	Sex	
To:	Last	First	M.I.	Sex	

Address					
From:	Street [REDACTED]	City COLUMBUS	State OH	Zip Code 43215	County
To:	Street	City	State	Zip Code	County

Effective Date	Payroll Number	Position Control No.
MO DAY YR	[REDACTED]	
01 06 2020		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM [REDACTED]	02092		E	\$45.22					
TO [REDACTED]	02092		E	\$46.69					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ___ CLASS: ___ RATE: ___ STEP: ___ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <hr/> REINSTATEMENT <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: RATE INCREASE PER CONTRACT			TIME STAMP

Approved By: *Dallas L. Baldwin* 01/06/2020
 Dallas L. Baldwin, Sheriff Date



PERSONNEL ACTION

Franklin County Sheriff's Office Franklin County, Ohio

Name				
From:	Last	First	M.I.	Sex
To:	Last	First	M.I.	Sex

Address				
From:	Street	City	State	Zip Code
To:	Street	City	State	Zip Code

Effective Date	Payroll Number	Position Control No.
MO DAY YR	[REDACTED]	
01 07 2019		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: [REDACTED]	02092		E	42.48					
TO: [REDACTED]	02092		E	45.22					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: __ CLASS: RATE: __ STEP: <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION REINSTATEMENT <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: RATE INCREASE PER CONTRACT

Approved By: *Dallas L. Baldwin* Date: 01/07/2019
 Dallas L. Baldwin, Sheriff



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio

Name				
From:	Last [REDACTED]	First [REDACTED]	M.I. [REDACTED]	Sex
To:	Last	First	M.I.	Sex

Address					
From:	Street [REDACTED]	City COLUMBUS	State OH	Zip Code 43215	County
To:	Street	City	State	Zip Code	County

Effective Date	Payroll Number	Position Control No.
MO DAY YR	[REDACTED]	
01 08 2018		

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: [REDACTED]	02092		E	41.24					
TO:	02092		E	42.48					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: ____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: ____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: ____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ____ CLASS: ____ RATE: ____ STEP: ____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <div style="text-align: center;">REINSTATEMENT</div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: RATE INCREASE PER CONTRACT			TIME STAMP

Approved By: *Dallas L. Baldwin* 01/08/2018
 Dallas L. Baldwin, Sheriff Date



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio

Name	From:	To:	Sex
	Last First M.I.	Last First M.I.	Sex
			M

Address	From:	To:	County
	Street City State Zip Code	Street City State Zip Code	County
			County

Effective Date	Payroll Number	Position Control No.
MO DAY YR		
01 09 2017		

FROM	CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
		02092		E	\$40.14					
		02092		E	\$41.24					

APPOINTMENT <input type="checkbox"/> 1 - EMERGENCY ENDS: ____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: ____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: ____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	CHANGE <input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ____ CLASS: ____ RATE: ____ STEP: ____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	SEPARATION <input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	INTERRUPTION <input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION REINSTATEMENT <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE: TIME STAMP
REMARKS: RATE INCREASE PER CONTRACT			

Approved By: Dallas L. Baldwin 01/09/2017
 Dallas L. Baldwin, Sheriff Date



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio

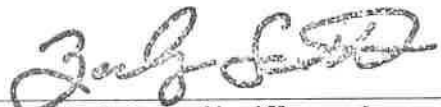
Name				
From:	Last [REDACTED]	First [REDACTED]	M.I.	Sex M
To:	Last	First	M.I.	Sex

Address					
From:	Street [REDACTED]	City Columbus	State OH	Zip Code 43215	County
To:	Street	City	State	Zip Code	County

Effective Date	Payroll Number	Position Control No.
MO DAY YR 01 11 16	[REDACTED]	

FROM	CLASS TITLE	CLASS NO	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
	[REDACTED]	02092		E	39.07					
To:	[REDACTED]	02092		E	40.14					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <div style="border: 1px solid black; padding: 2px; text-align: center;">REINSTATEMENT</div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE <div style="border: 1px solid black; padding: 2px; text-align: center;">TIME STAMP</div>
REMARKS: RATE INCREASE PER CONTRACT.			

Approved By:  Date: 8-31-16
 Zach Scott, Sheriff 77



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio


Name	From: Last [REDACTED] First [REDACTED] M.I. _____	Sex
	To: Last _____ First _____ M.I. _____	Sex

Address	From: Street [REDACTED] City Columbus State OH Zip Code 43215 County _____
	To: Street _____ City _____ State _____ Zip Code _____ County _____

Effective Date	Payroll Number	Position Control No.
MO DAY YR 09 08 13		

FROM: [REDACTED] CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
	02092		ED	35.16					
TO:			E	36.92					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION REINSTATEMENT <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: CONTRACT INCREASE			TIME STAMP

Approved By:  Date: 1-8-14

Zach Scott, Sheriff 77



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio

Name				
From:	Last	First	M.I.	Sex
				M
To:	Last	First	M.I.	Sex

Address				
From:	Street	City	State	Zip Code
		COLUMBUS	OH	43215
To:	Street	City	State	Zip Code
				County

Effective Date			Payroll Number			Position Control No.		
MO	DAY	YR						
09	08	13						

CLASS TITLE	CLASS NO.	RANGE	STEP D	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: [REDACTED]	02092			34.30					
To:			E	36.02					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: ____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: ____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: ____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ____ CLASS: ____ RATE: ____ STEP: ____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <div style="border: 1px solid black; padding: 2px; text-align: center;">REINSTATEMENT</div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: STEP INCREASE PER CONTRACT			<div style="border: 1px solid black; padding: 2px; text-align: center;">TIME STAMP</div>

Approved By: 9/13/13
 Zach Scott, Sheriff 77 Date



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio

Name				
From:	Last [REDACTED]	First [REDACTED]	M.I.	Sex
To:	Last	First	M.I.	Sex

Address					
From:	Street [REDACTED]	City Columbus	State OH	Zip Code 43215	County
To:	Street	City	State	Zip Code	County

Effective Date	Payroll Number	Position Control No.
MO DAY YR 01 14 13		

FROM: [REDACTED] CLASS TITLE	CLASS NO. 02092	RANGE	STEP ED	BASE RATE 34.30	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
TO:			ED	35.16					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: ____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: ____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: ____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ____ CLASS: ____ RATE: ____ STEP: ____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <div style="border: 1px solid black; padding: 2px;">REINSTATEMENT</div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE: <div style="border: 1px solid black; padding: 2px;">TIME STAMP</div>
REMARKS: CONTRACT INCREASE			

Approved By: 1-8-14
 Zach Scott, Sheriff Date

PERSONNEL ACTION
 Franklin County Sheriff's Office
 Franklin County, Ohio

Name				
From:	Last	First	M.I.	Sex
	██████████	██████████	████	M
To:	Last	First	M.I.	Sex

Address				
From:	Street	City	State	Zip Code
	████████████████████	Columbus	Ohio	43215
To:	Street	City	State	Zip Code

Effective Date			Payroll Number		Position Control No.	
MO	DAY	YR	██████████			
04	09	12				

FROM:	CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
██████████	██████████	02092		D	33.46					
TO: ██████████	██████████	02092		D	34.30					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <hr/> <p align="center">REINSTATEMENT</p> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: Rate increase per contract Effective April 9, 2012.			TIME STAMP

Approved By: Zach Scott 3/26/12
 Zach Scott, Sheriff Date



PERSONNEL ACTION

Franklin County Sheriff's Office
Franklin County, Ohio

Name				
From:	Last	First	M.I.	Sex
	██████	██████		M
To:	Last	First	M.I.	Sex

Address					
From:	Street	City	State	Zip Code	County
	██████	COLUMBUS	OH	43215	
To:	Street	City	State	Zip Code	County

Effective Date			Payroll Number	Position Control No.
MO	DAY	YR	██████	
04	11	11		

FROM:	CLASS TITLE	CLASS NO	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
	██████	02092		D	32.72					C
To:				D	33.46					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION
			REINSTATEMENT
			<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE. <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
			TIME STAMP

REMARKS: INCREASE PER CONTRACT

Approved By: Zach Scott Date: 8/22/11
 Zach Scott, Sheriff



PERSONNEL ACTION

Franklin County Sheriff's Office
Franklin County, Ohio

Name	From: Last [REDACTED] First [REDACTED] M.I. _____	Sex M
	To: Last _____ First _____ M.I. _____	Sex _____

Address	From: Street [REDACTED] City COLUMBUS State OH Zip Code 43215 County _____
	To: Street _____ City _____ State _____ Zip Code _____ County _____

Effective Date	Payroll Number	Position Control No.
MO DAY YR 04 12 10	[REDACTED]	

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: [REDACTED]	02092		D	32.08					C
TO:			D	32.72					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION
			REINSTATEMENT
			<input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
			TIME STAMP

REMARKS: INCREASE PER CONTRACT


Approved By: Zach Scott 8/22/11
 Zach Scott, Sheriff Date

POSITION DESCRIPTION

OHIO DEPARTMENT C
ADMINISTRATIVE SERVICES

HUMAN RESOURCES DIVISION

AGENCY
FRANKLIN COUNTY
DIVISION OR INSTITUTION
SHERIFF'S OFFICE
UNIT OR OFFICE

POSITION CONTROL NUMBER	State Agency	<input checked="" type="checkbox"/>	County Agency	New Position	Change	COUNTY OF EMPLOYMENT FRANKLIN	
	USUAL WORKING TITLE OF POSITION				POSITION NO. AND TITLE OF IMMEDIATE SUPERVISOR CORPORAL		
	NORMAL WORKING HOURS (Explain unusual or rotating shift) FROM: VARIES TO:						
CLASS TITLE	JOB DESCRIPTION AND WORKER CHARACTERISTICS						
	%	Job Duties in order of Importance			Minimum Acceptable Characteristics		
	65	Works as an [REDACTED] Responsible for the complete and efficient completion of assigned investigations. Prepares case files, card index, or records as required by supervisor. Gathers and preserves evidence in all cases that are assigned.			Knowledge of Sheriff's Office policies and procedures, state and federal laws and regulations concerning law enforcement operations and public relations; ability to recognize unusual or threatening conditions and take appropriate action; define problems, collect data, establish facts and draw valid conclusions; use proper research methods in gathering data; add, subtract, multiply and divide whole numbers; understand manuals and verbal instructions technical in nature; handle sensitive inquiries from and contacts with officials and general public; skilled in operation of peace officer equipment including firearms and self-defense.		
	20	Preserves evidence and reports to the prosecutor, to the grand jury all paperwork submitted as required by the agency, e.g., prosecutor's information, grand jury information, incident reports. Testifies in court and before grand juries.			Must successfully complete [REDACTED] field training. Must work variable hours, as needed.		
CLASS NUMBER 02092	15	Responsible for juvenile arrests being handled as required and as dictated by the juvenile court, and the proper filing of reports; incident, juvenile arrest, warrants, and case disposition. Other duties as assigned by supervisors.			Requires a valid Ohio driver's license and valid Peace Officer Training Certificate with current firearms qualification.		
				Must be physically capable of bending, stooping, reaching above shoulders, and lifting; running and rapidly climbing stairs; climbing over obstacles; exerting physical control over people; standing, walking and sitting for varying periods of time; and being alert.			
List Position Numbers and Class Titles of positions directly supervised					SIGNATURE OF AGENCY REPRESENTATIVE		DATE
					 JAMES A. KARNES, SHERIFF		5/27/09



PERSONNEL ACTION

Franklin County Sheriff's Office
Franklin County, Ohio

Name				
From:	Last	First	M.I.	Sex
To:	Last	First	M.I.	Sex

Address					
From:	Street	City	State	Zip Code	County
To:	Street	City	State	Zip Code	County

Effective Date	Payroll Number	Position Control No.
MO DAY YR	From: To:	
04 13 09	From: To:	

CLASS TITLE	CLASS NO	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: [REDACTED]	02092		D	30.85					
TO:			D	32.08					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <div style="text-align: center;">REINSTATEMENT</div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: RATE INCREASE PER CONTRACT.

Approved By: James A. Karnes 4/9/09
 James A. Karnes, Sheriff Date



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio

Name				
From:	Last [REDACTED]	First [REDACTED]	M.I.	Sex M
To:	Last	First	M.I.	Sex

Address					
From:	Street [REDACTED]	City COLUMBUS	State OH	Zip Code 43215	County
To:	Street	City	State	Zip Code	County

Effective Date	Payroll Number	Position Control No.
MO DAY YR	[REDACTED]	
04 14 08		

FROM: [REDACTED]	CLASS TITLE	CLASS NO. 02092	RANGE	STEP D	BASE RATE 29.66	LONG	SUPPL.	SUPPL.	TOTAL	STATUS C
TO:				D	30.85					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: ____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: ____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: ____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: ____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: ____ CLASS: ____ RATE: ____ STEP: ____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <div style="text-align: center;">REINSTATEMENT</div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:
REMARKS: RATE INCREASE PER CONTRACT			TIME STAMP

Approved By: James A. Karnes 4/24/08
 James A. Karnes, Sheriff Date



PERSONNEL ACTION

Franklin County Sheriff's Office

Franklin County, Ohio

Name			
From:	Last [REDACTED] First [REDACTED] M.I.	Sex	M
To:	Last [REDACTED] First [REDACTED] M.I.	Sex	[REDACTED]

Address					
From:	Street [REDACTED] City COLUMBUS State OH Zip Code 43215 County				
To:	Street [REDACTED] City [REDACTED] State [REDACTED] Zip Code [REDACTED] County [REDACTED]				

Effective Date	Payroll Number	Position Control No.
MO DAY YR	[REDACTED]	
04 16 07		

FROM: CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
[REDACTED]	02092		D	28.52					C
TO:			D	29.66					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 1 - EMERGENCY ENDS: _____ <input type="checkbox"/> 2 - FULL TIME PERMANENT <input type="checkbox"/> 3 - FULL TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 4 - FULL TIME SEASONAL ENDS: _____ <input type="checkbox"/> 5 - PART TIME PERMANENT <input type="checkbox"/> 6 - PART TIME TEMPORARY ENDS: _____ <input type="checkbox"/> 7 - PART TIME SEASONAL ENDS: _____ <input type="checkbox"/> 8 - INTERMITTENT <input type="checkbox"/> 9 - APPT. DATE CORRECTED <input type="checkbox"/> 10 - FULL TIME INTERIM <input type="checkbox"/> 11 - PART TIME INTERIM	<input type="checkbox"/> 1 - PROMOTION <input type="checkbox"/> 2 - DEMOTION <input type="checkbox"/> 3 - LATERAL CLASS CHANGE <input type="checkbox"/> 4 - TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 - TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 - CIVIL SERVICE STATUS <input type="checkbox"/> 7 - NAME <input type="checkbox"/> 8 - APPOINTMENT CHANGE TO <input type="checkbox"/> 9 - DISPLACEMENT <input checked="" type="checkbox"/> 10 - RATE <input type="checkbox"/> 11 - REASSIGNMENT <input type="checkbox"/> 12 - POSITION CHANGED <input type="checkbox"/> 13 - TEMPORARY WORK LEVEL ENDS: _____ CLASS: _____ RATE: _____ STEP: _____ <input type="checkbox"/> 14 - CANCEL INTERMIN <input type="checkbox"/> 15 - SERVICE CHANGE <input type="checkbox"/> 16 - GRIEVANCE ADJUSTMENT <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 - RESIGNATION <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 - RETIRED <input type="checkbox"/> 3 - DISABILITY RETIREMENT <input type="checkbox"/> 4 - DECEASED <input type="checkbox"/> 5 - REMOVED <input type="checkbox"/> 6 - PROBATIONARY REMOVAL <input type="checkbox"/> 7 - LAID OFF <input type="checkbox"/> 8 - UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 - OTHER (SEE REMARKS) <input type="checkbox"/> 10 - CANCEL APPOINTMENT <input type="checkbox"/> 11 - DISABILITY SEPARATION REINSTATE BY: <input type="checkbox"/> 12 - INTERIM SEPARATION <input type="checkbox"/> 13 - RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 14 - RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 - MILITARY LEAVE ENDS <input type="checkbox"/> 2 - PERSONAL LEAVE ENDS <input type="checkbox"/> 3 - SUSPENSION ENDS <input type="checkbox"/> 4 - SEASONAL ENDS <input type="checkbox"/> 5 - EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 6 - UNION LEADERS ENDS <input type="checkbox"/> 7 - LEAVE REDUCTION <input type="checkbox"/> 8 - PENALTY FINE <input type="checkbox"/> 9 - WORKING SUSPENSION <div style="text-align: center;">REINSTATEMENT</div> <input type="checkbox"/> 1 - FROM SEPARATION <input type="checkbox"/> 2 - FROM INTERRUPTION <input type="checkbox"/> 3 - BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 - BY COURT ORDER <input type="checkbox"/> 5 - SEPARATION RESCINDED <input type="checkbox"/> 6 - BY GRIEVANCE <input type="checkbox"/> 7 - BY ARBITRATION AWARD <input type="checkbox"/> 8 - REEMPLOYMENT FROM LAYOFF APPT. TYPE: <input type="checkbox"/> 9 - RECALL FROM LAYOFF APPT. TYPE:

REMARKS: INCREASE PER CONTRACT

Approved By: James A. Karnes 1/29/08
 James A. Karnes, Sheriff Date

PERSONNEL ACTION
STATE OF OHIO

AGENCY Franklin County Sheriff's Office DIVISION OR INSTITUTION _____ UNIT OR OFFICE _____ NO. _____

FROM: Franklin County Sheriff's Office

TO:

NAME		LAST	FIRST	M.I.	SEX	DATE OF BIRTH			EDUCATION		
FROM:						MO	DAY	YR	NO. OF YEARS	DEGREE	MAJOR
TO:				M							

ADDRESS		STREET	CITY	STATE	ZIP CODE	COUNTY
FROM:			Columbus	Ohio	43215	Franklin
TO:						

EFFECTIVE DATE	PAYROLL NUMBER	POSITION CONTROL NO.	BARG UNIT	FLAG	SOCIAL SECURITY NUMBER	HQ COUNTY
MO: 10 DAY: 16 YR: 06	FROM: [REDACTED]					
TO:						

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: Franklin County Sheriff [REDACTED]	02092		D	27.42					C
TO:			D	28.52					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 0 EMERGENCY ENDS ____ <input type="checkbox"/> 1 FULL TIME PERMANENT <input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS ____ <input type="checkbox"/> 3 FULL TIME SEASONAL ENDS ____ <input type="checkbox"/> 4 PART TIME PERMANENT <input type="checkbox"/> 5 PART TIME TEMPORARY ENDS ____ <input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____ <input type="checkbox"/> 7 INTERMITTENT <input type="checkbox"/> 8 FIXED TERMS SALARIED ENDS ____ <input type="checkbox"/> 9 FIXED TERM PER DIEM <input type="checkbox"/> 10 APPT. DATE CORRECTED <input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL <input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL <input type="checkbox"/> 13 PART TIME INTERIM INTERNAL <input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL <input type="checkbox"/> 16 UNIT 11, 12 FULL TIME INTERIM <input type="checkbox"/> 17 ESTABLISHED TERM REGULAR <input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR <input type="checkbox"/> 20 FULL TIME DISASTER RELIEF <input type="checkbox"/> 21 PART TIME DISASTER RELIEF	<input type="checkbox"/> 1 PROMOTION <input type="checkbox"/> 2 DEMOTION <input type="checkbox"/> 3 LATERAL CLASS CHANGE <input type="checkbox"/> 4 TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO ____ <input type="checkbox"/> 9 DISPLACEMENT <input checked="" type="checkbox"/> 10 RATE <input type="checkbox"/> 11 REASSIGNMENT <input type="checkbox"/> 12 POSITION CHANGED <input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS ____ CLASS ____ RATE ____ STEP ____ <input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL ECISION <input type="checkbox"/> 22 CANCEL INTERIM <input type="checkbox"/> 23 SERVICE CHANGE <input type="checkbox"/> 26 SSN CORRECTION <input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT <input type="checkbox"/> 30 H.Q. COUNTY CHANGE <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 RESIGNED - REGULAR ____ WRITTEN ____ ORAL <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input type="checkbox"/> 5 REMOVED <input type="checkbox"/> 6 PROBATIONARY REMOVAL <input type="checkbox"/> 7 LAID OFF <input type="checkbox"/> 8 UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 OTHER (SEE REMARKS) <input type="checkbox"/> 10 CANCEL APPOINTMENT <input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____ <input type="checkbox"/> 13 INTERIM SEPARATION <input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 MILITARY LEAVE ENDS ____ <input type="checkbox"/> 2 PERSONAL LEAVE ENDS ____ <input type="checkbox"/> 3 SUSPENSION ENDS ____ <input type="checkbox"/> 6 SEASONAL ENDS ____ <input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS ____ <input type="checkbox"/> 11 UNION LEAVE ENDS ____ <input type="checkbox"/> 12 END A17 ____ <input type="checkbox"/> 13 END A18 ____ <input type="checkbox"/> 14 LEAVE REDUCTION <input type="checkbox"/> 16 PENALTY FINE <input type="checkbox"/> 18 WORKING SUSPENSION
			REINSTATEMENT
			<input type="checkbox"/> 1 FROM SEPARATION <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BE PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 BY COURT ORDER <input type="checkbox"/> 5 SEPARATION RESCINDED <input type="checkbox"/> 7 BY GRIEVANCE <input type="checkbox"/> 8 BY ARBITRATION AWARD <input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____ <input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____
TIME STAMP			

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

REMARKS
increase per contract

<input type="checkbox"/> ALL ITEMS ON PRE-HIRE FORM HAVE BEEN COMPLETED	<input type="checkbox"/> APPROVED	CERTIFICATION _____
	<input type="checkbox"/> DISAPPROVED	
APPROVAL OF APPOINTING AUTHORITY	SIGNATURE	DATE
James A. Karnes, Sheriff		11/6/06
SIGNATURE OF RELEASING AUTHORITY	DATE	SIGNATURE OF APPROVER
		DATE

PERSONNEL ACTION
STATE OF OHIO

AGENCY DIVISION OR INSTITUTION UNIT OR OFFICE NO.
FROM Franklin County Sheriff's Office

TO:

NAME LAST	FIRST	M.I.	SEX	DATE OF BIRTH MO	DAY	YR	NO. OF YEARS	EDUCATION DEGREE	MAJOR
FROM: [REDACTED]	[REDACTED]								
TO: LAST	FIRST	M.I.							
		M							

ADDRESS STREET	CITY	STATE	ZIP CODE	COUNTY
FROM: [REDACTED]	Columbus	Ohio	43215	Franklin
TO: STREET	CITY	STATE	ZIP CODE	COUNTY

EFFECTIVE DATE MO	DAY	YR	PAYROLL NUMBER FROM	POSITION CONTROL NO.	BARG UNIT	FLAG	SOCIAL SECURITY NUMBER	HQ COUNTY
09	08	06	[REDACTED]					
TO: MO	DAY	YR	TO: PAYROLL NUMBER					

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: Franklin County Sheriff [REDACTED]	02092		C	20.79					C
TO: CLASS TITLE			D	27.42					

<input type="checkbox"/> 0 EMERGENCY ENDS ____ <input type="checkbox"/> 1 FULL TIME PERMANENT <input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS ____ <input type="checkbox"/> 3 FULL TIME SEASONAL ENDS ____ <input type="checkbox"/> 4 PART TIME PERMANENT <input type="checkbox"/> 5 PART TIME TEMPORARY ENDS ____ <input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____ <input type="checkbox"/> 7 INTERMITTENT <input type="checkbox"/> 8 FIXED TERMS SALARIED ENDS ____ <input type="checkbox"/> 9 FIXED TERM PER DIEM <input type="checkbox"/> 10 APPT. DATE CORRECTED <input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL <input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL <input type="checkbox"/> 13 PART TIME INTERIM INTERNAL <input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL <input type="checkbox"/> 16 UNIT 11, 12 FULL TIME INTERIM <input type="checkbox"/> 17 ESTABLISHED TERM REGULAR <input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR <input type="checkbox"/> 20 FULL TIME DISASTER RELIEF <input type="checkbox"/> 21 PART TIME DISASTER RELIEF	<input type="checkbox"/> 1 PROMOTION <input type="checkbox"/> 2 DEMOTION <input type="checkbox"/> 3 LATERAL CLASS CHANGE <input type="checkbox"/> 4 TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO ____ <input type="checkbox"/> 9 DISPLACEMENT <input checked="" type="checkbox"/> 10 RATE <input type="checkbox"/> 11 REASSIGNMENT <input type="checkbox"/> 12 POSITION CHANGED <input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS ____ CLASS ____ RATE ____ STEP ____ <input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL ECISION <input type="checkbox"/> 22 CANCEL INTERIM <input type="checkbox"/> 23 SERVICE CHANGE <input type="checkbox"/> 26 SSN CORRECTION <input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT <input type="checkbox"/> 30 H.Q. COUNTY CHANGE <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 RESIGNED - REGULAR ____ WRITTEN ____ ORAL <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input type="checkbox"/> 5 REMOVED <input type="checkbox"/> 6 PROBATIONARY REMOVAL <input type="checkbox"/> 7 LAID OFF <input type="checkbox"/> 8 UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 OTHER (SEE REMARKS) <input type="checkbox"/> 10 CANCEL APPOINTMENT <input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____ <input type="checkbox"/> 13 INTERIM SEPARATION <input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 MILITARY LEAVE ENDS ____ <input type="checkbox"/> 2 PERSONAL LEAVE ENDS ____ <input type="checkbox"/> 3 SUSPENSION ENDS ____ <input type="checkbox"/> 6 SEASONAL ENDS ____ <input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS ____ <input type="checkbox"/> 11 UNION LEAVE ENDS ____ <input type="checkbox"/> 12 END A17 ____ <input type="checkbox"/> 13 END A18 ____ <input type="checkbox"/> 14 LEAVE REDUCTION <input type="checkbox"/> 16 PENALTY FINE <input type="checkbox"/> 18 WORKING SUSPENSION <hr/> REINSTATEMENT <input type="checkbox"/> 1 FROM SEPARATION <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BE PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 BY COURT ORDER <input type="checkbox"/> 5 SEPARATION RESCINDED <input type="checkbox"/> 7 BY GRIEVANCE <input type="checkbox"/> 8 BY ARBITRATION AWARD <input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____ <input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____ <hr/> TIME STAMP
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DATE OF LAST PROMOTION	CERTIFICATION NO.	DATE OF CONTINUOUS SERVICE	BUDGETED HOURS

REMARKS
step increase per contract

COPY

<input type="checkbox"/> ALL ITEMS ON PRE-HIRE FORM HAVE BEEN COMPLETED	<input type="checkbox"/> APPROVED	CERTIFICATION ____
<input type="checkbox"/> DISAPPROVED		
APPROVAL OF APPOINTING AUTHORITY SIGNATURE DATE		
James A. Karnes, Sheriff 09/18/06		
SIGNATURE OF RELEASING AUTHORITY DATE	SIGNATURE OF APPROVER	DATE

PERSONNEL ACTION
STATE OF OHIO

AGENCY DIVISION OR INSTITUTION UNIT OR OFFICE NO.
FROM: Franklin County Sheriff's Office

TO:

NAME		DATE OF BIRTH		EDUCATION		
LAST	FIRST	MO	DAY	YR	NO. OF YEARS	DEGREE
FROM: [REDACTED]	[REDACTED]	SEX				MAJOR
LAST	FIRST	M.I.				
TO:		M				

ADDRESS		CITY		STATE	ZIP CODE	COUNTY
STREET		Columbus		Ohio	43215	Franklin
FROM: [REDACTED]		CITY		STATE	ZIP CODE	COUNTY
STREET						
TO:						

EFFECTIVE DATE	PAYROLL NUMBER	POSITION CONTROL NO.	BARG UNIT	FLAG	SOCIAL SECURITY NUMBER	HQ COUNTY
MO DAY YR	FROM: [REDACTED]					
10 31 05	TO:					

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: Franklin County Sheriff [REDACTED]	02092		C	20.79					C
TO: Franklin County Sheriff [REDACTED]	02092		C	20.79					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 0 EMERGENCY ENDS ____ <input type="checkbox"/> 1 FULL TIME PERMANENT <input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS ____ <input type="checkbox"/> 3 FULL TIME SEASONAL ENDS ____ <input type="checkbox"/> 4 PART TIME PERMANENT <input type="checkbox"/> 5 PART TIME TEMPORARY ENDS ____ <input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____ <input type="checkbox"/> 7 INTERMITTENT <input type="checkbox"/> 8 FIXED TERMS SALARIED ENDS ____ <input type="checkbox"/> 9 FIXED TERM PER DIEM <input type="checkbox"/> 10 APPT. DATE CORRECTED <input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL <input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL <input type="checkbox"/> 13 PART TIME INTERIM INTERNAL <input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL <input type="checkbox"/> 16 UNIT 11, 12 FULL TIME INTERIM <input type="checkbox"/> 17 ESTABLISHED TERM REGULAR <input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR <input type="checkbox"/> 20 FULL TIME DISASTER RELIEF <input type="checkbox"/> 21 PART TIME DISASTER RELIEF	<input type="checkbox"/> 1 PROMOTION <input type="checkbox"/> 2 DEMOTION <input type="checkbox"/> 3 LATERAL CLASS CHANGE <input type="checkbox"/> 4 TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO ____ <input type="checkbox"/> 9 DISPLACEMENT <input type="checkbox"/> 10 RATE <input checked="" type="checkbox"/> 11 REASSIGNMENT <input type="checkbox"/> 12 POSITION CHANGED <input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS ____ CLASS ____ RATE ____ STEP ____ <input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL DECISION <input type="checkbox"/> 22 CANCEL INTERIM <input type="checkbox"/> 23 SERVICE CHANGE <input type="checkbox"/> 26 SSN CORRECTION <input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT <input type="checkbox"/> 30 H.Q. COUNTY CHANGE <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 RESIGNED - REGULAR ____ WRITTEN ____ ORAL <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input type="checkbox"/> 5 REMOVED <input type="checkbox"/> 6 PROBATIONARY REMOVAL <input type="checkbox"/> 7 LAID OFF <input type="checkbox"/> 8 UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 OTHER (SEE REMARKS) <input type="checkbox"/> 10 CANCEL APPOINTMENT <input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____ <input type="checkbox"/> 13 INTERIM SEPARATION <input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 MILITARY LEAVE ENDS ____ <input type="checkbox"/> 2 PERSONAL LEAVE ENDS ____ <input type="checkbox"/> 3 SUSPENSION ENDS ____ <input type="checkbox"/> 6 SEASONAL ENDS ____ <input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS ____ <input type="checkbox"/> 11 UNION LEAVE ENDS ____ <input type="checkbox"/> 12 END A17 ____ <input type="checkbox"/> 13 END A18 ____ <input type="checkbox"/> 14 LEAVE REDUCTION <input type="checkbox"/> 16 PENALTY FINE <input type="checkbox"/> 18 WORKING SUSPENSION
			REINSTATEMENT
			<input type="checkbox"/> 1 FROM SEPARATION <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BE PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 BY COURT ORDER <input type="checkbox"/> 5 SEPARATION RESCINDED <input type="checkbox"/> 7 BY GRIEVANCE <input type="checkbox"/> 8 BY ARBITRATION AWARD <input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____ <input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____
			TIME STAMP

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

REMARKS
Changed to POTC
copy of letter, position description and certificate attached

COPY

<input checked="" type="checkbox"/> ALL ITEMS ON PRE-HIRE FORM HAVE BEEN COMPLETED <i>James A. Karnes</i>		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	CERTIFICATION ____
APPROVAL OF APPOINTING AUTHORITY	SIGNATURE	DATE	
James A. Karnes, Sheriff		11/7/05	
SIGNATURE OF RELEASING AUTHORITY	DATE	SIGNATURE OF APPROVER	DATE

POSITION DESCRIPTION

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES
HUMAN RESOURCES DIVISION

AGENC	FRANKLIN COUNTY
DIVISION OR INSTITUTION	SHERIFF'S OFFICE
UNIT OR OFFICE	CORRECTIONS

COUNTY OF EMPLOYMENT
FRANKLIN

State Agency County Agency New Position Change

USUAL WORKING TITLE OF POSITION

POSITION NO. AND TITLE OF IMMEDIATE SUPERVISOR
CORPORAL

NORMAL WORKING HOURS (Explain unusual or rotating shift)

FROM: **VARIES** TO:

JOB DESCRIPTION AND WORKER CHARACTERISTICS

%	Job Duties in order of Importance	Minimum Acceptable Characteristics
70	Protects property, maintains security and discipline of inmates in correctional facility. Watches security screens; patrols floor, dorm and recreation areas; counts and verifies inmates in area; monitors movement of inmates between areas of facility; searches incoming prisoners; receives and releases prisoners; monitors prisoner releases (e.g., assures that time has been served & no holders, detainers, &/or active warrants exist); transports inmates outside of jail facility. Responds to emergency situations.	Knowledge of (1) supervision of inmates in controlled environment and related safety practices*, (2) Sheriff's Office rules and regulations*, (3) public relations, (4) police methods and procedures. Ability to (5) develop good rapport with inmates, (6) define problems, collect data, establish facts and draw valid conclusions, (7) add, subtract, multiply and divide whole numbers, (8) communicate information both orally and in writing, (9) run, walk, stand or sit for extended or intermittent periods of time, (10) listen, comprehend and respond to discussions involving either one-on-one or group settings, (11) remain alert and watchful during assigned duty hours, (12) withstand extremes of climate exposure and potential exposure to health and safety hazards, (13) transport individuals, paperwork or material which may involve climbing stairs, (14) demonstrate strength, endurance and flexibility while wearing job-related equipment, (15) physically restrain angry or violent people. Skill in (16) operating police equipment and self defense.
25	Performs other related duties (e.g., answers telephone and questions of attorneys, parole & probation officers and law enforcement personnel; prepares reports of incidents; secures inmates personal effects; maintains records of inmates funds and releases property &/or funds with inmate authorization; issues visitation passes; performs additional duties at discretion of Sheriff when necessary.	Must have successfully attained and maintain state peace officer training certification as required by State law and regulations; must have valid Ohio drivers license.
5	Serves individuals with summons, subpoenas, attachments, and legal notices issued by courts and makes arrests when necessary.	* developed after employment

List Position Numbers and Class Titles of positions directly supervised

SIGNATURE OF AGENCY REPRESENTATIVE

DATE

James A. Karnes
JAMES A. KARNES, SHERIFF

11/7/05

POSITION CONTROL NUMBER

CLASS TITLE

CLASS NUMBER
02092



FRANKLIN COUNTY
SHERIFF

FINANCE/HUMAN RESOURCES

410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

To: [REDACTED]

From: Patrick F. Garrity
Director, Management Services

Date: November 7, 2005

Subject: Re-classification to POTC

Due to your completion of the prescribed course work, and having your POTC certification, Sheriff Karnes has authorized your request to be re-classified to POTC, effective October 31, 2005.

c: Chief Barrett
Major Strickler
Major Wise
Patrol
Training

PERSONNEL ACTION
STATE OF OHIO

AGENCY DIVISION OR INSTITUTION UNIT OR OFFICE NO.

FROM Franklin County Sheriff's Office

TO:

NAME		LAST	FIRST	M.I.	SEX	DATE OF BIRTH			EDUCATION		
FROM:						MO	DAY	YR	NO. OF YEARS	DEGREE	MAJOR
TO:					M						

ADDRESS		STREET	CITY	STATE	ZIP CODE	COUNTY
FROM:			Columbus	Ohio	43215	Franklin
TO:						

EFFECTIVE DATE	PAYROLL NUMBER	POSITION CONTROL NO.	BARG UNIT	FLAG	SOCIAL SECURITY NUMBER	HQ COUNTY
MO DAY YR	FROM: TO:					
10 31 05						

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: Franklin County Sheriff	02092		C	20.18					
TO:				20.79					

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 0 EMERGENCY ENDS ____ <input type="checkbox"/> 1 FULL TIME PERMANENT <input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS ____ <input type="checkbox"/> 3 FULL TIME SEASONAL ENDS ____ <input type="checkbox"/> 4 PART TIME PERMANENT <input type="checkbox"/> 5 PART TIME TEMPORARY ENDS ____ <input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____ <input type="checkbox"/> 7 INTERMITTENT <input type="checkbox"/> 8 FIXED TERMS SALARIED ENDS ____ <input type="checkbox"/> 9 FIXED TERM PER DIEM <input type="checkbox"/> 10 APPT. DATE CORRECTED <input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL <input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL <input type="checkbox"/> 13 PART TIME INTERIM INTERNAL <input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL <input type="checkbox"/> 16 UNIT 11, 12 FULL TIME INTERIM <input type="checkbox"/> 17 ESTABLISHED TERM REGULAR <input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR <input type="checkbox"/> 20 FULL TIME DISASTER RELIEF <input type="checkbox"/> 21 PART TIME DISASTER RELIEF	<input type="checkbox"/> 1 PROMOTION <input type="checkbox"/> 2 DEMOTION <input type="checkbox"/> 3 LATERAL CLASS CHANGE <input type="checkbox"/> 4 TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO ____ <input type="checkbox"/> 9 DISPLACEMENT <input checked="" type="checkbox"/> 10 RATE <input type="checkbox"/> 11 REASSIGNMENT <input type="checkbox"/> 12 POSITION CHANGED <input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS ____ CLASS ____ RATE ____ STEP ____ <input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL ECISION <input type="checkbox"/> 22 CANCEL INTERIM <input type="checkbox"/> 23 SERVICE CHANGE <input type="checkbox"/> 26 SSN CORRECTION <input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT <input type="checkbox"/> 30 H.Q. COUNTY CHANGE <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 RESIGNED - REGULAR ____ WRITTEN ____ ORAL <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input type="checkbox"/> 5 REMOVED <input type="checkbox"/> 6 PROBATIONARY REMOVAL <input type="checkbox"/> 7 LAID OFF <input type="checkbox"/> 8 UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 OTHER (SEE REMARKS) <input type="checkbox"/> 10 CANCEL APPOINTMENT <input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____ <input type="checkbox"/> 13 INTERIM SEPARATION <input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 MILITARY LEAVE ENDS ____ <input type="checkbox"/> 2 PERSONAL LEAVE ENDS ____ <input type="checkbox"/> 3 SUSPENSION ENDS ____ <input type="checkbox"/> 6 SEASONAL ENDS ____ <input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS ____ <input type="checkbox"/> 11 UNION LEAVE ENDS ____ <input type="checkbox"/> 12 END A17 ____ <input type="checkbox"/> 13 END A18 ____ <input type="checkbox"/> 14 LEAVE REDUCTION <input type="checkbox"/> 16 PENALTY FINE <input type="checkbox"/> 18 WORKING SUSPENSION <hr/> REINSTATEMENT <input type="checkbox"/> 1 FROM SEPARATION <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BE PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 BY COURT ORDER <input type="checkbox"/> 5 SEPARATION RESCINDED <input type="checkbox"/> 7 BY GRIEVANCE <input type="checkbox"/> 8 BY ARBITRATION AWARD <input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____ <input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____ <hr/> TIME STAMP

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

REMARKS
Rate increase per contract

<input type="checkbox"/> ALL ITEMS ON PRE-HIRE FORM HAVE BEEN COMPLETED	<input type="checkbox"/> APPROVED	CERTIFICATION _____
<i>James A. Karnes</i> SIGNATURE	<i>11/04/05</i> DATE	<input type="checkbox"/> DISAPPROVED
James A. Karnes, Sheriff	11/04/05	
SIGNATURE OF RELEASING AUTHORITY	DATE	SIGNATURE OF APPROVER
		DATE

PERSONNEL ACTION
STATE OF OHIO

AGENCY Franklin County Sheriff's Office DIVISION OR INSTITUTION _____ UNIT OR OFFICE _____ NO. _____
 FROM: _____
 TO: _____

NAME	LAST	FIRST	M.I.	SEX	MO	DAY	YR	DATE OF BIRTH			EDUCATION			
FROM:	██████	██████	██████									NO. OF YEARS	DEGREE	MAJOR
TO:	██████	██████	██████	M										
ADDRESS	STREET				CITY			STATE	ZIP CODE	COUNTY				
FROM:	████████████████████				Columbus			Ohio	43215	Franklin				
TO:	████████████████████				CITY			STATE	ZIP CODE	COUNTY				

EFFECTIVE DATE	PAYROLL NUMBER	POSITION CONTROL NO.	BARG UNIT	FLAG	SOCIAL SECURITY NUMBER	HQ COUNTY
MO DAY YR	FROM: ██████					
09 08 05	TO:					

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: Franklin County Sheriff ██████	02092		B	17.83					
TO:			C	20.18					

<input type="checkbox"/> 0 EMERGENCY ENDS ____ <input type="checkbox"/> 1 FULL TIME PERMANENT <input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS ____ <input type="checkbox"/> 3 FULL TIME SEASONAL ENDS ____ <input type="checkbox"/> 4 PART TIME PERMANENT <input type="checkbox"/> 5 PART TIME TEMPORARY ENDS ____ <input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____ <input type="checkbox"/> 7 INTERMITTENT <input type="checkbox"/> 8 FIXED TERMS SALARIED ENDS ____ <input type="checkbox"/> 9 FIXED TERM PER DIEM <input type="checkbox"/> 10 APPT. DATE CORRECTED <input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL <input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL <input type="checkbox"/> 13 PART TIME INTERIM INTERNAL <input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL <input type="checkbox"/> 16 UNIT 11, 12 FULL TIME INTERIM <input type="checkbox"/> 17 ESTABLISHED TERM REGULAR <input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR <input type="checkbox"/> 20 FULL TIME DISASTER RELIEF <input type="checkbox"/> 21 PART TIME DISASTER RELIEF	<input type="checkbox"/> 1 PROMOTION <input type="checkbox"/> 2 DEMOTION <input type="checkbox"/> 3 LATERAL CLASS CHANGE <input type="checkbox"/> 4 TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO ____ <input type="checkbox"/> 9 DISPLACEMENT <input checked="" type="checkbox"/> 10 RATE <input type="checkbox"/> 11 REASSIGNMENT <input type="checkbox"/> 12 POSITION CHANGED <input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS ____ CLASS ____ RATE ____ STEP ____ <input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL DECISION <input type="checkbox"/> 22 CANCEL INTERIM <input type="checkbox"/> 23 SERVICE CHANGE <input type="checkbox"/> 26 SSN CORRECTION <input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT <input type="checkbox"/> 30 H.Q. COUNTY CHANGE <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 RESIGNED - REGULAR ____ WRITTEN ____ ORAL <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input type="checkbox"/> 5 REMOVED <input type="checkbox"/> 6 PROBATIONARY REMOVAL <input type="checkbox"/> 7 LAID OFF <input type="checkbox"/> 8 UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 OTHER (SEE REMARKS) <input type="checkbox"/> 10 CANCEL APPOINTMENT <input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____ <input type="checkbox"/> 13 INTERIM SEPARATION <input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 MILITARY LEAVE ENDS ____ <input type="checkbox"/> 2 PERSONAL LEAVE ENDS ____ <input type="checkbox"/> 3 SUSPENSION ENDS ____ <input type="checkbox"/> 6 SEASONAL ENDS ____ <input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS ____ <input type="checkbox"/> 11 UNION LEAVE ENDS ____ <input type="checkbox"/> 12 END A17 ____ <input type="checkbox"/> 13 END A18 ____ <input type="checkbox"/> 14 LEAVE REDUCTION <input type="checkbox"/> 16 PENALTY FINE <input type="checkbox"/> 18 WORKING SUSPENSION <hr/> REINSTATEMENT <input type="checkbox"/> 1 FROM SEPARATION <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BE PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 BY COURT ORDER <input type="checkbox"/> 5 SEPARATION RESCINDED <input type="checkbox"/> 7 BY GRIEVANCE <input type="checkbox"/> 8 BY ARBITRATION AWARD <input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____ <input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____ <hr/> TIME STAMP
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DATE OF LAST PROMOTION	CERTIFICATION NO.	DATE OF CONTINUOUS SERVICE	BUDGETED HOURS

REMARKS
Step increase.

<input type="checkbox"/> ALL ITEMS ON PRE-HIRE FORM HAVE BEEN COMPLETED <i>James A. Karnes / pg</i>	8/24/05	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	CERTIFICATION ____
APPROVAL OF APPOINTING AUTHORITY	SIGNATURE	DATE	
James A. Karnes, Sheriff			
SIGNATURE OF RELEASING AUTHORITY	DATE	SIGNATURE OF APPROVER	DATE

PERSONNEL ACTION
STATE OF OHIO

AGENCY Franklin County Sheriff's Office DIVISION OR INSTITUTION _____ UNIT OR OFFICE _____ NO. _____

FROM: Franklin County Sheriff's Office

TO: _____

NAME	LAST	FIRST	M.I.	SEX	MO	DAY	YR	EDUCATION		
FROM:	██████████	██████████						NO. OF YEARS	DEGREE	MAJOR
TO:	██████████	██████████		M						

ADDRESS	STREET	CITY	STATE	ZIP CODE	COUNTY
FROM:	██████████	Columbus	Ohio	43215	Franklin
TO:	██████████	CITY	STATE	ZIP CODE	COUNTY

EFFECTIVE DATE	PAYROLL NUMBER	POSITION CONTROL NO.	BARG UNIT	FLAG	SOCIAL SECURITY NUMBER	HQ COUNTY
MO DAY YR	FROM: ██████████					
10 25 04	TO: _____					

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: Franklin County ██████████			B	17.31					C
TO: Franklin County ██████████			B	17.83					C

<input type="checkbox"/> 0 EMERGENCY ENDS ____ <input type="checkbox"/> 1 FULL TIME PERMANENT ENDS ____ <input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS ____ <input type="checkbox"/> 3 FULL TIME SEASONAL ENDS ____ <input type="checkbox"/> 4 PART TIME PERMANENT ENDS ____ <input type="checkbox"/> 5 PART TIME TEMPORARY ENDS ____ <input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____ <input type="checkbox"/> 7 INTERMITTENT <input type="checkbox"/> 8 FIXED TERMS SALARIED ENDS ____ <input type="checkbox"/> 9 FIXED TERM PER DIEM <input type="checkbox"/> 10 APPT. DATE CORRECTED <input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL <input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL <input type="checkbox"/> 13 PART TIME INTERIM INTERNAL <input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL <input type="checkbox"/> 16 UNIT 11, 12 FULL TIME INTERIM <input type="checkbox"/> 17 ESTABLISHED TERM REGULAR <input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR <input type="checkbox"/> 20 FULL TIME DISASTER RELIEF <input type="checkbox"/> 21 PART TIME DISASTER RELIEF	<input type="checkbox"/> 1 PROMOTION <input type="checkbox"/> 2 DEMOTION <input type="checkbox"/> 3 LATERAL CLASS CHANGE <input type="checkbox"/> 4 TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO ____ <input type="checkbox"/> 9 DISPLACEMENT <input checked="" type="checkbox"/> 10 RATE <input type="checkbox"/> 11 REASSIGNMENT <input type="checkbox"/> 12 POSITION CHANGED <input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS ____ CLASS ____ RATE ____ STEP ____ <input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL ECISION <input type="checkbox"/> 22 CANCEL INTERIM <input type="checkbox"/> 23 SERVICE CHANGE <input type="checkbox"/> 26 SSN CORRECTION <input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT <input type="checkbox"/> 30 H.Q. COUNTY CHANGE <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 RESIGNED - REGULAR ____ WRITTEN ____ ORAL <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input type="checkbox"/> 5 REMOVED <input type="checkbox"/> 6 PROBATIONARY REMOVAL <input type="checkbox"/> 7 LAID OFF <input type="checkbox"/> 8 UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 OTHER (SEE REMARKS) <input type="checkbox"/> 10 CANCEL APPOINTMENT <input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____ <input type="checkbox"/> 13 INTERIM SEPARATION <input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 MILITARY LEAVE ENDS ____ <input type="checkbox"/> 2 PERSONAL LEAVE ENDS ____ <input type="checkbox"/> 3 SUSPENSION ENDS ____ <input type="checkbox"/> 6 SEASONAL ENDS ____ <input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS ____ <input type="checkbox"/> 11 UNION LEAVE ENDS ____ <input type="checkbox"/> 12 END A17 ____ <input type="checkbox"/> 13 END A18 ____ <input type="checkbox"/> 14 LEAVE REDUCTION <input type="checkbox"/> 16 PENALTY FINE <input type="checkbox"/> 18 WORKING SUSPENSION <hr/> REINSTATEMENT <input type="checkbox"/> 1 FROM SEPARATION <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BE PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 BY COURT ORDER <input type="checkbox"/> 5 SEPARATION RESCINDED <input type="checkbox"/> 7 BY GRIEVANCE <input type="checkbox"/> 8 BY ARBITRATION AWARD <input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____ <input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____ <hr/> TIME STAMP
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DATE OF LAST PROMOTION	CERTIFICATION NO.	DATE OF CONTINUOUS SERVICE	BUDGETED HOURS

REMARKS
Rate Increase per Contract.

<input type="checkbox"/> ALL ITEMS ON PRE-HIRE FORM HAVE BEEN COMPLETED  APPROVAL OF APPOINTING AUTHORITY SIGNATURE DATE James A. Karnes, Sheriff	MAR - 1 2005 DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED CERTIFICATION _____
SIGNATURE OF RELEASING AUTHORITY	DATE	SIGNATURE OF APPROVER
		DATE

PERSONNEL ACTION
STATE OF OHIO

AGENCY Franklin County Sheriff's Office DIVISION OR INSTITUTION _____ UNIT OR OFFICE _____ NO. _____

FROM: Franklin County Sheriff's Office

TO: _____

NAME		LAST	FIRST	M.I.	SEX	DATE OF BIRTH			EDUCATION		
FROM:						MO	DAY	YR	NO. OF YEARS	DEGREE	MAJOR
TO:					M						

ADDRESS		STREET	CITY	STATE	ZIP CODE	COUNTY
FROM:			Columbus	Ohio	43215	Franklin
TO:						

EFFECTIVE DATE	PAYROLL NUMBER	POSITION CONTROL NO.	BARG UNIT	FLAG	SOCIAL SECURITY NUMBER	HQ COUNTY
MO DAY YR 09 08 04	FROM: [REDACTED]					
TO:						

CLASS TITLE	CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: Franklin County [REDACTED]	02092		A	15.44					C
TO:			B	17.31					C

APPOINTMENT	CHANGE	SEPARATION	INTERRUPTION
<input type="checkbox"/> 0 EMERGENCY ENDS ____ <input type="checkbox"/> 1 FULL TIME PERMANENT ENDS ____ <input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS ____ <input type="checkbox"/> 3 FULL TIME SEASONAL ENDS ____ <input type="checkbox"/> 4 PART TIME PERMANENT ENDS ____ <input type="checkbox"/> 5 PART TIME TEMPORARY ENDS ____ <input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____ <input type="checkbox"/> 7 INTERMITTENT <input type="checkbox"/> 8 FIXED TERMS SALARIED ENDS ____ <input type="checkbox"/> 9 FIXED TERM PER DIEM <input type="checkbox"/> 10 APPT. DATE CORRECTED <input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL <input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL <input type="checkbox"/> 13 PART TIME INTERIM INTERNAL <input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL <input type="checkbox"/> 16 UNIT 11, 12 FULL TIME INTERIM <input type="checkbox"/> 17 ESTABLISHED TERM REGULAR <input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR <input type="checkbox"/> 20 FULL TIME DISASTER RELIEF <input type="checkbox"/> 21 PART TIME DISASTER RELIEF	<input type="checkbox"/> 1 PROMOTION <input type="checkbox"/> 2 DEMOTION <input type="checkbox"/> 3 LATERAL CLASS CHANGE <input type="checkbox"/> 4 TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO ____ <input type="checkbox"/> 9 DISPLACEMENT <input checked="" type="checkbox"/> 10 RATE <input type="checkbox"/> 11 REASSIGNMENT <input type="checkbox"/> 12 POSITION CHANGED <input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS ____ CLASS ____ RATE ____ STEP ____ <input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL ECISION <input type="checkbox"/> 22 CANCEL INTERIM <input type="checkbox"/> 23 SERVICE CHANGE <input type="checkbox"/> 26 SSN CORRECTION <input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT <input type="checkbox"/> 30 H.Q. COUNTY CHANGE <input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 1 RESIGNED - REGULAR ____ WRITTEN ____ ORAL <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input type="checkbox"/> 5 REMOVED <input type="checkbox"/> 6 PROBATIONARY REMOVAL <input type="checkbox"/> 7 LAID OFF <input type="checkbox"/> 8 UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 OTHER (SEE REMARKS) <input type="checkbox"/> 10 CANCEL APPOINTMENT <input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____ <input type="checkbox"/> 13 INTERIM SEPARATION <input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 1 MILITARY LEAVE ENDS ____ <input type="checkbox"/> 2 PERSONAL LEAVE ENDS ____ <input type="checkbox"/> 3 SUSPENSION ENDS ____ <input type="checkbox"/> 6 SEASONAL ENDS ____ <input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS ____ <input type="checkbox"/> 11 UNION LEAVE ENDS ____ <input type="checkbox"/> 12 END A17 ____ <input type="checkbox"/> 13 END A18 ____ <input type="checkbox"/> 14 LEAVE REDUCTION <input type="checkbox"/> 16 PENALTY FINE <input type="checkbox"/> 18 WORKING SUSPENSION <hr/> REINSTATEMENT <input type="checkbox"/> 1 FROM SEPARATION <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BE PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 BY COURT ORDER <input type="checkbox"/> 5 SEPARATION RESCINDED <input type="checkbox"/> 7 BY GRIEVANCE <input type="checkbox"/> 8 BY ARBITRATION AWARD <input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____ <input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____ <hr/> TIME STAMP

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

REMARKS
step increase per contract

<input type="checkbox"/> ALL ITEMS ON PRE-HIRE FORM HAVE BEEN COMPLETED	<input type="checkbox"/> APPROVED	CERTIFICATION ____
<i>James A. Karnes</i>	<input type="checkbox"/> DISAPPROVED	
APPROVAL OF APPOINTING AUTHORITY SIGNATURE DATE		
James A. Karnes, Sheriff 08/26/04		
SIGNATURE OF RELEASING AUTHORITY DATE	SIGNATURE OF APPROVER DATE	

PERSONNEL ACTION
STATE OF OHIO

AGENCY DIVISION OR INSTITUTION UNIT OR OFFICE NO.
FROM: Franklin County Sheriff's Office

TO:

NAME		LAST		FIRST		M.I.		DATE OF BIRTH			EDUCATION			
FROM:								SEX	MO	DAY	YR	NO. OF YEARS	DEGREE	MAJOR
TO:														

ADDRESS		STREET		CITY		STATE		ZIP CODE		COUNTY	
FROM:					Columbus		Ohio		43215		Franklin
TO:											

EFFECTIVE DATE			PAYROLL NUMBER		POSITION CONTROL NO.		BARG UNIT		FLAG		SOCIAL SECURITY NUMBER		HQ COUNTY	
MO	DAY	YR	FROM:											
10	27	03	TO:											

CLASS TITLE				CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM: Franklin County Sheriff				02092		A	14.85					
TO:						A	15.44					

APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION																		
<input type="checkbox"/> 0 EMERGENCY ENDS ____	<input type="checkbox"/> 1 PROMOTION	<input type="checkbox"/> 1 RESIGNED - REGULAR ____ WRITTEN ____ ORAL	<input type="checkbox"/> 1 MILITARY LEAVE ENDS ____	<input type="checkbox"/> 1 FULL TIME PERMANENT ENDS ____	<input type="checkbox"/> 2 DEMOTION	<input type="checkbox"/> 2 RETIRED	<input type="checkbox"/> 2 PERSONAL LEAVE ENDS ____	<input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS ____	<input type="checkbox"/> 3 LATERAL CLASS CHANGE	<input type="checkbox"/> 3 DISABILITY RETIREMENT	<input type="checkbox"/> 3 SUSPENSION ENDS ____	<input type="checkbox"/> 6 SEASONAL ENDS ____	<input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS ____	<input type="checkbox"/> 11 UNION LEAVE ENDS ____	<input type="checkbox"/> 12 END A17 ____	<input type="checkbox"/> 13 END A18 ____	<input type="checkbox"/> 14 LEAVE REDUCTION	<input type="checkbox"/> 16 PENALTY FINE	<input type="checkbox"/> 18 WORKING SUSPENSION					
<input type="checkbox"/> 3 FULL TIME SEASONAL ENDS ____	<input type="checkbox"/> 4 TRANSFER WITHIN AGENCY	<input type="checkbox"/> 4 DECEASED	<input type="checkbox"/> 7 INTERMITTENT	<input type="checkbox"/> 5 PART TIME TEMPORARY ENDS ____	<input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES	<input type="checkbox"/> 5 REMOVED	<input type="checkbox"/> 6 PROBATIONARY REMOVAL	<input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____	<input type="checkbox"/> 6 CIVIL SERVICE STATUS	<input type="checkbox"/> 6 OTHER (SEE REMARKS)	<input type="checkbox"/> 7 LAID OFF	<input type="checkbox"/> 9 OTHER (SEE REMARKS)	<input type="checkbox"/> 10 CANCEL APPOINTMENT	<input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____	<input type="checkbox"/> 13 INTERIM SEPARATION	<input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	REINSTATEMENT						
<input type="checkbox"/> 4 PART TIME PERMANENT	<input type="checkbox"/> 7 NAME	<input type="checkbox"/> 7 UNCLASSIFIED TERMINATION	<input type="checkbox"/> 1 FROM SEPARATION	<input type="checkbox"/> 5 PART TIME TEMPORARY ENDS ____	<input type="checkbox"/> 8 APPOINTMENT CHANGE TO ____	<input type="checkbox"/> 8 UNCLASSIFIED TERMINATION	<input type="checkbox"/> 9 OTHER (SEE REMARKS)	<input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____	<input type="checkbox"/> 9 DISPLACEMENT	<input type="checkbox"/> 9 OTHER (SEE REMARKS)	<input type="checkbox"/> 9 OTHER (SEE REMARKS)	<input type="checkbox"/> 10 CANCEL APPOINTMENT	<input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____	<input type="checkbox"/> 13 INTERIM SEPARATION	<input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 2 FROM INTERRUPTION	<input type="checkbox"/> 3 BE PERSONNEL BD. OF REVIEW	<input type="checkbox"/> 4 BY COURT ORDER	<input type="checkbox"/> 5 SEPARATION RESCINDED	<input type="checkbox"/> 7 BY GRIEVANCE	<input type="checkbox"/> 8 BY ARBITRATION AWARD	<input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____	<input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____
<input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____	<input type="checkbox"/> 11 REASSIGNMENT	<input type="checkbox"/> 10 CANCEL APPOINTMENT	<input type="checkbox"/> 3 BE PERSONNEL BD. OF REVIEW	<input type="checkbox"/> 7 INTERMITTENT	<input type="checkbox"/> 12 POSITION CHANGED	<input type="checkbox"/> 10 CANCEL APPOINTMENT	<input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____	<input type="checkbox"/> 7 INTERMITTENT	<input type="checkbox"/> 11 REASSIGNMENT	<input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____	<input type="checkbox"/> 13 INTERIM SEPARATION	<input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 4 BY COURT ORDER	<input type="checkbox"/> 5 SEPARATION RESCINDED	<input type="checkbox"/> 7 BY GRIEVANCE	<input type="checkbox"/> 8 BY ARBITRATION AWARD	<input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____	<input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____					
<input type="checkbox"/> 8 FIXED TERMS SALARIED ENDS ____	<input type="checkbox"/> 12 POSITION CHANGED	<input type="checkbox"/> 13 INTERIM SEPARATION	<input type="checkbox"/> 5 SEPARATION RESCINDED	<input type="checkbox"/> 9 FIXED TERM PER DIEM	<input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS ____ CLASS ____ RATE ____ STEP ____	<input type="checkbox"/> 13 INTERIM SEPARATION	<input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING	<input type="checkbox"/> 9 FIXED TERM PER DIEM	<input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL ECISION	<input type="checkbox"/> 13 INTERIM SEPARATION	<input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 4 BY COURT ORDER	<input type="checkbox"/> 5 SEPARATION RESCINDED	<input type="checkbox"/> 7 BY GRIEVANCE	<input type="checkbox"/> 8 BY ARBITRATION AWARD	<input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____	<input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____						
<input type="checkbox"/> 10 APPT. DATE CORRECTED	<input type="checkbox"/> 22 CANCEL INTERIM	<input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING	<input type="checkbox"/> 7 BY GRIEVANCE	<input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL	<input type="checkbox"/> 23 SERVICE CHANGE	<input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL	<input type="checkbox"/> 22 CANCEL INTERIM	<input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 8 BY ARBITRATION AWARD	<input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____	<input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____	TIME STAMP								
<input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL	<input type="checkbox"/> 26 SSN CORRECTION	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____	<input type="checkbox"/> 13 PART TIME INTERIM INTERNAL	<input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 13 PART TIME INTERIM INTERNAL	<input type="checkbox"/> 26 SSN CORRECTION	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____	<input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____	TIME STAMP									
<input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL	<input type="checkbox"/> 30 H.Q. COUNTY CHANGE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____	<input type="checkbox"/> 16 UNIT 11, 12 FULL TIME INTERIM	<input type="checkbox"/> OTHER - SEE REMARKS	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 16 UNIT 11, 12 FULL TIME INTERIM	<input type="checkbox"/> 30 H.Q. COUNTY CHANGE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____	<input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____	TIME STAMP										
<input type="checkbox"/> 17 ESTABLISHED TERM REGULAR		<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE		<input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR		<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR		<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____	<input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____	TIME STAMP										
<input type="checkbox"/> 20 FULL TIME DISASTER RELIEF		<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE		<input type="checkbox"/> 21 PART TIME DISASTER RELIEF		<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 21 PART TIME DISASTER RELIEF		<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE	<input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____	<input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE ____	TIME STAMP										

DATE OF LAST PROMOTION	CERTIFICATION NO.	DATE OF CONTINUOUS SERVICE	BUDGETED HOURS
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REMARKS
Rate increase per contract.

<input type="checkbox"/> ALL ITEMS ON PRE-HIRE FORM HAVE BEEN COMPLETED	<input type="checkbox"/> APPROVED	CERTIFICATION ____
<i>James A. Karnes</i> / <i>pg</i>	<input type="checkbox"/> DISAPPROVED	
APPROVAL OF APPOINTING AUTHORITY SIGNATURE DATE	SIGNATURE OF APPROVER	DATE
James A. Karnes, Sheriff		
SIGNATURE OF RELEASING AUTHORITY	DATE	SIGNATURE OF APPROVER
		DATE

PERSONNEL ACTION
STATE OF OHIO

AGENCY DIVISION OR INSTITUTION UNIT OR OFFICE NO.
FROM: FRANKLIN COUNTY SHERIFF'S OFFICE
TO:

NAME		LAST		FIRST		M.I.		DATE OF BIRTH				EDUCATION		
FROM:								SEX	MO	DAY	YR	NO. OF YEARS	DEGREE	MAJOR
TO:								M						

ADDRESS		STREET		CITY		STATE		ZIP CODE		COUNTY	
FROM:											
TO:											

EFFECTIVE DATE			PAYROLL NUMBER		POSITION CONTROL NO.		BARG UNIT	FLAG	SOCIAL SECURITY NUMBER			HQ COUNTY
MO	DAY	YR	FROM:									
09	08	03	TO:									

CLASS TITLE				CLASS NO.	RANGE	STEP	BASE RATE	LONG	SUPPL.	SUPPL.	TOTAL	STATUS
FROM:												
TO:	FRANKLIN COUNTY			02092		A	14.85					P

APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION													
<input type="checkbox"/> 0 EMERGENCY ENDS ____	<input type="checkbox"/> 1 PROMOTION	<input type="checkbox"/> 1 RESIGNED - REGULAR ____ WRITTEN ____ ORAL	<input type="checkbox"/> 1 MILITARY LEAVE ENDS ____	<input checked="" type="checkbox"/> 1 FULL TIME PERMANENT	<input type="checkbox"/> 2 DEMOTION	<input type="checkbox"/> 2 RETIRED	<input type="checkbox"/> 2 PERSONAL LEAVE ENDS ____	<input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS ____	<input type="checkbox"/> 3 LATERAL CLASS CHANGE	<input type="checkbox"/> 3 DISABILITY RETIREMENT	<input type="checkbox"/> 3 SUSPENSION ENDS ____	<input type="checkbox"/> 6 SEASONAL ENDS ____	<input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS ____	<input type="checkbox"/> 11 UNION LEAVE ENDS ____	<input type="checkbox"/> 12 END A17 ____	<input type="checkbox"/> 13 END A18 ____	<input type="checkbox"/> 14 LEAVE REDUCTION	<input type="checkbox"/> 16 PENALTY FINE	<input type="checkbox"/> 18 WORKING SUSPENSION
<input type="checkbox"/> 3 FULL TIME SEASONAL ENDS ____	<input type="checkbox"/> 4 TRANSFER WITHIN AGENCY	<input type="checkbox"/> 4 DECEASED	<input type="checkbox"/> 6 SEASONAL ENDS ____	<input type="checkbox"/> 4 PART TIME PERMANENT	<input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES	<input type="checkbox"/> 5 REMOVED	<input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS ____	<input type="checkbox"/> 5 PART TIME TEMPORARY ENDS ____	<input type="checkbox"/> 6 CIVIL SERVICE STATUS	<input type="checkbox"/> 6 PROBATIONARY REMOVAL	<input type="checkbox"/> 7 LAID OFF	<input type="checkbox"/> 11 UNION LEAVE ENDS ____	<input type="checkbox"/> 12 END A17 ____	<input type="checkbox"/> 13 END A18 ____	<input type="checkbox"/> 14 LEAVE REDUCTION	<input type="checkbox"/> 16 PENALTY FINE	<input type="checkbox"/> 18 WORKING SUSPENSION		
<input type="checkbox"/> 6 PART TIME SEASONAL ENDS ____	<input type="checkbox"/> 7 NAME	<input type="checkbox"/> 8 UNCLASSIFIED TERMINATION	<input type="checkbox"/> 11 UNION LEAVE ENDS ____	<input type="checkbox"/> 7 INTERMITTENT	<input type="checkbox"/> 8 APPOINTMENT CHANGE TO ____	<input type="checkbox"/> 9 OTHER (SEE REMARKS)	<input type="checkbox"/> 12 END A17 ____	<input type="checkbox"/> 8 FIXED TERMS SALARIED ENDS ____	<input type="checkbox"/> 9 DISPLACEMENT	<input type="checkbox"/> 10 CANCEL APPOINTMENT	<input type="checkbox"/> 10 PROBATIONARY REMOVAL	<input type="checkbox"/> 13 END A18 ____	<input type="checkbox"/> 14 LEAVE REDUCTION	<input type="checkbox"/> 16 PENALTY FINE	<input type="checkbox"/> 18 WORKING SUSPENSION				
<input type="checkbox"/> 9 FIXED TERM PER DIEM	<input type="checkbox"/> 10 RATE	<input type="checkbox"/> 11 CANCEL APPOINTMENT	<input type="checkbox"/> 16 PENALTY FINE	<input type="checkbox"/> 10 APPT. DATE CORRECTED	<input type="checkbox"/> 11 REASSIGNMENT	<input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY ____	<input type="checkbox"/> 18 WORKING SUSPENSION	<input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL	<input type="checkbox"/> 12 POSITION CHANGED	<input type="checkbox"/> 13 INTERIM SEPARATION	<input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING								
<input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL	<input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS ____ CLASS ____ RATE ____ STEP ____	<input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE		<input type="checkbox"/> 13 PART TIME INTERIM INTERNAL	<input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL DECISION			<input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL	<input type="checkbox"/> 22 CANCEL INTERIM										
<input type="checkbox"/> 16 UNIT 11, 12 FULL TIME INTERIM	<input type="checkbox"/> 23 SERVICE CHANGE			<input type="checkbox"/> 17 ESTABLISHED TERM REGULAR	<input type="checkbox"/> 26 SSN CORRECTION			<input type="checkbox"/> 18 ESTABLISHED TERM IRREGULAR	<input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT										
<input type="checkbox"/> 20 FULL TIME DISASTER RELIEF	<input type="checkbox"/> 30 H.Q. COUNTY CHANGE			<input type="checkbox"/> 21 PART TIME DISASTER RELIEF	<input type="checkbox"/> OTHER - SEE REMARKS														

REINSTATEMENT

1 FROM SEPARATION

2 FROM INTERRUPTION

3 BE PERSONNEL BD. OF REVIEW

4 BY COURT ORDER

5 SEPARATION RESCINDED

7 BY GRIEVANCE

8 BY ARBITRATION AWARD

9 REEMPLOYMENT FROM LAYOFF APPT. TYPE ____

10 RECALL FROM LAYOFF APPT. TYPE ____

TIME STAMP

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

REMARKS
JOB POSITION DESCRIPTION ATTACHED.
APPLICATION ATTACHED.

<input type="checkbox"/> ALL ITEMS ON PRE-HIRE FORM HAVE BEEN COMPLETED	<input type="checkbox"/> APPROVED	CERTIFICATION ____
<i>James A. Karnes</i>	<input type="checkbox"/> DISAPPROVED	
APPROVAL OF APPOINTING AUTHORITY	SIGNATURE	DATE
JAMES A. KARNES, SHERIFF		7/29/03
SIGNATURE OF RELEASING AUTHORITY	DATE	SIGNATURE OF APPROVER
		DATE

POSITION DESCRIPTION

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES
HUMAN RESOURCES DIVISION

AGENCY	FRANKLIN COUNTY
DIVISION OR INSTITUTION	SHERIFF'S OFFICE
UNIT OR OFFICE	CORRECTIONS

COUNTY OF EMPLOYMENT	FRANKLIN COUNTY
----------------------	------------------------

State Agency
 County Agency
 New Position
 Change

USUAL WORKING TITLE OF POSITION	POSITION NO. AND TITLE OF IMMEDIATE SUPERVISOR
[REDACTED]	CORPORAL

NORMAL WORKING HOURS (Explain unusual or rotating shift)

FROM: _____ TO: **HOURS VARY**

JOB DESCRIPTION AND WORKER CHARACTERISTICS

%	Job Duties in order of Importance	Minimum Acceptable Characteristics
75	Protects property, maintains security and discipline of inmates in correctional facility. Watches security screens; patrols floor, dorm and recreation areas; counts and verifies inmates in area; monitors movement of inmates between areas of facility; searches incoming prisoners; receives and releases prisoners; monitors prisoner releases (e.g., assures that time has been served & no holders, detainers, and/or active warrants exist); provide coverage in several areas of jail facility during single tour of duty at discretion of shift supervisor. Responds to emergency situations.	<p>Knowledge of (1) supervision of inmates in controlled environment & related safety practices*, (2) Sheriff's Office rules and regulations*. Ability to (3) apply principles to solve practical everyday problems, (4) develop good rapport with inmates, (5) add subtract, multiply and divide whole numbers, (6) maintain accurate records, (7) communicate information both orally and in writing, (8) run, walk, stand or sit for extended or intermittent periods of time, (9) listen, comprehend and respond to discussions involving either one-on-one or group settings, (10) remain alert and watchful during assigned duty hours, (11) demonstrate physical fitness, (12) physically restrain angry or violent people.</p>
25	Answers telephone and questions of attorneys, parole & probation officers and law enforcement personnel; prepares reports of incidents; secures inmates personal effects; maintains records of inmates funds and releases property &/or funds with inmate authorization; issues visitation passes; and other duties as assigned.	<p>Knowledge of (1), (2), Ability to (3), (5), (6), (7), (10)</p> <p>Must successfully complete approved correctional officers course within one year from date of hire. Probationary period is one year.</p>

List Position Numbers and Class Titles of positions directly supervised	SIGNATURE OF AGENCY REPRESENTATIVE	DATE
	<i>James A. Karnes</i> JAMES A. KARNES, SHERIFF	<i>7/29/03</i>

POSITION CONTROL NUMBER

CLASS TITLE

CLASS NUMBER
02092



FRANKLIN COUNTY SHERIFF'S OFFICE

LAW ENFORCEMENT

EMPLOYEE PERFORMANCE REVIEW

Evaluation Deadline _____

Rating Period
From 9/8/2019 To 9/7/2020

Classification Title _____

Mid Probation Final Probation Annual Special

Name (Last) _____ (First) _____ (M.I.) _____ Soc. Sec. _____

Bureau/Assignment _____ Bargaining Unit _____

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
QUANTITY Generates amount of work expected.	X			Generates fare share of work on call outs.
QUALITY Completes work in an accurate neat, well-organized, thorough and applicable manner.			X	Is very thorough in his investigations and presents it in a well organized fashion.
TIMELINESS Accomplishes required work on schedule.	X			Accomplishes his work on schedule, in a timely and organized manner.
PERSONAL APPEARANCE Projects a professional image.			X	Reflects well upon the unit. Uniform neat and orderly.
DEPENDABILITY Can be counted upon to be reliable and responsive.			X	Can be relied upon to complete the task at hand.
TEAM EFFORT/COOPERATION Contributes to group effort. Establishes positive working relationships with others.			X	Works well with all unit members and is always available to them for any questions or task that need completed.
DIRECTING/COORDINATING BEHAVIOR OF OTHERS Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			Is self motivated and handles situations and peers accordingly.
DEALING WITH DEMANDING SITUATIONS Demonstrates control of self and others under trying circumstances.			X	Has demonstrated himself in the most demanding situation while working in the _____ unit as a _____
ADHERING TO PROCEDURES Knows the rules and regulations and follows them without being reminded.	X			Understand the rules, regulations, and SOP of this unit.
COMMUNICATING Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Does not hesitate to communicate with any of his supervisors or peers, and does so clearly and precisely.

I have prepared this performance review:

Rater Signature: *[Signature]* 59

Reviewer Comments: *Concur with Rater 8/11/20*

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Reviewer Signature: *[Signature]* Date: 8/13/2020

Appointing Authority: *Dana Conley ADM CHIEF* Date: 8/19/2020

Employee: _____



FRANKLIN COUNTY SHERIFF'S OFFICE

LAW ENFORCEMENT

Evaluation Deadline

Rating Period

From 9/8/2013 To 9/7/2014

Classification Title

Mid Probation

Final Probation

Annual Special

EMPLOYEE PERFORMANCE REVIEW

Name (Last)

(First)

(M.I.)

Soc. Sec.

Bureau/Assignment

Bargaining Unit

PERFORMANCE DIMENSIONS

EXPECTATION RATINGS

RATER COMMENTS

Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT

QUANTITY

Generates amount of work expected.

Meets Below Above

X

Generates fare share of work on call outs.

QUALITY

Completes work in an accurate neat, well-organized, thorough and applicable manner.

X

Is very thorough in his investigations and presents it in a well organized fashion.

TIMELINESS

Accomplishes required work on schedule.

X

Accomplishes his work on schedule and in a timely, and organized manner.

PERSONAL APPEARANCE

Projects a professional image.

X

Reflects well upon the unit. Uniform neat and orderly.

DEPENDABILITY

Can be counted upon to be reliable and responsive.

X

Can be relied upon to complete the task at hand.

TEAM EFFORT/COOPERATION

Contributes to group effort. Establishes positive working relationships with others.

X

Works well with all unit members and is always available to them for any questions or task that need completed.

DIRECTING/COORDINATING BEHAVIOR OF OTHERS

Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.

X

Is self motivated and handles situations and peers accordingly.

DEALING WITH DEMANDING SITUATIONS

Demonstrates control of self and others under trying circumstances.

X

Has demonstrated himself in the most demanding situation while working in the [redacted] unit as a [redacted]

ADHERING TO PROCEDURES

Knows the rules and regulations and follows them without being reminded.

X

Understand the rules, regulations, and SOP of this unit.

COMMUNICATING

Understands written and oral instructions. Relays appropriate information in clear, concise manner.

X

Does not hesitate to communicate with any of his supervisors or peers, and does so clearly and percisely.

I have prepared this performance review:

Rater Signature

[Signature]

Reviewer Comments:

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Reviewer Signature

[Signature]

Appointing Authority

[Signature]

Date

11/16/14

Date

11/10/14

Emp

SHR-AD-63

An Equal Opportunity Employer



FRANKLIN COUNTY SHERIFF'S OFFICE

LAW ENFORCEMENT

Evaluation Deadline 09/07/2013

Rating Period From 09/08/2013 To 09/07/2013

EMPLOYEE PERFORMANCE REVIEW

Name (Last) [REDACTED] (First) [REDACTED] (M.I.) [REDACTED] Soc. Sec. [REDACTED] Classification Title [REDACTED]

Bureau/Assignment [REDACTED] Bargaining Unit FOP [REDACTED]

Mid Probation Final Probation Annual Special

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
QUANTITY Generates amount of work expected.			X	[REDACTED] takes on additional work aside from his normal case load.
QUALITY Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			[REDACTED] completes his casework accurately requiring minimal correction.
TIMELINESS Accomplishes required work on schedule.	X			[REDACTED] completes his case work in necessary time.
PERSONAL APPEARANCE Projects a professional image.			X	[REDACTED]'s appearance is appropriate for his current assignment within [REDACTED]
DEPENDABILITY Can be counted upon to be reliable and responsive.			X	[REDACTED] is very dependable when assisting other [REDACTED] in their casework.
TEAM EFFORT/COOPERATION Contributes to group effort. Establishes positive working relationships with others.	X			[REDACTED] is improving in this area. [REDACTED] has made strides in getting along with other [REDACTED] within the FCSO and outside agencies
DIRECTING/COORDINATING BEHAVIOR OF OTHERS Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			[REDACTED] is able to use his knowledge and experience as a [REDACTED] within [REDACTED] to train new [REDACTED] and [REDACTED]
DEALING WITH DEMANDING SITUATIONS Demonstrates control of self and others under trying circumstances.	X			[REDACTED] is able to maintain self-control during high stress situations that he may find himself in while working in an [REDACTED]
ADHERING TO PROCEDURES Knows the rules and regulations and follows them without being reminded.	X			[REDACTED] follows departmental policies and procedures and is willing to ask if unsure.
COMMUNICATING Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			[REDACTED] follows instructions given to him. [REDACTED] relays appropriate information to supervision when necessary.

I have prepared this performance review: *St. Sean Bon...*

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

[REDACTED]

Rater Signature: *[Signature]*

Reviewer Comments:

Reviewer Signature: *[Signature]* Date: 9-18-13
Appointing Authority: *[Signature]* Date: 9/18/13



FRANKLIN COUNTY SHERIFF'S OFFICE

LAW ENFORCEMENT

EMPLOYEE PERFORMANCE REVIEW

Evaluation Deadline

Rating Period
From 9/8/2011 To 9/8/2012

Name (Last) [REDACTED] (First) [REDACTED] (M.I.) [REDACTED] Soc. Sec. [REDACTED]
 Classification Title [REDACTED]
 Bureau/Assignment [REDACTED] Bargaining Unit FOP
 Mid Probation Final Probation Annual Special

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
QUANTITY Generates amount of work expected.			X	[REDACTED] generates an acceptable amount of work, and is always willing to take on additional tasks.
QUALITY Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			He completes his work in a neat, accurate manner.
TIMELINESS Accomplishes required work on schedule.			X	[REDACTED] is always punctual in his attendance, and prompt in completing assignments.
PERSONAL APPEARANCE Projects a professional image.	X			He projects a professional image for the Sheriff's Office.
DEPENDABILITY Can be counted upon to be reliable and responsive.			X	He is consistently responsive and reliable in completing his assigned tasks.
TEAM EFFORT/COOPERATION Contributes to group effort. Establishes positive working relationships with others.	X			[REDACTED] contributes to the overall team effort in accomplishing goals.
DIRECTING/COORDINATING BEHAVIOR OF OTHERS Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			[REDACTED] provides direction to others and ensures their well-being in doing so.
DEALING WITH DEMANDING SITUATIONS Demonstrates control of self and others under trying circumstances.	X			He demonstrates control of himself and those around him in demanding situations.
ADHERING TO PROCEDURES Knows the rules and regulations and follows them without being reminded.	X			[REDACTED] adheres to the rules and regulations of the Sheriff's Office, and operates within the policies of his [REDACTED] assignment.
COMMUNICATING Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			[REDACTED] has good verbal and written communication skills. He relays pertinent information throughout the course of his duties.

I have prepared this performance review: 9/29/12 9-29-12

Rater Signature [Signature] 9-29-12

Reviewer Comments: Agree with Rater

Reviewer Signature [Signature] Date 8-31-12

Appointing Authority [Signature] Date 9/4/12

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Employee Signature [REDACTED]

JIM KARNES

SHERIFF

EMPLOYEE PERFORMANCE REVIEW

LAW ENFORCEMENT

Evaluation Deadline _____
 Rating Period
 From 9/8/2009 To 9/7/2010
 Classification Title _____
 Mid Probation Final Probation Annual Special

Name (Last) _____ (First) _____ (M.I.) _____ Soc. Sec. _____
 Bureau/Assignment _____ Bargaining Unit _____
 FOP _____

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
QUANTITY Generates amount of work expected.			X	Welcomes cases and regularly manages several cases at one time.
QUALITY Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			Good attention to detail. Work completed is done in a well organized manner.
TIMELINESS Accomplishes required work on schedule.	X			Summaries and paperwork are turned in on time.
PERSONAL APPEARANCE Projects a professional image.	X			Appropriate for undercover operations.
DEPENDABILITY Can be counted upon to be reliable and responsive.			X	Highly reliable in all areas. Requires minimal supervision with assigned tasks.
TEAM EFFORT/COOPERATION Contributes to group effort. Establishes positive working relationships with others.			X	Establishes a positive working relationship with supervisors and peers.
DIRECTING/COORDINATING BEHAVIOR OF OTHERS Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			Can direct others when the situation calls for it.
DEALING WITH DEMANDING SITUATIONS Demonstrates control of self and others under trying circumstances.	X			Remains calm and composed during demanding situations.
ADHERING TO PROCEDURES Knows the rules and regulations and follows them without being reminded.	X			Follows rules and regulations.
COMMUNICATING Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Regularly relays information to supervision and other _____ personnel.

I have prepared this performance review: *Dr. Slau Boin*^{cy}

Rater Signature: *Ch. D. S. C.*^{cy}

Reviewer Comments: *CONCUR*

Reviewer Signature: _____ Date: *8-27-10*

Appointing Authority: *James A. Karnes* Date: *8-31-10* *SW*

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments: _____

JIM KARNES SHERIFF

EMPLOYEE PERFORMANCE REVIEW

LAW ENFORCEMENT

Name (Last)	(First)	(M.I.)	Soc. Sec.
Bureau/Assignment		Bargaining Unit	
		FOP	

Evaluation Deadline	
Rating Period	
From 9/8/2008	To 9/7/2009
Classification Title	
<input type="checkbox"/> Mid Probation <input type="checkbox"/> Final Probation <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special	

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
QUANTITY Generates amount of work expected.	X			Case load meets what is expected.
QUALITY Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			Good attention to detail. Work completed is done in a neat and well organized manner. Cases are investigated to the fullest.
TIMELINESS Accomplishes required work on schedule.	X			Summaries and paperwork are turned in on time.
PERSONAL APPEARANCE Projects a professional image.	X			Appropriate for [REDACTED]
DEPENDABILITY Can be counted upon to be reliable and responsive.			X	Reliable in all areas. Always makes himself available to assist other detectives. Requires minimal supervision with assigned tasks.
TEAM EFFORT/COOPERATION Contributes to group effort. Establishes positive working relationships with others.			X	Establishes a positive working relationship with supervisors and peers. Will do any task that needs completed to assist another detective.
DIRECTING/COORDINATING BEHAVIOR OF OTHERS Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			Can direct others when the situation calls for it.
DEALING WITH DEMANDING SITUATIONS Demonstrates control of self and others under trying circumstances.	X			Remains calm and composed during demanding situations.
ADHERING TO PROCEDURES Knows the rules and regulations and follows them without being reminded.	X			Follows rules and regulations. Continues to familiarize himself with [REDACTED] operations.
COMMUNICATING Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			Regularly relays information to supervision and other [REDACTED] personnel.

I have prepared this performance review: *J. Shau Bai '09*

Rater Signature: *Col. D. C. C. 044*

Reviewer Comments:

Reviewer Signature: _____ Date: _____

Appointing Authority: _____ Date: 8-17-09

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Employee Signature: _____

SHR-AD-63 ACTING SHERIFF

An Equal Opportunity Employer

JIM KARNES

SHERIFF

EMPLOYEE PERFORMANCE REVIEW

LAW ENFORCEMENT

Evaluation Deadline

Rating Period

From 9/8/2007 To 9/8/2008

Classification Title

Name (Last)

(First)

(M.I.)

Sec. Sec.

Bargaining Unit FOP

FCCC 1 C. CO.

Mid Probation Final Probation Annual Special

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
QUANTITY Generates amount of work expected.	X			ALWAYS GENERATES AMOUNT OF WORK EXPECTED OF HIM.
QUALITY Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			EFFECTIVELY ORGANIZES HIS ASSIGNED DUTIES.
TIMELINESS Accomplishes required work on schedule.	X			IS AWARE OF TIME RESTRAINTS AND WORKS TO MEETS SCHEDULES AND DEMANDS..
PERSONAL APPEARANCE Projects a professional image.	X			PROJECTS A GOOD PROFESSIONAL APPEARANCE AND CARRIES HIMSELF AS SUCH.
DEPENDABILITY Can be counted upon to be reliable and responsive.			X	HE IS DEPENDABLE IN CARRYING OUT HIS RESPONSIBILITIES.
TEAM EFFORT/COOPERATION Contributes to group effort. Establishes positive working relationships with others.			X	INSPIRES THE COOPERATION AND RESPONSIVENESS OF HIS PEERS. WORKS WELL WITH OTHERS.
DIRECTING/COORDINATING BEHAVIOR OF OTHERS Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.			X	DISPLAYS CONFIDENCE WHEN DELEGATING INMATES. DEPUTY IS ABLE TO DIRECT INMATE MOVEMENT IN A SAFE AND SECURE MANNER..
DEALING WITH DEMANDING SITUATIONS Demonstrates control of self and others under trying circumstances.	X			EFFECTIVELY HANDLES DEMANDING SITUATIONS WITH EXPECTED RESULTS. KEEPS A COOL HEAD.
ADHERING TO PROCEDURES Knows the rules and regulations and follows them without being reminded.	X			DEMONSTRATES A GOOD KNOWLEDGE OF THE RULES AND REGULATIONS AND FOLLOWS THEM.
COMMUNICATING Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			COMMUNICATES WELL AND UNDERSTANDS BOTH ORAL AND WRITTEN DIRECTIVES. REPORTS ARE CONCISE AND CLEAR.

I have prepared this performance review: JOB DESCRIPTION REVIEWED.

Rater Signature

SGT M TURNER 521

Reviewer Comments:

Agree w/ Rater

Reviewer Signature

Date

8/29/08

Appointing Authority

Date

8-25-08

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

SHR-AD-63

An Equal Opportunity Employer

INSTRUCTIONS

I. INTRODUCTION

Performance review is a vital and ongoing part of personnel management. It is an objective evaluation of employee performance. There are two steps to a performance review: (See instructions below)

- 1) The completion of the performance review form.
- 2) A performance review conference with the employee upon completion of the performance review form.

To meet the needs of our diversified workforce, four Performance Review forms will be utilized:

- LAW ENFORCEMENT
- MANAGER/SUPERVISOR, PROFESSIONAL, PARAPROFESSIONAL
- TECHNICAL
- SUPPORT STAFF

II. PURPOSE

Performance review is utilized to:

- Improve performance and productivity
- Chart employee progress
- Strengthen supervisor-employee relationship and improve communication
- Recognize employee accomplishments and good work
- Inform employee of strengths, weaknesses and progress in improving performance
- Develop employee skills

2018 AUG 21 10:11:05
JAIL ADMINISTRATION

III. TIMELINESS

Performance of new employee will be reviewed twice during the probationary period. The first review is due at midpoint; the second at the close of the probationary period. Thereafter, regular reviews will be conducted annually. Note evaluation form for the evaluation deadline box. This contains the date the completed form MUST be submitted to Personnel.

IV. RATING SCALE DEFINITIONS

- A. Above Expectations – Performance exceeds the job requirements. Job performance is excellent and above and beyond what is expected of employees in this job. The employee requires less-than-usual supervision. The employee's performance is superior.
- B. Meets Expectations – Performance satisfies the job requirements. The employee is doing the job at the level expected for employees in this position. Usual levels of supervision are needed. A large number of employees will fall in this category. This rating includes a broad range of performance, from barely satisfactory to highly satisfactory.
- C. Below Expectations – Performance generally fails to meet job requirements; employee requires high levels of supervision. The employee is not doing the job at the level expected. Unsuccessful job performance is due to the employee's own lack of effort or ability. The employee's performance is unsatisfactory.

2018 AUG 26 10:11:05
JAIL ADMINISTRATION

JIM KARNES
SHERIFF

EMPLOYEE PERFORMANCE REVIEW

9/10

[Handwritten Signature]
9/17

LAW ENFORCEMENT

Evaluation Deadline _____

Rating Period
From 9/8/2006 To 9/8/2007

Classification Title _____

Mid Probation Final Probation Annual Special

Name (Last) _____ (First) _____ (M.I.) _____ Soc. Sec. _____

Bureau/Assignment FCCC 1 Bargaining Unit FOP

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
QUANTITY Generates amount of work expected.	X			GENERATES AN AMOUNT OF WORK ACCEPTABLE BY DEPARTMENTAL STANDARDS
QUALITY Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			COMPLETES ALL WORK IN AN ACCURATE NEAT MANNER. EFFECTIVELY ORGANIZES ASSIGNED TASKS AND IS THOROUGH.
TIMELINESS Accomplishes required work on schedule.			X	ALWAYS REPORTS TO WORK ON TIME AND WHEN SCHEDULED, COMPLETES TASKS TIMELY.
PERSONAL APPEARANCE Projects a professional image.			X	UNIFORMS AND PERSONAL GROOMING CLEAN AND PROFESSIONAL.
DEPENDABILITY Can be counted upon to be reliable and responsive.			X	ATTENTIVE AND RESPONSIVE WHEN REQUIRED. CAN BE COUNTED ON IN ANY SITUATION.
TEAM EFFORT/COOPERATION Contributes to group effort. Establishes positive working relationships with others.	X			PROMOTES COOPERATIVE BEHAVIOR AND TEAM EFFORT
DIRECTING/COORDINATING BEHAVIOR OF OTHERS Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			DIRECTS AND CORDINATES THE BEHAVIORS OF THOSE WITHIN HIS SCOPE OF RESPONSIBILITY WITH CONFIDENCE
DEALING WITH DEMANDING SITUATIONS Demonstrates control of self and others under trying circumstances.			X	MAINTAINS CONTROL OF SELF AND OTHERS WHEN DEALING WITH DEMANDING CIRCUMSTANCES.
ADHERING TO PROCEDURES Knows the rules and regulations and follows them without being reminded.	X			FOLLOWS ALL RULES AND REGULATIONS AS REQUIRED.
COMMUNICATING Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			UNDERSTANDS AND CONVEYS INFORMATION APPROPRIATELY WRITTEN REPORTS CLEAR AND ACCURATE.

I have prepared this performance review: Job description reviewed _____

Rater Signature: *[Signature]*

Reviewer Comments: *Agree w/ Rater. Excellent*

Reviewer Signature: *[Signature]* Date: *9/17/07*

Appointing Authority: *[Signature]* Date: *9-10-07*

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments: _____

Employee Signature: _____

INSTRUCTIONS

I. INTRODUCTION

Performance review is a vital and ongoing part of personnel management. It is an objective evaluation of employee performance. There are two steps to a performance review: (See instructions below)

- 1) The completion of the performance review form.
- 2) A performance review conference with the employee upon completion of the performance review form.

To meet the needs of our diversified workforce, four Performance Review forms will be utilized:

- LAW ENFORCEMENT
- MANAGER/SUPERVISOR, PROFESSIONAL, PARAPROFESSIONAL
- TECHNICAL
- SUPPORT STAFF

2007 SEP -6 PM 1:10
FRANKLIN COUNTY SHERIFF
JAIL ADMINISTRATION

II. PURPOSE

Performance review is utilized to:

- Improve performance and productivity
- Chart employee progress
- Strengthen supervisor-employee relationship and improve communication
- Recognize employee accomplishments and good work
- Inform employee of strengths, weaknesses and progress in improving performance
- Develop employee skills

III. TIMELINESS

Performance of new employee will be reviewed twice during the probationary period. The first review is due at midpoint; the second at the close of the probationary period. Thereafter, regular reviews will be conducted annually. Note evaluation form for the evaluation deadline box. This contains the date the completed form MUST be submitted to Personnel.

IV. RATING SCALE DEFINITIONS

- A. Above Expectations – Performance exceeds the job requirements. Job performance is excellent and above and beyond what is expected of employees in this job. The employee requires less-than-usual supervision. The employee's performance is superior.
- B. Meets Expectations – Performance satisfies the job requirements. The employee is doing the job at the level expected for employees in this position. Usual levels of supervision are needed. A large number of employees will fall in this category. This rating includes a broad range of performance, from barely satisfactory to highly satisfactory.
- C. Below Expectations – Performance generally fails to meet job requirements; employee requires high levels of supervision. The employee is not doing the job at the level expected. Unsuccessful job performance is due to the employee's own lack of effort or ability. The employee's performance is unsatisfactory.

8.11.06 TMB-080

Call 8/10/06

JIM KARNES

SHERIFF

EMPLOYEE PERFORMANCE REVIEW

LAW ENFORCEMENT

Evaluation Deadline

Rating Period
From 9/8/2005 To 9/8/2006

Classification Title

Mid Probation Final Probation Annual Special

Name (Last) (First) (M.I.) Soc. Sec.

FCCC 1 Bargaining Unit FOP

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS <small>Use spaces below for comments. Written comments MUST be provided for each performance dimension. Use additional sheets if necessary. USE INK PEN - PLEASE PRINT</small>
	Meets	Below	Above	
QUANTITY Generates amount of work expected.	X			ALWAYS GENERATES AMOUNT OF WORK EXPECTED OF HIM.
QUALITY Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			EFFECTIVELY ORGANIZES HIS ASSIGNED DUTIES.
TIMELINESS Accomplishes required work on schedule.	X			COMPLETES WORK ON TIME.
PERSONAL APPEARANCE Projects a professional image.	X			PROJECTS A GOOD PROFESSIONAL APPEARANCE AND CARRIES HIMSELF AS SUCH.
DEPENDABILITY Can be counted upon to be reliable and responsive.			X	HE IS DEPENDABLE IN CARRYING OUT HIS RESPONSIBILITIES.
TEAM EFFORT/COOPERATION Contributes to group effort. Establishes positive working relationships with others.			X	INSPIRES THE COOPERATION AND RESPONSIVENESS OF HIS PEERS.
DIRECTING/COORDINATING BEHAVIOR OF OTHERS Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.			X	DISPLAYS CONFIDENCE WHEN DELEGATING INMATES. MAINTAINS GOOD SELF CONTROL.
DEALING WITH DEMANDING SITUATIONS Demonstrates control of self and others under trying circumstances.	X			EFFECTIVELY HANDLES DEMANDING SITUATIONS WITH EXPECTED RESULTS. KEEPS A COOL HEAD.
ADHERING TO PROCEDURES Knows the rules and regulations and follows them without being reminded.	X			DEMONSTRATES A GOOD KNOWLEDGE OF THE RULES AND REGULATIONS AND FOLLOWS THEM.
COMMUNICATING Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			COMMUNICATES CLEARLY AND CONCISELY. RESPONDS QUICKLY TO ALL ORAL AND WRITTEN COMMUNICATION.

I have prepared this performance review: JOB DESCRIPTION REVIEWED

Rater Signature Sgt. Brauner G.R. 8/6/06

Reviewer Comments: Agree w/ Rater

Reviewer Signature [Signature] Date 8/8/06

Appointing Authority [Signature] Date 8-22-06

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Employee Signature

SHR-AD-63

An Equal Opportunity Employer

MJB
9/8-9/21/05

905
9/2

JIM KARNES SHERIFF

EMPLOYEE PERFORMANCE REVIEW

LAW ENFORCEMENT

Name (Last)	(First)	(M.I.)	Soc. Sec.	Evaluation Deadline
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Bureau/Assignment FCCC 1		Bargaining Unit FOP		Rating Period From 9/8/2004 To 9/8/2005
				Classification Title [REDACTED]
				<input type="checkbox"/> Mid Probation <input type="checkbox"/> Final Probation <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
QUANTITY Generates amount of work expected.	X			[REDACTED] IS ABLE TO GENERATE APPROPRIATE AMOUNT OF WORK.
QUALITY Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			[REDACTED] COMPLETES ASSIGNED TASKS IN A WELL ORGANIZED MANNER AND IS THOROUGH IN DOING SO.
TIMELINESS Accomplishes required work on schedule.	X			[REDACTED] ACCOMPLISHES ASSIGNED TASKS IN A TIMELY MANNER.
PERSONAL APPEARANCE Projects a professional image.			X	[REDACTED] PROJECTS A PROFESSIONAL IMAGE. UNIFORM IS NEET AND CLEAN.
DEPENDABILITY Can be counted upon to be reliable and responsive.	X			[REDACTED] IS ABLE TO BE DEPENDED ON IN DEMANDING SITUATIONS.
TEAM EFFORT/COOPERATION Contributes to group effort. Establishes positive working relationships with others.			X	[REDACTED] ESTABLISHES A POSITIVE WORK ENVIORNMENT, AND IS POSITIVE IN WORKING WITH PEERS AND INMATES.
DIRECTING/COORDINATING BEHAVIOR OF OTHERS Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			[REDACTED] IS ABLE TO ENSURE THE WELL BEING OF THOSE UNDER THE SCOPE OF HIS RESPONSIBILITY. HE IS ABLE TO GET DESIRED TASKS ACCOMPLISHED READILY.
DEALING WITH DEMANDING SITUATIONS Demonstrates control of self and others under trying circumstances.	X			[REDACTED] DEMONSTRATES SELF CONTROL WHEN DEALING WITH DEMANDING INDIVIDUALS AND DIFFICULT SITUATIONS.
ADHERING TO PROCEDURES Knows the rules and regulations and follows them without being reminded.	X			[REDACTED] ADHERES TO PROCEDURES AND FOLLOWS RULES AND REGULATIONS.
COMMUNICATING Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			[REDACTED] DEMONSTRATES THE ABILITY TO COMMUNICATE WELL WITH CO WORKERS, SUPERVISION, AND INMATES.

I have prepared this performance review: [REDACTED]

Rater Signature: Cpl Mandy Miller CWO *205 representative reviewed*

Reviewer Comments: *Concur with rater*

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

[REDACTED]

Reviewer Signature <u>[Signature]</u>	Date 9-1-05
Appointing Authority <u>James A. Karnes</u>	Date 9-21-05

JIM KARNES
SHERIFF

EMPLOYEE PERFORMANCE REVIEW

LAW ENFORCEMENT

Evaluation Deadline _____
 Rating Period
 From 9/8/2003 To 9/8/2004
 Classification Title _____
 Mid Probation Final Probation Annual Special

Name (Last) _____ (First) _____ (M.I.) _____ Soc. Sec. _____
 Bureau/Assignment FCCC 1 Bargaining Unit FOP

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
QUANTITY Generates amount of work expected.	X			_____ generates an appropriate amount of work.
QUALITY Completes work in an accurate neat, well-organized, thorough and applicable manner.	X			_____ completes assignments diligently and completes an accurate work product.
TIMELINESS Accomplishes required work on schedule.	X			Job duties are completed timely.
PERSONAL APPEARANCE Projects a professional image.	X			_____ maintains a professional image.
DEPENDABILITY Can be counted upon to be reliable and responsive.	X			_____ is reliable to his assigned duties.
TEAM EFFORT/COOPERATION Contributes to group effort. Establishes positive working relationships with others.	X			_____ cooperates to complete tasks with little or no direction.
DIRECTING/COORDINATING BEHAVIOR OF OTHERS Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			_____ directions subordinates productively.
DEALING WITH DEMANDING SITUATIONS Demonstrates control of self and others under trying circumstances.	X			_____ handles himself tactfully during stressful situations.
ADHERING TO PROCEDURES Knows the rules and regulations and follows them without being reminded.	X			_____ complies with departmental rules and regulation, memos, and policies and procedures with minor direction.
COMMUNICATING Understands written and oral instructions. Relays appropriate information in clear, concise manner.	X			_____ communicates well with subordinates, peers, and supervisors.

I have prepared this performance review: _____

Rater Signature: *Sgt E. Rene S21* 9/7/04

Reviewer Comments: *Agree w/ Rater Recommend Retention.*

Reviewer Signature: *James A. Karnes* Date: 9-4-04

Appointing Authority: *James A. Karnes* Date: 10-5-04

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

 Employee Signature: _____

INSTRUCTIONS

I. INTRODUCTION

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- MANAGER/SUPERVISOR, PROFESSIONAL, PARAPROFESSIONAL
- TECHNICAL
- SUPPORT STAFF

II. PURPOSE

Performance review is utilized to:

- Improve performance and productivity
- Chart employee progress
- Strengthen supervisor-employee relationship and improve communication
- Recognize employee accomplishments and good work
- Inform employee of strengths, weaknesses and progress in improving performance
- Develop employee skills

MANAGERIAL SUPERVISOR
JAIL ADMINISTRATOR
OCT 2 1991

III. TIMELINESS

Performance of new employee will be reviewed twice during the probationary period. The first review is due at midpoint; the second at the close of the probationary period. Thereafter, regular reviews will be conducted annually. Note evaluation form for the evaluation deadline box. This contains the date the completed form MUST be submitted to Personnel.

IV. RATING SCALE DEFINITIONS

- A. Above Expectations – Performance exceeds the job requirements. Job performance is excellent and above and beyond what is expected of employees in this job. The employee requires less-than-usual supervision. The employee's performance is superior.
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- C. Below Expectations – Performance generally fails to meet job requirements; employee requires high levels of supervision. The employee is not doing the job at the level expected. Unsuccessful job performance is due to the employee's own lack of effort or ability. The employee's performance is unsatisfactory.

JIM KARNES

SHERIFF

EMPLOYEE PERFORMANCE REVIEW

0205
2-27-04
[Handwritten Signature]

LAW ENFORCEMENT

Name (Last) DEPUTY [REDACTED]	(First) [REDACTED]	(M.I.) [REDACTED]	(M.I.) / Soc. Sec. [REDACTED]
Bureau/Assignment FCCC 1		Bargaining Unit FOP	
Evaluation Deadline		Rating Period From 9/8/2003 To 3/8/2004	
Classification Title [REDACTED]		<input checked="" type="checkbox"/> Mid Probation <input type="checkbox"/> Final Probation <input type="checkbox"/> Annual <input type="checkbox"/> Special	

PERFORMANCE DIMENSIONS	EXPECTATION RATINGS			RATER COMMENTS
	Meets	Below	Above	
QUANTITY Generates amount of work expected.	X			Quantity of work meets departmental expectations for duration of employment.
QUALITY Completes work in an accurate, neat, well-organized, thorough and applicable manner.	X			Demonstrates accuracy, thoroughness and orderliness in performing work assignments
TIMELINESS Accomplishes required work on schedule.	X			Reports to work on time and when scheduled, completes tasks timely and efficiently.
PERSONAL APPEARANCE Projects a professional image.			X	Always projects a professional image of the department, appearance always neat and professional.
DEPENDABILITY Can be counted upon to be reliable and responsive.	X			Reports to work on time and when scheduled, is consistent, dependable and accurate in carrying out responsibilities.
TEAM EFFORT/COOPERATION Contributes to group effort. Establishes positive working relationships with others.	X			Understands and knows how to get along with coworkers and supervisors, establishes and builds trust and rapport.
DIRECTING/COORDINATING BEHAVIOR OF OTHERS Describes and explains activities. Directs and instructs individuals to accomplish tasks. Ensures well-being of individuals within scope of responsibility.	X			Is decisive, directs others with confidence controls the behavior of inmates by means of verbal instructions, insures that those within his scope of responsibility are compliant with departmental regulations.
DEALING WITH DEMANDING SITUATIONS Demonstrates control of self and others under trying circumstances.	X			Deals with demanding situations by meeting the needs of the situation. Demonstrates self control in any given situation.
ADHERING TO PROCEDURES Knows the rules and regulations and follows them without being reminded.	X			Follows all rules and regulations and adheres to all departmental expectations without having to be reminded of responsibilities.
COMMUNICATING Understands written and oral instructions. Relays appropriate information in a clear, concise manner.	X			Has a good understanding of chain of command and communicates through the chain as required, understands instructions, and relays appropriate information to supervision as required.

I have prepared this performance review:
 Position Description reviewed: [REDACTED]

Rater Signature: *[Handwritten Signature]* 3-4

Reviewer Comments:
AGREE W/ RATER

Reviewer Signature: *[Handwritten Signature]* Date: 2/27/04

Appointing Authority: *[Handwritten Signature]* Date: 3-4-04

ICMW

I have read the above: I have have not responded on an attached sheet of paper. I understand that any and all attachments to this evaluation will also be placed in my permanent personnel file. My signature may not indicate agreement with the above.

Employee Comments:

Employee Signature: [REDACTED]

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- C. Below Expectations - Performance generally fails to meet job requirements; employee requires high levels of supervision. The employee is not doing the job at the level expected. Unsuccessful job performance is due to the employee's own lack of effort or ability. The employee's performance is unsatisfactory.

TO: HUMAN RESOURCES

FROM: LT.M. GILBERT L-14
(RANK & NAME)

SUBJECT: COMPLETION OF ON-THE-JOB TRAINING FOR
[REDACTED]
(RANK & NAME)

DATE: JANUARY 17, 2004
(PRINT or TYPE)

I, LT. M. GILBERT L-14, hereby certify that [REDACTED]
(rank & name) (rank & name)
has successfully completed the Corrections Division on-the-job training program and is now
capable of performing all assigned duties.

Major [Signature] 1-20-04 Defer to Lt. Gilbert.

Chief Deputy [Signature] 1/24

TO: HUMAN RESOURCES

Generic IOC

Franklin County Sheriff's Office eDocs

Document ID #



Created 7/19/23 10:12 AM

Workflow Step Complete

Last Updated 7/28/23 4:26 PM

Created By

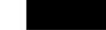


Assignment



Shift 2

Employee #



Badge



Subject

Disciplinary removal from file

Subject Matter Details

Please remove any disciplinary documents from my personnel file that are eligible to be removed.

Attachments

File Name	Description	Date Uploaded	Uploaded By

Document Workflow History

Date	Name	Action	Remarks
7/19/23 10:12 AM		Draft	
7/19/23 10:19 AM		Update	
7/19/23 10:19 AM		Submit To Chain of Command	
7/24/23 1:16 PM	ARRIAGA, DAVID	Update	
7/24/23 1:16 PM	ARRIAGA, DAVID	Recommend	
7/27/23 9:32 AM	BARRICK, DAVID	Update	
7/27/23 9:32 AM	BARRICK, DAVID	Recommend	
7/27/23 9:48 AM	WILLIAMSON, CHARLES	Update	
7/27/23 9:48 AM	WILLIAMSON, CHARLES	Submit To Human Resources	
7/28/23 4:26 PM	FLYNN, CYNTHIA	Update	
7/28/23 4:26 PM	FLYNN, CYNTHIA	Complete	Document moved to purged file 7/28/23 C Flynn



FRANKLIN COUNTY SHERIFF'S OFFICE

Sheriff Dallas Baldwin

Patrol Bureau


MEMORANDUM

To: [REDACTED]
From: Chief Jim Gilbert
Date: January 30, 2023
Subject: Traffic Crash

We have reviewed the traffic crash in which you were involved in on January 5th, 2023.


It is our opinion you were at fault for the crash which took place on Noe Bixby Rd. and in violation of AR 102.13 (Care of office property). You are to consider this a **“Documented Oral Reprimand”**. A copy of this letter will be placed in your personnel file.

BY ORDER OF:
Dallas Baldwin, SHERIFF



Jim Gilbert
Chief
Patrol Bureau

ENTERED



Josh Short
Sergeant
Traffic Bureau

Checked by Human Resources

CC: File
Supervisor
Chief Deputy
Human Resources

Generic IOC

Franklin County Sheriff's Office Inter-Office Correspondence

Document ID #



Created 7/20/18 10:18 AM

Workflow Step Complete

Last Updated 7/23/18 3:22 PM

Created By



Assignment



Shift 2

Employee #



Badge 1019

Subject

Expired Discipline

Subject Matter Details

Please remove any expired discipline from my personnel file. Thank You.

Attachments

File Name	Description	Date Uploaded	Uploaded By

Document Workflow History

Date	Name	Action	Remarks
7/20/18 10:18 AM		Draft	
7/20/18 10:21 AM		Update	
7/20/18 10:21 AM		Submit To Chain of Command	
7/20/18 1:07 PM	DINARDO, VICTOR	Update	
7/20/18 1:07 PM	DINARDO, VICTOR	Recommend	
7/20/18 1:36 PM	CRAYTON, SANFORD	Update	
7/20/18 1:36 PM	CRAYTON, SANFORD	Recommend	
7/20/18 2:41 PM	WILLIAMSON, CHARLES	Update	
7/20/18 2:41 PM	WILLIAMSON, CHARLES	Submit To Human Resources	
7/23/18 3:22 PM	FLYNN, CYNTHIA	Update	
7/23/18 3:22 PM	FLYNN, CYNTHIA	Complete	Documents moved to purged file 7/23/18 C Flynn



**FRANKLIN COUNTY
SHERIFF**

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

TO: [REDACTED]
FROM: Chief Deputy Mark Barrett
SUBJECT: Documented Reprimand
DATE: April 25, 2006

Reports submitted to my office indicate that on or about March 30, 2006 you were negligent by failing to comply with departmental regulations/ policies/ directives.

If such conduct continues, further disciplinary action will be taken which could result in your removal from service.

You are, therefore issued a documented oral reprimand.

By order of:

**Mark J. Barrett
Chief Deputy**

MJB/skh

**C: Lt. Bryant
Human Resources ✓
File
Report # [REDACTED]**



Franklin County Sheriff's Office Record of Counseling

[Redacted]

3-30-2006

Rank/Name Of Person Being Counseled

Date

Action (Behavior) being counseled (Describe - Attach additional sheets if necessary):
On 2/23/2006 while assigned as the response team camera operator, you failed to forward digital tape labeled #6-05 prior to the next recorded incident. Thus, the digitally recorded footage from the incident involving inmate Niki Baumann 6-6214 was recorded over.

Rule(s) / Policy & Procedure(s) / Directive(s) Violated: Chief's Directive "Security-Camcorder Tape; 8/01/1999" AR102 "Rules of Conduct" AR102:26 "Neglect or Inattention to Duty" SP505:1 "Video Camera Units"

What action (Behavior) should have been taken under the above described circumstances (Attach additional sheets if necessary): Upon filming the incident involving inmate Niki Baumann, you have ensured that the tape was forwarded past the incident conclusion. You have followed the above listed Directive, Rule, and Procedure.

What action the Supervisor will take to remedy Action (Behavior) / Keep Action (Behavior) from Recurring (Attach additional sheets if necessary): I will enforce the following steps: I will ensure that you have an up-to-date copy of the stated rules, regulations, and directives. I will read over them with you, while highlighting upon the appropriate sections. I will enforce the rules and regulations as they pertain to disciplinary procedures to ensure this these errors do not transpire in the future.

My signature below is acknowledgment that a supervisor filled out and discussed this form with me. My signature is not to be viewed as a representation that I concur in any or all of the contents or comments herein.

[Redacted] 4/5/06

(Name / Rank of Person Being Counseled)

Having counseled the above named bargaining unit member, it is my recommendation that the following disciplinary action be taken (initial beside recommendation):

None

Documented Oral

Letter Of Reprimand

Corporal: N/A

Comments: _____

Sergeant: *6 C.R. Sgt 3/30/06*
Sgt Vincent Brammer #S-57

Comments: Due to the nature of these allegations, I

am asking for a Documented Oral. Forward for review and consideration.

Lieutenant: - OFF -

Comments: _____

Major: *Maj Adams 4/6/06*

Comments: *unable to determine if*

was personally responsible. He is now keenly aware and
will no doubt never make this mistake again, if he in fact, was the
one responsible. Request no discipline

Administrative Action (Division Chief):

No Action (Reason):

Documented Oral

Letter Of Reprimand

Other (Specify):

CC:
Person Being Counseled
Supervisor

By Order Of:
[Signature]
Chief Deputy

On the date listed below I reviewed my personnel file and found it to be satisfactory.

Signature

Print Name

Date

2/6/23

OHIO COMMON PLEAS JUDGES' ASSOCIATION

Judge Robert C. Hickson, Jr., President

Judge Mark K. Wiest, Treasurer

December 6, 2021

Sergeant Aaron Dennis
Franklin County Sheriff's Office
Emergency Operations
Investigations Division
410 S. Hight Street
Columbus, OH 43215

Dear Sergeant Dennis;

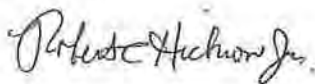
Thank you for your presence and assistance at the Ohio Common Pleas Judges Association Winter Conference November 30 – December 3. With over 200 Ohio Common Pleas Judges in attendance, security is extremely important for this event. The deputies were professional and diligent. We appreciate their time and allegiance. Please let me take a moment to name them and thank each one of them.

- Deputy Castle and Zuhl
- Deputy Koller and Raebahn
- [REDACTED]
- Deputy Copas and Atrey

We also enjoyed meeting your canine patrol and the dog's handler who coincidentally purchased a golden retriever from the same reputable breeder we have used for care of our own family pet. While my wife wanted to take your four-legged officer home, we both understand and uniquely appreciate the importance of the dog's job.

I would like to also thank you and your fellow deputies for your service to the people of this county. Thank you for your devotion and dedication to the job.

Sincerely,



Judge Robert Hickson

OCPJA President

On the date listed below I reviewed my personnel file and found it to be satisfactory.

Sign 

Print Name 

Date 7/20/18



FRANKLIN COUNTY SHERIFF'S OFFICE

Sheriff Dallas Baldwin

Patrol Bureau

DATE: March 28, 2017

TO: Deputy Scott Duff
Deputy Scott Randle
Deputy Neil Branson
Deputy Brian Fritz
Deputy Denny Blust
[REDACTED]
Deputy Michael Wiley
Deputy Chris Battig
Cpl. Craig Sprang

SUBJECT: Chief's Letter of Commendation

On Tuesday, March 21, 2017 you assisted Grove City Police Department on a major traffic accident involving a juvenile. The assistance provided brought great relief to the Grove City Police Officers during this stressful incident. Deputy Fritz went to the hospital with the juvenile victim, and waited with him until Grove City Officers arrived. Grove City Sgt. Scott would like to express his appreciation to you all! Thank you for working as a team, and representing the Sheriff's Office in such fine manner.

Thank you for a job well done!

A handwritten signature in black ink, appearing to read "J. Gilbert", written over a horizontal line.

Chief Deputy Jim Gilbert

cc: Human Resources (personnel file)

On the date listed below I reviewed my personnel file and found it to be satisfactory.

Sig

[Redacted Signature]

Print Name

[Redacted Name]

Date


4/19/13

ACKNOWLEDGEMENT OF RECEIPT OF AUDITOR OF STATE FRAUD REPORTING-SYSTEM INFORMATION

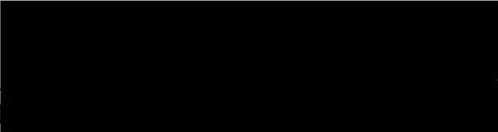
Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

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

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

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

 _____
PRINT NAME, TITLE, AND DEPARTMENT

 _____
SIGN

5/31/12
DATE

RETURN TO HUMAN RESOURCES



U. S. Department of Justice

United States Attorney
Southern District of Ohio

221 East Fourth Street
Suite 400
Cincinnati, Ohio 45202

orig: sh (513) 684-3711
cc: Chief Master
NK

January 15, 2010

Sheriff James A. Karnes
Franklin County Sheriff's Office
369 South High Street
Columbus, Ohio 43215

Dear Sheriff Karnes,

I want to thank you for your dedication to law enforcement. Through the Franklin County Sheriff's Office's commitment to the Drug Enforcement Administration's Task Force, we were able to prosecute Ericka Ryan and a host of other narcotic traffickers in Operation "Mexican Asphalt." Officer Sanford Crayton's service to the DEA should be highlighted and is especially appreciated. Throughout the investigation and prosecutions, Officer Crayton participated in every proffer session and court hearing. Additionally, I want to thank you for the dedication of the numerous officers who also served the Operation to ensure that justice was done. I would be remiss if I failed to thank Lieutenant Shawn Bain; Sergeant Dave Hunt; Corporals Dave Barrick and Dan Johnson; and Detectives Annie Durbin, Austin Francescone, Jeff Edwards, Lucas Holt, [REDACTED], Jason Meade, Marcus Penwell, Thomas Lung and Nate Smith. Our office is committed to building law enforcement collaborations and this case is a testament to that effort.

Keep up the good fight. And remember, "I never gave anybody hell. I just told the truth and they thought that it was hell." - President Harry S. Truman

Very truly yours,

CARTER M. STEWART
United States Attorney

KENNETH L. PARKER
Assistant United States Attorney



FRANKLIN COUNTY
SHERIFF

FINANCE/HUMAN RESOURCES

410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

To: [REDACTED]
From: Sheriff James A. Karnes
Date: December 4, 2008
Subject: Transfer via job posting

Effective Monday, December 15th, 2008, you are transferred to [REDACTED] via the job posting.
Contact Lt. Bain for your assignment and days off.

BY ORDER OF:

James A. Karnes
Franklin County Sheriff

JAK/clf

cc: Chief Barrett
Chief Martin
Major Hanes
Lt. Bain



**FRANKLIN COUNTY
SHERIFF**

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

TO: [REDACTED]

FROM: Chief Deputy Mark J. Barrett

SUBJECT: Letter of Commendation

DATE: August 24, 2007

Sheriff Karnes and I want to commend you for a job well done. On July 21, 2007, you responded to a code blue medical and found an inmate hanging from the cell bars. You immediately began CPR and continued until the arrival of CFD. The inmate was transported to the hospital and recovered.

Your attentiveness to your duties is a reflection of your professionalism and brings honor to your division.

By Order Of:

**Mark J. Barrett
Chief Deputy**

MJB/skh

**Sheriff
Lt. Bryant
Human Resources ✓
Report # 7/**



Far Ch Barlett
April 3-20-07
DOW 3-20-07
Su

FRATERNAL ORDER OF POLICE

CAPITAL CITY LODGE # 9 • 520 South High Street, Suite 205 • Columbus, Ohio 43215-5685
(614) 221-0180 FAX (614) 221-0815

copy. HR

Jim Gilbert

President
Columbus P.D.

Jason Pappas

Executive Vice President
Columbus P.D.

Keith Ferrell

Vice President
Columbus P.D.

Dave L. Hughes

Recording Secretary
Columbus P.D.

Brian Spann

Treasurer
Columbus P.D.

Eric Brill

Financial Secretary
Whitehall P.D. (Ret.)

J.J. Cunningham

Building Trustee
Columbus P.D.

Jeff Simpson

Lodge Hall Trustee
Columbus P.D.

Jim Jennings

Outer Guard
Columbus P.D.

Terry Counts

Inner Guard
Gahanna P.D. (Ret.)

Bob Wallace

Trustee Emeritus
Columbus P.D. (Ret.)

Leif Bickel

Past President
F.C.S.O.

Dewey Stokes

President Emeritus
Columbus P.D. (Ret.)

Craig Hungler

Chaplain
Dublin P.D.

March 13, 2007

Sheriff Jim Karnes
Franklin County Sheriff's Office
369 S. High St.
Columbus, OH 43215

Dear Sheriff Karnes:

I am writing to thank you for sending one of your deputies to the funeral of Toledo Police Detective Kenneth Dressel which took place on February 26th, 2007. [REDACTED] was professional in appearance and represented your agency very well. It was nice to see him representing your agency along with several other local agencies at this ever so important tribute for a fallen brother officer.

Thanks should be given to him for his participation in the remembrance of one of our own.

Fraternally,

Jim Gilbert
President

FRANKLIN COUNTY SHERIFF'S OFFICE
Combination Ballistic/Stab Resistant Vest Accept/Decline Form

PLEASE READ THIS FORM CAREFULLY. This form outlines/describes the Sheriff's Office policy regarding the issuance/wearing of the Combination Ballistic/Stab Resistant vest.

The Franklin County Sheriff's Office Rules and Regulations and the collective bargaining agreement between the Sheriff's Office and the Fraternal Order of Police require that anyone who is issued a Combination Ballistic/Stab Resistant Vest **MUST WEAR THE VEST AT ALL TIMES WHILE ON DUTY**. Additionally, I understand that I will be inspected by my Supervisor and **WILL BE SUBJECT TO DISCIPLINE FOR FAILURE TO WEAR THE VEST**.

I further understand that the Warranty period for this vest is **FIVE YEARS**. Should I gain or lose weight during this period and desire to obtain a new vest, it will be **MANDATORY** that I be re-measured by the vendor of the vest to determine whether or not I need to be issued a new vest. If the measurements remain the same or if they are within the adjustment limitations, a new vest **WILL NOT** be issued.

Lastly, I understand that the Vest that I am to be issued comes with a Titanium Stab Plate. If I choose to have this Stab Plate Issued, it then becomes **PART** of the **VEST** and **MUST** be **WORN** at all times as a **SINGLE UNIT**. If I choose **NOT** to be issued this Stab Plate now but request one at a later date, I will be required to Purchase this stab plate at my own expense or from my clothing allowance, if applicable.

 X I accept the issuance of a Stab Plate. [REDACTED] INITIAL

 I decline the issuance of a Stab Plate. _____ INITIAL

By placing my signature on this form I verify that I have read and will abide by the aforementioned policy and that I will be subject to discipline for failure to wear the vest.

 X I accept the issuance of a Ballistic Vest.

 I decline the issuance of a Ballistic Vest.

NAME [REDACTED] RANK [REDACTED]

BADGE # [REDACTED] ASSIGNMENT ECCO

SIGNATURE [REDACTED] DATE 11/5/06

SUPERVISOR [Signature] DATE 11/5/06



FRANKLIN COUNTY
SHERIFF

FINANCE/HUMAN RESOURCES

410 South High Street • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

To: [REDACTED]

From: Patrick F. Garrity
Director, Management Services

Date: November 7, 2005

Subject: Re-classification to POTC

Due to your completion of the prescribed course work, and having your POTC certification, Sheriff Karnes has authorized your request to be re-classified to POTC, effective October 31, 2005.

c: Chief Barrett
Major Strickler
Major Wise
Patrol
Training



STATE OF OHIO
OFFICE OF THE ATTORNEY GENERAL
JIM PETRO, ATTORNEY GENERAL

OHIO PEACE OFFICER
TRAINING COMMISSION



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

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

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

INSTRUCTIONS

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

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

B. AGENCY INFORMATION			
9. AGENCY NAME Franklin County Sheriff's Office	10. APPOINTING AUTHORITY'S NAME & TITLE James A. Karnes, Franklin Co. Sheriff		11. AGENCY PHONE NUMBER 614, 462-3360
12. AGENCY STREET/MAILING ADDRESS (#/Street/PO Box) 369 South High Street, Second Floor	(City) Columbus	(County Name) Franklin	(State) (Zip Code) Ohio 43215

C. APPOINTMENT INFORMATION			
13. APPOINTMENT DATE (mm/dd/yyyy) 10/27/2006	14. CURRENT RANK	15. TITLE/POSITION	16. ORC SECTION 311.04, 325.17
17. APPOINTMENT STATUS (mark appropriate box) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special		18. APPOINTEE'S FIRST PEACE OFFICER APPOINTMENT? <input checked="" type="checkbox"/> yes (Complete all of page 2) <input type="checkbox"/> no (Complete pages 2 and 3 - an update evaluation will occur)	

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

E. ATTESTATION OF REPORTING OFFICIAL		
I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry. The personnel records of this agency substantiate the information on this form.		
SIGNATURE OF REPORTING OFFICIAL <i>James A. Karnes</i>	NAME & TITLE OF REPORTING OFFICIAL (Typed or Printed Legibly) James A. Karnes, Franklin County Sheriff	DATE 10/27/2005

COPY

Appointment of Deputy Sheriff

Commission

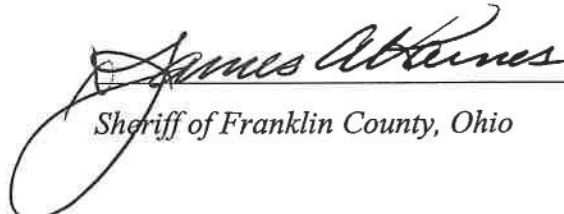
Revised Code, Secs. 311.04, 325.17

The State of Ohio, Franklin, County, ss.

To all to Whom these Presents Shall Come, Greeting:

KNOW YOU, That by virtue of the authority vested in me by the Laws of the State of Ohio, and reposing special trust and confidence in [REDACTED] I do hereby appoint and commission him/her to be a [REDACTED] for said County for the term ending on the first Monday in January, 2009 (subject to removal,) hereby authorizing and empowering him to execute and discharge all and singular the duties appertaining to said office.

Witness my signature and seal of office this 27th day of October, 2005.



Sheriff of Franklin County, Ohio

OATH OF OFFICE

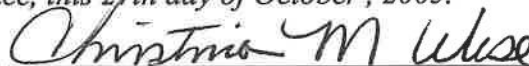
Revised Code, Secs. 3.22, 3.23

The State of Ohio, Franklin County, ss.

I, [REDACTED], do solemnly swear, that I will support the Constitution of the United States and the Constitution of the State of Ohio, and that I will faithfully discharge the duties of [REDACTED] of Franklin County, Ohio, during my continuance in office.

X [REDACTED]

Sworn to before me and signed in my presence, this 27th day of October, 2005.





CHRISTINA M. WISE
Notary Public, State of Ohio
My Commission Expires 04/30/2006



STATE OF OHIO
OFFICE OF THE ATTORNEY GENERAL
JIM PETRO, ATTORNEY GENERAL

September 20, 2005

[REDACTED]

Re: Eastland Police Academy #BAS 05-037
Date of Completion: 9/1/2005

Dear Mr. [REDACTED]

This letter is to verify that you have successfully completed peace officer basic training requirements and the peace officer certification examination as part of the above cited academy. The date of completion of your basic academy is recorded as the date you passed the peace officer basic training examination.

If, within one year of the completion of training, you are appointed as a peace officer or accept appointment or employment in a non-peace officer position that statutorily requires completion of peace officer training, a certificate of completion will be awarded provided no additional training requirements have been mandated by the legislature. If you receive an appointment more than one year but less than two years after completion of training, you will be required to complete an OPOTC-approved refresher course. If you receive an appointment more than two years after completion of training, you must repeat the peace officer basic training course. **In all cases, you may not perform the functions of a peace officer until you have been awarded a certificate of completion.**

To obtain your peace officer basic training certificate, an SF400adm – Notice of Peace Officer Appointment/Termination form must be submitted to this office by your first appointing agency. If the agency does not have this form, it is available from our office and website. If you submit a department appointment document in lieu of completing page 2 of the form, the document must include the position/title, the date of appointment, ORC section under which you are appointed and the signature and title of the appointing authority (mayor, safety director, chief of police, etc.) as listed in the ORC section under which you are appointed. Incomplete or improper appointment documents will not be processed and will be returned for correction.

If you or your prospective employer have further questions, please contact this office.

Sincerely,

Jill Gregory
Certification Officer

cc: George Franey, School Commander
School File

JG/sls



Ohio Peace Officer Training Academy

P.O. Box 309
London, OH 43140
Telephone: (740) 845-2700
(800) 346-7682
Facsimile: (740) 845-2675



www.ag.state.oh.us

4055 Highlander Pkwy., Ste. B
Richfield, OH 44286
Telephone: (888) 436-7282
(330) 659-2311
Facsimile: (330) 659-2401



FRANKLIN COUNTY
SHERIFF

FINANCE/HUMAN RESOURCES

370 South Front Street, 2nd Floor • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

To: [REDACTED]
From: Sheriff James A. Karnes
Date: May 6, 2004
Subject: Transfer via job posting

Effective Monday, May 17, 2004 you are transferred to FCCC 1 – 3rd shift via the job posting. Contact Lt. Gilbert for your assignment and days off.

BY ORDER OF:

James A. Karnes
Franklin County Sheriff



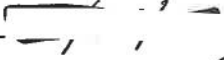
JAK/clf


c: Chief Barrett
Major Strickler

CLIN COUNTY SHERIFF'S OFFICE
EMPLOYEE TRAINING FILE
COVER PAGE
(ALL INFORMATION IS TO BE TYPED)

DOB: 9-8-03



Name 
SN 
DOB 
Date of Employment 9-8-03
Weeks in Service _____

Badge No. 
Serial No./Duty Weapon _____
Serial No. Off Duty/
2nd Weapon _____
Handcuff/Name & Ser. No. _____
Date of Expire./Chemical Mace _____

GENERAL EDUCATION

High School Name Mentor High
C.E.D. (Institution) _____
College Hours 76

Date _____
Date _____

DEGREES

NAME OF SCHOOL	YEAR GRADUATED
Assoc. <u>Lakeland C.C.</u>	<u>1 2001</u>
B.S. _____	<u>/</u>
B.S. _____	<u>/</u>
B.A. _____	<u>/</u>

MAJOR	MINOR
<u>Criminal Justice</u>	<u>/</u>
_____	<u>/</u>
_____	<u>/</u>
_____	<u>/</u>

BASIC POLICE TRAINING

Name of Academy _____
Hours _____

Location _____
Date of Certification _____
By O.P.O.T.C. _____

SPECIALIZED TRAINING SCHOOLS AND DATES OF COMPLETION:

7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

PROMOTIONS AND JOB ASSIGNMENTS IN THIS DEPARTMENT:

DATE	ASSIGNMENT	RANK	DATE	ASSIGNMENT	RANK
1. _____			7. _____		
2. _____			8. _____		
3. _____			9. _____		
4. _____			10. _____		
5. _____			11. _____		
6. _____			12. _____		

IN-SERVICE TRAINING: Dates, times and subjects

ALL THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

S. _____
Badge #

8/26/03
Date

ATTACH ANOTHER SHEET IF NECESSARY



FRANKLIN COUNTY
SHERIFF

FINANCE/HUMAN RESOURCES

370 South Front Street, 2nd Floor • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

July 25, 2003

[REDACTED]

Dear Mr. [REDACTED]

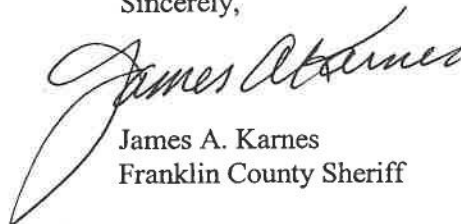
I am pleased to extend to you an offer of employment as a Franklin County [REDACTED] assigned to the Corrections Division. Your appointment date is Monday, September 8, 2003. On that date, you are to report to Major Tom Hanes at the Franklin County Sheriff's Training Academy, 2460 Jackson Pike at 7:30 a.m. Your rate of pay will be \$14.85 per hour. If you have any questions, you can contact Major Tom Hanes at 462-3781.

Pursuant to the Immigration Reform and Control Act of 1986, employers must verify that every person hired is eligible to work in the U.S. and is not an illegal alien. Therefore, you have been scheduled to meet on Tuesday, August 26, 2003 at 9:30 a.m. with the Human Resources office staff to complete necessary paperwork. The Human Resources office is located in the Franklin County Corrections Center I, 370 South Front Street. You need to bring a valid driver's license and your social security card with you.

Enclosed is an order form for your uniform items. You must take this form to Roy Tailors Uniforms so that you can be measured and your order can be placed. Roy Tailors is located at 3889 Business Park Drive, telephone number (614) 351-1566. Plan to do this on or before Tuesday August 26, 2003.

I congratulate you on being selected to serve as a [REDACTED] and look forward to working with you.

Sincerely,



James A. Karnes
Franklin County Sheriff

cc: Chief Barrett
Major Hanes

JAK/db

FRANKLIN COUNTY SHERIFF'S OFFICE
DEPUTY UNIFORM ORDER FORM

NAME: [REDACTED] ASSIGNMENT: [REDACTED]

ID NUMBER: _____ CONTACT PHONE #: _____

FINANCE AUTHORIZATION: Broad Priest

ITEM #	ITEM	QUAN	SIZE	PRICE	TOTAL
301	BELT, TROUSER	1		\$14.95	\$14.95
302	HANDCUFFS	1		\$23.50	\$23.50
303	HANDCUFF CASE	1		\$16.95	\$16.95
304	SHIRT, CORRECTIONS S/S MALE	4		\$29.50	\$118.00
308	SHOES, OXFORD MALE	1		\$53.50	\$53.50
310	SWEATER	1		\$34.95	\$34.95
311	TROUSERS, CORRECTIONS MALE	4		\$36.90	\$147.60
313	GLOVE CASE	1		\$13.50	\$13.50
				TOTAL	\$408.00

NOTE: [REDACTED] TAKE THIS ORDER FORM TO ROY TAILORS FOR FULFILLMENT.

NOTE: ROY TAILORS, THIS DEPUTY IS A NEW HIRE INTO CUSTOMER CLASS 011.
PLEASE BILL THE DEPARTMENT.

Deputy Applicant Background Summary



Education: Degree: Assoc. Degree
College/Tech School: Lakeland Com. Col. Major: Crim. Justice

Employer: Euclid Bd. f Ed. – security officer

Interview Ratings: Garrity: 8 Jenkins: 7 Neal: 8 Joint: 23

Drug Test: Date: 5/28/03 **Passed**

Test Scores: Video Reading Counting Written
72.5 80.65 83.33 Passed

Polygraph: Examiner: Champ Date: 5/28/03 **Passed**

Driving Record: 4/18/03 Okay

Credit Check: 4/18/03 Okay

Background Questionnaire: Okay

Record Check: 4/18/03 Okay

Previous Employers: Okay

References: Okay

Mr. Garrity: Highly Recommend **Okay for Hire** Do Not Recommend

Sheriff Karnes: **Approved for Conditional Offer - 6/16/03**

Pre-Employment Exams: Psychological (6/26/03) - 2 Medical (7/1/03) - **Passed**

Sheriff Karnes: Approved for Hire

*OK
[Signature]
7-18-03*



FRANKLIN COUNTY
SHERIFF

FINANCE/HUMAN RESOURCES

370 South Front Street, 2nd Floor • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

June 19, 2003

[REDACTED]
[REDACTED]
[REDACTED]

Dear Mr. [REDACTED]

Your appointment for your medical examination is Tuesday, July 1, 2003 at 12:00 p.m. The physical should only take about 1/2 hour to complete. The exam will be conducted at our Jackson Pike facility. You should report to the South Wing at 2460 Jackson Pike at your scheduled time. You will need to return on Thursday, July 3, 2003, between the hours of 7:00 a.m. and 7:00 p.m. for your TB test reading. Ask for the Nurse.

Your appointment for your psychological examination is Thursday, June 26, 2003 at 9:00 a.m. The written examination takes about three to four hours to complete. The exam is conducted at the Association for Psychotherapy, Inc., 785 East Broad Street, Columbus, Ohio 43205. The phone number for the Association for Psychotherapy is 621-3673. An interview will be conducted on the same day following the test, at the Association for Psychotherapy, Inc.

If you have any questions, you can contact Donna Barrett at 462-3397.

Sincerely,

Patrick F. Garrity
Director, Management Services



FRANKLIN COUNTY
SHERIFF

FINANCE/HUMAN RESOURCES

370 South Front Street, 2nd Floor • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

June 17, 2003

[REDACTED]
[REDACTED]
Dear Mr. [REDACTED]

I am pleased to extend a conditional offer of employment to you as a Franklin County [REDACTED]. My offer is conditioned upon your passing physical and psychological examinations to determine if you are both physically and psychologically capable of performing the duties of a [REDACTED]. You will be contacted shortly regarding appointments for these examinations.

Contingent upon your passing the examinations, you will be given notice of the commencement of your employment as a Franklin County [REDACTED] assigned to [REDACTED]. Your rate of pay will be \$14.85 per hour.

Congratulations on your progress through our pre-employment process. I look forward to your successful completion and the opportunity to work together.

Sincerely,

James A. Karnes
Franklin County Sheriff

JAK/db

Deputy Applicant Background Summary



Education: Degree: Assoc. Degree
College/Tech School: Lakeland Com. Col. Major: Crim. Justice

Employer: Euclid Bd. f Ed. – security officer

Interview Ratings: Garrity: 8 Jenkins: 7 Neal: 8 Joint: 23

Drug Test: Date: 5/28/03 **Passed**

Test Scores: Video 72.5 Reading 80.65 Counting 83.33 Written Passed

Polygraph: Examiner: Champ Date: 5/28/03 **Passed**

Driving Record: 4/18/03 Okay

Credit Check: 4/18/03 Okay

Background Questionnaire: Okay

Record Check: 4/18/03 Okay

Previous Employers: Okay

References: Okay

Mr. Garrity: Highly Recommend **Okay for Hire** Do Not Recommend

Sheriff Karnes: Approved for Conditional Offer -

*OK
Garrity
6-16-03*

INTERVIEWER'S REPORT

April 16, 2003
Date
[Redacted]
Applicant

Patrick Garrity
Interviewer
[Redacted]
Position and Assignment

1. Interpersonal Communication Skills (manner, self-expression, responsiveness, maturity, initiative, judgment, etc.) circle one

1	2	3	4	5
extremely poor communicator, uses improper grammar	difficult to follow, unable to express themselves	satisfactory expresses ideas adequately	speaks clearly, confident, good communicator	exceptional, articulate, ideas well thought out & expressed confidently

Comments:

2. Related Experience (relevance of work, sufficiency of work, skill and competence, adaptability, productivity, leadership, growth & development, etc.)

1	2	3	4	5
no experience, as it relates to this position	very little related experience, will need considerable training	some experience, average skills	great deal of experience, will need very little training	currently or has performed similar duties: no training required

Comments:

school + p.t.

3. Education (relevance of schooling, sufficiency of schooling, depth of knowledge, level of accomplishment, etc.)

1	2	3	4	5
none as it relates to this position	very few courses or seminars on subjects related to this position	meets minimum qualifications	has had specific educational background and/or working knowledge of job	extremely well trained for the position-both educational background & working knowledge

Comments:

~~has diploma~~
Assoc D. in crim just
Shelburne Comm College *12/01*

4. Operation Of Office Equipment (List types of equipment)

Typing Test Score:

N/A

1	2	3	4	5
no experience on any machines	very little experience on required equipment	adequate	knowledgeable on the operation of required equipment	extremely knowledgeable on the operation of required equipment

Comments:

5. Professional Characteristics (initiative, judgement, self-confidence, attitude, creative, motivated, ambitious, adaptability, leadership)

1	2	3	4	5
indifferent, apathetic	interest in position is unclear, lacking in several areas	satisfactory	<i>4</i> ranks high in all skill areas	highly motivated, eager to work, asks many questions, excellent skills

Comments:

6. Overall Summary Of Strengths And/Or Shortcomings and Recommendation (Note: Give overall summary of applicant's qualifications for the position and your recommendation for or against hiring.)

good card

Overall Rating

1 2 3 4 5 6 7 *8* 9 10

Recommendation:

Highly Recommend

Okay For Hire

Do Not Recommend

Highly Recommend

INTERVIEW QUESTIONS (DEPUTY)

TELL US A LITTLE ABOUT YOURSELF?

2 Urban studies, degree of security for Anderson
Cleveland State going for BS, security Cleveland Bd of Ed, now Mayfield Hts

WHAT INTERESTS YOU MOST ABOUT THIS JOB?

likes priority, new environment

HOW DOES YOUR EXPERIENCE RELATE TO THIS JOB?

used to seeing kids out of control

and dealing w. breaks, drugs

TELL US ABOUT THE DUTIES OF YOUR CURRENT POSITION?

protect students - lockers, limit admittance, fights (25 hrs/week)

WHAT ACCOMPLISHMENTS HAVE GIVEN YOU THE GREATEST SATISFACTION.

assoc. degree

GIVE US AN EXAMPLE OF HOW YOU PAY ATTENTION TO DETAIL?

worked for a NASCAR team building cars

GIVE US AN EXAMPLE OF HOW YOU CAN WORK UNDER PRESSURE?

charged tires w. NASCAR

WHY DO YOU WANT TO LEAVE YOUR CURRENT POSITION?

p.t. jobs

DO YOU HAVE ANY PROBLEMS WORKING A 2ND OR 3RD SHIFT?

no p. problem

HAVE YOU APPLIED FOR A LAW ENFORCEMENT POSITION WITH ANY OTHER AGENCY OR DEPARTMENT?

OSHP

Mentor Lynchhurst

FC50

INTERVIEWER'S REPORT

April 16, 2003

Date

David Jenkins

Interviewer

Applicant

Position and Assignment

1. Interpersonal Communication Skills (manner, self-expression, responsiveness, maturity, initiative, judgment, etc.) circle one

1	2	3	4	5
extremely poor communicator, uses improper grammar	difficult to follow, unable to express themselves	satisfactory expresses ideas adequately	speaks clearly, confident, good communicator	exceptional, articulate, ideas well thought out & expressed confidently

Comments:

Speaks well

2. Related Experience (relevance of work, sufficiency of work, skill and competence, adaptability, productivity, leadership, growth & development, etc.)

1	2	3	4	5
no experience, as it relates to this position	^{DJ 953} 2 very little related experience, will need considerable training	some experience, average skills	great deal of experience, will need very little training	currently or has performed similar duties: no training required

Comments:

Has some experience in working security

3. Education (relevance of schooling, sufficiency of schooling, depth of knowledge, level of accomplishment, etc.)

1	2	3	4	5
none as it relates to this position	very few courses or seminars on subjects related to this position	meets minimum qualifications	has had specific educational background and/or working knowledge of job	extremely well trained for the position-both educational background & working knowledge

Comments:

Assoc. Degree in Criminal Justice

4. Operation Of Office Equipment (List types of equipment)

Typing Test Score:

1	2	3	4	5
no experience on any machines	very little experience on required equipment	adequate	knowledgeable on the operation of required equipment	extremely knowledgeable on the operation of required equipment

Comments:

Some Computer skills

5. Professional Characteristics (initiative, judgement, self-confidence, attitude, creative, motivated, ambitious, adaptability, leadership)

1	2	3	4	5
indifferent, apathetic	interest in position is unclear, lacking in several areas	satisfactory	ranks high in all skill areas	highly motivated, eager to work, asks many questions, excellent skills

Comments: *OK*

Ambitious, very good attitude, eager to learn

6. Overall Summary Of Strengths And/Or Shortcomings and Recommendation (Note: Give overall summary of applicant's qualifications for the position and your recommendation for or against hiring.)

Overall Rating 1 2 3 4 5 ~~6~~ 7 8 9 10

Recommendation: Highly Recommend Okay For Hire Do Not Recommend

INTERVIEW QUESTIONS (DEPUTY)

TELL US A LITTLE ABOUT YOURSELF?

Attending Cleveland State Univ, Assoc. in Criminal Justice, works security for Cleveland Indians.

WHAT INTERESTS YOU MOST ABOUT THIS JOB?

Facility, New Environment, people

HOW DOES YOUR EXPERIENCE RELATE TO THIS JOB?

Working w/ kids (adolescents), & people who may be under the influence of Drugs or alcohol.

TELL US ABOUT THE DUTIES OF YOUR CURRENT POSITION?

protect students, escort students to offices, break up fights.

WHAT ACCOMPLISHMENTS HAVE GIVEN YOU THE GREATEST SATISFACTION.

Obtaining Assoc. Degree.

GIVE US AN EXAMPLE OF HOW YOU PAY ATTENTION TO DETAIL?

Worked for NASCAR in Florida and inspected cars for safety

GIVE US AN EXAMPLE OF HOW YOU CAN WORK UNDER PRESSURE?

a lot of pressure working for NASCAR / Tire changer.

WHY DO YOU WANT TO LEAVE YOUR CURRENT POSITION?

Looking for a Career

DO YOU HAVE ANY PROBLEMS WORKING A 2ND OR 3RD SHIFT?

NO

HAVE YOU APPLIED FOR A LAW ENFORCEMENT POSITION WITH ANY OTHER AGENCY OR DEPARTMENT?

yes

INTERVIEWER'S REPORT

April 16, 2003
Date
[Redacted]
Applicant

Jean Neal
Interviewer
[Redacted]
Position and Assignment

1. Interpersonal Communication Skills (manner, self-expression, responsiveness, maturity, initiative, judgment, etc.) circle one

1	2	3	4	5
extremely poor communicator, uses improper grammar	difficult to follow, unable to express themselves	satisfactory expresses ideas adequately	speaks clearly, confident, good communicator	exceptional, articulate, ideas well thought out & expressed confidently

Comments: *OK*

2. Related Experience (relevance of work, sufficiency of work, skill and competence, adaptability, productivity, leadership, growth & development, etc.)

1	2	3	4	5
no experience, as it relates to this position	very little related experience, will need considerable training	some experience, average skills	great deal of experience, will need very little training	currently or has performed similar duties: no training required

Comments:

OPOTC / Cleve. Indians Security

3. Education (relevance of schooling, sufficiency of schooling, depth of knowledge, level of accomplishment, etc.)

1	2	3	4	5
none as it relates to this position	very few courses or seminars on subjects related to this position	meets minimum qualifications	has had specific educational background and/or working knowledge of job	extremely well trained for the position-both educational background & working knowledge

Comments:

Crim Just. / Cleve Univ. - 04

4. Operation Of Office Equipment (List types of equipment)

Typing Test Score:

1	2	3	4	5
no experience on any machines	very little experience on required equipment	adequate	knowledgeable on the operation of required equipment	extremely knowledgeable on the operation of required equipment

Comments:

5. Professional Characteristics (initiative, judgement, self-confidence, attitude, creative, motivated, ambitious, adaptability, leadership)

1	2	3	4	5
indifferent, apathetic	interest in position is unclear, lacking in several areas	satisfactory	ranks high in all skill areas	highly motivated, eager to work, asks many questions, excellent skills

Comments: *Seems like good candidate has made positive educational & career choices to further career*

6. Overall Summary Of Strengths And/Or Shortcomings and Recommendation (Note: Give overall summary of applicant's qualifications for the position and your recommendation for or against hiring.) *seems ok - trainable*

Overall Rating 1 2 3 4 5 6 7 8 9 10

Recommendation: Highly Recommend Okay For Hire Do Not Recommend

INTERVIEW QUESTIONS (DEPUTY)

TELL US A LITTLE ABOUT YOURSELF?

Attend Cleveland State / working from Inst. Back
Cleveland Indians security

WHAT INTERESTS YOU MOST ABOUT THIS JOB?

Facility / new environment

HOW DOES YOUR EXPERIENCE RELATE TO THIS JOB?

Dealing w/ Kids

TELL US ABOUT THE DUTIES OF YOUR CURRENT POSITION?

SAFE environment escorts
Cleveland Board of Education Break up fights

WHAT ACCOMPLISHMENTS HAVE GIVEN YOU THE GREATEST SATISFACTION.

ASSOC. Lakeland Comm. College

GIVE US AN EXAMPLE OF HOW YOU PAY ATTENTION TO DETAIL?

NASCAR race cars & welds & all aspects of
SAFETY

GIVE US AN EXAMPLE OF HOW YOU CAN WORK UNDER PRESSURE?

NASCAR / changed tires / timed
Euclid PD

WHY DO YOU WANT TO LEAVE YOUR CURRENT POSITION?

Further career

DO YOU HAVE ANY PROBLEMS WORKING A 2ND OR 3RD SHIFT?

NO

HAVE YOU APPLIED FOR A LAW ENFORCEMENT POSITION WITH ANY OTHER AGENCY OR DEPARTMENT?

OSP / advancement opportunities
Cleveland /
Mentor
Lindhurst

QUESTIONNAIRE TO

RELATIVES, REFERENCES, AND ACQUAINTANCES

Reference Katherine Steinbeck [redacted]
Name Address

Name of Applicant [redacted]

1. What is your relationship to the applicant? I'm his professor + Associate Degree, Program Director

2. How many years have you known the applicant? Over 3 years.

3. Does the applicant have an interest in people? Absolutely; he works well as a team member + with people of diverse backgrounds.

4. Would you describe the applicant as having integrity? Yes No

Explain He's punctual, well-mannered + has pointed out

5. How does the applicant confront problems? a miscalculated grade (or two) when they adversely effected his final grade. His ethical response in class reinforced his ethical belief system.

6. Is the applicant dependable? Very; he meets all attendance + deadline requirements.

7. Are you aware of any substance abuse (alcohol, drugs) by the applicant?

Yes No Explain _____

8. Has the applicant expressed or displayed any bias or prejudice toward others?

Yes No Explain I've never observed [redacted] losing his temper nor in purposeful, direct confrontation with fellow classmates.

9. How does the applicant handle financial responsibilities? I have no personal

knowledge of his finances but, he is dependable in other areas. So, I presume he is in this case.

10. Are you aware of anything that might disqualify the applicant from serving as a Deputy Sheriff?

Yes No Explain I would highly recommend him for a position with your agency.

Prof. Katherine Steinbeck +
Signature
Program Director, Criminal Justice
Lakeland Community College

Date 5-6-07 * Please do not disqualify [redacted] for the delay in returning this supportive letter of reference. I was out of town + could not reach [redacted] +

QUESTIONNAIRE TO
EMPLOYERS AND SUPERVISORS

Cleveland Indians
Name of Company

2401 Ontario St., Cleveland, Ohio 44115
Address

4-03 to Present
Date

CONCERNING THE APPLICATION OF :



1. Why was the applicant's employment terminated? N/A
2. Was the applicant punctual and dependable? will not release
3. How did the applicant get along with other employees? will not release
4. How did the applicant confront problems? will not release
5. Was the applicant honest and truthful? will not release
6. Do you have any record of salary garnishment or other financial problems of the applicant? will not release
7. Did the applicant have any extended work absences? will not release
8. Would you re-employ the applicant? N/A
9. Can you think of any reason why the applicant might not be qualified to become a Deputy Sheriff?
I do not know this employee personally
10. What is the type of business or function of your agency? Baseball

WENDY HUIZDOS
Name & title of person giving information

Wendy Huizdos
Signature

(216) 420-4467
Business telephone number

QUESTIONNAIRE TO
RELATIVES, REFERENCES, AND ACQUAINTANCES

Reference Chris Sonnhauter
Name Address

Name of Applicant [REDACTED]

1. What is your relationship to the applicant? FRIEND OF FAMILY

2. How many years have you known the applicant? 20

3. Does the applicant have an interest in people? YES

4. Would you describe the applicant as having integrity? Yes No
Explain _____

5. How does the applicant confront problems? NOT OBSERVED

6. Is the applicant dependable? NO NOT OBSERVED

7. Are you aware of any substance abuse (alcohol, drugs) by the applicant?
Yes No Explain _____

8. Has the applicant expressed or displayed any bias or prejudice toward others?
Yes No Explain _____

9. How does the applicant handle financial responsibilities? NOT OBSERVED

10. Are you aware of anything that might disqualify the applicant from serving as a Deputy Sheriff?
Yes No Explain _____

Signature Christy P. Sonnhauter Date 4-30-03

QUESTIONNAIRE TO
EMPLOYERS AND SUPERVISORS

Euclid Board of Education

651 E. 222 St., Euclid, Ohio 44123

Name of Company

Address

1-03 to Present

Date

CONCERNING THE APPLICATION OF :

1. Why was the applicant's employment terminated? N/A - MR [REDACTED] IS CURRENTLY EMPLOYED BY EUCLID SCHOOLS.
2. Was the applicant punctual and dependable? YES
3. How did the applicant get along with other employees? VERY WELL
4. How did the applicant confront problems? MR. [REDACTED] IS TACTFUL AND RESOURCEFUL WHEN CONFRONTING PROBLEM SITUATIONS.
5. Was the applicant honest and truthful? YES
6. Do you have any record of salary garnishment or other financial problems of the applicant? NO
7. Did the applicant have any extended work absences? NO
8. Would you re-employ the applicant? N/A
9. Can you think of any reason why the applicant might not be qualified to become a Deputy Sheriff? NO
10. What is the type of business or function of your agency? MR. [REDACTED] IS EMPLOYED AS A SECURITY OFFICER FOR EUCLID CITY SCHOOLS

DENNIS KEHN - SECURITY DIRECTOR
Name & title of person giving information

Dennis Kehn
Signature

(216) 797-7817
Business telephone number

QUESTIONNAIRE TO
RELATIVES, REFERENCES, AND ACQUAINTANCES

Reference Tony Poelking [REDACTED]
Name Address

Name of Applicant [REDACTED]

1. What is your relationship to the applicant? 20+ years - Friends of Family
'uncles'
2. How many years have you known the applicant? 20+ years
3. Does the applicant have an interest in people? YES
4. Would you describe the applicant as having integrity? Yes No
Explain ACCEPTS PERSONAL RESPONSIBILITY FOR HIS ACTIONS
WITH MATURITY
5. How does the applicant confront problems? RATIONALLY, WITH A COOL HEAD
6. Is the applicant dependable? YES
7. Are you aware of any substance abuse (alcohol, drugs) by the applicant?
Yes No Explain _____
8. Has the applicant expressed or displayed any bias or prejudice toward others?
Yes No Explain _____
9. How does the applicant handle financial responsibilities? _____
10. Are you aware of anything that might disqualify the applicant from serving as a Deputy Sheriff?
Yes No Explain _____

[Signature]
Signature

4-28-03
Date

JIM KARNES



**FRANKLIN COUNTY
SHERIFF**

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

"PRE-EMPLOYMENT QUESTIONNAIRE"

SECTION I - PERSONAL INFORMATION

NAME: LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED]
MAIDEN NAME: N/A ALIAS (ANY OTHER NAMES) N/A
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
RESIDENCE ADDRESS: _____ APT NO: N/A
COUNTY: _____ CITY: _____ STATE: [REDACTED] ZIP [REDACTED]
PHONE NUMBER: HOME [REDACTED] WORK [REDACTED]
OHIO DL#: _____ EXP DATE: _____
OTHER STATE DL#: N/A STATE N/A EXP DATE: N/A

INFORMATION RELEASE:

I HEREBY AUTHORIZE THE RELEASE OF THIS FORM TO APPROPRIATE INDIVIDUALS/BUSINESSES FOR THE PURPOSE OF OBTAINING INFORMATION IN THE RECRUITMENT/EMPLOYMENT PROCESS.

APPLICANT SIGNATURE: [REDACTED]
DATE: 4/13/03

SECTION II - REFERENCES

FILL IN BELOW THE NAMES OF THREE (3) ADULTS, NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD OF FIVE (5) YEARS OR MORE.

NAME ADDRESS (INCLUDE ZIP CODE) HOME PHONE NUMBER

Chris Sonnhauter

NAME ADDRESS (INCLUDE ZIP CODE) HOME PHONE NUMBER

Katherine Steinbeck

NAME ADDRESS (INCLUDE ZIP CODE) HOME PHONE NUMBER

Tony Poelking

SECTION III - EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR COMPLETE WORK HISTORY IN CHRONOLOGICAL ORDER. INCLUDE IN SEQUENCE ALL PART TIME JOBS, PERIODS OF UNEMPLOYMENT AND MILITARY SERVICE. WHEN LISTING MILITARY SERVICE, SUBSTITUTE FOR THE NAME AND ADDRESS OF THE IMMEDIATE SUPERVISOR, THE NAME, ADDRESS AND RANK OF THE LAST COMMISSIONED OFFICER WHO WAS YOUR IMMEDIATE COMMISSIONED SUPERIOR. WHEN LISTING PERIODS OF UNEMPLOYMENT, INDICATE DATES IN SPACE PROVIDED. IN THE BOX DESIGNATED AS "NAME OF EMPLOYER" WRITE "UNEMPLOYED". IN THE BLOCK DESIGNATED AS "REASON FOR LEAVING" INDICATE FROM WHAT SOURCE YOU RECEIVED INCOME DURING THAT PERIOD OF UNEMPLOYMENT.

ADDRESS INFORMATION MUST BE COMPLETE - STREET, APT OR SUITE, CITY, STATE & ZIP CODE. MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO IF NO, EXPLAIN ON LAST PAGE IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BOX.

FROM DATE	NAME OF EMPLOYER	JOB TITLE	WORK HRS & DAYS OFF
4/03	Cleveland Indians	Security	12-18 hrs. per week
TO DATE	ADDRESS OF EMPLOYER	DESCRIBE DUTIES	REASON FOR LEAVING
Present	2401 Ontario St. Cleveland OH 44115	Game Day Security	still there
TOTAL TIME	FULL NAME/	OF IMMEDIATE SUPERVISOR	TELEPHONE # OF BUSINESS
1 month	Stan Umplebee		216 420-4200
FROM DATE	NAME OF EMPLOYER	JOB TITLE	WORK HRS & DAYS OFF
1/03	Euclid Board of Education	Security	25 hrs per week
TO DATE	ADDRESS OF EMPLOYER	DESCRIBE DUTIES	REASON FOR LEAVING
Present	651 E. 222 St. Euclid OH 44123	School Security	Still there
TOTAL TIME	FULL NAME/	OF IMMEDIATE SUPERVISOR	TELEPHONE # OF BUSINESS
4 months	Dennis Kehn		216 797-7817
FROM DATE	NAME OF EMPLOYER	JOB TITLE	WORK HRS & DAYS OFF
12/02	Mayfield Hts. Police	Aux. Police Officer	Various shifts
TO DATE	ADDRESS OF EMPLOYER	DESCRIBE DUTIES	REASON FOR LEAVING
Present	6154 Mayfield Rd. Mayfield Hts. OH 44124	Basic Patrol	still there
TOTAL TIME	FULL NAME/	OF IMMEDIATE SUPERVISOR	TELEPHONE # OF BUSINESS
5 months	Sgt. Greg Michels		440 442-2323
FROM DATE	NAME OF EMPLOYER	JOB TITLE	WORK HRS & DAYS OFF
8/02	Unemployed		
TO DATE	ADDRESS OF EMPLOYER	DESCRIBE DUTIES	REASON FOR LEAVING
12/02			Unemployment
TOTAL TIME	FULL NAME/	OF IMMEDIATE SUPERVISOR	TELEPHONE # OF BUSINESS
4 months			

FROM DATE	NAME OF EMPLOYER	JOB TITLE	WORK HRS & DAYS OFF
10/98	UPS	Supervisor	30 hrs. per week
TO DATE	ADDRESS OF EMPLOYER	DESCRIBE DUTIES	REASON FOR LEAVING
7/02	331 Bishop Rd. Highland Hts. OH 44143	Supervised unloaders	Personal
TOTAL TIME	FULL NAME/	OF IMMEDIATE SUPERVISOR	TELEPHONE # OF BUSINESS
3.5 yrs.	Jay Ranko		440 646-2090
FROM DATE	NAME OF EMPLOYER	JOB TITLE	WORK HRS & DAYS OFF
3/97	Vinci Hi-Performance	Performance Specialist	40-50 hrs. per week
TO DATE	ADDRESS OF EMPLOYER	DESCRIBE DUTIES	REASON FOR LEAVING
10/98	3915 El Rey Rd. Orlando FL 32808	Built Race Cars	Attend College
TOTAL TIME	FULL NAME/	OF IMMEDIATE SUPERVISOR	TELEPHONE # OF BUSINESS
1.5 yrs.	Roger Vinci		407 292-4500
FROM DATE	NAME OF EMPLOYER	JOB TITLE	WORK HRS & DAYS OFF
2/92	Ed Pike Lincoln/Mercury	Mechanic	40+ hrs. per week
TO DATE	ADDRESS OF EMPLOYER	DESCRIBE DUTIES	REASON FOR LEAVING
3/97	9647 Mentor Ave. Mentor, OH 44060	Repaired Cars	Moved to Florida
TOTAL TIME	FULL NAME/	OF IMMEDIATE SUPERVISOR	TELEPHONE # OF BUSINESS
5 yrs.	Bill Davis		440 357-7533
FROM DATE	NAME OF EMPLOYER	JOB TITLE	WORK HRS & DAYS OFF
TO DATE	ADDRESS OF EMPLOYER	DESCRIBE DUTIES	REASON FOR LEAVING
TOTAL TIME	FULL NAME/	OF IMMEDIATE SUPERVISOR	TELEPHONE # OF BUSINESS
FROM DATE	NAME OF EMPLOYER	JOB TITLE	WORK HRS & DAYS OFF
TO DATE	ADDRESS OF EMPLOYER	DESCRIBE DUTIES	REASON FOR LEAVING
TOTAL TIME	FULL NAME/	OF IMMEDIATE SUPERVISOR	TELEPHONE # OF BUSINESS

SECTION IV - MILITARY SERVICE

- HAVE YOU EVER BEEN IN A MILITARY SERVICE? YES _____ NO X
- BRANCH OF SERVICE: _____ ACTIVE _____ RESERVE _____
- ACTIVE DUTY DATES: FROM _____ TO _____
- RESERVE DUTY DATES: FROM _____ TO _____



FRANKLIN COUNTY
SHERIFF

FINANCE/HUMAN RESOURCES

370 South Front Street, 2nd Floor • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

April 1, 2003

Dear Mr. [REDACTED]

Since you passed our pre-employment examination for a deputy sheriff position, you are now included in the first phase of our hiring/selection process. You will be interviewed, fingerprinted, photographed, and given a tour of one of our corrections facilities. During this phase, we will conduct a thorough background check that includes a criminal record check, a report on your driving record, and a credit report.

For your convenience and to speed processing, scheduling has been arranged so that your interview, tour, fingerprinting, and photograph can be done on the same day, **Wednesday, April 16, 2003**. Your schedule is as follows:

9:00 am	Photo/Fingerprinting	Corrections Center I
10:30 am	Tour	Corrections Center I
1:00 pm	Interview	Personnel Department

Bring the enclosed "Authorization Waiver for Release of Criminal and Traffic Record" with the section within the bold lines completed and the "Authorization for Credit Report". You are also to bring copies (NOT ORIGINALS) of the following documents with you:


birth certificate,
high school diploma or G.E.D. certificate,
college or technical school degree, and
certificates from any other applicable, formal training.

Attached you will find a pre-employment questionnaire which you are to complete and bring with you on the day of your interview. This will not be used in relation to your interview. This questionnaire relates to the polygraph examination which would be the next step for those who progress in the hiring process. It is essential that you file the questionnaire with us on the day of your interview in order that we speed the hiring process.

When filing out the form, be sure to give a complete street, apt. #, or suite, city, state, and zip codes on references, present employer and former employers.

The Personnel Department is located in the Franklin County Corrections Center I, 370 S. Front Street. A map showing the Corrections Center I and surrounding parking is enclosed. If you have decided not to proceed with the pre-employment process, please notify our Personnel Office at (614) 462-3397.

Sincerely,


Patrick F. Garrity
Director, Management Services



FRANKLIN COUNTY
SHERIFF

FINANCE/HUMAN RESOURCES

370 South Front Street, 2nd Floor • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

May 7, 2003

:

[REDACTED]

Dear Mr. [REDACTED],

Congratulations on your progression through our pre-employment process. As recently discussed on the telephone, you have been scheduled for your drug test on Wednesday, May 28, 2003 at 9:30 a.m. The test will be conducted at the Franklin County Court House Annex, 410 S. High Street, main floor. When you enter the building you will see a security guard and you are to tell him that you need to see Internal Affairs for a drug test.

Your polygraph examination has been scheduled for Wednesday, May 28, 2003 at 5:30 p.m. The examination will be conducted at the Perry Township Police Department, 7125 Sawmill Road. The Department is located about ¼ mile north of I-270 across from McDonald's. The Department is located in the third township building in the rear. Chief Champ will be the polygraph examiner. In order to help you locate the Department, I have enclosed a map.

You must bring this letter with you to the polygraph examination, along with a valid photo identification. If you have any questions, you can contact me at 462-3397.

Sincerely,

Patrick F. Garrity
Director, Management Services



FRANKLIN COUNTY
SHERIFF

FINANCE/HUMAN RESOURCES

370 South Front Street, 2nd Floor • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

February 20, 2003

[REDACTED]
Dear [REDACTED]

I am pleased to notify you that you have passed our deputy sheriff pre-employment examination. By passing the examination, you are one of many who may be considered for a position as a deputy sheriff. To qualify, applicants had to pass all four parts of our examination.

From the beginning, my goal has been to make and keep the hiring process as fair and objective as possible. Since so many applicants have passed the test and there is a limited number of vacancies, not everyone who passes the test will be called for the next or later phases of the hiring process. Applicants will be contacted on an as needed basis.

I congratulate you on passing the test and appreciate your interest in serving as a deputy sheriff.

Sincerely,

James A. Karnes
Franklin County Sheriff

Your Test Score:

Video:	72.50
Writing:	Passed
Reading:	80.65
Counting:	100.00



FRANKLIN COUNTY
SHERIFF


FINANCE/PERSONNEL OFFICE

370 South Front Street, 2nd Floor • Columbus, Ohio 43215 • Personnel (614) 462-3397 • Finance (614) 462-3543

January 13, 2003



TEST
NOTIFICATION

You have been scheduled to take the pre-employment examination for the position of Franklin County . The test will be conducted in the Auditorium on the first floor of the Franklin County Government Center, 373 S. High Street, Columbus, Ohio on **Tuesday, February 4, 2003**. You must report to the Auditorium at 8:00 a.m. to register.

On the morning of the test, you must bring your state driver's license or state identification card. Without a valid photo identification, you will be ineligible for registration. We ask that you also bring two sharpened No 2 pencils. Do not bring any other items such as books, briefcases, or folders with you. Be prompt. The doors will be locked once the test begins. Entry will then be denied for any reason. The examination will conclude at approximately 11:30 a.m.

There are two county parking garages at locations shown on the enclosed map. The fee for parking for four hours at either of these garages is \$5.00. You could also park at the City Center garage for four hours at a cost of \$5.00. The City Center garage is located between Rich and Main Streets off of South High Street.

A second map of downtown Columbus is also enclosed. The Franklin County Government Center is just north of Interstate 70 and 71 and identified by the number 27.

Sincerely,

Patrick F. Garrity
Director, Management Services



**FRANKLIN COUNTY
SHERIFF**

FINANCE/PERSONNEL OFFICE

370 South Front Street, 2nd Floor • Columbus, Ohio 43215 • Personnel (614) 462-3397 • Finance (614) 462-3543

Date: 2002 10 18

I, hereby, give my permission for authorized agents of the Franklin County Sheriff's Office to conduct an investigation of my background, including education, employment, credit, reputation, military records, and any other factors which such agents may deem proper and necessary subjects of investigations, in order to properly assess my character and background in connection with my application for the position of _____ with the Franklin County Sheriff's Office.

I give my permission for any persons, business, or institution contracted in the course of such investigation to release any and all information properly requested and photostats of same, if requested, and do hereby release such person, business, or institution from all liability for providing correct information.

I recognize the right of the Franklin County Sheriff's Office to treat, at its discretion, certain sources as confidential sources, and information obtained therefrom.

Signature of Applicant

Print type name of applicant

Date of Birth

Social Security Number

Investigating Officer



**FRANKLIN COUNTY
SHERIFF**

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

"AUTHORIZATION WAIVER FOR RELEASE OF CRIMINAL AND TRAFFIC RECORD"

Date 4/15/03

I, hereby, give my permission for authorized agents of the Franklin County Sheriff's Office to conduct an investigation of my background, including education, employment, credit, reputation, military records, and any other factors which such agents may deem proper and necessary subjects of investigation, in order to properly assess my character and background in connection with my application for the position of [REDACTED] with the Franklin County Sheriff's Office.

I give my permission for any person, business, or institution contacted in the course of such investigation to release any and all information properly requested and photostats of same, if requested, and do hereby release such person, business, or institution from all liability for providing correct information.

I recognize the right of the Franklin County Sheriff's Office to treat, at its discretion, certain sources as confidential sources, and information obtained therefrom.

[REDACTED]

Signature of Applicant

[REDACTED]

Printed/Typed Name of Applicant

Date of Birth

Social Security Number

Investigating Officer



FRANKLIN COUNTY
SHERIFF

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

Date 4/15/03

AUTHORIZATION FOR CREDIT REPORT

I, hereby, authorize agents of the Franklin County Sheriff's Office to obtain a credit report. I understand that this credit report will be used by Sheriff's Office staff as a part of a report on my background. This background is being conducted pursuant to my application for employment with the Franklin County Sheriff's Office. By signing this authorization, I give my permission to the Sheriff's Office to request and receive my credit report.

[Redacted] _____

[Redacted] _____
Print/Type Name of Applicant

4/15/03 _____
Date of Birth

[Redacted] _____
Social Security Number

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last [Redacted]	First [Redacted]	Middle Initial [Redacted]	Maiden Name
Address (Street Name and Number) [Redacted]		Apt. #	Date of Birth (month/day/year)
City [Redacted]	State [Redacted]	Zip Code	Social Security # [Redacted]
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input checked="" type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #)	
Employee's Signature [Redacted]			Date (month/day/year) 8/26/03

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B AND one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: <u>DRIVER LIC</u>		<u>SS#</u>		
Issuing authority: <u>OHIO</u>		[Redacted]		
Document #: [Redacted]				
Expiration Date (if any): <u> / / </u>		<u> / / </u>		<u> / / </u>
Document #: _____				
Expiration Date (if any): <u> / / </u>				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 9/18/03 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative <u>Donna Barnett</u>	Print Name <u>DONNA BARRETT</u>	Title <u>PERSONNEL OFFICER</u>
Business or Organization Name <u>FCSD</u>	Address (Street Name and Number, City, State, Zip Code) <u>370 S. FRONT ST</u>	
	Date (month/day/year) <u>8-26-03</u>	

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): <u> / / </u>	

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

CONFIDENTIAL POLYGRAPH REPORT

HOWARD W. CHAMP
CERTIFIED POLYGRAPH EXAMINER

COMPANY: Franklin County Sheriff's Office DATE: 05-28-03
BRANCH: [REDACTED] APP. DATE: 04-15-03
NAME: [REDACTED] AKA: _____
ADDRESS: [REDACTED]
SOC. SEC. NO: [REDACTED] TEL. NO: [REDACTED]
MARITAL STATUS: Single Separated ___ Divorced ___ Married ___
Yrs. Married _____ No. Children _____ Ages _____

HEIGHT: _____ WEIGHT: _____
DOB: [REDACTED] AGE: _____
PLACE OF BIRTH: _____
POSITION: Corrections Deputy



PRESENT EMPLOYMENT: Euclid Board of Education,
Security Officer - 6 months.

A. POLYGRAPH SUITABILITY

1. Have you ever taken a polygraph test? YES ___ NO
2. Do you know of any reason why you could not pass a polygraph test today? YES ___ NO
3. Have you ever failed a polygraph test for any reason? YES ___ NO
4. Have you taken any medication in the last 24 hours? YES ___ NO

Rev 2/00

A. POLYGRAPH SUITABILITY (Cont.)

5. Have you used any type of narcotics, hallucinogens, or tranquilizers in the past 24 hours? YES ___ NO X

Explanation:

B. APPLICATION INFORMATION

1. Did you tell the complete and honest truth on your application? YES X NO ___
2. Is there anything on your application that you would like to change? YES ___ NO X
3. Have you ever been fired from any position? YES ___ NO X
4. Have you failed to show any previous employers? YES ___ NO X
5. Did you falsify any reason for leaving a previous employer? YES ___ NO X
6. Have you ever been asked to resign from any position? YES ___ NO X
7. Do you know of any past employer who would not give you a good recommendation? YES ___ NO X
8. Do you have applications pending with any other Law Enforcement Agency? YES X NO ___
9. Have you been turned down for employment with any Law Enforcement Agency? YES X NO ___
10. Is there anything in your past that, if made known, would prevent you from becoming a Deputy Sheriff? YES ___ NO X

Explanation:

6. 07/02 -Possibly UPS, due to being struck by a fellow
employee and not doing anything about it.
8. Mentor P.D and O.S.P.
9. Lynhurst P.D. and Painesville P.D.

C. EDUCATIONAL BACKGROUND

1. Did you tell the truth about your educational background? YES NO
2. High School attended: Mentor High School Graduate Date: _____
3. College attended: Lakeland Comm. College Graduate Date: _____
- 4a. Degree: Assoc. - Criminal Justice Date: 12/01
- 4b. O.P.T.A. Training _____ Date: _____

Explanation:

D. MILITARY SERVICE RECORD

1. Did you receive an Honorable Discharge from the service? YES NO
2. Did you receive any disciplinary action while in the service? YES NO

Explanation:

No Military Service

E. ARREST & CONVICTION HISTORY

1. Have you ever been arrested? YES NO
2. Have you ever been convicted of any crime? YES NO
3. Are you wanted by the police anywhere at this time? YES NO
4. Have you ever been held for questioning by any Law Enforcement Agency? YES NO
5. Have you ever committed a serious undetected crime? YES NO
6. Have you ever been arrested for a narcotics violation? YES NO
7. Have you ever sold narcotics or hallucinogens? YES NO
8. Have you ever had your driving rights suspended? YES NO
9. Do you have any unpaid traffic citations? YES NO
10. Do you have any traffic warrants? YES NO

E. ARREST & CONVICTION HISTORY (Cont.)

11. Do you have any criminal charges pending against you at this time? YES ___ NO X
12. Are you involved in any type of lawsuit at this time? YES ___ NO X

Explanation:

F. FINANCIAL BACKGROUND & CONDITION

1. Have you ever been sued? YES ___ NO X
2. Have you ever been through bankruptcy? YES ___ NO X
3. Have you ever had your wages garnished? YES ___ NO X
4. Have you ever been divorced? YES ___ NO X
5. Are you required to pay alimony or child support? YES ___ NO X
6. Are you current on your alimony/child support? N/A X YES ___ NO ___
7. Have you ever been in court for any reason? YES X NO ___
8. Are you current on all your present obligations? YES X NO ___
9. Has anyone you owe ever turned your account over for collection? YES X NO ___
10. Have you ever had any property repossessed? YES ___ NO X
11. Have you ever been evicted from any residence? YES ___ NO X
12. Are you excessively in debt? YES ___ NO X
13. Can you meet all your financial obligations with the salary offered with this position? YES ___ NO X

Explanation:

7. Accident lawsuit.
-
9. Mt. Carmel Hospital, Columbus, Ohio.
-

I. PROPERTY THEFT (Cont.)

5. Have you ever sold any stolen property? YES ___ NO X
6. Have you ever shoplifted anything in your adult life? YES ___ NO X

Explanation:

J. PERSONAL DRINKING HABITS

1. Do you drink alcoholic beverages? YES X NO ___
2. How much do you spend on alcohol each month? \$20.00
3. Are you a problem drinker? YES ___ NO X
4. Have you ever been treated for an alcohol problem? YES ___ NO X

Explanation:

K. DRUGS/CONTROLLED SUBSTANCES

1. Have you ever used any form of narcotics or hallucinogens? YES ___ NO X
2. Have you ever sold any type of controlled substance? YES ___ NO X
3. Have you ever purchased any type of controlled substance? YES ___ NO X
4. Have you ever used cocaine or crack? YES ___ NO X
5. Have you ever sniffed glue, etc? YES ___ NO X
6. Have you ever abused a prescription drug? YES ___ NO X

NOTE: No Drug History XX Experimentation ___ Drug Problem ___
Has not used any controlled substance since his/her _____ birthday.

Explanation:

L. MORAL INTEGRITY

- | | | |
|---|---------|-------------|
| 1. Have you ever had sexual contact with an animal? | YES ___ | NO <u>X</u> |
| 2. Have you ever been involved in an illegal sex act? | YES ___ | NO <u>X</u> |
| 3. Have you ever had sex with an underage person? | YES ___ | NO <u>X</u> |
| 4. Has anything happened in your past that, if made known, could cause embarrassment to the F.C.S.O.? | YES ___ | NO <u>X</u> |
| 5. Have you ever abused an animal? | YES ___ | NO <u>X</u> |
| 6. Have you ever struck your spouse/girlfriend in anger? | YES ___ | NO <u>X</u> |
| 7. Have you ever struck your child in anger? | YES ___ | NO <u>X</u> |
| 8. Have you ever been charged or counseled concerning domestic abuse? | YES ___ | NO <u>X</u> |
| 9. Have you ever had difficulty in controlling your temper? | YES ___ | NO <u>X</u> |
| 10. Have you ever been involved in any type of child abuse? | YES ___ | NO <u>X</u> |
| 11. Do you gamble? | YES ___ | NO <u>X</u> |
| 12. Do you have a gambling problem? | YES ___ | NO <u>X</u> |

Explanation:

POLYGRAPH CONCLUSION

QUESTIONABLE AREAS _____ NONE _____
PRE-TEST ADMISSIONS _____ NONE _____
ATTITUDE _____ EXCELLENT _____
COOPERATION _____ EXCELLENT _____
APPEARANCE _____ GOOD _____
WITHHOLDING INFORMATION _____ NO _____
DECEPTION ON APPLICATION _____ NO _____

***** OBSERVATIONS *****

Excellent Candidate	<u> X </u>	Permanency Risk	_____
Honest & Sincere	_____	Dismissed with Cause	_____
Communicates Well	<u> X </u>	Character Flaws	_____
Previous Experience	_____	Numerous Jobs	_____
Personable & Out-Going	<u> X </u>	Admitted Thefts	_____
Self-Confident	<u> X </u>	Moral Problems	_____

DECEPTION INDICATED _____ NO DECEPTION INDICATED XXX

Howard W. Champ _____


Date: 05-28-03

NOTE: Will relocate if he is hired for this position.

POLYGRAPH WAIVER

Date 5/28/03








Place Dublin, Ohio

I,  voluntarily agree to be examined by the polygraph technique for the mutual benefit of myself and THE FRANKLIN COUNTY SHERIFF'S OFFICE

I request that the reactions of said examination be made known to the above person and/or firm.

I hold free from all harm, liability or damage to me as a result of the examination the above persons or their agents, together with Howard W. Champ and the polygraph service, and I remise, release, waive and forever discharge all and each and every one of the above persons and/or firms from any action or cause of action, claim or demand which I have now or may ever have resulting directly or indirectly or remotely from or by said said examination, or making known as above, such reactions and opinions thereto.

I have read the above and fully understand that I am taking a polygraph examination on a voluntary basis.

X 
 address  city  state
 Date of Birth  age  SSN

From the desk of .

Chief Deputy Mark Barrett, Esq.,
BA, Park College (Criminal Justice Administration)
JD, Capital University Law School
Admitted to Ohio Bar (1982)

Franklin County Sheriff's Office
Columbus, Ohio



MEMO

TO: **DEPUTY BENJAMIN PETROVICH**
 DEPUTY CURTIS CALLOWAY
 [REDACTED]
 DEPUTY SCOTT TIPTON, III
 DEPUTY DARMEL TRAPP
 DEPUTY MICHAEL MEADE
 DEPUTY JEANETTE ARROYO

DEPUTY DEAN WISE
DEPUTY TED WILLIAMS
DEPUTY CHARLIE FRIZZELL
DEPUTY JAMES CHURCH
DEPUTY MARCUS PENWELL
DEPUTY JASON LAWLER
DEPUTY ANTHONY KOLESAR

FROM: **CHIEF DEPUTY MARK J. BARRETT**

SUBJECT: **TRAINING ASSIGNMENT**

DATE: **OCTOBER 14, 2003**

Effective Monday November 3, 2003, you are assigned to on-the-job training on 3rd shift (11:00 p.m. - 7:00 a.m.), at Franklin County Correction Center 1 , 370 S. Front Street. You are to report to Lt. Gilbert (462-5727) who will assign you to a coach. You will have the same days off as your coach.

By order of:

A handwritten signature in black ink, appearing to read "MJB", written over a horizontal line.

Mark J. Barrett
Chief Deputy

cc:
Major Strickler
Lt. Gilbert
Major T. Hanes, Training
Personnel



**FRANKLIN COUNTY
SHERIFF**

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

I HAVE RECEIVED THIS DATE A COPY OF THE AGREEMENT BETWEEN THE
FRANKLIN COUNTY SHERIFF'S OFFICE AND THE FRATERNAL ORDER OF POLICE.

[Redacted signature] _____

[Redacted name] _____

PRINT NAME

8/26/03
DATE



**FRANKLIN COUNTY
SHERIFF**

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

I HAVE RECEIVED THIS DATE A COPY OF THE FRANKLIN COUNTY SHERIFF'S
OFFICE RULES AND REGULATIONS.

[Redacted signature] _____

[Redacted name] _____
PRINT NAME

8/26/03
DATE

JIM KARNES



**FRANKLIN COUNTY
SHERIFF**

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

I HAVE RECEIVED THIS DATE A WORKERS' COMPENSATION MANAGED CARE CARD.

[REDACTED]

[REDACTED]

8/26/03
DATE



FRANKLIN COUNTY
SHERIFF

FINANCE/HUMAN RESOURCES

370 South Front Street, 2nd Floor • Columbus, Ohio 43215 • Human Resources (614) 462-3397 • Finance (614) 462-3543

July 25, 2003

Dear Mr. [REDACTED]

I am pleased to extend to you an offer of employment as a Franklin County [REDACTED] assigned to the [REDACTED]. Your appointment date is Monday, September 8, 2003. On that date, you are to report to Major Tom Hanes at the Franklin County Sheriff's Training Academy, 2460 Jackson Pike at 7:30 a.m. Your rate of pay will be \$14.85 per hour. If you have any questions, you can contact Major Tom Hanes at 462-3781.

Pursuant to the Immigration Reform and Control Act of 1986, employers must verify that every person hired is eligible to work in the U.S. and is not an illegal alien. Therefore, you have been scheduled to meet on Tuesday, August 26, 2003 at 9:30 a.m. with the Human Resources office staff to complete necessary paperwork. The Human Resources office is located in the Franklin County Corrections Center I, 370 South Front Street. You need to bring a valid driver's license and your social security card with you.

Enclosed is an order form for your uniform items. You must take this form to Roy Tailors Uniforms so that you can be measured and your order can be placed. Roy Tailors is located at 3889 Business Park Drive, telephone number (614) 351-1566. Plan to do this on or before Tuesday August 26, 2003.

I congratulate you on being selected to serve as a Deputy Sheriff and look forward to working with you.

Sincerely,

James A. Karnes
Franklin County Sheriff

cc: Chief Barrett
Major Hanes

JAK/db



Office of Ohio Attorney General
Ohio Peace Officer Training Academy
Officer Record



OPOTA London Campus
 1650 State Route 56 SW
 P.O. Box 309
 London, OH 43140
 Phone: 740-845-2700

██████████ Franklin County Sheriff's Office, ID: ██████████

Appointment History*

Agency	Employee Status	Start Date	End Date
Franklin County Sheriff's Office	Full-time	10/27/2005	

Basic Academy Records

School Number	School	Start Date	End Date	Exam Date	Certificate Number	Certificate Date	Appointed By	Appointed Date
CBT03-030	Franklin County Sheriff's Office Corrections Academy	9/8/2003	9/30/2003	10/21/2003	██████████	10/21/2003		
BAS05-037	Eastland Police Academy	3/21/2005	8/9/2005	9/1/2005	██████████	10/27/2005	Franklin County Sheriff's Office	10/27/2005

OPOTA Advanced Training Records**

Course Title	Start Date	End Date
Rx Abuse in Ohio - The Scope of the Problem	5/9/2011	5/9/2011
Canine Evaluator's Course	10/22/2018	10/24/2018

LMS Training Records

Date Completed	Course Title	Officer Number	Officer
1/15/2013	Awareness of Human Trafficking	██████████	██████████
1/15/2013	Responding to Human Trafficking	██████████	██████████
1/15/2013	Ohio Human Trafficking	██████████	██████████

LMS Training Records

4/11/2013	Law Enforcement Sexual Harassment Awareness Training		
10/21/2013	DeEscalating Mental Health Crises		
12/11/2013	Victims with Special Needs		
10/19/2016	Procedural Justice and Police Legitimacy		
10/19/2016	Human Trafficking 2016 Update		
2/4/2017	01 Blue Courage Foundations		
2/4/2017	02 Blue Courage The Nobility of Policing		
2/4/2017	03 Blue Courage Positive Psychology		
2/4/2017	04 Blue Courage Health and Wellness		
2/4/2017	2017 Legal Update: Search and Seizure Law		
2/4/2017	2017 Legal Update: Civil Liability for Officers		
2/24/2017	2017 Legal Update: Issues in Interrogations and Confessions		
4/15/2017	2017 Legal Update: Domestic Violence Refresher		
10/9/2018	Missing Persons		
5/19/2023	Arrest, Search, and Seizure 2023		
5/20/2023	Ohio School Threat Assessment		
5/20/2023	Part 1 - Legal Updates 2023		
5/20/2023	Part 2 - Legal Updates 2023		
5/31/2023	Part 3 - Legal Updates 2023		

Training Records

	Certificate Date	Canine Unit	Certificate Type	Specialty	Renewal Date
	9/6/2013		Patrol Related	Criminal Apprehension, Control and Searches	9/6/2014
	9/6/2013		Special Purpose	Tracking, Article Search, Marijuana, Cocaine, Heroin, Methamphetamines and their derivatives	9/6/2014

Training Records

	9/2/2014	█	Patrol Related	Criminal Apprehension, █ Control and █ Searches	9/6/2015
	9/2/2014	█	Special Purpose	Tracking, Article Search, Marijuana, Cocaine, Heroin, Methamphetamines and their derivatives	9/6/2015
	8/25/2015	█	Patrol Related	Criminal Apprehension, █ Control and █ Searches	9/6/2016
	8/25/2015	█	Special Purpose	Tracking, Article Search, Marijuana, Cocaine, Heroin, Methamphetamines and their derivatives	9/6/2016
	4/28/2016	█	Patrol Related	Criminal Apprehension, █ Control and █ Searches	4/28/2017
	4/28/2016	█	Special Purpose	Tracking, Article Search, Marijuana, Cocaine, Heroin, Methamphetamines and their derivatives	4/28/2017
	4/4/2017	█	Patrol Related	Criminal Apprehension, █ Control and █ Searches	4/28/2018
	4/4/2017	█	Special Purpose	Tracking, Article Search, Marijuana, Cocaine, Heroin, Methamphetamines and their derivatives	4/28/2018
	3/27/2018	█	Patrol Related	Criminal Apprehension, █ Control and █ Searches	4/28/2019
	3/27/2018	█	Special Purpose	Tracking, Article Search, Marijuana, Cocaine, Heroin, Methamphetamines and their derivatives	4/28/2019
	3/12/2019	█	Patrol Related	Criminal Apprehension, █ Control and █ Searches	4/28/2020
	3/12/2019	█	Special Purpose	Tracking, Article Search, Marijuana, Cocaine, Heroin, Methamphetamines and their derivatives	4/28/2020
	3/10/2020	█	Special Purpose	Tracking, Article Search, Marijuana, Cocaine, Heroin, Methamphetamines and their derivatives	4/28/2021
	3/10/2020	█	Patrol Related	Criminal Apprehension, █ Control and █ Searches	4/28/2021

Training Records

	3/2/2021	█	Special Purpose	Tracking, Article Search, Marijuana, Cocaine, Heroin, Methamphetamines and their derivatives	4/28/2022
	3/2/2021	█	Patrol Related	Criminal Apprehension, █ Control and █ Searches	4/28/2022
	3/22/2022	█	Patrol Related	Criminal Apprehension, █ Control and █ Searches	4/28/2023
	3/22/2022	█	Special Purpose	Tracking, Article Search, Marijuana, Cocaine, Heroin, Methamphetamines and their derivatives	4/28/2023
	3/21/2023	█	Patrol Related	Criminal Apprehension, █ Control and █ Searches	4/28/2024
	3/21/2023	█	Special Purpose	Tracking, Article Search, Marijuana, Cocaine, Heroin, Methamphetamines and their derivatives	4/28/2024

***The appointment records listed above reflect the appointed and separation information reported to OPOTC pursuant to section 109.761 of the Revised Code. Neither OPOTC, nor its staff, has independent knowledge of the information contained in these records.**

****The advanced training records listed above reflect ONLY THOSE trainings the peace officer scheduled through OPOTA. Records reflecting advanced training conducted by the peace officer's agency, or conducted by another organization, are not maintained by OPOTC. Requests for any such records should be directed to the peace officer's employing agency or the organization who conducted the training.**